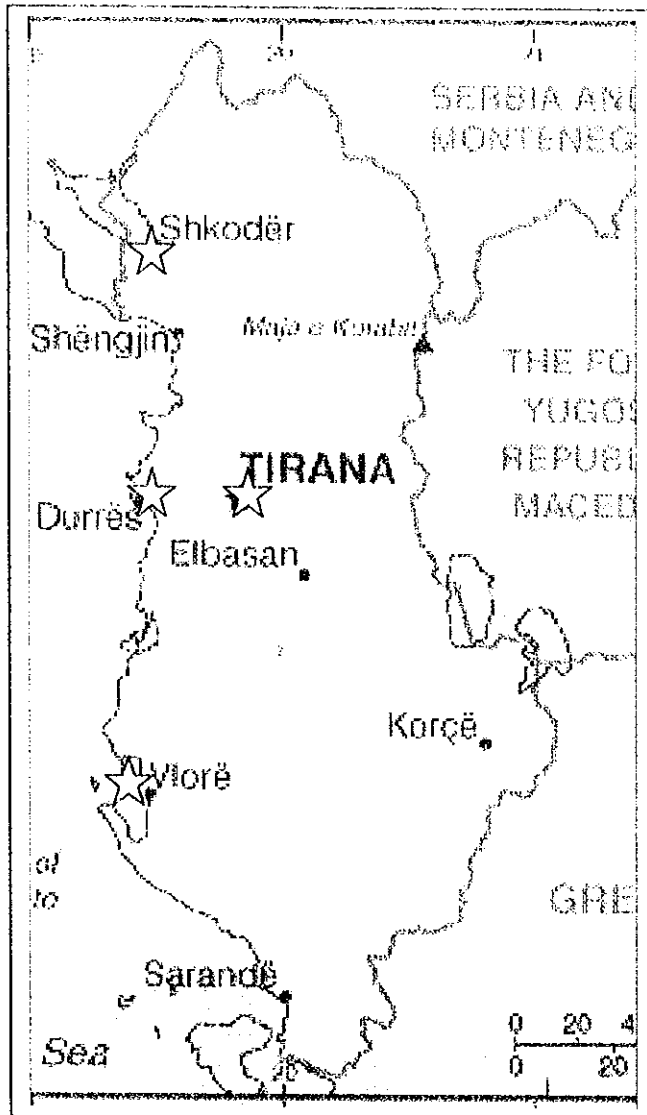


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Final report

BENEFICIARY IMPACT ASSESSMENT OF SOCIAL SERVICE DELIVERY PROJECT

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ABBREVIATIONS AND ACRONYMS

WB	– World Bank
BC	- British Council
CBO	– Community Based Unitization
DFID	- Department for International Development (Grand Bretagne)
SSPD	– Social Services Politics Department
WG	-- Working Group
IEAPDPSS	- Inspectorate of Economic Aid, Payment for Disabled People and Social Services
INSTAT	-- Statistic Institute
SII	– Social Insurance Institute
ARC	- Albanian Red Cross
CANPNSC	- Committee of Assessing the Needs and Planning New Services in the Community
LSMS	- Measurement of the Level of Living Standard
IM	– Interior Ministry
MOLSAEO	- Ministry of Labor, Social Services and Equal Opportunities
MSI	– Monitoring Information System
EA	– Economic Aid
PCU	– Project Coordination Unit
PMU	– Poverty Monitoring Unit
NGO	– Non Benefit Unitization
DP	– Disabled People
ACER	– Albanian Center for Economic Research
GES	– Gender Equality Strategy
GASS	– General Albanian Social Service
NSSS	- National Social Service Standards
HBAS	-- Human Being Anti-trafficking Strategy
NSSED	-- National Strategy for Social and Economic Development
SMAP	- Sector of monitoring, analysis and programming
SMSC	– Sector of Monitoring Strategies for Children
SMSRC	- Sector of Monitoring Strategies for Rom Community
SPS	– Disabled People Strategy
RS	-- Rom Strategy
SSD	-- Social Service Delivery Project
SSS	- Social Service Strategy
ToRs	-- Terms of Reference
CMD	- Council Minister Decision
EBIA	- Evaluation of Beneficiaries Impact Assessment
VNICA	-- Evaluation of vulnerable people institutional capacity
WP	– Work Plan for the project implementation

BENEFICIARIES' IMPACT ASSESSMENT OBJECTIVES

Introduction

In conformity with Terms of Reference (ToRs), in the Report on the Beneficiaries' Impact Assessment (BIA) of the Social Services Delivery Project (SSD), Expert Team (ET) of the Albanian Center for Economic Research (ACER) has taken into account the views of institutions engaged in drafting, compiling, monitoring and implementing the project, as well as those of its direct beneficiaries¹. *This assessment of the WB project's impact for the social services on the four pilot districts (Tirana, Durrësi, Vlora and Shkodra) was accomplished through a double analysis; on one hand the Impact assessment is used to improve central and local institutional capacity, building service providers as centers for elderly, abandoned children, youth and women; on the other hand the influence of these services on the life improvement of these groups at risk.*

The main issue to discuss with MOLSAEO, GASS, Local Government(district, municipality, Commune), for assessment effect is, whether the service providers and all the communitarian NGOs initiatives are able to answer the community needs for improvements and changes, in an adequate way. This is the priority of all the institutional development related to the decentralization and the involvement of all community actors; increasing the beneficiaries' possibility of choosing social services and improving their standards of living.

Besides the institutional assessments, in the following report we have analyzed the typology of the provided service, where we notice a qualitative difference with the one described in the VNICA principal document. From this survey, it is noticed the trend of an increase in the capacities of service providers; the development of new alternative types of social services; detailing of the functions and social roles; an increase of their professional capacities; improvement of the inspection procedures; definition of the indicators for the local social needs' assessment, and the creation of a network for collaboration at local, central levels and further more, all this due to the improvement of the social services efficiency. The process of drafting, implementation and assessment of social services involved all the social actors, even though it is noticed the necessity for a greater commitment, especially from the local government: Communes, municipalities and especially districts, for the implementation of community plans for social services.

1. Main Assessment objectives

The main Objective of the proposed Impact Beneficiaries' Assessment is to provide the PCU and other actors involved in the SSDP implementation with comprehensive quantitative and qualitative information on the efficiency of the project activities, based on the results achieved so far.

The assessment is expected to analyze and measure the current impact of the interventions made through project activities, related to the vulnerability (involvement and improvement of the life of vulnerable groups) and institutional capacities for social care services (involvement and improvement of capacities - policy formulation and implementation). It also assesses the impact of the SSD project components on the delivery of social services, base on institutions

¹ See Annex #1, "List of Directors and staff of sub-projects and interviewed beneficiaries.

(MOLSAEO, GASS, SH), as well as local authorities and service providers (sub-contractors) in four pilot regions: Tirana, Durresi, Vlora and Shkodra.

2. Benefits and target population

Long-term benefits include: improved well-being of certain poor and vulnerable population groups in targeted areas, increased capacity of local units to deliver social services, an improved social care service system, and a greater sustainability of services. The benefits include improved policies, standards, guidelines and practice of social care services that will develop during the project implementation. Indirect benefits will include the development of civil society and social cohesion, greater public awareness regarding vulnerable people in their communities, trust increase in civic institutions, etc.

The primary target groups (not limited) are poor and vulnerable groups such as:

- (i) Children and youth at risk of abandoning school, and taking up crime, prostitution and/or drugs;
- (ii) Children without parental care and institutionalized children;
- (iii) Single and abandoned elderly, women- heads of households and other marginalized population groups, who are at particular risk of social exclusion; and
- (iv) Communities to which these population groups belong to.

Secondary target groups are:

- the local government units,
- NGOs and CBOs,
- central government institutions such as MOLSA, GASS SH, INSTAT
- Other civil society members who will benefit from training and establishing the programs for the primary groups.

3. Briefly on Methodology

The Beneficiary Impact Assessment included different desk reviews, surveys of available data, in-depth interviews and focus group discussions. This assessment used VNICA (July 2000)² document, prepared during the preparation phase of the project. This report contains useful baseline data on the number of people in vulnerable situations and the type and number of provided services in four Albanian districts (Tirana, Durres, Shkodra and Vlora).

The assessment organized interviews with public officials, local NGOs and informal citizen groups at central and district level.

The information collection was focused on:

- Evaluation of the improvements and changes of accomplished institutional and judicial practices;
- Assessment of the institutional capacity to collect, analyze and produce reliable information for poverty monitoring and the evaluation of social programs;
- Evaluation of the capacity of MOLSAEO for policy formulation and monitoring of developed policy;

² Among other things, VNICA report includes data on vulnerable population, type and number of services in the four pilot districts: Tirane, Durres, Vlore dhe Shkoder, ecc.

- Designing and providing information on the volume and type of provided social care services, currently implemented;
- Institutional assessment and capacity of categories of central and local government, NGOs providing social services to vulnerable groups in selected locations of Albania; social workers and responsible staff of social centers;
- Assessment of the level of participation and involvement of local governments, communities and civil society in delivering services:

At the local level, the assessment took place in the four selected districts of the pilot phase of the SSDP, Tirana, Vlora, Shkodra, and Durrresi. The findings and recommendations will feed information for the next project implementation phases. Sources and methods of data gathering and evaluation have been discussed, updated and agreed with PCU and other involved institutions.

4. Main recommended indicators recommended on the Terms of Reference (Torso)

Some of the indicators that have been used for the vulnerability ranking of districts are the following³:

- Proportion of population benefitting from the SSD project versus the total number of population of Albania;
- Number of community-based social services established as a result of the project implementation;
- Number of beneficiaries that have gained access to the social services;
- Number of public awareness campaigns and improved public perception of social inclusion issues of vulnerable population groups;⁴
- Increased efficiency and reduced cost per beneficiary of social services managed by the GASS and other institutions;
- Number of new community-based social services recently established;
- Proportion of population with improved services to total number of participants;
- Number of social workers and other associates trained by the SSDP;
- Proportion of trained local governments to total participants;
- Proportion of trained NGOs to total participants;
- Beneficiaries' reaction to provided service level;

³ See Annex #7, List of SSDP indicators, according to PCU, BIA of SSDP, ACER 2006

CHAPTER I

EVALUATION METHODOLOGY

Introduction

Based on the Working Plan for the project implementation (WP) and on the methodology approved by the Project Coordination Unit (PCU), during the process of basic information collection have been widely used in-depth interviews with representatives of NGOs contracted by PCU, and with direct beneficiaries of its services, as well. This is accomplished based on some structured and self-structured questionnaires.⁴ The main groups of interviewed beneficiaries include vulnerable strata of the population, such as: children and youth at risk of abandoning school and taking up crime, prostitution and/or drugs; children without parental care and institutionalized children (in orphanages); single and abandoned elderly; women- heads of households and other specific population groups, who are at particular risk of social exclusion; communities, these population groups belong to, etc.

The recognition and assessment of different types of sub-projects of SSD project⁵, implemented in regions with distinctive qualities from the social-economic and geographical point of view, from NGO-s in different phases of development and addressed to specific social groups with different needs and for different types of beneficiaries -- all these were a great challenge for ET. In these circumstances and taking into consideration even the time passed from the beginning of the project (2002) till the start of its implementation in a wide scale, in the four regions (Tirana, Shkodra, Durrësi and Vlora) (2005), ET has made great efforts to simultaneously address the fundamental aspects of the general performance of SSD project, as well as to assess each region and/or sub-project.

Taking into consideration the time and available sources, in continuous counseling with PCU, ET has adapted the implementation of BIA methodology, widely exploiting the VNICA Report, similar experiences of other countries and methodical materials of World Bank (WB), as well as periodical evaluations of the WB missions and other parts included in its implementation⁶.

As in every assessment of this type, BIA and ET/ACER have their strong argumentation side, as well as their limits. The methodology followed up by us scopes to coordinate the common aspects of different social vulnerable groups and, on this base, to create the possibility of highlighting some lessons learnt or experiences gained from the implementation of SSD sub-projects. Since an important part of the ET work was the opinion collection of the heads and specialists of central institutions included in the project compilation and implementation process, as well as of its direct beneficiaries - in this Report are reflected both aspects, which, we hope, will enable a more realistic perception of its impact. Regardless of this, we are convinced that in every case those are subjective evaluations given by individuals having different levels of education, with different levels of knowledge on the content and scopes of project, as well as of the expected or predicted, direct or indirect impacts, from the implementation of this project. However, the reality provided through the analysis of opinions and other documentary data of both groups participating in BIA give us a valuable possibility to understand the perspective of development of SSD project during the second phase of its implementation.

⁴ See Annex #2/1, Questionnaire for Ngos directors, #2/2 Questionnaire for Ngos staff, #2/3 Questionnaire for direct beneficiaries, #2/4 Questionnaire for indirect beneficiaries.

⁵ See Annex #5, Data on general number of beneficiaries, according to PCU, BIA of SSDP, ACER 2006

⁶ See Annex #3, Check list of fundamental project documents provided by PCU.

1. Sampling of institutions

PCU provided a list of the service typology, provided in the framework of SSD project from central and local institutions included in its implementation, as well as of the NGOs contracted for the sub-projects implementation, which are being implemented since the beginning of its pilot phase. The typology of the services provided in the SSD project frame included: multidisciplinary centers, daily centers, information and consultancy centers, service in family, tutorship, education, temporary shelters etc.

The central institutions list included: Ministry of Labor, Social Affairs and Equal Chances (MILSAEO), State Social Service (GASS) and its regional offices, INSTAT, Social Insurance Institute (SII) and Project Coordination Unit (PCU); while the local government institutions included municipalities of Tirana, Durrësi, Vlora, Shkodra, Puka, Kavaja, Oriskumi, Kamza and Fushe-Kruja, as well as communes of Krraba, Paskuqani, Vaqarri and Bushati.

A separate list consisted even of the NGOs contracted by PCU to perform the above services. There were totally 16 NGOs, which independently from the registration place or time of their activities' beginning, (at the same time or before SSD project started), were selected to implement sub-projects of this project. In this list, as well as in other complementary data provided from PCU, were included even general data such as addresses, names and telephone numbers of the contact people, etc. An important datum to establish the investigation sample and to select the suitable form for a more correct selection was even the information on the total number of direct and indirect beneficiaries since its implementation⁷.

After providing the above-mentioned data and consulting with PCU, it was determined that contact people in central and local institutions, the heads and principal staff of NGOs implementing sub-projects would be all interviewed, while for direct and indirect beneficiaries it was defined a selection norm by not less than 5%⁸ of their total number. Of course, the relevant number for every investigation units (sub-contracted NGOs) would be determined depending on the beneficiaries' number at the moment when ET would visit the unit, on the possibilities to contract and communicate with indirect beneficiaries etc. So, the size of this number was conditioned even by the number of direct beneficiaries present at the moment of ET visit. If this number was very limited (i.e. only few people), then the selection norm determined above wouldn't be taken into account, but would interview the possible maximum of people.

The questionnaires used for BIA accomplishment have been compiled as a set of questions integrated in specific questionnaires for the heads and principal staff of institutions providing social services, as well as for direct beneficiaries of these services. Their responses have been systemized in continuity. The questionnaires have been the most important tool that ET/ACER used for the data collection of the direct beneficiaries category of SSD project. In the compilation of questionnaires, different factors were taken into account, such as: object of evaluation (ToRs of BIA); statistical measurement of result impact, where it is possible; features of formation and education of interviewed people; specific features of services provided to them, etc. The complexity of services provided by sub-contractors of SSD project and distinctions between them made necessary that besides questionnaires should be also used other methods and tools like focused groups, in assessing the project's influence. Independently from this, the compilation of questionnaires and their utilization process was done in a "classie" way. So, after their compilation, the questionnaires were subdued to the preliminary test from ET. Then, the due

⁷ See Annex #5, Information: "Data on number of beneficiaries of SSDP", PCU

⁸ See Annex #6, Data on number of beneficiaries of SSDP, according to BIA

amendments were carried out, and after that the official approval from PCU was taken, before they were widely used by all observation units.

To prepare the Report of BIA of SSD project, ET also used the Focus Groups, conceived as a concentrated discussion with beneficiaries' groups to find their perspectives, comparing them with theoretical/abstract concepts based on a set of questions structured specifically for the impact assessment. This was performed in the initial phase of project having the scope of questionnaires preparation, as well as in the conclusive phase of Report, to consolidate the main findings of BIA.

The observation sample used in BIA case of SSD project is a combined sample; so, some techniques of analysis and evaluation have been widely used, like interviews, focused groups, survey of basic documents of SSD project etc. For the latter, (basic documents of SSD project⁹), ET/ACER provided a whole package of them since the project started, but of a greater importance were Aid Memories, prepared by annual missions of World Bank, as well as an assessment performed by British Council (BC) as a consultant of SSD project.

Finally, in conformity with ToRs and through the approved evaluation methodology, ET/ACER has aimed at taking into consideration the below criteria:

- To cover all types of services provided by SSD project;
- To cover completely central institutions included in the project;
- To cover sufficiently, by a statistical view, all social groups of direct or indirect beneficiaries of project.

ET/ACER has made continuous efforts to exploit the data-base of PCU of SSD project, but the delay at the beginning of the establishment of Information System for Monitoring (ISM) and especially the lack of computerization of information available to PCU, have not permitted its total use.

2. Sampling of Beneficiaries

During the beneficiaries sampling process, ET/ACER faced some difficulties related to the impossibility of ensuring the basic information, necessary for this scope. So, because of the lack of ISM and relevant electronic database, it was impossible to provide a list of names of direct and indirect beneficiaries of SSD project since its beginning. Furthermore, it was impossible to provide it even from the offices of sub-contractors (NGOs) financed by the project. ET recognized the practices used for documenting the examined cases and, from this, resulted that a number of them had created and maintained a special documentation, such as personal records, registers of beneficiaries etc., but those were not unified by SSD project. These were mainly observed in NGOs established before the beginning of SSD project and/or which were funded and are actually funded even from other donors. While related to indirect beneficiaries and in conformity with specific features of services provided, the evaluations of NGOs were done in an approximate way, which leave the way open for inaccuracy in reporting, as well as in the measurement of project effectiveness and its impact.

In PCU, the presumed (or planned) beneficiaries in the moment of presentation of draft-proposals were much more documented. So, ET/ACER was confronted with the dilemma whether it would use as a "common denominator" all beneficiaries proposed in the project-proposal of every financed sub-project, or only those who have directly benefited from each sub-project, or to whom every sub-project has served directly. For study purposes, it was made a division of beneficiaries in "direct beneficiaries" (number of social group members, to whom each sub-

⁹ See: Annex #7, "List of SSDP Indicators", provided by PCU and Annex #3 mentioned.

project has directly served), and in “indirect beneficiaries” (number of family members, relatives and/or community, to whom each sub-project has directly served), ET collected simultaneous information from PCU and from NGOs contracted for the sub-projects implementation, as well. And, at the end, there were noticed considerable differences, maybe because the data had the same source (were part of proposal and/or reporting of NGOs). Anyhow, the fact of being based on these data for establishing beneficiaries’ samples implies the existence of a certain level of inaccuracy, for which is judged that it doesn’t influence very much in the determination of tendencies in the assessment of project impact.

ET/ACER judges that the determination of a detailed way of documentation of beneficiaries, including even the so-called category of “indirect beneficiaries”, has to be that of interventions to stabilize the efficiency of the SSD project implementation in its secondary phase, thus increasing even the accuracy of the future BIA assessments. This situation made difficult the establishment of samples for beneficiaries, thus ET selected the above way clarified in details in this Report.

So, for each sub-project and social group of beneficiaries, ET selected casual beneficiaries to be interviewed, where possible, and where the relevant registers existed, as well as in collaboration with heads/staff of NGOs in other cases, making possible in every case a sufficient representation from the statistical view of view.

3. Evaluation tools

On the base of the above clarified evaluation methodology, ET/ACER have used an interactive method of survey, coordinating the quantitative methods with qualitative ones, using questionnaires partly structured for heads and principal staff of NGOs, as well as for beneficiaries (direct or indirect) of SSD project. According to this method the questionnaires were drafted, taking into consideration the suggested issues in Tors¹⁰ and most of them were open questions; while the responses of interviewers were widely analyzed and discussed by ET, aiming at the determination of tendencies and their common elements. For this scope, ET/ACER compiled two evaluation tools in conformity with evaluation objectives (a List of Items for interviews with heads and specialists of central and local institutions and a Questionnaire for heads and principal staff of NGOs, as well as for beneficiaries), according to the assessment goals and Tors definitions.

The List of Items¹¹ for interviews with heads and specialists of central institutions was established to provide information on such fields like: institutional profile, its role and specific duties in the SSD project implementation, level of knowledge of the project’s objectives and results, project impact on the development of institutional capacities, level of benefits from institutions with regard to their capacities, because of the project implementation etc.

The Questionnaires have been tested in two NGOs, one in Tirana and the other in Vaqarr, trying to clarify the possibility of their implementation in both NGOs, with different levels of development and one established many time before the project started (Tirana), and the other established because of the project (Vaqarri); but even providers of various categories of social services, one settled in urban area (contracted by the municipality) and the other in rural area (contracted by the commune).

¹⁰ See Annex #2.1/2/3/4 Questionnaires of BIA for Directors and the Main Staff of service providers , direct and indirect beneficiaries.

¹¹ See Annex #10 List of issues for discussion with the directors of the institutions.

After the final testing of questionnaires, there were reflected the necessary modifications and changes done based on comments and reactions, taken from their heads and principal staff.

The questionnaire for Beneficiaries was composed as partly structured to draw information from direct beneficiaries, representatives of social groups benefiting from services, provided by SSD project. This questionnaire includes such columns as: individual profile of beneficiary, information about service/service benefited by beneficiary, relation between needs and priorities of beneficiaries, satisfaction level (of needs) with type of services benefited by beneficiary, project impact on the well-being of beneficiaries and their relatives, drawing beneficiaries' opinions on the ways of improving the project implementation in the future, etc. The pilot questionnaires were tested among 20 beneficiaries from Tirana and Vaqarri regions (in the same investigation units where even the questionnaires for heads and principal staff of NGOs of SSD project were tested). The interviewed people represented different categories of beneficiaries. Even to this questionnaire relevant adjustments were done, including cutting of pieces for which beneficiaries were not aware and adding those elements which are related to acknowledgement and implementation of social services standards presented some months ago by the Albanian government etc. Despite that, we decided to require various documents from the service providers that they owned as internal regulatory acts, licenses, statute, working plans, statistical indicators, individual cards act.

4. Training of interviewers

After the preparation of investigation tools and their testing in two pilot areas, as it is mentioned above, ACER trained six interviewers in two days. A part of their training was even a package of knowledge on the ways of collecting information, (except of the work carried out for ground investigation) by relevant public institutions and non-public sub-contractors of SSD project.

The interviewers selected for ground data collection were experts, with whom ACER had collaborated even before in similar surveys. Their training included the providing of known experiences in social study field, acknowledgement of communication techniques, methods of use of in-depth interviews, focused groups etc.

With the scope that, through the investigation more information could be collected, during the investigation process, ET/ACER even prepared a guideline for the interviewers, which included a list of basic documents (statutes, working plans, tables on the ways of evaluating needs, etc.)

Data collection was accomplished according to forecasts of WG . To achieve this scope, at first we accomplished an observation on Tirana district aiming at the creation of experience needed.

In the mean time, WG/ACER firstly defined that: in-depth interviews with the local government directors should be accomplished before the interviews with the directors and the staff of the Ngo-s (service providers) and the beneficiaries.

Secondly, the interviews with the directors and the staff of the Ngo-s should be held at the same time, but in different places. This method aimed the avoidance of the influence of the directors on its staff responses (this because a number of questions were the same).

Thirdly, due to the difficulties in the average of beneficiaries' responses, was corrected the first method of individual interviews without the presence of third person, so they were interviewed in pairs. so one of the interviews makes the questions, the second assisted the first one, so none of the questions could be forgotten and the the interviewers could take notes during the interviews.

These notes were widely used by WG/ACER discussions on the conclusions of each interview and on making evident various inexact things; for instance, the classification of service types, indirect influence on respective services, etc.

Finally WG/ACER concluded that the drafting of the report, according to pilot districts, was a good possibility to compare the SSD project influence on beneficiaries, to analyze the performance and the relationship between local government and service providers (Ngo-s) , indentifying the characteristics of each district etc.

The data gathering process was accomplished from mid-October until the end of December 2006. During this period, according to Tors, ACER supporting staff worked for general data collection from the central institution, (MOLSAEO, INSTAT, PCU, General Police Directorate , etc), according to the respective charts suggested by Tors and the possible data's elaborated through ground observation were widely used for their compilation.

5. Data Quality and Analysis

With the scope of maintaining, in a suitable way, the information collected during ground investigations, since the project beginning, ET/ACER decided that detailed reports on each of investigation units interviewed should be prepared, discussed and preserved not later than 2 days after the interview, while the data computerization should be performed at the same time with this process. In order to guarantee the data quality, not only the data collected were reviewed together with investigation report in a special meeting, but efforts were done, where possible, that these data should be provided and/or compared with data provided by PCU and other official sources of information.

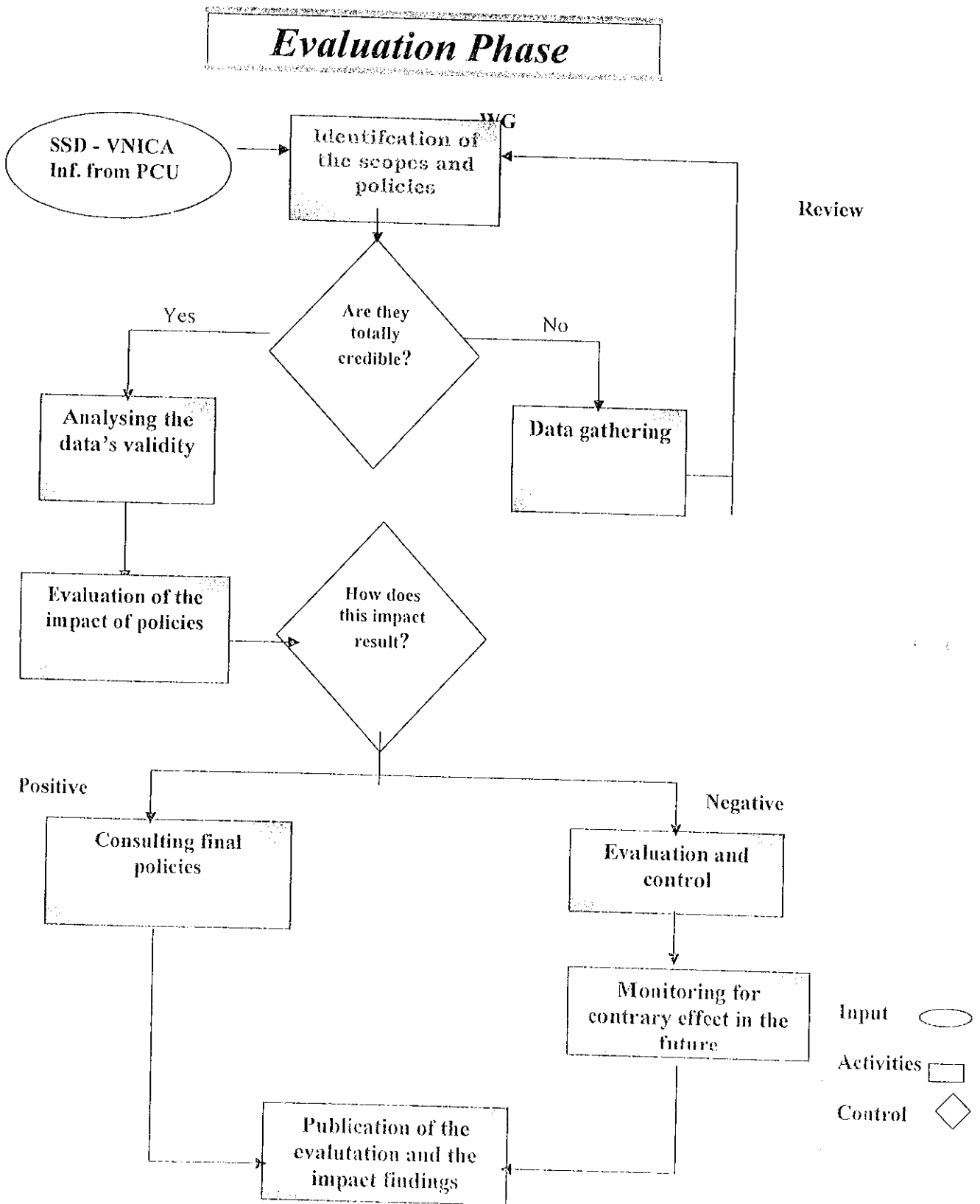
As above-mentioned, the data collected in ground and from public statistics, different publications, informal sources etc., were firstly reviewed for their logical accuracy, for exactness of mathematical calculations, for accuracy of notions used (because of different sources of references) and finally were recorded in tables, prepared for this scope. Later, during the preparation of BIA Report, these data were used to analyze different aspects of impact on beneficiaries of SSD project, aiming at finding correlative eventual relations between the analyzed indicators.

ET/ACER performed the elaboration of data collected on 15 Ngo-s that have started the implementation of the sub- projects in Excel, which was predicted also as a possibility even in its technical proposal. The massive statistical elaboration of data collected through the interviews was also inappropriate, even in the case of direct beneficiaries, chiefly because of the diversity of services provided by SSD project, the short time (not more than one year from the beginning of activity of the majority of investigation units) and the impossibility of providing detailed information from PCU, even for main indicator of project predicted since from beginning of its implementation.

With the scope of making more precise the information collected, a number of NGOs were visited more than once, to meet the head or member of staff, who had the requested information. Part of these visits were even a number of NGOs (3) which have not yet begun their activity for causes chiefly of administrative nature.

6. Observation Plan and its extension

To accomplish the observation, the below-mentioned scheme was consulted and drafted. The assessment of the WB project, Social Service Delivery, was accomplished according to the scheme that is widely used on this type of evaluation:



BIA assessment, although supported by a whole official statistical data, except of the data collected during interviews, remains a perception survey. For this reason, even the relevant Report, presented by us, has its strong and weak points, which have to be taken into consideration in the data interpretation process. ET/ACER believes that BIA Report provides an in-depth understanding of the perspective of bidders and beneficiaries on the effectiveness and service quality supported by SSD project and some recommendations for the second phase of its implementation. Anyway, we have to admit some limitations, almost inevitable.

Firstly, the conclusions given in this Report reflect the views of heads and specialists of central and local institutions, of heads and principal staff of NGOs, as well as of a number of casual representatives of beneficiaries' groups. However, ET/ACER assess that the selection performed allows having a general and clear view of the problems and achievements of the SSD project, which will be given below.

Secondly, WG/ACER assess that the selection performed allows having a general and clear view on which the main conclusions and recommendations of the BIA Report have been constructed, for which we hope that will be useful during the second phase of the SSD project implementation.

After the training process of the interviewers, WG in collaboration with the PCU drafted the interviews plan for the direct and indirect beneficiaries, directors and main staff of Ngos, service providers selected by the SSD project¹². Through various phases of the project proposal, the approval phase and its implementation, some years have passed, (from 2002-2005). We stated relevant differences regarding the number of direct and indirect beneficiaries, in fact¹³. As a result, we interviewed the maximum number of beneficiaries at the moment of the visits at the service provider Ngo-s.

Below, it is given a chart with the number of the direct and indirect beneficiaries that have benefited from these services until now (in fact), and the number of the interviews accomplished by WG/ACER with the beneficiaries according to districts; in an analytical way they are represented in chart #1 as follow:

Data on Beneficiaries according to Pilot Districts

Chart #1

No.	Pilot Districts SSD Project	Beneficiaries in Plan ¹⁴			Beneficiaries in Fact ¹⁵			Nr. Interviewed for BIA		
		Total	Indirect	Direct	Total	Indirect	Direct	Total	Indirect	Direct
1	District SH	6740	4890	1850	3891	2975	916	137	47	90
2	District Dr	710	450	260	400	300	100	19	6	13
3	District TR	10450	7420	3030	1500	985	515	205	44	161
4	District VI	5120	3560	1560	880	570	310	62	0	62
	Total	23020	16410	6610	6671	4830	1841	423	97	326

¹² See Annex #4/2 data on beneficiaries of SSDP, BIA of SSDP, ACER 2006

¹³ See: Annex #5, Data on general number of beneficiaries according to PCU, BIA of SSDP, ACER 2006

¹⁴ These data has been extracted by the project proposal of the Ngos that have implemented for participation in this project and that is foreseen to be implemented until the end of the implementation of the sub-projects.

¹⁵ These data refer to progressive beneficiaries from the beginning of the activities until mid-december 2006. The project, continuing during 2007, will further improve the achievement of its goals.

The WG visited more than once the NGO's Executive directors, because of the impossibility of finding the necessary materials at the moment of the interviews with Ngo-s staff.

The process of defining the direct and indirect beneficiaries remains subjective on the part of the service providers, in the moment of proposal and during the implementation, as well, causing differences in the conception and in reporting process. This problem needs more attention and a further development in the future, helping in the exact definition of the project and increasing the benefits of the groups at risk.

From the discussion with the PCU directors and the specialists we accomplished that the project proposal presented by the selected NGOs for the implementation of the SSD sub- projects were revised by them, aiming at the adequacy of these projects on social services, avoiding the traditional behavior of the local operator during this period, i.e. the orientation on professional training and employment.

Chapter II

THE MAIN RESULTS

1. Main results of the institutional assessment

- WB Project “Social Service Delivery” has supported the improvements of **judicial framework and policies of social services, creating a complete document basis for this reason**, especially in the period of 2005-2006, where the most important one to be mentioned is: Social Services Strategies, law no. 9355, date 10.3.2005 “For social aid and services”, compiled with almost all regulations for their implementation.
- SSD project has supported the development and institutionalization of an up-to-date system of social service standards. During the period of 2005-2006, the Overall Standards of Social Services, as well as the standards for certain categories like children, youth, the elderly, women, disabled people, etc, are approved by the Council Of Ministers.
- SSD project has achieved to include a series of important principles in this judicial framework, like decentralization and de-institutionalization of social services; has introduced new service typology, a steady and continuous model of these services, partnership among civil society, community and other public and private actors, in providing social services.
- The new judicial framework presents a liberal and decentralized spirit of the competences and a responsibility among actors included in the process, and clearly defines the division of competences and role of MOLSAEO, GASS and other units of local government as well.
- SSD project has supported the improvements in the institutional framework, providing new unit samples, reference terms for each of them, which are finalized in establishing, assessing, planning, monitoring, training and informing structures in the regional, central and local level, which make possible the assessment of needs and provide social services quite close to the community, service quality through monitoring the implementation of these standards, improvement of the capacities for their accomplishment, as well as community awareness and its active participation.
- In the function of the process of decentralization, it is assessed as essential the establishment of the Committee of needs assessment and New Community Service Planning near the District Council. This will have a wide representation, which will determine and assess the needs for social services, their possible providers and also the projects for providing new social and community basis services. Despite the fact that the decision of the Council of Ministers for these new attributions to District Council was approved in August 2005, and the

functioning of these units should have been efficient during 2006, it is considered in delay and is facing a lot of difficulties, due to the inefficiency of financial and human resources.

- In this phase, an important process is the recruitment of professional and experienced staff near the Districts/Municipalities/Communes. There is still a lot of work to be done in this field to achieve the required standards aiming at the minimization of political influence, nepotism, etc. Even though all the institutions are equipped with the respective regulations, which determine the necessary criteria in staff recruiting, based mainly on meritocracy and professional principles, the practice of their implementation shows that they have deficiencies in respect to the principles.
- SSD project has given a positive impact in increasing human capacities of MOLSAEO, GASS, INSTAT, units of local government and NGO-s, through technical assistance and trainings in and out of the country as well, through survey visits in some countries like in USA, Great Britain, Czech Republic, Romania, etc. These visits have aimed at acknowledging new experiences, various samples of providing/ensuring and financing social services, developing local social services through partnerships, establishing a monitoring system of social indicators etc. Anyway, in some cases the included institutional structures, established and developed in the framework of SSD project implementation and its capacities, have been exposed to structural reunification or conditioned decrease in number, due to political developments. This phenomenon, for understandable reasons, has influenced mainly on local structures, while in the central level the capacities established in years have been generally preserved.
- Regarding the community information, SSD project has supported the designing of a specific document – Respective Strategy and its publication, to inform the public and increase the community awareness for social services. Despite the achievements, it is assessed that there is still a lot to be done for the implementation of an on-going campaign for public awareness and information, aiming at ensuring a more active public participation.
- Supporting INSTAT with SSD project, both financially and by specialized technical assistance, for the first time it is accomplished the survey on the Level of Living Measurement (LSMS), which creates the data for monitoring key social indicators that show economic growth and poverty decrease in the country. A series of important studies have been undertaken based on the data collected by LSMS. In the future, it will be necessary to undertake other new or repeated studies, aiming at consolidating a certain target (at least once in three years) and not to allow degradation because of the lack of financial tools, after this project finishes.
- The implementation of SSD project has created the model of co-financing, to increase the stability of community social services. These are the first steps

towards establishing a financial system by the local government units, which, with the conclusion of the SSD project, would continue to ensure social programs through purchasing services from NGO-s and other providers of social services.¹⁶

- Regarding the fund procurement to ensure the social services, predicted in article 18, paragraph 2 of law no. 9355, dated 10.03.2005 "On social aid and services", and the package of legislation for public procurement, which will regulate this part, is under discussion in the Parliament commissions and very soon will be approved.¹⁷
- The decentralization process through transferring centers of social services from central to local government is performing gradually. The transfer of residential service centers from central government to units of local government, together with the transfer of funds, services and competences haven't finished yet.
- The district is gradually taking over the role and responsibilities that stem from the decentralization process of the delivery of social services and competences, as well. Anyway, there are delays in the establishment of institutional and human capacities for the assessment, programming and administration of social service delivery to the community, implementing the decision of the Council of Ministers no. 563, date 12.08.2005, "On the definition of district responsibilities for the delivery of social care services".
- Although the SSD project has provided the necessary model for the assessment of the needs of social services in the community and their planning through the judicial framework approved recently, the analyses of the data and interviews performed directly with heads and specialists of local government and benefiting communities, where SSD project has extended, shows that the assessment by the local government units is not satisfactory.
- The implementation of WB project of SSD provided a new model and vision of partnership among all the actors, but mainly between the local government units and NGO-s, which already cooperated in assessing the needs, designing plans for social services, as well as implementing standards and increasing their quality. For the first time after 15 years, we have a clear definition of the roles and responsibilities for the planning, financing, administration, delivery, standardization and inspection of Social Services, which, alongside with the extension of SSD project and totally based on the experience gained in the first phase, will be further enriched.

¹⁶ See: Annex #8 "The data on investments for work sites, functional situation and coping with operating expenditures."

¹⁷ In the time of performing BIA- November-December 2006 (ACER note)

2. Sample characteristics. Implementation sites of mini-projects.

The main characteristic for all the regions is the change of typology of provided services, where it is observed a qualitative difference compared with what VNICA describes. Below are given the conclusions of the performed analysis in all the units included in the delivery of social services. To facilitate the analysis and for a series of other reasons, which are made clear at this report introduction, the district is used as referring unit.

2.1 Tirana District

Following the fast urban development of the capital area and to respond better to the social needs rapidly growing by Tirana inhabitants, where we still have a mechanical movement of the population from all over Albania towards Tirana, the project has done major investments in the system of social services. Referring to the providers of social services, SSD project has invested in establishing three new centers, alongside with the investment of three existing centers. What attract the attention are the introduction for the first time of social services in rural areas, two new centers in Vaqar and Krraba, and a new service centre for the elderly in Tirana. From the existing centers, those which mainly operate in the suburbs of the city have been supported, (Kombinat and Kamza), where the population is heterogeneous. In the area of Kamza, the SSD project has supported a daily centre for children and women in Bathore area, where people coming from the North-Eastern regions live, from the time of Kosovo crisis in 1999. The third existing centre is the multi-dimensional Every Child, which is supported by SSD project with capital investments for the site of the centre activity, as well as the increase of its professional staff capacities.

The support with capital investments is aimed for all the centers of Tirana District, but until now it is accomplished only in five centers, from seven planned centers. More concretely, in October-November when the visits in the ground were paid, they were just settled in the new sites, having the right equipment in Vaqarr, Krraba, and a bit later in "Every Child" and centers for the elderly, but two more suburb centers are still waiting, those in Kombinat and Kamza. Despite this, they still perform their services in their previous sites. This capital investment aims at insuring the constancy of their social services, which up to now have been supported by foreign donors according to their priorities and for the first time the local government supports with capital investments, thus creating a guarantee for the continuation of the activity. One of the scopes of the project is for the first time the stimulation of the local government to support NGO-s that operates in social services. In the majority of them, this aid consisted in having at their disposal of the site, property of local government, of four reconstructed centers by SSD project. While in the other two centers of Kamza and Kombinat, the local government is indifferent towards establishing the site and providing operative expenditures for these centers.

Referring to the social needs, according to VNICA assessment, results that not only the five big groups at risk, but also their sub-groups have lots of needs. From this point of

view, SSD project has helped in establishing multi-dimensional services, where typical for Tirana region is Krraba centre. The other centers, although having been focused on certain sub-groups, perform services for other vulnerable groups, as it is the case. More concretely:

1. Every Child, since the very beginning, had in focus the children; it is actually changed into a centre which provides counseling for women and youth, etc.
2. "Staying together" centre in Kombinat is specialized in providing services to disabled people, although they also assist mothers and children in counseling, health treatment, judicial counseling, etc. They are waiting for new site to extend their activity.
3. Krraba Daily centre provides educational and integration services for children, youth, women, and also serves as relaxing centers for the elderly in the village. It has got full investment in site and equipment, and has a better collaboration with the local government.
4. The centre for women and youth in Vaqarr, having a complete investment from SSD project in site and equipment, provides computer trainings and serves as a recreation centre for the women in the area.
5. The Daily centre for women and children in Kamza, (Bathore), where children aged less than six and their mothers, spend the day like in e kindergarten. They are still waiting for new site that have to be provided by the local government, so as to develop more extended services for women and young girls of the area, who need help for their integration in the life of the capital.
6. Daily centre for the elderly recently opened in the centre of Tirana, near the mini- municipalities 9&10, two weeks before the visit of ET/ACER in that institution.

2.2 Durres district

Durresi district, due to social indicators which show incomplete social assistance for all the age vulnerable groups, remains one of the regions that ask for a more powerful support in the field of social services.

In the whole region, there is only one daily service centre for elderly and youth in Fushë-Kruja municipality, supported by SSD project. It is just established, the site is still incomplete, although the investment looks good regarding its position in the centre and its internal and external site. Such a good investment can bring out a distinguished service, but it needs an adequate management. The current service for the elderly has started in the municipality and is managed by an NGO in Tirana, which has recruited native staff from the area, like the doctor and a social worker, who is an engineer in fact.

Perhaps, now that the new site is working, the staff to be recruited should fulfill some professional criteria, so as to increase the quality of services for the elderly and youth in the area, that have problems. Anyway, the possibilities of ensuring the adequate working staff, having the necessary professional preparation, are still limited. Meanwhile, all the youth in the area, considered at risk, are unemployed, thus the services for their integration in the community, are duly regarded as a priority of the local government.

2.2 Vlora District

The project of Social Services financed by WB includes two municipalities of Vlora district, having three social centers; and that of Orikum, having one social centre. All centers in Vlora district have been reconstructed financed by WB project, have also received the agreed equipment and have started their functioning, as well, excluding only one in Vlora. More concretely, in Vlora district, the centers already in operation are:

1. In Orikum municipality, "The Centre of services for elderly and youth", which in fact provides recreation and entertaining services, and health care for the elderly of this municipality? The fact that the Orikum mayor is the manager of the project himself has helped in accomplishing a very good collaboration between the NGO staff and that of the municipality.

2. In Vlora municipality, the association "Children in focus" has just entered the new site reconstructed with funds of the World Bank, and it is expected that within two weeks it should start its activity.

3. In Vlora municipality, "The multidisciplinary centre for the elderly" is settled in its new reconstructed site by WB funds and provides health care, relaxing and entertaining services for the elderly.

4. In Vlora municipality, "The centre for integrated services" was settled in the new reconstructed site since a couple of months ago, and now it provides services in reproduction health, counseling, information and judicial defense. On the whole, the good progress of Vlora district social centers is closely connected with the good work on the part of the local government there.

2.3 Shkodra district

In Shkodra district, with the sustainability of SSD project, operate five sub-projects of social services, four of which in Shkodra (three in Shkodra municipality and one in Bushati commune), and the other one in Puka municipality. All the projects are normally being implemented, performing social services defined in their contracts, even though the project of the NGO, "The door" (An open daily centre), has not yet started work in the new site, as the reconstruction of the part of the object in their disposal has been interrupted. In Shkodra district operates:

- a) Shkodra municipality, "Every child" association, a social centre in defense of families and children, has started its activity in its reconstructed building, provides counseling, health care, educational, recreation services and employment for children, women and families vulnerable.
- b) Bushati commune - "Multidisciplinary community centre", which provides services for women and children in Barbullush, had its own new reconstructed site.
- c) "The door" association provides services, like: education, counseling, recreation, job information and aid, etc., for children, youth and women.

- d) "Human dimensions" centre is a daily centre for the elderly, which provides recreation and relaxation.
- e) "Community centre for integration and development" – Puka, provides judicial counseling, health services, relaxation and recreation for children, youth, women and the elderly. In this municipality, WG noticed that due to the bad reconstruction of the site, the project exercised its activity in another place.

3. Completion of projects' outputs.

SSD project fulfilled one of its objectives for the creation of the model of including various social actors, from the state authorities of all levels to the NGO and beneficiaries of social services. This wide inclusion of community actors is found in the designing of the basic legislation, strategies, and standards of social services, performed through a wide process of counseling up to their participation in the implementation of social services in local level.

The project enhanced the implementation of the process of decentralization in administering social services, defining the functions, responsibilities and roles of MOLSAEO, GASS, district, municipality/commune up to the social administrator that has direct contact with the vulnerable people.

The performance of the strategic objectives for the de-institutionalization which aims at increasing possibilities of choice, of scale of independence on the part of the beneficiaries of social services, and of the quality of their life in general. This has been achieved through enhancing a variety of social services, mainly daily educational centers, health care, disabled people rehabilitation, psycho-social counseling, job information and negotiation, as new types of alternative social services towards services provided by public system, giving an integration model of benefits from social programs, concretely of economic aid program and that of social services.

4. MOLSAEO

Some of the main achievements of MOLSAEO in developing capacities for the designing of policies are:

- The development of an all-inclusive concept of various actors besides the central government: local government, NGO-s up to beneficiaries. Organizing workshops, wide debates including training seminars, where all actors are invited and they can introduce their alternatives addressing social problems.
- Development of policies oriented towards social needs, changing the orientation side upwards. The definition of indicators for the systematic evaluation of social needs in local level is one of the last products (decision of Council of Ministers No. 617, date 7.09.2006) of SSD project.

- Establishing for the first time standards for social services: overall standards and specific ones for certain groups like disabled children, or the elderly.
- In the condition of supporting social needs from many resources, besides the state budget, it is rightly assessed the idea of establishing a social fund. But this idea has not advanced further; in the meantime even SSD project has not provided any assistance in this trend. Even the interviewed service providers, when asked what they think about ensuring the stability of their projects, in the conditions of having no more foreign donations, find it difficult to give an exact answer. Anyway, now there is a necessary judicial infrastructure for this fund and, according to directors and specialists of MOLSAEO included in the designing and implementation of SSD project, at the beginning of 2008, it is predicted to put it into practice.

4.1 Organizational results.

- The definition of the division of responsibilities and competence hierarchy between MOLSAEO and GASS, institution in local level in its dependence, mainly responsible for inspecting and training the providers of social services.
- The establishment of structures for monitoring poverty and strategies of vulnerable groups, although there is still need to define their function: from exchanging information up to work groups between the section of monitoring poverty and that of social services.
- The development of a strategy for public information, although assessed to have been done much more, especially in including the Faculty of Social Sciences in organized training, a thing that was also predicted in the training strategies. Anyway, the influence of the project in achieving collaboration between MOLSAEO, (especially institutions under its authority like GASS, ISI) and the Faculty of Social Sciences has had the predicted level at the beginning of its implementation.
- The establishment of structures for licensing provided service is addressed as a pre-condition for the development of a steady social service system. The definition of a necessary documentation for this reason. The sector of social services maintains that the process is having a good start and is expected to get improved in the nearest future.
- The development of human resources during the process of implementing social programs is assessed as performed, in proportion with the predicted objectives of SSD project. The development of human resources during the process of applying social programs is assessed to have been performed in proportion with the predicted objectives of SSD project. The trainings connected to knowledge on a modern system of social services, on the types of services, aspects of assessing the needs, licensing of social service providers, monitoring, inspection of social services

providers, up to the methods of assessing their impacts in increasing the efficiency of social services, have played a crucial role in this trend.

- Determining strategic objectives and preparing action plans according to sectors from the MOLSAEO has increased the level of management of social services, but this management still needs coordination within the Ministry, and in other structures as well. The establishment of multi-disciplinary work groups for designing social programs with the participation of outside actors from MOLSAEO is part of the daily activity of Ministry, reflecting a qualitative management.

5. State Social Service

Among the main achievements of GASS under the influence of SSD project can be mentioned:

- Its functions are made clear, as an institution for the inspection of social services, in the conditions that the administration of services should be delegated to local authorities.
- The increase of human capacities, through the establishment of the unit of training in GASS for their further qualification.

6. Local government/ Service providers

- The main achievement of SSD project is the establishment of a new model in the system of social services. Through this, it is aimed at changing social services from the delegated function to a direct function of the units of local government, increasing in the meantime the engagement of NGO-s and of the community in the progress of social services. From this survey, it is shown that this model is in its creation and it is evaluated as becoming complete at the end of this phase of SSD project.
- This model will stir competition among public and private providers to ensure their support from the local government increasing the quality of provided services. It will make possible, as well, that the providers will not ensure only the services that are easily managed, despite the community needs, but those according to the required needs, which make continuous assessment of social needs of the community.
- The creation of reciprocal relations, although at its beginning, it scopes the mutual support between local government and providers of social services facilitates the fulfillment of social functions from these two important actors. Until yesterday, NGO-s didn't even know the local government, because they operated outside its orbit; now they themselves ask for partnership with the actors of local government to ensure the stability of social services.

- Partnership relations ask from local government to ensure the necessary financial resources for the providers and the best services to vulnerable groups. These new relations will enhance the exchange of information among parties.
- WG/ACER maintains that a wider participation of the community will come gradually. This means the participation of school in the activities of the social service centers. This, not only when centers give service to children, but also to other vulnerable groups.
- Providing health care service as part of social services consists a positive trend that has to be encouraged. This is made evident in Fushe-Kruja, Krraba, Kamza, Shkodra and Vlora, where medical people of the district are included part-time or full-time in the centre of social services that operates in this area.
- The community information and sensibilisation by NGO-s and local authorities is assessed as a vital instrument for implementing the SSD project successfully.
- The role of the social administrators of the units of local government, though new and unknown before, has marked safe steps and is expected to be further consolidated in the future.

7. Monitoring and Reporting

- NGO-s report near the Agency of Project Coordination usually once in two months. These reports generally have a descriptive character, but also contain important data for assessing the provided social services; problems they face in practice, in the relations with local government, the beneficiaries, or the community on the whole.
- Regional offices of GASS, implementing the Decision of the Council of Ministers no. 617, date 07.09.2006, were engaged, in a systematic way, in monitoring, auditing, reporting and implementing legislation of social service standards.
- The creation of a database with the integrated indicators for vulnerable groups remains a necessity for monitoring and evaluating the activity of service providers. The establishment of database, after approbating the decision of the Council of Ministers (It is expected to come out at the beginning of 2007), will require the engagement of social administrators, as well, in communes and municipalities, which have a more complete information for vulnerable groups and their respective requirements for social services.
- The creation of a database, will also require a more specialized training of social administrators from the point of view of the methodology of social needs assessment and of the reflection to fulfill them, as well, because actually they have at their disposal overall data and only some quantitative indicators for five

vulnerable groups. The scope is to give necessary individual assessments to develop an adequate system of social services for the community needs.

8. Adequacy of social services toward local needs

SSD project realizes an interference to answer the assessment of the social needs in favor of social groups described in VNICA report, where not only various groups having various needs, but also narrow classifications within a group vulnerable, like: women (unemployed/divorced/raped/head of households, or children (orphans/beggars/quitting schools/abused children), or youth (drug addicts/alcohol addicts/unemployed/having criminal records/orphans, etc), so each of the sub-groups have made evident a variety of social needs. The data on the typology of the services show clearly this achievement, where can be seen new social services for groups at risk, from the psycho-social counseling, disabled people rehabilitation, daily centers for the elderly, up to judicial counseling for vulnerable groups. The services for women and youth which are absent in the previous types, according to VNICA, now are among the addressed target groups by the majority of the providers of social services.

SSD project has aimed at providing support according to the needs of respective regions, as well as depending on the availability of local government, as contractor of services in its areas, but not always has achieved maximum effect.

In Kavaja and Paskuqan, Tirana district, the implemented sub-projects still haven't produced the expected influence, this mainly because of the insufficient engagement of local government in these areas, especially for ensuring necessary work site in time. On the other hand, we think that, in any case, should be done an extension and remodeling of provided services to respond to the communitarian needs better.

9. Beneficiaries participation on social services programs

The way of conception services supported by SSD project, having in centre the customer and its needs, consists one of the essential achievements of this project. The programs of services are designed in collaboration with the beneficiaries and their families. The enhancement and development of family relations consists as one of the visible effects of provided services. This is evident in the centre "Let's stay together" in Kombinat, "Every child" in Tirana and Shkodra, Centers for the elderly in Vlora and Shkodra etc. In these centers, the direct beneficiaries and their families take an active part not only in designing service programs, but also in applying them. By their requirements and suggestions, we can say that they give assessment to various elements of provided services. Anyway, there are few elements to show a continuous and systematic evaluation of social programs even on the part of the providers themselves, without speaking for outside evaluation, as the model provided by this report.

It is interesting to stress that WG/ACER, during the accomplishment of their task noticed the tendency to increase the capacity of providers, of the development of new structures, detailing social roles, increase their professional level, improvement of procedures of inspection, definition of indicators of efficiency in social services. The unfulfilled needs have pushed service providers towards establishing collaboration networks in local, regional and a more extended level, so as to increase the effectiveness of social services. The designing process, the implementation and assessment of social services have included all the social actors, although there is still need for a greater engagement of the local government, communes, municipalities, and especially in district level to develop community plans of social services.

10. Capacity building

The implementation of designed strategies and the improvement of created samples, according to social dynamic realities, ask for a continuous development of capacities. To design contemporary policies is not easy, but it is much more difficult to implement them in the conditions of our country.

The creation of the social fund is assessed as the financial guarantee of the development of a steady system of social services. In this trend, the assistance is important, in the condition that this is a completely new institution in the policy of social care, an expression of social partnership.

Although the project has given a valuable contribution in developing capacities in all social actors, this is only the first investment which needs to be followed by others. The capacity development will be performed by work, to create a steady service system. It is mostly connected with:

- a) Definition of indicators of measurement and assessment of social needs in local level, as well as the recruitment of professionals, who will analyze these indicators and formulate the respective recommendations for the designers of public policies.
- b) Definition of inspecting functions of GASS in all links of the system.
- c) Investments in human capital, increasing the number of professionals in social field recruited in all the structures of GASS.
- d) Designing a concrete action plan to implement the training strategies of SSD project.
- e) Qualitative and quantitative improvement of publications from the public administration of standards of social services, judicial framework and the way of benefits.
- f) Definition of the costs of services and the contributors' weight in it, which until now has remained completely unclear.
- g) Delegation of responsibilities in regional level, through increasing the capacities and not reducing structures and human resources in regional level.
- h) Delegation of management functions of social services in local level based on manuals of the forms of contracting providers of social services.

Chapter III.

THE RESULTS OF THE BENEFICIARIES IMPACT ASSESSMENT

1. Ministry of Labor, Social Services and Equal Opportunities

Implementing the objectives of the National Strategy for Social and Economic Development (NSSD), the Albanian government initiated the project supported by WB "The delivery of social services" at the end of 2001, which aimed at establishing a qualitative and steady system of providing and delivering social services for groups and individuals vulnerable, to reduce poverty in the country. In the function of achieving this scope, one of the main objectives of WB project was precisely: *"The strengthening of institutional capacities for developing, monitoring and assessing effectively social policies, as well as the improvement of capacities for planning, administering and delivering social services and care with a community basis"*¹⁸.

SSD project introduces a new vision for the decentralization and de-institutionalization of social services, aiming at bringing them quite close to community. A number of governmental and local institutions were beneficiaries of WB project "The delivery of social services".

As it is known, in the field of social aid and support, the Ministry of Labor, Social issues and Equal chances is the central authority charged with designing policies, legislation, fund programs for economic aid for families and disabled people, and social services, approbation of standards of services, licensing of judicial and private people who will provide social services etc.

This important and multi-dimensional role, attributed to this part of Albanian executive, derives from a series of important political and judicial documents, like the National Strategy of Economic and Social Development, the Strategy of Social Services¹⁹, Law No. 9355, dated 10.3.2005 "For the social aid and services" and regulation acts approbated in its implementation.

WB project of "The delivery of Social Services", through a series of objectives divided in certain components, specifically in sub-component 2, predicts as its objective the sustainability of MOLSAEO for:

- a) The strengthening of capacities, connected to the designing of social care and service policies;
- b) Development of judicial institutional framework for social services;
- c) Establishment of capacities for monitoring and assessing policies and improvement of programs of social services;
- d) Definition and implementation of a national awareness campaign regarding the social exclusion;

¹⁸ See: Annex #11 List of judicial acts and regulations for Social aid and service.

¹⁹ See there

- e) Definition and implementation of an adequate system for financing social services, with the participation of all the main actors, including donators, too;

To fulfill the above mentioned scope, the project predicts a number of outputs, to be mentioned:

The detailed definition of the role and responsibility of the units of central government (MOLSAEO, GASS);

- i) Establishment of human and initiative capacities to design policies of social services within standards;
- ii) Improvement of judicial and institutional framework for managing and delivering social services;
- iii) The creation of a system of standards and monitoring;
- iv) A more informed community, regarding the problems of social exclusion of certain groups and the usefulness of social services;
- v) The creation of a constant system for financing social services, facilitating social services, having a communitarian basis other than the institutional ones.

In implementing BIA of SSD project, WG/ACER, analyzed the scale of the fulfillment of the above-mentioned objectives. Some of the conclusions or main findings of this analysis are as follows:

2. The establishment of human and Organizational capacities for designing social services policies²⁰

In MOLSAEO functions the Department of Policies of Social Services (DPSS) consisting of a staff of five people, whose mission is to design policies, legislation, standards of social services, their monitoring and implementation. Directed by a manager having technical, initiative and leading abilities, and an experienced staff in this field, in collaboration with other structures from the Ministry, but also with other actors, this department has accomplished a considerable work volume in designing policies and legislation, as well as it has ensured cooperative relationships and partnership with the institutions of local government, representatives of civil society, NGO-s that exercise their activity in social field, etc.

The whole process of designing policies and legislation in MOLSAEO has been assisted by British Council, whose support has been "very useful for all strategies, judicial acts, regulations prepared until now, the staff of *MOLSAEO* has cooperated closely with *British Council (BC)* which has provided new samples and concepts. *BC* has supported the establishment of capacities in *MOLSAEO* by technical assistance or a series of trainings in and out of the country and visits in Great Britain, as well."

In the process of collecting information and during interviews, the staff of the Department of Social Policies confirmed to the group of ACER experts that, with the sustainability of SSD project, they have paid a number of visits, aiming at knowing better the experiences of other countries, various samples of providing and ensuring social services, of practices and respective documentation, monitoring them etc.

²⁰ See: Annex #1, List of interwied people, Op. Cit.,

Anyway, WG/ACER assesses that the establishment of the level of capacities in the structures of MOLSAEO remains a constant duty, mostly taking into consideration the influence of movement for various causes in the composition and qualification of staff.

3. The improvement of judicial and institutional framework for the management and delivery of social services.

The sustainability of improvements in the judicial framework for social aid and services consist an important component of SSD project. The period 2005–2006 has marked the finalization of improvements of judicial framework for the social aid and services. The most important step in this trend is the designing and approbation of law No. 9355, date 10.3.2005 “For the social aid and services” and The Strategies of Social Services, approved by decision of the Council of Ministers No.265, date 28.4.2005. This law extends the boundaries of benefits for all vulnerable groups, creates the necessary space for the decentralization and increase of competencies of local government as well as for the participation of civil society in providing services of social care. More concretely²¹, in the framework of these judicial acts and regulations, it is possible:

- a) Quantitative and qualitative identification of families and social vulnerable groups;
- b) Definition of kinds of services and benefit criteria;
- c) Establishment of standards on the level, quality of service and being transparent;
- d) Decentralization of services, competences and funds in municipalities and communes;
- e) Strengthening of the district role;
- f) Extension of the participation of civil society in providing services and strengthening institutional capacities.

For the majority of CM decisions, the respective guidance of MOLSAEO or common instructions with Eastern ministries have been designed or approved.

Anyway, this survey shows that, in some cases, there are unjustified delays in the completion of respective judicial framework. From the interviews with the heads of local government and representatives of civil society, results that their participation in the process of designing the judicial framework has been modest, this is reflected even in the difficulties of its implementation.

Law No. 9355, date 10.3.2005 “For social aid and services” and regulations in implementing it, except the roles and competences of the main institutional actors, predicts institutional improvements through establishing monitoring, inspecting, but also training and informing structures of social services, etc. For the implementation of this law, the Inspectorate of Economic Aid, Payment for disabled people and Social Services (IEAPDPSS) is set up. This unit is established in the level of two departments near GASS: Department of Cash Payment Inspection (13 employees altogether in two sectors)

²¹ For more details see: Amex #11 List of judicial acts and regulations for Social aid and service , Op. cit.

and Department of Social Services Inspection (15 employees altogether in three sectors). Near GASS is set up the Sector of Training, Coordination of Projects and Public Relations (made up of 3 employees). Implementing the objectives of the Strategy of Social Services, the role of this sector is to identify, program, coordinate and manage the process of training, re-training and professional qualification of staffs of implementing structures of social services, coordinate projects/programs with strategic donors and inform the public through awareness campaigns on policies, legislation, standards and needs of vulnerable groups of society.

Based on the sub-sartorial strategies near MOLSAEO and GASS are set up a series of structures for monitoring the progress of defined objectives in these strategies. So there are established the Sector of Monitoring of Strategies for Children (SMSC) near the Department of Social Services (DSS) in the Ministry, the Sector of Monitoring Strategies of Rom Community (SMSRC), near the Department of Training, Coordination of Projects and Public Relations in GASS.

CM decision No.563. Date[2.08.2005]”For the definition of district responsibilities for the delivery of services of social care”, in implementing article 30 of the law, increased the role and competences of the district in assessing, planning, coordinating and delivering social services. According to this decision, near every district council is set up and functions the Committee of Assessing the Needs and Planning New Services in the Community (CANPNSC), with representatives in the level of Chairman, director or sector responsible, of municipalities/communes of the district, of the regional office of GASS, of NGO-s, which provide services of this nature, of the beneficiaries, units that act near district councils, representatives of educational, health or order departments. This committee defines and assesses the needs for social services, their possible providers, and does the assessment of projects to provide new services with a community basis, proposed by institutions, various donors, NGO-s and private entrepreneurs. The Planning Committees have a modest experience in their activity. They have been established in four pilot regions of SSD project: in districts of Tirana, Durrresi, Shkodra, Vlora and from 2007 and on will be set up in other districts as well. This decision has made judicial and has institutionalized the establishment of structures of social aid and care near every district council, which will render the work among units of local government, and will support and enhance the collaboration between leading units of units of local government and various NGO-s that operate in regional level.

4. The system of standards and monitoring of social services

From the survey results that generally this component has had a satisfactory progress in its development and implementation. So, MOLSAEO, implementing law “On Social Aid and Services”, and with the sustainability of SSD project has developed and institutionalized an up-to-date system of social services standards. For this reason, during 2005-2006 are approbated by the government “The Overall Standards of Social Services” (GASS), as well as standards for certain categories like children, the elderly, disabled people, etc. This achievement and the procedures followed for this reason are confirmed

by the interview of the directors of MOLSAEO that *“Standards are designed through a collaboration process with all the various actors: representatives from providers and beneficiaries of social services, representatives of local and central authorities, representatives of State Social Service in central or regional level, as well as professional like social workers, tutorship, scholars, academy people, or service beneficiaries.”*²².

The use of the collaboration among interested parties in the process of designing and implementing the judicial framework was made evident through interviews with representatives of local government “municipalities and communes of pilot areas”, social service in central and regional level etc. A lot of discussions were held with them on the assessment of existing capacities of social services in fulfilling the social needs in the community, where they exercise their authority.

This process, supported by a wide participation, marks an important step in counseling, participation and access of all interested actors in decision-making, being the first and more important part of the establishment of aimed system. A new and all-inclusive model is set up, based on the principles of collaboration, participation, transparency, in which the role and sustainability of SSD project is assessed as very important.

Meanwhile, it should be stressed that the creation of the judicial basis is one side, and more important is the other side, i.e. their implementation. WG/ACER evaluates that this process should consist one of the priorities of the second phase of implementing SSD project, a thing that is possible through some basic elements.

First, their acknowledgement by all the actors. For this, MOLSAEO should prepare practical guidance to comment their meaning, should determine the necessary procedures to facilitate work for the implementation of the standards, etc. Until now, there are organized eight workshops, and the other part will continue. But to start with the implementation of these standards, the guidance framework should take its complete form and deliver in all levels. Parallel with the creation of explaining basis, WG/ACER evaluates the fact of the continuation of awareness campaigns, training seminars, and work in small professional groups, up to trainings, so as to understand and implement them better. From the interviews with the interested parties in central and local level and with NGO-s, providers of services for SSD project, results that until now this process is in good progress and trainings have been useful for the participants.

Secondly, the creation of a monitoring and inspection system for their implementation. The legislation in power defines clearly the responsibility of MOLSAEO to audit, monitor and implement standards. This institution has established such a monitoring system, preparing all the necessary judicial framework and institutional structures, even though putting into operation the system is a little delayed. Even the Licensing Commission established near MOLSAEO implementing CM decision no.564, date 16.08.2005 serves as a monitoring instrument for the implementation of social services.

²² See: Interviews with Prof. N. Dumani, Head of Social Policies department at MLOSEA, BIA of SSD Project, ET/ACER, Tirane 2006

MOLSAEO has created an assessing and monitoring system of programs of economic aid, of payment for disabled people and of social services, thus defining their indicators with the decision no. 617, date 7.9.2006, as well as the guidance which is under preparation.²³ In this way, through this system of assessment and monitoring, MOLSAEO collects and processes statistical data, as well as designs reports in the field of social aid and service.

In the institutional plan, IEAPDPSS, (which has started its activity only recently), has, as one of the most important objectives, the survey and audit of the implementation of standards of social services. Before, this process has been concentrated mainly in the inspection of administrative issues of social services. To help the audit, besides standards, there are also defined the quality indicators to facilitate the activity of the Inspectorate. British Council has provided a series of samples and inspection experiences, including "The training of Trainers", (inspectors of GASS) and preparation of an inspection manual to facilitate the work of the inspectors.

5. Community information

One of the objectives of SSD project has been the implementation of an awareness campaign of public opinion regarding the usefulness of social services and the problems of social exclusion of certain groups, which until now has not been completely implemented.

From the collected information results that there are a number of seminars held, regarding the formation of the campaign of public information, on the techniques of designing, planning and implementing this campaign, with the participation of all interested actors. This component remains of special importance for the future, too, which is also confirmed from the interviews with main leaders of MOLSAEO included in the implementation of the project "With the sustainability of SSD project in the coming months, an important process will be undertaken, that is connected with the publication of all the judicial framework and strategies, in an inclusive document that will be delivered, aiming at making it known to all the actors involved in social services"²⁴.

Near the State Social Service, the Sector of Public Information (SIB) is also established, which will make possible the informing and programming of awareness campaigns as well as coordinating strategies of this process with all included actors in providing and ensuring social services. This sector is approved with the new structure of GASS (November 2006).

WG/ACER assesses that the beneficiary's campaign should be more organized, not sporadic, and should take into consideration the level and problematic of interested social

²³ This act and others regarding monitoring and assessment of SS are issued by the Government and MLOSEA during the period of performing BIA of SSD.

²⁴ See: Interviews with Prof. N. Dumani, Head of Social Policies department at MLOSEA, BIA of SSD Project, ETACER, Tirane 2006, Op. Cit.

groups them. This conclusion has been drawn even from the interviews taken in the field with leaders of local and central government, and with providers of social services, as well.

6. The establishment of a constant system for financing social services.

The implementation of SSD project has created the model of financing to increase the constancy of social services in the community, as the first step towards the creation of a steady system. In implementing SSD project, all the units of the local government belonging to the pilot region where the project was implemented, respectively in Tirana, Durresi, Shkodra and Vlora have become partners in developing sub-projects, being parties in the contracts signed between them, project providers and project unit. The majority of them have firstly provided the buildings, adequately of municipalities/communes, for the benefit of the project, and then financing services such as water, electrical energy, security guards etc.

These are the first steps towards establishing a financing system from the units of local government to develop social services with a communitarian basis, because, with the closing of SSD project, the units of local government will continue to ensure programs and social services, designed by the project, with their capacities, or through purchasing services from NGO-s and other providers of social services.

To establish a steady system for financing social services, in law no.9355, date 10.3.2005 "For the social aid and services", it is predicted the establishment of the Social Fund, which will help in supporting other services and developing social policies. This fund is created from central budget, various donations, aiming at developing policies for the extension of new social services and mainly supporting the unit of local government which has less income. The Social Fund will be established at the end of 2007.

Law no.9355, date 10.3.2005 "For the social aid and services", article no. 18, predicts cases when the district/municipalities/commune will not be able to have the human capacities to set up all kinds of services asked from the community; they can purchase these services from NGO-s or private providers, with regard to law "For the procurement of public funds." Districts/municipalities/communes can cooperate with one another to develop common social services.

Being in its first steps, the development of new social services in the units of local government having less income will need support from central government.

The transition of residential social services institutions to the dependence of local government, which until now is done as object transition, will be accompanied by the necessary fund transfer at the beginning of the year, by every institution. The units of local government will take over their own responsibilities for financing new social services which will be established by the project.

Financial resources of the services of social care will consist of limited funds of the state budget; of common projects' funds of government and donors; contributions of beneficiaries, donations, sponsors and other financing from units, physical/judicial people etc. While the funds from the state budget will be delegated as limited grants in the units of local government, at the beginning of the year. This will help in planning community services performed by every municipality/commune. These are some mechanisms of service financing, which will enhance the continuation and stability of existing social services.

7. Poverty monitoring unit.

The Unit of monitoring poverty (EMP), set up in the framework of monitoring the implementation of National Strategy of Social and Economic Development (NSSED), actually is named: The Sector of monitoring, analysis and programming (SMAP) near MOLSAEO, in the functions of which can be included:

- a) The definition of measuring indicators of reducing poverty, according to the objectives defined by NSSED;
- b) The performance of qualitative and quantitative analyses and monitoring the tendencies of the standards of living and poverty in Albania.
- c) Following the influence of social policies for reducing poverty, as well as compiling recommendations for social policies.

SSD project, in its first sub-component has determined as its objective the support for an efficient functioning of the Unit of Monitoring Poverty, near MOLSAEO, which will make possible the collection, exchange, analysis and assessment of statistical data for monitoring and evaluating social programs.

Actually, this sector cooperates or exchanges information in its activity framework with the structures of MOLSAEO, INSTAT and in some case of NGO-s that perform studies in this field of activity.

The main current activity of this structure has consisted in exchanging data, compiling various reports and matrices. In 2005, with the sustainability of DFID, SMAP has accomplished the survey entitled "The analysis of policy influence" regarding the delivery of block-grants of economic aids in the municipalities and communes of the country, based on the data of the Registration of Population and the questionnaire of Measuring the level of living by INSTAT, making evident a series of conclusions for the implication of politics in delivering grants.

Actually, SMAP is restructuring its role as an analyst and evaluator of the implementation of policies designed by MOLSAEO and has launched social programs, which is expected to assist in the second phase of SSD project.

8. Statistics Institute (INSTAT)

One of the most important objectives of INSTAT regarding the social indicators and statistics is to provide tools supporting policies, using for this scope more integrated systems of information. These tools make possible more complete information on essential subjects, integrating information from various sources and collected by various methods. To the function of this scope, SSD project in the pilot phase of its implementation has had as an objective the establishment of a constant system of monitoring social indicators, giving these main results:

- The creation of a permanent and periodical system for monitoring families by INSTAT, and
- Accomplishment of measuring the level of living LSMS starting from 2002.

With the sustainability of SSD project, financially or by technical assistance, it is accomplished the Measurement of the level of living (LSMS), which has started since 2002, through a survey of 3600 families in national level; it has continued in the period 2003-2004 with half of the families, later in 2005 with 3840 families. This survey made possible the collection of wider information on the situation of Albanian families, their demographic situation, and the progress during the years of transition and respective causes, conditions and quality of living the budget etc. The results of the questionnaire have served as basis to address policies and strategies in various fields. In the coming years, again by the sustainability of SSD project, a survey will be organized to measure the family budget.

From the collected information and performed interviews, results that it is not yet established a steady system of monitoring families vulnerable near INSTAT, this is conditioned by many factors, among which the insufficient level of financial support. *"It is important that, at least every three years, such a questionnaire of measuring the level of living by INSTAT should be organized, so as to monitor the progress of indicators of reducing poverty, but they lack financial means."* - is said by directors of INSTAT²⁵. It is to be stressed that the SSD project has had an essential influence in establishing human capacities, in training employees of the sector of level of living near INSTAT, providing them a series of samples and up-to-date concepts in this field. *"Our staff has worked closely with international experts ensured by the project, being technically assisted by them and benefiting much from them."*²⁶

With the changing of governments a year and a half ago, except for some key positions in the Organizational structure of INSTAT, are also made changes in the Leading Council (Board) and General Director.

²⁵ See: Interviews with Mrs. L. Thomo, Head of Living level Sector at INSTAT, BIA of SSD, ETACER, Tirane 2006.

²⁶ See there

9. Social insurance Institute (SII)

Institute of Social Insurance (SII) is that institution which gives to the citizen's social protection in the Republic of Albania. ISI as a public, independent state institution to lead and administer the system of social insurance belongs to that system of institutions that accomplishes special components of social policies.

SSD project has had as objective to strengthen SII capacities for the designing and implementation of policies connected to pensions, through technical assistance.

We stress that this component of WB project has not started to realize yet, because the directors of the institution have changed its destination and scope. From interviews with them derives that they have asked for this change themselves.

10. Social state service

The objective of SSD project, implementing component 2, has been: "To ensure an efficient administration and monitoring of services of social care, in national or local level, strengthening the evaluation and monitoring capacities of GASS". There is still place for improvement, but, anyway, the established judicial framework has helped in defining the role of main actors, among which GASS that plays an intermediate role that preserves the links between central and local governments.

With the sustainability of SSD project, implementing the order of Prime Minister No. 252 date 01.11.2006 "On the new structure of social state service", in GASS, the structure and functional tasks have been completely adapted, aiming at improving the capacities and the increase of the level of expertise provided.

From the interviews with staff of GASS, was made evident that a series of trainings supported by SSD have been very useful. This is mostly with trainings of inspectors of economic aid, payment for disabled people and social services, but also with trainers who will train afterwards employees of different levels, including staff of public and private providers of social services.

Anyway, WG/ACER evaluates that the improvements of human capacities of GASS remains a firsthand need even for the other phase of SSD project, to be able to take over functions and exercise responsibilities in the process of delivering social services.

11. GASS Regional Offices

SSD project has contributed in restructuring the Regional Offices of Social State Service, based on improvements of judicial framework.

More concretely, based on the status of GASS approved by decision of the Council of Ministers no.542, date 27.07.2005 as well as the prime minister's order no. 252 dated

01.11.2006, the regional structures of GASS are organized in 12 Regional Offices established in district level, with two basic sectors:

- Sector of inspection of cash payments(economic aid and payments for disabled people);
- Sector of Inspection of standards of social services.

These structures have the following main functions:

- a) To operate like intermediate institutions, collaborators and supporters to realize the coordination between central and local government;
- b) To coordinate the activity of various sectors connected to the social services in regional level;
- c) To realize the coordination and planning of needs in regional level;
- d) To collect information and data in regional level for monitoring and assessing the influence of policies;
- e) To control the implementation of legislation for disabled people economic aid and standards of services.
- f) To strengthen the capacities of employees in regional departments time after time general and specific trainings are organized for various programs of social protection.

Although the challenge remains, the further improvements of capacities in these structures, as there are often made evident the changes of directors of regional departments of GASS, and their staff. For instance, in the Regional Department of Tirana, the number of employees is reduced from 20 to 12 people. The completion of material infrastructure in offices and their equipment is another problematic issue, asking for a quick solution.

12. Local Government unit²⁷

Law no.9355, date 10.3.2005 "For social aid and service" determines the new role of units of local government which take responsibility for the management, financing, and ensuring constancy in social services required by citizens in their territory. This law predicts that the units of local government in the level of municipalities/communes have these main competences:

- To identify families and individuals vulnerable for Economic Aid disabled people, social services and compile requirements for funds;
- To formulate and deliver payments of economic aid and disabled people;
- To formulate and send statistics in central structures;
- To evaluate the community needs and establish new social services in proportion with their needs;
- To administer residential service institutions and follow their quality of service in daily centers and in community;
- To choose, according to rules of public procurement, the NGO-s and private licensed providers, to provide social services.

²⁷ See: Annex #1, List of Interviewed People, Op. Cit.,

- For this reason, one of the most important objectives of SSD project is: *“The establishment and improvement of capacities of local government in monitoring, assessing, publication, as well as the increase of their administrative role in the delivery of social services and implementation of projects of social services with a communitarian basis.”* Making the assessment of this component, WG/ACER made interviews in 13 units of local government included in four pilot regions, where the SSD project is being implemented. Mainly, the interviewers are directors of local government institutions, and staff of units of social aid and services attached to these institutions.²⁸

From the interviews, came out that there were some units of local government that had not cooperated with supporting the project due to disagreements regarding terms of contract. They are in Kavaja municipality and Paskuqani commune (Tirana district).

13. Decentralization of social services and project impact.

From the responses given by leaders and staff of local government, regarding the sustainability of the project for decentralization of social services and bringing them closer to the community, it is noticed a good will and engagement that this process should get enhanced. The responses were positive and the useful influence of the implementation of the project in this trend has started to be obvious, even though it is going slow.

The new samples of financing, procurement, contracting where the units of local government are parties; samples of evaluation, collaboration, support (providing buildings from all the units of local government); samples of financing (except Shkodra municipality, all the units of local government that are interviewed cover/will cover operating expenditure of centers, which are in construction or have just finished), are main pillars of further development of the process of decentralization of social services. For sample, the staffs of Tirana district assess this impact of SSD project following the development of this challenge, aiming at final fulfillment of needs and smoothing poverty in the community, but also giving to the local government the necessary competences. From interviews in this district, it comes out that the trouble regarding the influence that it will have in the future of the community, the implementation of new sub-projects in the framework of SSD project, since the moment these sub-projects are not approved from the Regional Committee of approving sub-projects on the delivery of social services, which is closer to the community and their needs, addressing the most immediate needs and defining necessary programs that depend on them.

Anyway, the role of the district in defining and assessing the needs of the community for social services and ensuring from projects is strengthened and institutionalized by the establishment near the District of the Committee of needs assessment and planning new services, which is lead by the Head of the District Council. (Created by decision no.563,

²⁸ See: List of interviewed Directors and staff of local government units, BIA of SSDP, ACER 2006.

date 12.08.2005 “For defining responsibilities of the district for the delivery of services of social care.”).

From the interviews with the staff of social services of Tirana municipality, it was stressed that the process of transferring centers of social services from central government to local government is going very slow. The transfer of centers of residential services from central to local dependence is made “de-jure” for a part of them, but for making it “de-facto” is required the transfer of funds, services and competences²⁹.

14. The improvement of institutional and human capacities of local government.

Analyzing the responses of institutions of local government regarding the influence given by SSD project for the improvement of institutional capacities, we can say that this influence was sensible through the assistance and counseling in designing the judicial framework, which sanctioned their establishment, but also the support and samples for their functioning. Anyway, the process of functioning of necessary structures and their accomplishment with the necessary human capacities is going slowly. Even though one of the elements of this project made concrete in the Strategy of Social Services, based on the essential objectives of decentralization and de-institutionalization of social services is to assist and charge institutions of local government (districts, municipalities and communes) in establishing and equipping structures for the administration of the scheme of social aid, payment for disabled people and social services, according to needs, within 2006, still Tirana district had not established such a structure, not to speak of its equipment with necessary human capacities. WG/ACER noticed that near Tirana district functions the Department of Social projects, Education and Agro-business, engaging only one person who has only six months in this duty. He follows the progress of projects in social field. Although there is more than one year that there are important judicial documents to sanction the establishment of structures of social services in district level, recruiting the necessary human capacities, they have not been implemented yet. The functions of the Sector of social services attached to the district are well defined in decision no.563, date 12.08.2005 “*For the definition of responsibilities of the district on the delivery of services for social care*”, and are mainly connected with the creation of a system of assessing and monitoring the level of poverty in district level, the creation of a database for vulnerable groups, poor families and individuals that are vulnerable of social services, the kind of social services provided by judicial, public or private people as well as NGO-s that act in district level, evaluating the needs and later, depending on them, the establishment of new services in proportion with possibilities and resources.

Although SSD project has provided a number of trainings connected to the implementation of legislation and delivery of social services in the community, where the district staff has also taken part, it is not yet established a specialized structure in its functions, which risks in decreasing the efficiency of district activity in the trainings of social problems. The district staff also made evident the fact that it should be more efficient, if this institution had taken part in the survey visits to get new foreign

²⁹ See: Interview ground file/Tirana Municipality, BIA of SSDP, ACER 2006.

experiences that were organized with the sustainability of SSD project, arguing that the predomination of central level staffs, had created a vacuum in the partnership with local government. Concluding with the interviews with leaders and social staff of local government, we can say that Tirana municipality represents a good model in establishing respective structures of social services. Attached to its functions, the Social Services Sector, consisting of a staff of six people, has the adequate education and sufficient experience in this field. Each of them works with certain categories, their assessment, programs of women and the elderly, economic aid, custodian services, ROMs etc. But these structures are not yet established adequately in other municipalities of pilot districts which have a department/sector of economic aid, and a person who deals with social services, mainly new capacities coming from civil society needing continuous training. Due to the position of Tirana municipality, i.e. the capital, almost all the staff had taken part in necessary trainings supported by MOLSAEO and GASS with the sustainability of SSD project, although, according to the evaluations, some of the trainings were repeated, so that the same employee was trained for the same thing more than once. It should scope at adapting themes and level of trainings with the capacities of people participating, stressing quality more than quantity. With regard to communes in pilot areas of SSD project, there was only one person who dealt with the delivery of economic aid, paying little attention to the assessment of needs for social services and planned programs for their fulfillment. The majority of the employees (about 95% of them) had a university degree in economics or planning, excluding only the administrator of economic aid in Krraba commune, who had only the high school degree. From the point of view of office infrastructure and their equipment in the greater part they were adequate for exercising their activity, but there is still place for improvements, (excluding Krraba commune which owned only one computer in the director's office.) In the end of the analysis of human capacities of municipalities/communes, it is concluded that there is still a lot to do with regard to training staff in Tirana and other districts. In the greater part of communes administrators of economic aid had a long time (more than one year) without trainings. Many of them didn't know the strategy and important judicial acts concerning the delivery of social service and the standards of these services for certain categories. The fact is positive, that the capacity of centers of social services is steps ahead compared to units of local government, but the backwardness of the latest, especially in the trend of developing their responsibilities, in the future can become serious barriers for the progress of social centers' activity.

15. Needs assessment for social services

Very often, from interviews with heads of municipalities/communes, we faced the philosophy that municipality/commune are more interested in problems of water supply, electrical supply or problems of road infrastructure. So, it is clear that it is more attention to obvious accomplishment and investments in the favor of the population, so as they can insure their support in times of elections, thus considering social services not essential. Heads and staff of a part of municipalities/communes like Fushe Kruja, Kamza, Vaqarri, were not yet aware for the new role that they were undertaking as units of local government in the process of decentralization of social services, which includes the

evaluation of community needs and administration and delivery of social services to the community.³⁰ As a consequence, there is still a lot to be done regarding the creation of a system of assessment of social service needs of the community by the units of local government. From interviews with units' staff results that this assessment was far from what was expected.

In Tirana municipality, the system of assessment consisted in a process of assessing directly the needs for social service for the community, performed by municipality units in respective areas, which get information from Heads, but very often these data are inadequate. The municipality staff also declared that they prepared various questionnaires went to the base, contacting certain categories to define relative needs. After collecting the data, they compiled studies for certain categories, making evident the needs of each category. These were very modest studies, anyway; during 2006 a survey for the "third age" was performed, and based on its results in collaboration with the Albanian Red Cross, a daily centre for the third age was established in the sites of Red Cross. Assessing the needs, Tirana municipality designed respective plans, cooperating with various local NGO-s and international units.

In Shkodra municipality, the needs assessments was done based on collaboration with other institutions, proceeding with setting up work groups, which based on data collected by institutions, made the needs assessment for each group, like: children, youth, women, disabled people, ROMs, the elderly, etc. Based on these needs, the municipality cooperating with other actors, where an important role is played by NGO-s, designed its plans in accordance with the fulfillment of the needs of community for social services.

While in communes, as smaller local units, it is practically easier to make a direct assessment of needs for social services that can be done by the social worker of commune administration. They calculated daily data for each category at risk, and together with the data on the number of people gaining complete or partial economic aid, were made evident in respective forms sent to regional department of GASS. Anyway, from interviews with the staff of Tirana Regional Department, came out that these data were completed every three months (mostly in handwriting) by the units of local government regarding groups and categories at risk were completed just on the spot, not having an exact database to assess the situation.

16. Partnership among local government, NGO-s and the community

From the interviews taken from the units of local government, resulted that there was a partnership relation between institutions of local government and NGO-s, due to the sample and new vision that SSD project had presented in the pilot phase of its implementation. Being a contracting party with NGO-s and PCU, the majority of the units of local government had provided their buildings and covered the operating expenditure.

³⁰ See: Annex #4/6, Level of collaboration in assessing community needs, BIA of SSDP, ACER 2006

With the approbation of the decision of the Council of Ministers no.564, date 12. 8. 2005 "For the licensing of providers of health care services", the partnership between the units of local government and NGO-s which operate in the field of social services is further institutionalized. One of the criteria for licensing NGO-s by MOLSAEO is precisely a written assessment from the respective local authority regarding NGO's activity, its capacities and the influence of services provided by the NGO to the community.

Even in the various decision-making processes in the district(the Committee of needs assessment and Service Planning, established near the District Council has as its members also representatives from NGO-s exercising the activity in the field of social services.) and in Municipal Councils were needs assessment and planning services to take part representatives from civil society and NGO-s, which very often formed lobbies in making important and appropriate decisions to the benefit of the community.

From the interviews, it is easily noticed a disbelief in the opinions of these units' staff (mainly towards heads and social staff of small municipalities and communes) towards the NGO-s activity, considering the latter, in principle, more as fund beneficiaries, without any essential influence due to their activity.

17. The role of NGO-s in Social Service System.³¹

Referring to main documents prepared for BIA report of SSD project, it is noticed the inclusion of NGO-s in the Strategy of Social Services, Human Beings Anti- Trafficking Strategy (HBAS), ROMs' strategy (RS), Strategy of disabled people, National standards of Social services, Strategy for gender equality etc. So, only referring to NGO-s in the object of observation of WG/ACER, almost half of them, respectively four in Tirana district, two in Vlora and two in Shkodra have been widely included in this process. This is one of the project's achievements, presenting in Albania the model of actor all-inclusion, since the designing phase. Considering that NGO-s are becoming an important subject in the implementation of a series of social services, was essential that their experiences should be reflected in setting priorities in the strategies of social services.

This inclusion, since the very first steps of designing policies, is important because they ensure mandates for all the programs and social services in communitarian level. Whereas the prior objective of social services in Albania was the establishment of a social protection network to fulfill emergent needs for food and material goods for families and individuals vulnerable, now it is aimed at ensuring the support with services for all individuals vulnerable, so as to integrate them in social life. To this service is the multi-planned investment project "The essential scope of the project is: to help the Albanian government to achieve a national consistent system of services of social care"³².

³¹ See: Annex #1/1, List of interviewed people, Op. Cit..

³² See: British Council, Report 2005.

Seen in this point of view, the issue is in what proportion the project has assisted NGO-s that tend to accomplish social services for people/social groups making them capable to integrate in the life of the community, to get free from dependence and to have more choices in life.

If we consider this issue from the point of view of developing a constant system, some of the elements that NGO-s should own, so as to ensure the continuity of their services are: planning, having a clear vision for the future; all-inclusion partnerships; adequacy with community needs; financial security; good management; professional staff; suitable site and equipment, etc.

Analyzing these indicators in the NGO's activity that had as its objective SSD project, and the collected information, results that generally SSD project has influenced positively on the majority of these elements.

The following NGOs are to be mentioned:

- Every Child (Tirana & Shkodra), Human Dimension(Shkodra), The Centre of family planning (Vlora), for adapting former programs to new ones supported by SSD project.
- "Let's stay together" (Kombinat) and "The door" (Shkodra) for qualified services to the category of Children at risk and DP.
- "Non-supported women" (Bushat), Social Media and Psycho-social support (Krraba), Community Centre for elderly and youth at risk (Fushe-Kruja) and the Centre for the elderly services (Orikum), for successful collaboration with the local government.

18. Future activity planning

The clear definition of the scope and mission is an issue where some NGO-s has faced difficulties. From observing the programs of NGO-s, it is seen that in some of them the mission is not clearly defined, because there is a change in the activity field - typical for those NGO-s which are engaged in social service field as a result of this project's support.

More concretely, as it comes out from the annex no.14/1³³ the case of NGO in Vaqarr, having a work experience in this area for the enhancement of small business, although included in the system of social services, tends towards employment service. Other NGO-s has not yet identified a certain target group, but more than one like the case of Krraba. The centre established by this NGO has started its activity with the sustainability of WB project, aiming at supporting mainly women. As the centre coordinator says: "Considering the difficulties in attracting them, the activity is focused in children, as a target group which will attract women too³⁴." It is understandable that, to develop a social service in rural areas of Tirana, like in Vaqarr and Krraba, is not easy, because these are the first initiatives in this field, more to attract women from their houses to get them organized in a social centre. Equipping the centre with computers by the SSD project, it

³³ See: Annex Chart #3/1, "General characteristic of service providers", BIA of SSDP, ACER 2006

³⁴ See: Interview ground file/Krabba Commune, BIA of SSDP, ACER 2006,Op.Cit.,

is aimed at developing programs for youth, computer trainings, etc. In collaboration with the doctor of the area, it is made possible to get the index of the elderly who had health problems. That day, in the centre of the commune, there were lots of people. But a new association, at the beginnings of its activity in the field of social problems, taking over the challenge of developing new samples in one of the deepest rural areas of Tirana, despite the good will, finds it very difficult to perform all the activities planned in its program.³⁵

From the interviews with directors of the centre “Every Child”, operating in the centre of Tirana and cooperating with some of the mini-municipalities of the capital³⁶, WG/ACER noticed that although it was the responsibility of local government to assess the social needs and design communitarian plans, where it should attract the NGO-s as service providers to fulfill the needs, this was a very difficult task for them. To facilitate the performance of this function by the local government, and to ensure support in its activity as well, the NGO “Every Child”, which had a long experience in the field of social services with children and needed the sustainability of local authorities – since the very beginning, organized a training with representatives from mini-municipalities with which it would collaborate, to give some ideas how to accomplish this collaboration, aiming at reciprocal support to achieve the final scope: fulfillment of social needs of the community. Anyway, the local government is still not capable to attract in its activities all the community actors, to render their activities to support the social services. Without the sustainability of the local government and of the community NGO-s cannot be successful in implementing social services. Where this collaboration has had a positive trend, there is also a positive enhancement of NGO-s.

Anyway, as it is the case of “Every Child”, until now the activity of NGO-s has been stimulated and supported by projects of foreign units operating in our country. A specialist for NGO-s in MOLSAEO, during the interview maintains: “From my job experience here in the NGO, sector of MOLSAEO, I have reached the conclusion that, on one side NGO-s need the sustainability of public structures to achieve their missions fully, on the other side even the public structures need the ideas and experience of NGO-s to design their policies and establish services in accordance with the people’s needs. The evaluation of the work done by NGO-s, needs and difficulties they face and the accomplishment of collaboration with them, is important not only for strengthening the units of civil society, their steady development and support for accomplishing their mission, but also for the benefit of the society in general”³⁷.

The establishment and development of NGO-s supported by SSD project, object of this survey, is influenced by various factors, where we can mention:

- The sustainability of foreign donors, typical cases in centers like “Let’s stay together” in Kombinat, “Every Child” (Tirana, Shkodra), that have been

³⁵ See: Annex #6/2, Data on Beneficiaries and interviewed according areas and social groups, BIA of SSDP, ACER 2006

³⁶ See: Interview ground file/Tirana Municipality, BIA of SSDP, ACER 2006, Op. cit.,

³⁷ See: Interview with Mrs. A. Selmani, Specialist of MLOSEA, BIA of SSD, ET/ACER, Tirane 2006.

- having a long time activity in the field of social services, the first for disabled people, the second for children and families vulnerable.
- Tradition, where mainly women associations have been active in Albania in the past. The case of NGO that supports the centre for the elderly services in Tirana, "The centre for planning and development" in Vlora, or that one in Kombinat, are typical. They were first established as women associations, now passing onto supporting groups which make up a burden for women in the family, like the disabled children or the elderly, in the conditions when the state provides very little in this trend.
 - The representation of these groups, the protection of their rights, sensibilizing of public opinion and decision-making levels for the problems they are undergoing, is an important contribution on their part.
 - The area culture, the case of Krraba centre – where there was a very active cultural centre, and where now, as above mentioned, the social centre aims at attracting the whole community, giving life to their daily routine.
 - Historical events, e.g. Kamza centre started its activity after the war in Kosovo and continued to work with the same community, even after Kosovars went away.
 - Hunting" projects -- the case of Fushe-Kruja, where as a result of the provide from WB project, it is noticed the difference in the destination of the NGO, that still lacks professional staff to accomplish certain services

Anyway, the scale of their development depends on the disposition of resources and social supporting site. The movement of women flourished very quickly in Albania, and brought about not only the creation of NGO-s, but also the coalition and networks strengthened the lobbying capability of women associations. Here stems one of the most successful NGO-s that accomplished the project "Let's stay together" in Kombinat. This proves that the experience brings about visible results even with the effectiveness of provided services. New NGO-s as well, supported strongly by SSD project seem very promising in this trend (Krraba).

During the last years, NGO-s tends versus projects that provide social services for vulnerable strata, at a time when they are aware that they need trainings and technical assistance in this field. This is not only for changing destination of the activity, but also for the fact that they understand that social services conceived as simple at first, ask for multi-planning interference. Their services scope to be multi-disciplinary, that is why they are engaged in a variety of activities³⁸.

³⁸ See: Annex Chart #4, "Ngos characteristics supported by SSD project", BIA of SSDP, ACER 2006. Op.cit.,

19. Assessments on the activity of social service centers.

19.1 Whole inclusion – in all the phases of developing social services

The majority of providers pretend to change to multi-dimensional centers. Despite this, being their future vision, WG/ACER assess that WB project could have influenced better in establishing a certain profile of them, depending on the area where they operate. For instance, in Kombinat there is an Ngo that has established a daily centre for children, who have specific needs. This is connected firstly with the decent model created by its providers that has a long experience in this field and continues its activity by giving the same services.

According to interviews with its director and staff, this centre started with children as target group, where it was observed that in the majority of cases parents had limited mental abilities, bringing heavy social and economic situations, unemployment and poverty. In this situation, the idea of service called “Let’s stay together” aimed at treating not only children but also their mothers. So the centre has provided wide spectrum of services for mothers and youth at risk. Well, **this is a natural and gradual extension, a model which should be generalized in other centers too, regarding the development of services oriented towards the assessment of community needs.**

As its director puts it, “they have succeeded in making evident the needs, cooperating with the community and families of disabled children. During visits in “Pellumbat” (Pigeons), the public centre for disabled people, the professional staff of this Ngo that assisted them, held talks, provided assistance to understand better the situation of their children, the way of understanding their special needs and treatment. It was consisted that the majority of the families came from Kombinati area, that’s why the NGO decided to move the centre and concentrate its work in Kombinat, opening a daily centre there. In the same area there is also the public dystrophic hospital.” From 1998, with the aid of various foreign units, they created a new service model for children with special needs.

Ngo-s that have recently entered the field of social services, supported by the project, are not yet clear about the forms of collaboration to accomplish their programs of activities, that’s why they need more support in the future.

19.2 Procedures and actors included in the assessment of social needs

The responses of directors, professionals, customers and their families show a variety of forms used to assess needs and attract the community in centers of social services. More concretely, they are classified as follows:

Firstly, the assessment of needs comes from the customers of the centre’s activity³⁹. Their experience shows a number of actors included, starting from providers – individuals/families vulnerable, up to schools, health centers, NGO-s and other donors.

³⁹ See: Annex Chart #4, “Ngos characteristics supported by SSD project”, BIA of SSDP, ACER 2006, Op. cit.,

Secondly, social administrators in municipalities/communes that cover the social services time after time refer to cases which need treatment from centers. This indicates the start of a fruitful collaboration in community level addressing needs of people at risk: children-“Every child”, disabled people-Kombinat; women-Vaqarr; the elderly-Orikum etc.

Thirdly, beneficiaries are addressed to the centre by physicians or teachers of the area, like in the case of disabled people - Kombinat; the elderly and children - Krraba. In some centers, teachers and doctors are active participants in accomplishing social services. In Fushe-Kruja, where the doctor of the area has index cards for the elderly, or children in Kamza centre; or the teacher of Krraba school performs the program with school children who have problems and who are referred as members of the staff of this centers. (Chart #4).

Fourthly, in some centers, the attraction of the community and people vulnerable is favored by the location, for e.g. in Kombinat Centre a part of disabled people come from the diastrophic children hospital which is situated in the same place, i.e. in Kombinat. Children elderly than three years elderly that are in the public hospital, can continue their treatment in this centre. The centre of the elderly in Shkodra is at the same place with the public residential centre for the elderly. Another part has chosen as location and develops their services in the same building with that of local government, so it is easy to attract people vulnerable that address to the offices for their problems. (Case of centers in Krraba, Vaqarr, Fushe Kruja, etc..)

Fifth, in some centers there is a continuous assessment of needs through talks, questionnaires, and requirement/complaints boxes from beneficiaries or their families. This regards the daily centers, where beneficiaries are present at the centre every day.

At the time when in the municipality was the specialist with two children, teaching them how to read and write, what made impression to me was that their mothers had gathered in another room and discussed various problems with one of the social workers. The harmony and good site showed that this thing did not happen for the first time. From interviews with mothers, was confirmed that these gatherings were held frequently and spontaneously, according to needs of children with special needs. (*Impressions of the interviewer from Kombinat centre*)

Sixth, another form of needs assessment is when the professionals of a centre, at the end of the day, make their assessments for the progress of the program and specific beneficiaries. These results are usually reflected by social worker, psychologist, tutorship, doctor etc, in collaboration with each other and under the management of the centre's director, in designing daily/monthly plans. In some centers there is a continuation of needs assessment time and again, depending on certain cases. This needs assessment reflected in the flexibility of designing individual work with every customer of the centre.

Seventh, the stability of professional staff is the basic factor in needs assessment and quality of services. In Kombinat centre, has been tried more than once that other social workers assisted during sessions with disabled children, but this thing was not productive,

because they were familiar with only one of the workers and weren't comfortable when other people were present, even if they were staff members.

A thick daily notebook, where the progress of every child was recorded, as well as results of the work done by the social worker, was very interesting. On it, there were notes like: *"I did badly yesterday, teaching vowels should be done differently...or, Hurray! After three months, Altin started to take the pills that he refused before. It seems the picture tale with the sick rabbit did a lot of good to him."*

Another notebook, that she considered "top secret", had to do with the assessment of the disease genesis from social worker, not getting influenced by the medical diagnosis. There were notes, such as; *"It is in the children's genes", "It is accidental", "It is a consequence of a disease"* etc, It was an interesting fact about two sisters, where there was a note since 2003 *"Because of alcohol addicted father"*. A year later, in 2004 their mother got divorced from her husband and in 2005 she was re-married and had one child who was healthy, according to medical control.

Eighth, the establishment of networks with other providers, outside the centre. As it was noticed from one-day visit in Kombinat centre, the inclusion of other service providers disabled children problems, consists a priority for the centre. The staff had the confidence of their families. In one concrete case, when mother came because someone had recommended a doctor in the hospital to check her 13-year-elderly son and she was discussing that with the director of the centre, the latter calmed her down and asked her to treat the problem cautiously. The idea was that their requirements make providers go outside the centre to fulfill them. This is achieved by "Every Child" in Tirana, which cooperates with employment offices and businesses for providing services for the employment of its customers.

19.3 NGO-s licensing – insurance for achieving qualitative services

The scope, that an NGO puts in front of it as provider of social services, should be clearly defined in proportion with the needs of the community, otherwise it will not last for long, except in cases when for some reasons it has a strong financial support or because of local government. *"The judicial framework for NGO-s is almost complete and well defined, even as a result of SSD project"*⁴⁰.

The social centre is a new form of NGO-s, acknowledged by law no. 8788, dated 7.5.2001, "For NGO-s". From 15 centers supported by SSD project, some are licensed, although licensing the providers of social services is a process that now has started to apply since 2005⁴¹. The principle of licensing their activity is connected to the assessment

⁴⁰ Interview with Mrs. A. Selmani, Specialist of MLOSEA, BIA of SSD, ET/ACER, Tirane 2006, Op. Cit.,

⁴¹ Licencing of social services providers is the duty of MLOSEA, decision of the Council of Ministers- no. 564, date.12.08.2005, "On licencing of service and social care providers", based on law No. 9355, date 10.03.2005 "On Social aid and services". Based on this regulation, The Licencing Commission is set up near MLOSEA,

of capacities and insurance of services and their qualitative activity fulfilling standards in power connected to site, professions, ways of addressing beneficiaries etc.

If we are based on the scope of licensing, which requires assessing capacities and their competence to accomplish an activity at the moment the unitization is established, their measurement is becoming difficult. This is because at their beginnings, these units have many ideas and desires, compared to the concrete structure and resources to be assessed. On the other hand, receiving a license for a certain activity has as positive side the specialization in servicing a certain group. This can endanger the long life of some units, which due to lack of financial support pass their activity from one field to another, after the sustainability of donors.

The idea of licensing need of NGO-s in the project is directly connected with achieving its scope, ensuring stability in the activity of these Ngo-s in the field of social services. The conclusion from our research is that some service providers have passed the starting phase and have created their future vision -- NGO of Kombinat, Every Child in Shkodra and Tirana, The door, Centre for family planning in Vlora, Centre for the elderly in Vlora and Shkodra etc. So they have passed successfully the phase of licensing, because they have a clear target group and have defined their strategies to achieve their scope and objectives.

19.4 Adequacy of providing services by NGO-s

This component will be evaluated from two points of views: that of the provider and that of the service beneficiary, directly or indirectly. 10 out of 15 NGO-s in observation scope at being multi-dimensional centers, but they cannot do this. As nowadays, NGO-s try to provide more services, it is understandable that their professional staff cannot respond to this scope totally. There are still insufficiencies in institutional capacities of this NGO-s to fulfill completely these scopes and, as a consequence, in their capability to respond to community needs. Financial dependence from donors is one of the main causes of this situation. They are not in the same line with the community requirements, but with those of donors. One of the SSD project's influence is this, directing new services to be appropriate for the community needs, combining them with the strong resources of NGO-s like voluntary work and capability to unitize beneficiaries and the community⁴².

An analysis of the activity of NGO-s in the social field brings a wide spectrum of services directly aiming at community needs where they operate. The fact that they have been contacted by the local government in theory should be an indicator of their adequacy, but this judgment cannot be totally right. Some of the arguments are:

which analyses the implementations, as well as assessments performed by GASS, Department of SS and Judicial Department at MLOSEA.

⁴² From Annex chart # 8, derives that the involvement of local government in covering administrative costs, according to the contracts with Ngos, is not satisfactory. Only five Ngos, that have the sustainability of SSD project, have also the sustainability of local government, although not having a specific cost. This support consisted in the fact that Ngos are given to disposal the building of commune/municipality to exercise their current activity. See Annex #12, Minutes of Focused Group meeting, BIA of SSDP, ACER 2006.

a - The local government is for the first time included in the field of social services and naturally lacks the experience.

b - The choice possibilities of the local government are little, meaning that the centers of social services have just started their activity in the social field. From the situation analysis results that in some areas they are the only centers. In the conditions when NGO-s are missing in these areas, NGO-s from other areas have been contracted: the case of Fushe - Kruja (belonging to Durresi region); Krraba, Bushati, Kamza etc., having been contracted Tirana NGO-s. With regard to the large number of needs, investments of NGO-s in every field that has to do with groups at risk can be regarded as useful for the community. Thus, providers and beneficiaries as well, say that service fulfils their needs⁴³.

Providing services by NGO-s tend to include all groups at risk, although they are focused in services as follows:

- Services for children:

1. Centre for children from families in social-economic difficulties - Kamza; The Door, Shkodra;
2. Community centre for women and children -- Every Child;
3. Protection of children's rights and care for them - The Door, Shkodra; Every Child, Aulona - Vlora;
4. Awareness campaign for children's rights, protecting them from trafficking, exploitation of their work etc, - Every Child - Shkodra, Aulona - Vlora;
- 5.

- Services for women and girls:

1. Psycho-social service - Vaqarr; Every Child, Aulona - Vlora;
2. Judicial counseling and attorney services -- Every child, Vaqarr; The Door, Shkodra;
3. Services of reproduction network: Every Child - Shkodra, Aulona - Vlora;
4. Training, negotiation, loans to support women employment -- Every Child -- Shkodra; scope of Vaqarri and Kamza;
5. Protection of women's rights and their sanctioning by law - Every Child - Shkodra, Aulona - Vlora;
6. Support for women who are heads of the family -- Every Child -- Tirana, Shkodra; Aulona - Vlora;

⁴³ In continuation of Report, will be given the social characteristics of four pilot areas and respective Centres operating according to regions, with social services to groups at risk. For more details, see Annex #6/4, Data on canvass of "Children" Group according to Local units and NGOs, according to PCU & BIA of SSD, ACER 2006 Annex #6/5, Data on canvass of "Youth" Group according to Local units and NGOs, according to PCU & BIA of SSD, ACER 2006.

Annex #6/6, Data on canvass of "Women" Group according to Local units and NGOs, according to PCU & BIA of SSD, ACER 2006.

Annex #6/7, Data on canvass of "Elderly" Group according to Local units and NGOs, according to PCU & BIA of SSD, ACER 2006.

Annex #6/8, Data on canvass of "Disable" Group according to Local units and NGOs

7. Professional formation, etc. – Vaqarr, Every Child – Tirana negotiates for other providers.

- Services for disabled people

1. Daily centers for disabled children - Kombinat;
2. Projects for re-integration of disabled people - Kombinat;
3. Improvement of judicial status of disabled people - Kombinat;
4. Information centre for disabled people - Kombinat;
5. Employment initiative for disabled people - Kombinat.

- Services for youth:

1. Youth centre – Krraba, Vaqarr;
2. Services for prevention and rehabilitation from use of drugs and alcohol: Krraba, Vaqarr, Fushe Kruja.

- Services for the elderly

1. Daily services, at home – Fushe-Kruja; Tirana, Orikum and Vlora, Shkodra.

As it can be seen, NGO-s have introduced in Albania new and various services, compared to limited public services in variety and delivery. They are settled in urban and rural areas as well, when it is known that services have been mainly centered in cities. Actually the centers operating in Tirana are greater in number, although they have in their focus the majority of beneficiaries coming to Tirana from other parts of the country during the transitional period. They came with a hope for a better future, but are facing the difficulties of being integrated, finding a steady employment that makes up one of the essential needs of the areas assessed by the local government and requirements of beneficiaries to NGO-s as well.

20. NGO-s capacities as service providers

Some important components for accomplishing constant social services will be analyzed here, such as: Financial insurance; management; staff professionalism; work site, etc., Annex Chart #4 shows that the majority of the NGO-s (10) have benefited support from other donors as well, covering the majority of costs of other services. Anyway, the costs of investment accomplished by SSD project outnumber all the others having had a sensible influence in service quality provided by NGO-s in research.

Referring to surveys of WG/ACER, SSD project has provided considerable investment in creating suitable site and equipment for other new centers that have its financing. From interviews with providers and beneficiaries as well, it is shown their satisfaction in working with the staff of social services. From the data of chart #7 results that social workers and certified psychologists are few in number and not present in all NGO-s, providers of social services.

Assessments of directors and beneficiaries for the staff, their responsibility and professionalism in services are decent. According to interviews, all directors are satisfied

with their staff, especially when it had been recruited by them. In some other cases, when staff was suggested by the local government, there were doubts. The “professional” staff of Fushe-Kruja, the social worker and the person having the role of the psychologist did not have the right qualification, but were recruited with the suggestion of the mayor of municipality; or the tutorship of children in Kamza, that didn't have the right education, but was one of the women in the area suggested by Kamza municipality to work there. But there were case when the suggestions of local government were in accordance with the centre's needs or visions of its directors. So, in Krraba, although all the staff was native, having orientations from the head of the commune, the director of the centre was satisfied with the work of teacher or doctor. The Vaqarr director had succeeded in finding a specialized social worker, former inhabitant of the area, employed full-time and performing a satisfying and admiring job on the part of the community.

Anyway, positive assessment given by the interviewed people who thought the staff was qualified and provided a qualitative service, remains subjective and linked with a variety of other factors that should be evaluated in a broader context. The directors themselves had an essential role, and although in some case the contacts with the centre were not frequent (once a week – Krraba, Vaqarri, Fushe-Kruja, Kamza), they were a strong stimulation for the activity of other professional people of the centre. Their relations with the staff were friendly, close, having no hierarchy distances, serving as a good model for public institutions providing social services. They discussed freely for service problems and the directors' support was sufficient. This should be reflected in the future; there is need for compiling regulations which have clear criteria for the recruitment of staff, as well as for the systematic assessment of its work.

From visits in the centers results that 100% of directors have university degrees, although none of them in the respective field⁴⁴, but they area trained in problems of social services. Social workers - 42% of them have graduated social work studies; Physicians - 100% of them; education workers - 50 % of them; psychologists - 25% of them have graduated studies in the field that they are working. This is due to the fact that these are new professions in Albania, acknowledged after 1996 -- social work even after 2002; psychology as a new branch of the new Faculty of Social Sciences established for the first time in 1992, the same year with the creation of MOLSAEO.

Until now in Albania, the centralized system has settled service centers in some of the main cities of the country, where beneficiaries are obliged to leave their former site, families, social circle, etc. Setting up the system in smaller regions, having customers from the commune level or quarter of Tirana, surely will influence positively in their quality. Treating with social services the poor family facilitates their problems of integration in the community, especially in the case of children, that project a different future after that.

Representing alternative services, between residential service and daily one, like the case of custody implemented by Every Child, or home service for the elderly – Shkodra, shows the

⁴⁴ See Annex #4/4, Data on personal education of the executive directors/ staff of the NGO, BIA of SSDP, ACER 2006

tendency to integrate tradition with modern trends, benefiting from the advantages of both, aiming at increasing the influence in beneficiaries.

The progressive development of psycho-social counseling asks for more engagement from social workers and psychologists of social service centers. The samples found are very promising, where the directors of the centers and beneficiaries as well were satisfied with the new interference forms.

The case of Vaqarr, where the psychologist went door to door to talk with women and young girls was meaningful to encourage the engagement of area professionals in the NGO's activity because in this case the trust of people that are receiving services is greater. In this trend, the collaboration with the local government for the recruitment of social service staff needs deepening further in the sense of positive impacts.

A better collaboration between providers of public social services and NGO-s will influence positively in exchanging positive experiences and increasing the quality of social services. This will make possible the further development of their proactive functions, in fulfilling the needs of vulnerable groups. Thus, not only the covering of vulnerable groups will increase, but also the providers' capacity will further develop. For further development of capacities of service providers to increase the quality of providing services, more than ever it is needed a more careful selection of the professional staff, in the condition that they provide for required professions is growing, with the growing number of students graduating the Faculty of Social Sciences.

As seen from the data on Annex chart #8, Less than half of local units have paid their contractual obligations for the functioning of social service centers. According to our judgment, this happens because of excluding concepts of directors of these local units, and not for lack of financial resources, because it cannot be explained the fact that they are paid by Krraba commune, one of the poorest in the country, and are not paid by mini-municipality of Kombinat (Tirana), or Shkodra municipality.

Another conclusion drawn by WG from the survey was that the most predisposed to support activities of social centers are communes and small municipalities, not the main ones, at a time when monetary resources at their disposal are completely different.

21. Socio-demographic characteristics of interviewed beneficiaries.⁴⁵

21.1 Socio- demographic characteristics for Tirana district.

In Tirana district, the table is more complete. Not only for the fact that Tirana municipality is included in the project, and even its other three mini-municipalities, but also because its rural area presents a social, economic and demographic diversity. Here the project has accomplished the sustainability of social services in one of the communes

⁴⁵ See: Annex #6/3, Data Beneficiaries and interviewed according to Local government, BIA of SSDP, ACER 2006

of the field area (Vaqarr), in a hill area commune (Krraba), and above all in Kamza municipality and Kombinat mini-municipality, where settlers from North-East area predominate, who are now expecting to get the inhabitation judicial status.

In the following Annex chart, in an inclusive way, are given demographic data and target groups.

Chart # 2

Socio-demographic data for Tirana district

no	Local unit	Population		Women		Families				unemployment	
		total	in % to district	Total	in % to district	total	in % to district	with economic help	in % to district	Total	in % to district
1	M. Tirana	561395	76,1	284627	77,7	138916	77,2	5372	41,5	12683	56
2	" Kamza	81896	11,1	41696	11,4	16079	8,9	1529	11,8	2413	11
3	" Kavaja	36075	4,89	18264	5,0	8389	4,7	2087	16,1	1018	4,5
4	K. Vaqarr	8600	1,17	4203	1,1	1828	1,0	46	0,4	134	0,6
5	" Krraba	3063	0,42	1594	0,4	731	0,4	224	1,7	312	1,4
6	" Paskuqan	34540	6,78	24940	6,8	9804	5,5	763	5,9	469	2,1
	District	737387	23,5	366139	23,2	179850	25,6	12941	12	22795	14
	Albania	3142065		1576749		703712		111372		163030	

Resource: BIA SSDP/ ACER 2006

Chart #3

Local unit		Data on groups at risk															Groups at risk Total
		Groups at risk															
		Children			Youth			Women			The elderly			Disable			
Children in Total	Children at risk	In % at risk of unit	Total	In % youth at risk	In % at risk of unit	Total	In % Women at risk	In % at risk of unit	Total	In % to the elderly at risk	In % at risk of unit	Total	In % to disable at risk	In % at risk of unit			
1	Municip. Tirana	4604	25.2	9.6	11384	31.8	23.8	25224	55.3	52.6	4143	20.4	8.6	2565	36.1	5.4	47920
2	" Kamza	874	4.8	13.2	2458	6.9	37.2	1504	3.3	22.7	796	3.9	12.0	980	13.8	15	6612
3	Kavaja	2454	13.5	30.7	2600	7.3	32.5	2336	5.1	29.2	284	1.4	3.5	328	4.6	4.1	8002
4	K. Vaqar	105	0.6	8.9	350	1.0	29.8	210	0.5	17.9	370	1.8	31.5	140	2.0	12	1175
5	" Krraba	35	0.2	2.3	710	2.0	46.2	586	1.3	38.1	160	0.8	10.4	46	0.6	3	1537
6	Paskuqan	189	1.0	27.4	29	0.1	4.2	79	0.2	11.5	261	1.3	37.9	131	1.8	19	689
District		18240	41.3	14	35810	29.0	28	45620	31	36	20260	20.8	15.9	7110	15.6	5.6	127040
Albania		44138			123351			147983			97227			45461			458160

Resource: BIA SSDP/ ACER 2006

As it comes out from the above-mentioned data in Tirana district, The SSD project would serve to a population of 215.746 in towns, (or 29.3% of population in town districts) and 46.203 of inhabitants of rural area, (or 23.16% of population in rural districts). From the point of view of the delivery of the population, the centers have a considerable disproportion. So, if in Krraba the social centre serves a population of about 3.063 inhabitants, in Kamza the population is 81.896 inhabitants. As a consequence, the staff work load according to groups at risk made evident by the offices of economic aid and social support near communes and mini-municipalities has notable differences. If in Vaqarr commune one psychologist serves 210 beneficiaries, (women, and family at risk), in mini-municipality no. 6 in Kombinat is one psychologist is for 1.880 potential beneficiaries from groups at risk. Even after setting up 6 new social centers planned to open in the second phase of SSD project, again in Tirana district remain other 22 local units without centers of social services, not supported by the WB financing programs, some of which having a population of 20 thousand people.

21.1.1 Characteristics of interviewed beneficiaries according to local units, service providers and social categories of Tirana district.

There were altogether 205 direct beneficiaries, from which 161 of them were interviewed by questionnaires and 44 by talks and investigations during the process of receiving services, as they were in a very young age and/or disabled people. From the interviewed, 144 of them, (or 70%), were female and 61 (or 30%) were male. The interviewed beneficiaries comprised 13.6 % of direct beneficiaries predicted in 9 project-proposals of NGO-s and 10.7 % referred to the total number of beneficiaries, calculated for 6 centers that had started their activity, as well as 37.4 % of total beneficiaries that had benefited social services from the beginning of these centers' activities. According to age-groups of direct interviewed beneficiaries, the delivery was as follows:

Direct interviewed beneficiaries according to age-groups

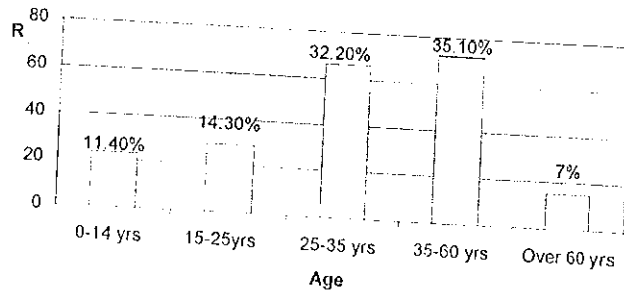


Chart #4: Direct beneficiaries in Tirana district.

According to educational level, the direct beneficiaries who were interviewed have the following delivery:

- Without education- 46 beneficiaries or 21.8% of interviewed beneficiaries
- Elementary and 8-grade education- 126 beneficiaries or 61.0% of interviewed beneficiaries
- High school education- 35 beneficiaries or 17.2% of interviewed beneficiaries

According to family composition, for 161 interviewed beneficiaries using questionnaires, we have the following situation:

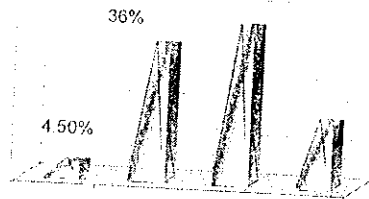


Chart #5: Family composition of interviewed beneficiaries in Tirana district.

As it comes out from the above-mentioned data, the greater specific weight is occupied by families with 5 or over 5 members, about 59%, when these families in Tirana district occupy only 37.8% of this category of family composition.

While, according to the family civil status, only for the beneficiaries interviewed by questionnaire, the chart is as follows:

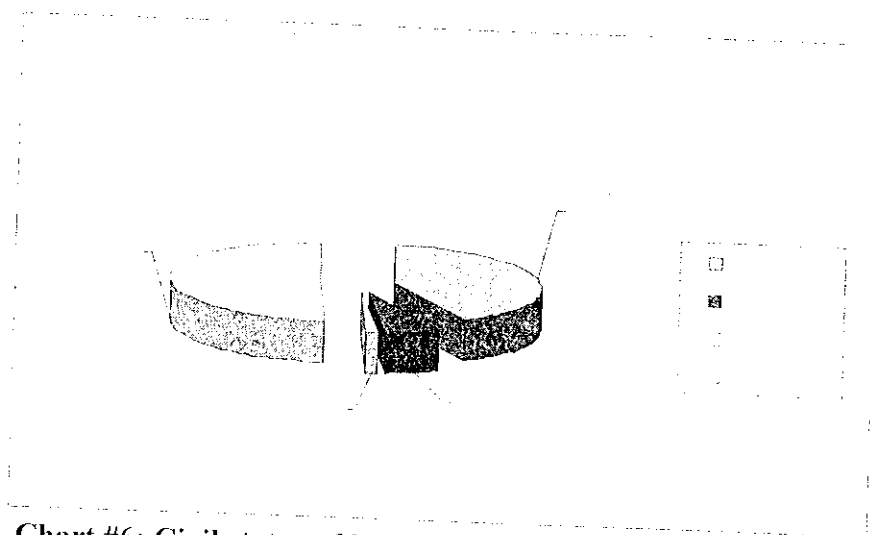


Chart #6: Civil status of interviewed beneficiaries in Tirana district

According to the level of employment, families of 161 direct interviewed beneficiaries are as follows:

- No member employed- 88 or 54.4% of interviewed beneficiaries
- 1-2 employed- 33 or 20.9% of interviewed beneficiaries
- self-employed- 40 or 24.7% of interviewed beneficiaries

From the interviewed direct beneficiaries only 55 or 34.1% of the interviewed benefited family economic aid.

The level of unemployment is higher than the average level of Tirana district (17.1%), and like this is the level of families treated by economic aid versus the average level in Tirana district.

34 direct interviewed beneficiaries or 21.5% of the total of interviewed had one or more members of the family in emigration. This could be one of the main causes of the disproportion between the level of employment, i.e. of the income and real economic situation, (for e.g. in Bathore quarter in Kamza municipality, all the houses are new, having bigger volumes and built during the last 10 years; meanwhile only 11.4% of the interviewed presented actual problems for shelter for their families.

As it is shown from the graphic chart 2, 25 beneficiaries or 15.8% of the interviewed total beneficiaries have settled there after the 1990, in the areas where the social centers exercises their activities.

Chart #7: Composition of interviewed people according to demographic movement



The delivery of services according to 205 beneficiaries interviewed altogether was as follows:

• Education-	187 or 91.0% of the interviewed beneficiaries
• Recreation/relaxation-	205 or 100.0% of interviewed beneficiaries
• Self-confidence/integration	10 or 5.0% of interviewed beneficiaries
• Protection from drugs-	20 or 10.0% of interviewed beneficiaries
• Protection from trafficking-	20 or 10.0% of interviewed beneficiaries
• Judicial counseling	35 or 17.2% of interviewed
• Protection to the threatened people-	10 or 5.0% of interviewed
• Rehabilitation services-	31 or 15.3% of interviewed
• Family treatment-	41 or 20.3% of interviewed
• Services in schools-	40 or 20.1% of interviewed
• Home services-	39 or 19.3% of interviewed
• Public information-	85 or 42.1% of interviewed
• Health service-	34 or 17.0% of interviewed
• Employment service-	18 or 8.9% of interviewed

As it is shown from the above-mentioned data, the most popular service that has a greater specific weight among the beneficiaries is education, then recreation/relaxation, and public information. In the second group are included: family treatment service, service in schools, health service, judicial counseling and rehabilitation service. While the other five services, occupy a small specific weight.

According to the gained services, the interviewed beneficiaries are classified as follows:

In average, the interviewed beneficiaries have benefited about 4.3 services. Only 32 interviewed beneficiaries, or 19.6% of all the interviewed beneficiaries, have benefited social services before receiving them from the social centers included in this project, supported financially by WB. What is made evident from this chart is that the gained service from direct interviewed beneficiaries is multi-dimensional.

Interviewed beneficiaries according to gained services

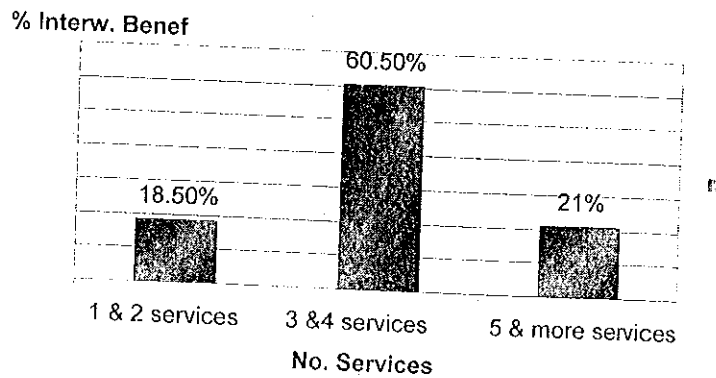


Chart #8 Interviewed beneficiaries according to gained services.

21.2 Socio-demographic characteristics in Shkodra district

In Shkodra district, SSD implemented five projects of social services, three projects in Shkodra district, one in Shkodra municipality, one in Bushati commune and one in Puka municipality. All the projects are normally implemented, providing social services defined in their contracts, even though the project of NGO "Daily Open centre", - "The door" has not yet started its activity in the new building, as the reconstruction of a part of the object at their disposal is interrupted.⁴⁶

In the following chart #2 is given the socio-demographic data of the population, families and level of unemployment in Shkodra district and local units, where the WB project has been implemented.

Socio-demographic data for Shkodra district

Chart #4

Local unit	Population		Women		Families				Unemployment	
	Total	In % to district	Total	In % to district	Total	In % to district	With economic aid	In district	Total	In % to district
M. Shkoder	112440	32,1	6512	3,7	26771	38,3	5465	31	15998	63,9
" Puke	5761	1,65	1068	0,6	1529	2,2	259	1,5	1941	7,8
C. Bushat	22550	6,44	10887	6,2	5744	8,2	214	1,2	398	1,6
District	349969	11,1	175334	11,1	69905	9,9	17800	16,0	25012	15,3
Albania	3142065		1576749		703712		111372		163030	

Resource: BIA of SSDP, ACER 2006

Chart #3

⁴⁶ See: Annex #4/3 Project Support Level for the job site and equipment, BIA of SSDP, ACER 2006.

Data for groups at risk

Local Unit	Groups at risk															Groups at risk in unit
	Children			Youth			Women			The elderly			Disabled			
	Total	at risk in the district	In % to groups at risk	Total	In % to groups at risk in district	In % to groups at risk in units	Total	In % to women at risk in district	In % to groups at risk in unit	Total	elderly at risk in district	In % to groups at risk in unit	Total	disabled in district	In % to groups at risk in unit	
Municip. Shkodra	1406	49.6	7.5	7413	45.4	38.9	7134	57.1	37.5	1102	48.2	5.8	1985	47	10.3	1904
" Puke	132	4.7	8.3	635	3.4	40.0	642	5.1	40.4	74	3.2	4.6	107	2.5	6.7	159
Comm. Bushat	70	2.5	14.8	113	0.7	24.0	140	1.1	29.7	85	3.7	18.2	63	0.2	13.3	47
District	2832	6.4	7.41	16335	13.2	42.8	12492	8.4	32.7	2286	2.4	6.0	4257	9.4	11.1	3820
Albania	44138			123351			147983			97227			45461			45816

Resource: BIA SSDP, ACER 2006

From the analyses provided by the district, results that the number of families has decreased due to movement towards urban centers, mainly in Tirana-Durresi areas, though there is a considerable increase of population in Shkodra city, as a result of settlers from mountainous regions of Malesia e Madhe and Puka.

From the indexes given by the Ministry of Work, Social Issues and Equal Chances, of 2004, in Shkodra district are 2832 children at risk or 6 % of those in a country scale, but in this region 338 children are victims of blood vengeance, listing the second after Tirana district for their great number. That's why in Shkodra district there are two social centers supported by the project. They address to this group of children that are victims of blood vengeance, like « The Door » in Shkodra city and the centre in Bushati Commune.

In the whole, in Shkodra district results that the project has provided social services almost for all the groups at risk, despite the fact that services for youth should be supported primarily in this district. Supporting with social services is centered mainly in Shkodra municipality, due to the fact that this local unit has 32.1 % of the population of the district and 49.8 of people at risk. In Shkodra municipality, as well, the poor families that benefit economic aid make up 31% of beneficiaries in district level, while the unemployment rises up to 63.9 %.

21.2.1 Socio-demographic characteristics of interviewed beneficiaries according to local units, service providers and special categories in Shkodra district

In Shkodra district, directly from social services supported by WB project, 258 children or 9,2 % of children at risk, 461 women or 3.7 % of women at risk, 89 youth or 0.5 % of youngsters at risk and 108 the elderly or nearly 4.7 % of those at risk. While the number of indirect beneficiaries, is 2,975 people. Indirect beneficiaries, divided in groups, show as follows:

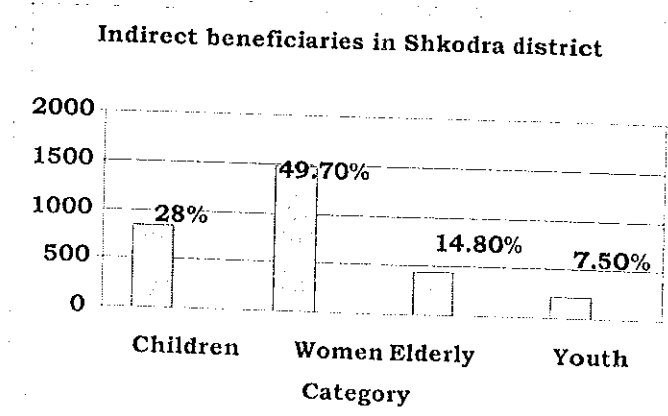


Chart #9: Indirect beneficiaries in Shkodra district.

In Shkodra district were interviewed 90 direct beneficiaries out of 916 or 9.8% and 47 indirect beneficiaries out of 2975 (nearly 2 %). According to social groups, 40.0 % of interviews belong to children, 5, 5 % are youth, 41, 2 % are women and 13, 3 % are the elderly. From 137 interviewed people altogether, there are 93 women, or 67, 9 % of them. Despite the fact that the implementation of SSD project started in 2005, it results that NGO-s have a lot of experience in the field of social services, as 33% or 30 interviewed indirect beneficiaries are supported by these units before.

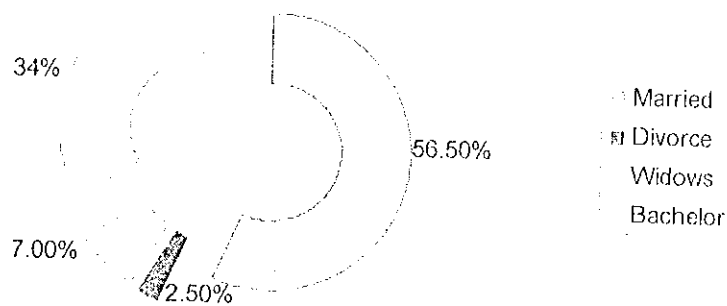
Altogether, the interviewed people are divided according to the number of members of family as follows:

- Families with 1 - 2 members - 17 beneficiaries or 12, 4 %
- Families with 3 - 4 members - 29 " or 21, 2 %
- Families with 5 members - 75 " or 54, 7 %
- Families with over 6 members - 16 " or 11, 7 %

From 137 interviewed people altogether results that 30 or 21, 9 % of them are pre-education children; 8 people have elementary education (5.8 %); 65 have 8-grade level education (47, 4 %), 34 have graduated high school (24, 8 %).

From the above mentioned data, is shown that the most considerable number is the group that has graduated 8-grade level of education; second place is that of high school. This is almost true for women and girls who are beneficiaries, because children are mainly at pre-education age, and there is a small percentage of the elderly too. Regarding the civil status of the interviewed people, their classification is as follows:

Civil status of interviewed beneficiaries



Specific is the situation of of employment in beneficiaries' families, where 73 % of them have none from their families employed (this is due to the information that the staff of children project had); 14 are members that work in informal economy (10 %); with 1 employed member (10 %); with 2 employed members (4 %); and 3 % have self-employed family members. Altogether, 29 families benefiting economic aid or 21 % of them and 35 % of them have members of the family in immigration. In the tree projects of Shkodra, 52 % of the beneficiaries have settled in the area after 1990. In fact, if we subtract the category of the elderly, this figure reaches 58 % of them.

Social services performed in Shkodra and Bushat are existing, which shows that NGO-s in this region have performed their activity and are well-known before the start of WB project. This is verified by the number of direct beneficiaries that had knowledge about the project due to being in previous projects at a size of 33 %. 17 direct interviewed people had this knowledge from other members of the family, or 19 % of them, 10 interviewed people had it by administrators and offices of state social service, so 9,2 % of them, 14 % of the first beneficiaries and the other part, from knowing the staff of NGO-s, implementers of the project.

With regard to the time these activities take, the way of addressing is not connected with the starting point of the project, but with the period when NGO-s have operated as their providers. So, 60 from 90 direct beneficiaries have less than 1 year treatment, or 67 % of them; 25 from 1-2 years or 28 % and 5 % over 2 years.

According to the kind of social service, it results that for all addressed groups have been provided services like recreation and relaxation; children get education and health service and school service as well; Youth receive education and judicial protection, and information; Women receive recreation, judicial protection and information; the elderly get self-confidence, integration, rehabilitation, health service and home service, as well as public information.

21.3 Socio-demographic characteristics for Durresi district.

In this district there is only one centre of social services supported by SSD project, and more concretely in Fushe- Kruja municipality. Anyway, we are referring to the data in district level. In analyzing the data provided by the administration of Durres district, there is the following socio-demographic table:

Chart #5

Socio-demographic data for Durresi district.

Local unit	Population		Women		Families				Unemployment	
	Total	In % to district	Total	In % to district	Total	In % to district	With economic aid	In % to district	Total	In % to district
M. F-1 Kruje	23056	7,9	11318	7,7	5684	6,0	340	14	1182	13,8
District	291070	9,3	147529	9,4	94656	13,5	2386	2,1	8565	5,3
Albania	3142065		1576749		703712		111372		163030	

Font: BIA SSDP/ ACER 2006

Data for groups at risk Chart # 6

Local unit	Groups at risk															Groups at risk in unit altogether
	Children			Youth			Women and families			Elderly			Disable			
	Total	In % to children at risk in district	In % to groups at risk in unit	Total	In % to youth at risk in district	In % groups at risk in unit	Total	In % to women at risk in district	In % groups at risk in unit	Total	In % the elderly at risk in district	In % to groups at risk in unit	Total	In % to disabled people in district	In % to groups at risk in unit	
M. F-1 Kruje	161	5.4	4.1	300	6.1	6	575	6.6	14.6	2540	16.5	64.6	353	8.2	9.0	3929
District	3005	6.8	8.3	4935	4	13.6	8647	5.8	23.8	15377	15.8	42.4	4292	9.4	11.8	36256
Albania	44138			123351			147983			97227			45461			458160

Resource: BIA SSDP/ ACER 2006

From the data of the above-mentioned charts is shown that, although the population of Fushe-Kruja municipality occupies 7.9 % of the population of Durresi district and has only 10.8 % of categories of people at risk, for the social-economic particularities of this municipality, it is rightly judged that should be set up a multi-dimensional social centre, mainly for the elderly, but also for young ones. These groups occupy a certain percentage in the total of the groups at risk, with the elderly 16.5% in district level, higher than the average of district for this group in national level.

21.3.1 Socio-demographic characteristics of interviewed beneficiaries according to local units, service providers and social categories for Durresi district.

From the centre of social services in Fushe Kruja municipality that has ensured the sustainability of WB project, there are 20 youth or 6,7 % of the youth at risk in

municipality level as direct beneficiaries, and nearly 0,4 % in district level, as well as 80 the elderly or 3 % of those at risk in municipality and 0,5 % in district level. 300 is the number of indirect beneficiaries. Direct beneficiaries are divided in groups as follows:

- Youth - 20 beneficiaries or 20 %
- The elderly - 80 beneficiaries or 80 %

In Duresi district, out of 100 direct beneficiaries, were interviewed 13 of them or 13 %; out of 300 indirect beneficiaries, were interviewed 6 of them (2 %). According to social groups, 74 % of interviews belong to the elderly and 26 % to youth. Out of 19 interviewed beneficiaries altogether, only 2 are women, or 10 % of them.

The sustainability of WB project for social services addressing to the category of young and the elderly at risk is important, as the establishment of such centre is a new service not existing in the past. That's why the beneficiaries are not treated with social services before. The interviewed beneficiaries, divided after the number of family members are as follows:

- Families with 1-2 members - 15 beneficiaries or 78,9 %
- Families with 3-5 members - 4 " or 21,1 %

From the 19 people interviewed, results that:

- 5 have elementary education, or 26,2 %
- 11 have 8-grade education, or 58,0 %
- 3 have high education, or 5,8 %.

From the above data, the most considerable number is those with 8-grade education, this connected to the specific weight of interviewed the elderly as beneficiaries.

Regarding the civil status of interviewed beneficiaries, this classification follows:

- Married - 47,3 % or 9 people
- Divorced - 5,7 % or 1 people
- Widows/widowers - 31,2 % or 6 people
- Bachelors/spinsters- 15,8 % or 3 people

With regard to employment of members of families of interviewed beneficiaries, it is reflected the high level of unemployment, where none of them has employed members. This comes due to the fact that the elderly are mostly lonely (based on what the project staff knew about them).

From the interviewed beneficiaries of this centre, 2 families benefit economic aid or 10.5 % of them and 5 % of them have members of families in immigration. It is understandable for the category of the elderly that we are addressing; regarding the fact that only one interviewed beneficiary is inhabitant of Fushe-Kruja municipality after the 1990.

All performed services are new. The direct beneficiaries (13) in their majority (9) about 70 % have had as information source the economic aid office in the municipality and the other part from their families. As they are new services, all beneficiaries have less than one year that are included in them, and have not received yet the planned services from this centre. This is because the site is inappropriate; the centre still performs its functions in the municipality building, and they are waiting to finish the modern investments within a short time.

According to the kind of social service, the two addressed groups (young and elderly), are provided services like recreation, relaxation, counseling and judicial protection; (100 % of direct beneficiaries); While to the youth is providing education, integration, protection from drugs and alcohol⁴⁷ and employment intermediation service (20 % of direct beneficiaries). To the elderly is provided health service as well (80 % of direct beneficiaries).

21.4 Socio-demographic characteristics for Vlora district.

Socio-demographic table for Vlora district is as follows:

Chart #7

Socio-demographic data for Vlora district

Local unit	Population		Women		Families			Unemployment		
	Total	% to district	Total	In % to district	Total	in % to district	With economic aid	In % to district	Total	In % to district
M. Vlore	125432	61	63234	61,2	29328	61	1859	76,4	4120	48,4
" Orikum	10887	5	5397	5,23	2651	5,5	13	0,5	344	4,0
District	207038	6,6	103264	6,5	48148	6,8	2433	2,2	8520	5,2
Albania	3142065		1576749		703712		111372		163030	

Font: BIA SSDP/ ACER 2006

Chart #8

Data for groups at risk

Local unit	Groups at risk												Groups at risk in unit altogether		
	Children			Youth			Women and families			The elderly				Disabled	
	Total	In % to children at risk in district	In % to groups at risk in unit	Total	In % to youth at risk in district	In % to groups at risk in unit	Total	In % to women at risk in unit	In % to groups at risk in unit	Total	In % to the elderly at risk in district	In % to groups at risk in unit	Total	In % to disabled in district	In % to groups at risk in unit
M. Vlore	1341	44.6	5.9	2178	39.7	9.6	7033	35.7	31.0	9740	51.7	42.9	2393	33.6	10.5
Orikum	78	2.6	9.6	164	2.988	20	383	1.943	47.2	86	0.5	5.81	101	2.45	12.4
District	3003	6.8	5.9	5489	4.45	10.7	19716	13.32	38.5	18842	19.4	36.8	4115	9.05	8.04
Albania	44138			123351			147983			97227			45461		

Resource: BIA SSDP/ ACER 2006

⁴⁷ See: Annex #9, Data on social groups criminal activities, according to IM, BIA of SSDP, ACER 2006 (Methodologic explanation : Although all the tentatives to collect the information from the public and non , local and foreinger institutions, that has been used as resourse in the VNICA report , for different reasons including the shortly period from the beginning of the implementation of the project up to preparing the BIA report , WG doesn't have the possibility to confront the same indicators for different periods).

As it is shown in the above chart in Vlora district, the services supported by SSD project have covered a population of about 138, 3 thousand inhabitants, or at nearly 65% of the district population. The main specific weight is occupied by Vlora municipality. The people at risk included in centers of social services supported by WB project occupy nearly 44.3 % of this category in district level.

21.4.1 Socio-demographic characteristics of interviewed beneficiaries according to local units, service providers and special categories for Vlora district.

There were altogether 62 interviewed direct beneficiaries out of which 18 (or 29%) females, and 44 (or 71%) males. The interviewed beneficiaries make up about 4% of direct beneficiaries predicted in the project, proposals of four NGO-s and 4.7% of those who had started the activity. They made up nearly 23.4% of all beneficiaries receiving services in social centers since the very beginning of their activity.

The delivery according to age-groups of direct interviewed beneficiaries is as follows:

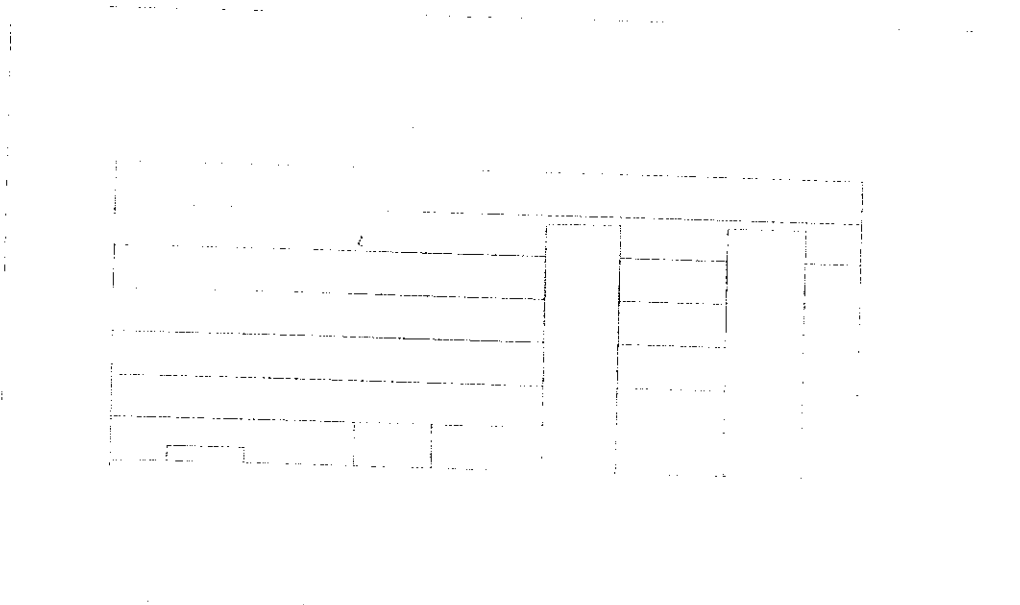


Chart #11: Direct interviewed beneficiaries according to age-groups.

According to the education level, the direct beneficiaries interviewed, have the following delivery:

- Elementary education - 4 beneficiaries or 6.5% of interviewed beneficiaries
- 8-grade education - 35 beneficiaries or 56.4% of interviewed beneficiaries
- high school education- 22 beneficiaries or 35.4% of interviewed beneficiaries
- university education - 1 beneficiaries or 1.7% of interviewed beneficiaries

According to family composition of direct beneficiaries, the situation is as follows:



Chart #12: Family composition of interviewed direct beneficiaries.

As it comes from the above data, the specific weight is occupied mostly by families having three members, about 54%, because two of the centers in this district serve to pensioners and lonely the elderly. This is shown in the fact that though in Vlora district the average number of family members is 4, 7 members, in this category of interviewed beneficiaries it is 3.34 members.

According to civil status, the situation is as follows:

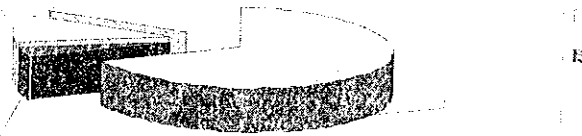


Chart #13: Civil status of interviewed beneficiaries.

According to the level of employment, the families of interviewed direct beneficiaries are as follows:

- Pensioners - 41 or 66.1% of the interviewed
- Employed - 13 or 20.9% of the interviewed
- Unemployed - 8 or 13.0% of the interviewed

From interviewed direct beneficiaries, only 7 or 11.3% of their families benefit economic aid.

The level of unemployment is almost in the same level with the average level of Tirana district (13.8%), but we consider it just a coincidence, due to the great number of pensioners.

39 interviewed direct beneficiaries or 62.9% of the total of these beneficiaries have one or more family members in immigration.

The delivery of services to direct beneficiaries is as follows:

Education -	62 beneficiaries or 100.0% of interviewed
Relaxation/recreation -	41 beneficiaries or 66.1% of interviewed
Judicial counseling -	5 beneficiaries or 8.5% of interviewed
Protection to threatened people -	10 beneficiaries or 17.0% of interviewed
Rehabilitation service -	20 beneficiaries or 34.1% of interviewed
Family treatment -	20 beneficiaries or 34.1% of interviewed
Home service -	5 beneficiaries or 8.5% of interviewed
Health service -	62 beneficiaries or 100.0% of interviewed

Whereas, according to received services, interviewed beneficiaries are classified as follows:

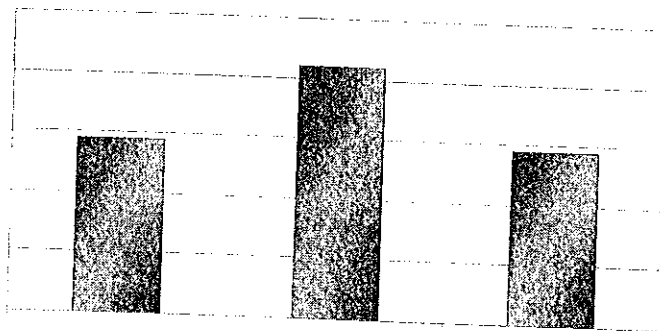


Chart #14: Interviewed beneficiaries according to received services

Only 12 interviewed beneficiaries or 19.3% of all interviewed beneficiaries have received social services from social centers before they were included in the project financially supported by WB. What is evident from this chart is that the received service from direct beneficiaries is multi-dimensional, having an average of 3.5 services for each beneficiary.

22. Adequacy of project services towards beneficiaries.

This part addresses to the adequacy and viewpoint of beneficiaries. If we refer to the collected opinions from interviews with beneficiaries (Question 6 -- Questionnaire for beneficiaries), it comes out that 2/3 of the interviewed were "satisfied" with providing service. Here are included mainly the beneficiaries of Kombinat PAK centre (Disabled people), Every Child (Tirana, Shkodra)-(mothers), Human Dimension (Shkodra), The Door (Shkodra), Family planning centre (Vlora), etc. At the same time, a smaller percentage, about half of the interviewed, wanted to change the the kind of service, this refers to some of the beneficiaries, mainly young girls in centers of Vaqarr, Kamza, Shkodra, Vlora etc. There are a 20% of interviewed people, mainly from Fushe Kruja, Vlora etc, that assessed services not directly connected to their needs.

Among the factors that led to the idea of the lack of adequacy in services, the interviewed people mention the following site factors:

- a) 50 % - inappropriate site as a result of the unfinished construction in buildings that will serve for the project implementation; (Annex chart #8).
- b) 20 % - the distance of beneficiaries from centers providing social services in rural areas like in Vaqarr, Kamza and Bushat, and the lack of transport means especially in PAK (Disabled people centre).
- c) 30 % - to change the kind of service or other services besides those provided, and other individual causes.

Well, in general there is a satisfying assessment by the beneficiaries and their families for the services provided by centers, which are considered suitable for their needs. But, as satisfied as they are with the service, they require new kinds of services. This is due to the fact that their requirements are a lot, that's why the new services supported by SSD project are multi-dimensional. More concretely, if we refer to Chart 5 on the kinds of providing services, it results that the majority of them are classified as multi-dimensional centers, but actually have limited their activity due to the above-mentioned facts in the part of NGO-s.

Taking the case of daily service centers for PAK (Disabled people-Kombinat), the children and their families that get service there are satisfied with what the centre provides. Some of them have moved their children from other centers to this one, even though they live far from it. In Kombinat a mother with a disabled child walked for one hour to come to Kombinat centre, that's why one of the emergent requirements of this centre is a vehicle to transport these people that dominate as beneficiaries in this centre.

*"It is absurd – mentions the director of the social service centre – that normal children have means of transport to go to school. We can provide such a facility to this group in great need, at a time when even members of their families are disabled people. Anyway, their families are interested for their children, make sacrifices for them to send them to the centre every day."*⁴⁸

⁴⁸ See: Interview with Mrs. Rajmonda Prifti, Executive Director of Kombinat Social provider , Tirane, BIA of SSD, ACER 2006.

Nevertheless, the situation is more complex within a service centre. In the case of services in Kamza, where there is a centre for mothers, young women and girls, who are mostly unemployed aging 20-30, settled in this area lately, they show satisfaction for children services, consider it as suitable for their integration in the new community, but pretend more from services provided to them. They ask for employment services, information, intermediation and counseling services, from the social worker or psychologist, responding to their needs. The same demand comes from Vaqarri young girls, who are only 20 min far from Tirana, who ask to be included in professional formation courses in Tirana.

From the area point of view, the highest level of perception as "very appropriate" on the part of the beneficiaries in Shkodra district, where poverty problems prevail, that's why the interest of the local government is expected to be greater in supporting them. So, 107 beneficiaries are satisfied from services, making up 78%, out of 137 interviewed. In Duresi District, according to the survey, only 10, 5% of the interviewed are satisfied, due to the lack of good site to provide services.⁴⁹ While in Tirana district, 141 beneficiaries are satisfied, about 69%, and in Vlora 45 beneficiaries or 73% of them.

The priorities of the kinds of services are connected with the social categories benefiting from these services. In this way, for the children's category, priority should be given to the problems of education; for women and youth- employment services, and for the elderly-increase of services at home. Anyway, the priority needs of these social groups vary according to the region where the project is implemented. For instance, children in Kamza, besides education, need integration, as a consequence of population movement from rural areas to urban ones. The youth of Fushe-Kruja need more integration in the community, as the majority of them are unemployed and with a number of criminal records. The women in Vlora, as a priority have the integration and the psycho-social aid, as a result of the geographical position of their city, where the possibilities of trafficking abroad are greater. The elderly in Shkodra need home services more than going to the centre everyday.

Referring to Chart 3, SSD support belongs only to the current year is it is hard to make assessments on the time progress of services as project impact.

Starting with interviews with beneficiaries: question -- Which was your source of information regarding the centre, had the following replies:

- | | |
|---|-------------------|
| a) Family people/relatives | 35% |
| b) Local authorities (municipality/commune) | 30% |
| c) Social services (GASS) regional office | 5% (only Shkodra) |
| e) Another centre | 30% |

(Every centre itself with the passing of time, with the reputation it has established, as well as other centers). As it is seen, three are the main information resources provided by NGO-s: families, social administrators of local government and social centers themselves, which refer customers of social services to one another. This is evident

⁴⁹ The site, an investment of SSD project, and it was in its terminal phase of construction, so the services for the elderly were provided in Municipality site.

especially for Tirana district, where centers as shown in Chart 2 have an existing former activity in this field. Families are always an important source of information, at a time when the role of Social services regional offices (GASS) is very limited, especially in Tirana.

The specter of providing services from social centers is quite wide. From the point of view of specialists, in 12 centers out of 15 monitored, there is the psychologist service, 70% of which have a professional university degree; in the 15 centers there are 1-2 social workers, according to target group serving to centers; in 11 of them there is an educationalist and in 14 centers, (one is still trying), medical service is ensured. As above-mentioned, the longevity of the activities of small centers is short, but what we see is very promising, especially with the psychologist and social worker's devotion. It is quite a commodity that communes with nearly 8,600 inhabitants like in Vaqarr, or with 3,063 inhabitants like in Krraba have a psychologist, at a time when in this proportion for inhabitants or groups at risk large cities don't have one. This is a promising indicator for qualitative, appropriate and efficient services. It is also made evident that important services do not have full contingent of beneficiaries, but they are given as services with preventing effects for the customers that come to the centre daily. So, for sample, 82% of women that receive services from the centre are treated with information feedback, talks on violence in the family etc. The most appropriate and enjoyable service is family planning, where women get services from the doctor, psychologist and social worker and where women have an active participation, from 6-10 women and girls.

To the effect of staff training and adequacy of services towards beneficiaries, it would be interested to elderly meetings using rotation among centers themselves, for that kind of service that they need more to participate, and especially in reflecting benefits outside the social centre. This can serve for the compilation of a "*Manual for service adequacy according to target groups*". Social service regional offices (GASS), in the future can play a more important role in delivering best samples of social services.

23. Beneficiaries' participation in various phases of services

Beneficiaries' participation in various phases of the project varies from centre to centre. It is important that in every centre the beneficiaries are considered to have an important role in designing programs of social services. (Annex chart 4/6). Facing what is provided and how beneficiaries' perception and requirements are expressed, results that it is not easy in every case that programs of social services can change according to customers' interest. The reasons are mentioned in the provider's part, as well.

From the interviews results that 72% take part in the initiation process of assessing the needs through individual or group meetings, 13% through questionnaires at their disposal from the staff centre, while 15 % are indifferent towards this process. It is understandable that for children target group, the needs are reflected in programs through indirect beneficiaries (their family). The requirements of beneficiaries are reflected in daily/monthly plans of NGO-s, as in Vaqarr, Kombinat, etc. So, they take an active part

not only in the process of assessing their needs, but it also acts as a starting point of the programs of social services.

From visits in service centers was observed that beneficiaries - customers and their families - communicate well with centre directors and professional staff. Although they were limited in their requests, the community members looked at the services provided by centers as a good beginning to develop more services in the future.

Although the majority of beneficiaries are included in project implementation of service providers, community participation in current projects as well as in future social projects asks for designing strategies for including community, that generally lack. There are some tentative efforts from NGO-s which have experience, to include beneficiaries in the implementation of programs as well - the case of Kombinat - but this practice is still in its first steps.

From our survey results that only six NGO-s out of 15, (nearly 37, 5%), that are service providers, are invited to take part in the assessment of needs for social service by the local government.⁵⁰ So, the influence of the project in developing community plans is more present in Tirana, due to more developed capacities of local government units of the capital.

58% of the interviewed have expressed their requirements for services through contacts with the centre staff (Manager/coordinator, social worker, psychologist, educationalist, doctor). This is reflected then in their service programs and can even be considered the participation of beneficiaries in the assessment of services. There are no efforts on the side of NGO-s, regarding the implementation of standards of social services, to attract beneficiaries in the systematic assessment. In the majority of cases, even in Tirana, there are NGO-s (Vaqqarri, Kamza), and in Durresi district (Fushe-Kruja) that don't have the least idea about standards of social services.

Referring to programs, there is a variety of social services supported by SSD project. There is a monthly planning, although in social services there are also daily plans, especially for disabled people and children. In these cases, the demands of beneficiaries or their families are responded directly by providers, changing their programs. More concretely, in Dimension Centre in Shkodra, the elderly themselves address to the social worker for changes in the daily plan, when there are activities in the city that they want to attend; they ask for the doctor to pay them home visits, in cases when they cannot go to the centre. In this way, the social services ensure the continuation of mutual treatment, by the centre and other institutions of health care in the community. They have similar cases time and again, to treat customers according to family demands, or customers themselves. Almost in all centers, there are files compiled with data for beneficiaries, for health services, or psycho-motor development of disabled people as well.

⁵⁰ Mainly 4 in Tirana, 1 in Fushe Kruje and 1 in Oriku.

The tools used to assess needs vary depending to the kind of service and to beneficiaries. But for centers which provide counseling for women and youth, the monthly plan is shown to every beneficiary and they interfere according to their interest. So, in future planning, it is taken into consideration all the requirements that are possibly to be achieved and that are in proportion with the mission of service centre. The women in Vaqarr centre express their interest to be advised about their professional formation; providers collect information for professional courses in Tirana and become intermediates for them to get enrolled in these courses according to their interests. After furnishing Krraba centre with computers, they have planned computer courses for youth in the area that wanted to learn how to use computers.

The experience from "Every Child" centre in Shkodra, taking into consideration the incapability of individuals vulnerable to express their demands directly, they implemented the method of taking their opinions through placing a box where everyone put a piece of paper with their demands/complaints. The Association of Family Planning in Vlora or New Dimension Centre in Shkodra does the same thing. This makes up the requirement for standards of social services. It can be said that it is not worked enough to know the documentation of standards of social services, so as to have a defined line in the way of needs assessment and these needs could be reflected in the service programs.

24. Direct and indirect service beneficiaries

From the analysis of social centers included in the survey, results that during presenting their competitive projects, they had predicted to treat 23,020 beneficiaries altogether, out of which 6,700 or 29.1% were direct beneficiaries and 16,320 (or 70,9%) were indirect beneficiaries⁵¹. The delivery of beneficiaries according to target groups in country scale is given in the following diagram:

⁵¹ See: Annex #6/1, Data according to district and target groups beneficiaries numbers, BIA of SSDP, ACER 2006

Delivery of beneficiaries in country scale

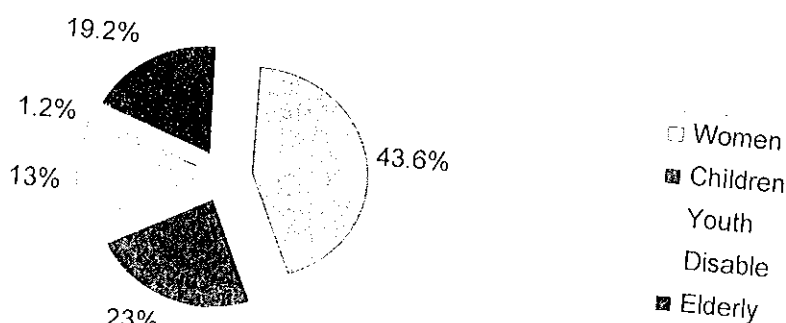


Chart #15: Delivery of beneficiaries in country scale

It is to be stressed that the directors and staff of social centers do not have a clear vision of indirect benefits and they reflect this thing less in the analysis of their activity. This is more significant for those certain and less evident categories that are multi-dimensional, regarding groups at risk taken over to provide services.

In centers that had a short-time activity, established by SSD project in Vaqarr, Krraba, Fushe- Kruja, the activity is focused in benefits of direct customers more than in indirect ones. While in Kombinat centre, Multi-dimensional centre in Vlora, Every Child in Tirana or The Door in Shkodra, the effort to make evident indirect beneficiaries and make them active part of the centre's activity is more visible.

The most active part of indirect beneficiaries are especially children's mothers addressed in the centre, children at risk⁵² or disabled ones, as it happens in Every Child in Tirana, Shkodra, Kombinat or The Door in Shkodra. But, in the social centers of the elderly in Orikum or Fushe-Kruja, the elderly cannot be called active.

Anyway, there is a stressed diversity of direct and indirect beneficiaries divided to districts and target groups. Thus, while in Tirana women who have gained direct services are 44,7% of all beneficiaries, in Shkodra they make up 50, and 2% of them, in Vlora only 22.5 % of beneficiaries. According to our judgments, this derives from some factors:

- In Shkodra and Tirana, there are many new settlers from north-eastern part of the country and women in these areas, due to economic difficulties and the need for being integrated in the life of big cities, tend more to join social services.

⁵² See: Annex #6/4, Data on canvass of "Children" Group according to Local units and NGOs, BIA of SSDP, ACER 2006

- In their project/ideas, centers are focused in this category, as women are a contingent considered as easy to address, compared to other categories (children, the elderly, disabled, etc.)
- It is the contingent that reflects more on indirect beneficiaries (families, children, men, etc.). It is also shown from the fact that, indirect beneficiaries that are women occupy 77% of the total of this target group.

It is a positive fact that even youth are supported by social services, especially young women. These services prevail more in Vlora district, about 33% of all target groups that receive services. Services to this target group should be provided more in Shkodra district, where youth at risk occupy nearly 40% of groups at risk in general. In Shkodra city, this group tends to get involved in crimes deriving from blood vengeance, but also from other social-economic factors, as well as the high level of unemployment and poverty. In Durresi district, represented by Fushe-Kruja centre, the specific weight of youth is relatively low, in proportion with the elderly that take first place in providing services.

Among indirect beneficiaries, the classified groups are those who see the provided service in direct benefit for the customer as the benefit of: his/her family, in all cases; the community – as Krraba school, Kombinat, health centre in Krraba, Fushe-Kruja; increase of local government reputation – Krraba; facilitation of social problems for the community in general; improvement of family relations – Vaqarr; flourishing of community life - Krraba, etc. In case of multi-dimensional centers, the concrete direct benefit is not obvious, but it is more to the community in general – typical case Krraba. Indirect beneficiary in Kombinat is the school that disabled children attend; they could make to include them in the educational system of normal children – 3 of them in 2006 from Kombinat centre.

25. Availability and service quality of NGO-s

Are the providers ready to respond to needs? Although the providers are open and want to put themselves totally to the beneficiaries' disposal, analyzing NGO-s results that this is not always easy to achieve. To date, provided services, as analyzed above, are considered available for beneficiaries and less from local authorities, which have not yet taken their responsibilities in the field of social services.⁵³

It is required from beneficiaries and project staff to express their opinion on the quality of providing social services. 27, 7 % of them expressed themselves freely on the service quality, as they had been service beneficiaries before. 50.4% were not clear in their opinions, as these services are relatively new and they do not have much information on what they provide. The rest said they had no idea.

⁵³ Chart #.7 with districts, groups at risk that dominate in them and services according to types and centres established in certain districts.

All the interviewed people responded positively for the quality of services provided, when the question was made through questionnaires. But the talk with them showed their reserves regarding a qualitative service. Keeping in mind both point of views, comes out that the assessment of beneficiaries regarding service quality according to districts, is as follows:

Chart #9

Beneficiaries perception for the level of services (in percentage) %

District	Same service	Improved service	Very improved service	Deteriorated service
Tirana	41,7	13,6	44,7	0
Shkodra	35,2	24,7	40,1	0
Vlora	57,3	15,4	27,3	0
Durrësi	36,2	27,3	36,5	0

Resource: BIA SSDP/ ACER 2006

According to our judgment, the positive assessment the improvement of quality is mostly given from the impressions of investments done by the project for the improvement of site and furnishing it with up-to-date equipment. It lacks in Kombinat, anyway the beneficiaries treated in this centre assess to maximum the influence of the centre in their children and family life improvement.

Out of 104 interviewed beneficiaries that expressed themselves on the quality of services, 73 of them said that the service quality is better than the same services provided before by this centre or other centers in their community. This is due to various qualifications taken by centre specialists, experience gained and set-up of the decent sites – direct investments of SSD project – and necessary equipment, collaboration with other centers providing alternative services, as well as the increase of kinds of services. When the interviewed people were asked what they wanted to change in forms of services, they responded that their quality is good and they feel well with the services the centers provide. Only in Vaqarr and Krraba, 39 out of 56 interviewed direct beneficiaries (or 69.6 %), ask for changes in kinds of services, giving priority to the development of employment service in the field of agro-business.

Results show that the provided services have a relatively good quality, as 5 out of 15 projects in implementation are new, two of them in the rural area of Tirana district. Anyway, it is difficult to reach a clear conclusion to make assessments whether the social services are of a good quality, as there is lack of information and beneficiaries do not have possibility of perception to make comparisons, due to the short time of their activity and that in many of these areas, they are the only social services provided.

The centers where we believed we could take assessments regarding this issue were recently opened, having not yet finished investments. Those opened, possessed such sites where possibilities for various activities, starting with information, counseling,

professional trainings were satisfactory, though not yet having complete functions due to delays in furnishing them with equipment⁵⁴.

Within the same kind of service and target group, there is different workload for the staff that provided services. In Vlora Centre for the elderly, there are two full-time doctors and a nurse, and until now is provided service for 40 direct beneficiaries, at a time when in Orikum, for 100 direct beneficiaries is only a part-time doctor. We did not see any essential difference in health service between these two above mentioned centers. In interviews with mothers in Kombinat centre, The Door, and Every Child in Shkodra, or Woman in Development in Kamza, results that the progress of school children, after they had received services from the centre, was better. This thing is not confirmed in Krraba centre.

Almost all interviewed women in Vaqarr social centre, having expressed their assessment for the quality of the provided service, said that it is not in proportion with their requirements and present conditions of their living in Vaqarr. They pretend employment services or self-employment in agro-business, livestock product processing, farm development, tailor's shops, etc. And not only psycho-social counseling provided by the centre.

In the following chart, is presented the fulfillment of beneficiaries' needs in proportion with the quality of services.

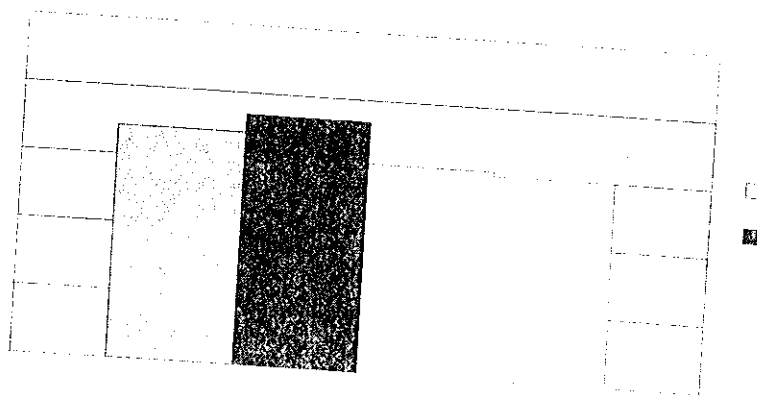


Chart #16: The fulfillment of needs according to beneficiaries in pilot areas.

If we make a general classification from the point of view of social-economic development among four pilot districts, Shkodra district is the most backward. We

⁵⁴ In Vaqarr and Krraba, the new site had just set up, in Fushe Kruja they hoped to finish construction at the end of this year.

believe this is the reason why we have received the highest level of positive replies on the fulfillment of needs through the quality of provided services. The same situation is within the district. In rural areas of Tirana district, in response to this question, a positive assessment is given by 62.0 % of the interviewed.

According to the assessment of the interviewed people, the fulfillment of needs in a qualitative way is in these trends:

- To improve relations within families - 29.8% of the interviewed.
- To improve husband-wife relations - 13.7% of the interviewed.
- To improve the level of children breeding - 40.6% of the interviewed.
- To improve relations between parents and children - 5.8 % of the interviewed.
- Other aspects - 10.1% of the interviewed.

26. The impact on beneficiaries' life

The majority of beneficiaries think that provided services⁵⁵ have influenced positively in their life and that of their families. Referring to centers, their influence is in different trends, according to the typology of services they provide. More concretely, it is as follow:

Chart #10

Kinds of services to groups at risk	
403 or 100%	Improves education
322 or 80 %	Recreation centre
101 or 25%	Increases self-confidence/integration
22 or 5,5%	School service
214 or 53%	Health care service
Influence on beneficiaries: The Youth	
294 or 100%	Improves education
294 or 100%	Recreation centre
120 or 41%	Increases self-confidence/integration
294 or 100%	Protection from use of narcotics'/drugs
29 or 10 %	Judicial counseling/protection
265 or 90%	Public information centers
194 or 66%	Health care service
Influence on beneficiaries: The Women	
616 or 81%	Improves education
472 or 62%	Recreation centre
411 or 54%	Increases self-confidence/integration
38 or 5%	Protection from narcotics/drugs
235 or 31%	Protection from trafficking
502 or 66%	Judicial counseling/protection

⁵⁵ See: Annex #4/5, Services typology according to target groups , BIA of SSDP, ACER 2006

320 or 42%	Rehabilitation services
418 or 55%	Family treatment
418 or 55%	Public information centers
388 or 51%	Health care service
[REDACTED]	
35 or 100 %	Improves education
35 or 100%	Recreation centre
35 or 100%	Increases self-confidence/integration
35 or 100 %	Rehabilitation centre
35 or 100%	Home-base service
25 or 71%	Health care service
[REDACTED]	
348 or 100 %	Recreation centre
248 or 71 %	Increases self-confidence/integration
348 or 100 %	Judicial counseling/protection
348 or 100%	Rehabilitation services
60 or 17%	Home-base service
348 or 100%	Public information centers
348 or 100 %	Health care service

Resource: BIA SSDP/ ACER 2006

The responses of interviewed beneficiaries show that social services, supported by SSD project, have had a positive influence in their life. This is indicated in the fact that 68 % of the interviewed are satisfied with the level of provided services, meaning that they have had a positive impact in the life of the community.

Direct effects in the improvement of beneficiaries' life are noticed in the daily-open centre "The Door" in Shkodra which provides to 66 children, who are direct beneficiaries, one meal daily as well as food to their families at times. Family benefit, in the economic sense, is provided to women, who come mostly from mountainous regions and have a very critical economic situation, characteristic for Shkodra region. There is also an indirect aid, i.e. the school, where it is invested for the education of the children. To women who had gained sewing machines from former projects, are provided professional courses which help them to increase the wellbeing of their families and of the overall level of the community.

The influence of these services is felt even in the life of the community which is an indirect beneficiary. As the implementation of the WB project is in its first steps, it seems impossible for the moment to measure the indicators of life improvements of these beneficiaries.

Anyway, what we notice is that the more we get away from the centre of the country (Tirana) to the districts, the more functional and responsible are the centers providing services. This is due to few possibilities that are there, compared to Tirana, the number of

service provider and employment. So, the impression created is that they have a stronger influence in the beneficiaries' life, who consider services as "very appropriate", as it was already mentioned above.

In general, to increase the influence of services in the life of beneficiaries, the main request was that of home service, about 90% of the interviewed the elderly. According to the assessment of providers and beneficiaries, this will bring visible improvement in the life of this target group.

The majority of NGO-s that had implemented to get support from WB project, had a rich experience in addressing target groups, and in an overall outlook, their participation in the project had served to consolidate existing services, extending the latter. In many cases, they had extended their range of services providing a variety of them such as: health care, psycho-social counseling, judicial counseling, information service, where were attracted the psychologist and the social worker.

27. The impact of provided services on target groups at risk

On a district basis, there are the following beneficiaries, treated until the beginning of December 2006.

Chart #11
Number of beneficiaries supported by SSDP, according to districts.

District	Beneficiaries											
	Children				Youth				Altogether (Children +youth)			
	Direct beneficiaries	In % to country	Indirect beneficiaries	In % to country	Direct beneficiaries	In % to country	Indirect beneficiaries	In % to country	Direct beneficiaries	In % to country	Indirect beneficiaries	In % to country
Tirana	145	36.0	295	26.1	85	28.9	105	18.2	230	33.0	400	23.5
Shkodra	258	64.0	835	73.9	89	30.3	220	38.3	347	49.8	1055	61.8
Durrësi	-	-	-	-	20	6.8	50	8.7	20	6.8	50	8.7
Vlora	-	-	-	-	100	34.0	200	34.8	100	34.0	200	34.8
Total	403	100	1130	100	294	100	575	100	697	100	1705	100

Resource: BIA SSDP/ ACER 2006

The distinguishing characteristic of the group of children is that there are included mostly children coming from families which have economic difficulties. That is one reason why

the participation of children in Kamza and in Shkodra (The Door), is very high. The last centre provides children one meal a day, outside the WB project financing. The food was insufficient, only wrapped goods.

We would suggest that the centers could try to make investments; the project should be enhanced so that even the respective local units contribute in providing food for these children. The staff of the centers, as well, can ask for support from local businesses to finance the children's food.

The interviewed people admitted they had not programmed or attempted to cooperate with local businesses, at a time when they prejudiced their attitude for non-engagement. Perhaps it is just the time to set up new native associations which would help in providing food for beneficiaries of some social services, stimulating the participation of big companies to give a yearly financial contribution to the interest of social services.

Another group of children who received services from these centers, (especially in Shkodra and Kamza), were the children from blood vengeance families. Although the second phase of WB project has predicted the opening of a special centre for the treatment and integration of these children in Polican town, which has started its activity in November 2006, and where are accommodated 30 children of school age from the northern part of the country (Shkodra excluded), we think that this category should be more in focus of social centers in the north of the country.

In respect to youth, the current contingent of beneficiaries is still small, 205 direct ones or nearly 0.2% of youth at risk in country scale, out of which only 33 or 16% are disabled people.

What we noticed in young groups in all the centers that were under observation, was that there were no "difficult" youth, having vices or tending to anti-social actions, excluding only 3 youth that had abandoned school (two of them were in the verge of returning, they were only waiting for the director's decision to be accepted) in Krraba social centre. Whereas the problematic disabled children and youth (aging from 5-21), are addressed above. Anyway, the keen problem is their socializing. As the social worker in Kombinat centre put it, they need a model of a normal person so as not to be afraid of normal people, and vice-versa. Interviewing their parents, we learnt that the initial cause of sending them to the centre was not to have them around at home during the day. But they almost noticed their progress. On the classroom walls, there were tens of their drawings that their parents considered as icons.

There were only 8 children without parents' care, at Every Child Centre in Shkodra. In the other centers there were not such cases. They were victims of blood vengeance and their relatives took care of them. In a generalized manner, the communities where these population groups belong to, according to pilot centers and regions, are:
In Shkodra – The main contingent of beneficiaries, excluding the elderly, belongs to newcomers from the northern part of the country; the same is for beneficiaries of Kamza centre.

In Krraba – the main contingent of beneficiaries is from unemployed and no land families.
 In Vaqarr – the main contingent belongs to women with family problems.
 In Every Child Centre, in Tirana – there is no community domination, but prominent are the poor families coming from north-eastern areas, having a lot of integration problems.
 In Fushe-Kruja – the main contingent benefiting from social services are the elderly that have their children in immigration.
 In Vlora – elderly and lonely people, having their children in immigration for more than eight years, a thing that has no significance in Orikum centre.
 In the Centre for Integrated Social Services in Vlora – the main contingent is Rom and gypsy women and young girls (about 44%), but also women with family problems. There are no cases of badly treated, raped or ex-prostitutes. As it is noticed even here, for work commodity, very difficult cases or contingents are not yet addressed.

As a conclusion, regarding the influence of social services on target groups, from the chart's data results that, in Tirana district, the disabled children have the most sensible influence, expressed through interviews with their parents; while the elderly have less influence. In Shkodra district, 41.5% is on women due to their stress, and not only the blood vengeance effects, towards possibilities to facilitate economic difficulties. As they said "Now we have a place where to find a shoulder to cry on". In Vlora district, the most influential group is the elderly, 51.3%, out of which 25.4% belong to that part of target group receiving home service. They have a "free" doctor that they evaluate strongly, due to their daily medical needs; they also have friends now in the centre.

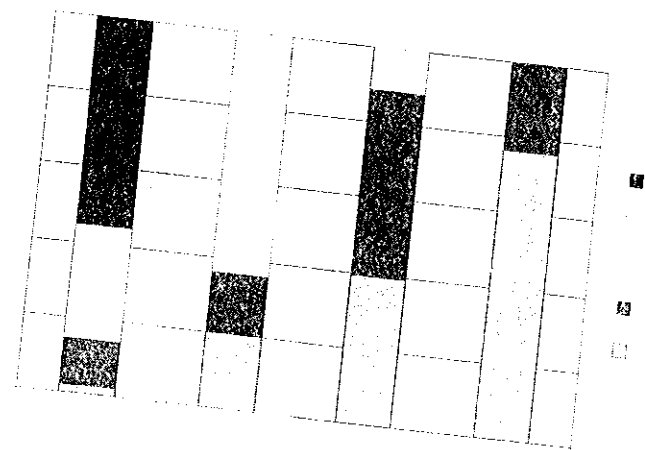


Chart #17: Influence scale of services according to groups

28. Influence on poor groups

A part of interviewed beneficiaries say that they feel the influence of social services in improving their economic life directly or indirectly. In this way, 66 children out of 403 direct beneficiaries in country scale are treated with one day meal (or 16.3 % of them), experiencing directly the improvement of their economic conditions.

If the service for self-confidence is provided to 25 – 68 % of direct beneficiaries, is understood at 100% of disabled people, 35 % of them say that this kind of service has influenced a lot in the improvement of their psycho-social conditions.

The types dominating services: increase of self-confidence and integration. This is quite normal in the conditions of a decrease of level of public educational system and an increase of market demands. The new information services, psycho-social and judicial counseling, occupy an important weight and have a direct influence on vulnerable groups. This groups experience more family conflicts, adequately conflicts, especially those in rural areas, where adequately issues are still unsolved, are assisted in this trend; or the newcomers that still don't know the rules of urban life -- are assisted to get registered in civil status offices, etc.

For women, too, applying units, like "Every child", or Kombinat centre, provide employment service as a kind of social service. In this way, 18 % of direct women beneficiaries in projects of social services, or 121 of them, say that gradually are sensing the increase of professional level and possibilities of their engagement in various jobs, or as self-employed. This is accomplished in 100 % of youth and 81 % of women beneficiaries. As the project is in its first steps, the improvement of economic conditions of beneficiaries cannot be measured, though the responses received by them are positive. In the majority of cases, they are not able to explain in which trends their economic conditions are improved.

The situation is represented quite differently regarding the influence of the project in the improvement of health conditions. So, 53 % of children treated by projects of WB, 66 % of youth, 51 % of women and 100 % of the elderly receive health service. As a conclusion, 1082 or 71 % of them receive direct gaining health service. The interviewed beneficiaries are satisfied by the work of doctors' staff in projects, where children, disabled and the elderly have personal records with their chronological data.

975 of treated people by projects or 64 % of direct beneficiaries of all categories, have received knowledge in public information field, over 90 % or 180 interviewed people altogether receiving these services (200), say they have increased their knowledge in general.

Analyses on the scale in which projects have influenced on the improvement of income of beneficiaries and their families among various pilot regions, there are no important differences in the way of perception, excluding only 66 children and their families in Shkodra Municipality. Though until now there are no tangible indicators, the poorest

areas among pilot regions experience more improvement of social-economic conditions (the case of three centers in Shkodra).

In some of the cases, the centre jurist had intermediated with the offices of social assistance to give these families cash benefit belonging to their children. The majority of them, coming from mountainous regions of the country, did not have the necessary information on disabled benefits given by law as social aid. Every Child Centre in Tirana was the intermediates for some families coming from the north and living in the suburbs of Tirana, to provide economic aid for poor families.

Anyway, 56% of the interviewed people pretend a more complete service. In cases when women ask assistance for their pregnancy, the doctor sent them to a respective laboratory for analyses, where they had to pay, so they didn't go because of their incapability of payment. In these conditions, they asked from the centre to give a solution. The elderly pretended they should have the possibility to make diabetics analysis in the centre (21% of the elderly target group), because an apparatus for measuring sugar in blood does not cost more than 50 USD, a thing that was difficult to own individually, but could be installed in the centre. Mothers with children in the daily centers, satisfied with the services, still pretended from the centre to provide an ambulatory service in cases of epidemics. In the conditions of health insurance services and of the fact that not all the people pay contributions, the assistance in the field of health services is increasing. In observed centers, it was noticed a positive tendency to enhance collaboration with the doctor in the area to treat people vulnerable.

Through questionnaires and especially through talks with the interviewed people, it was aimed to discover if there was a connection between the level of poverty, (the majority of interviewed, nearly 92% belong to this category) and their responses on questions about project influence on various aspects of beneficiaries' life, and we consisted that there is a linear dependency, i.e. the poorer the beneficiary and the more the social problems he had in his family, the more superlative was his answer on the effects of services provided by the centre in his daily life, saying "They are there for us, whenever we need the". Regarding every kind of project supporting poor people and those vulnerable, priority is given to professional capability and facilitation to engage in jobs or as self-employed.

Although all the responsible interviewed people know the location of local unit, only 21% of them said the source of information were the offices/sections of economic aid and social sustainability of local government. This indicates that the categories treated by social services are those who generally go to such offices to ask for aid and, at the same time, local governments look at provided services by non-public institutions with jealousy.

29. Beneficiaries' knowledge on elements of provided services

About 20% of interviewed beneficiaries of observed centers are contingent that benefit services from NGO-s, before these units could get the sustainability of WB project, or in

the first six months of the pilot phase, while 80% are new contingent. The “elderly” contingent has got complete knowledge on the elements of provided services. On the whole, the beneficiaries have knowledge on programs of centers (11 out of 15 centers that were paid visits), had their programs posted, and in few cases (The Door in Shkodra, Vaqarr, Vlora, Kombinat), during interviews, the beneficiaries were talkative and knew well to answer or comment the questions.

This is directly connected with the fact that the professional staff of centers working with them was very competent on providing services, and this was reflected on their customers. In Shkodra daily centre, in Kiras quarter, set up by the implementation of “The Door” NGO, two of the interviewed beneficiaries, though having only 8-grade education and recently settled in Shkodra, (one from Lekbibaj and the other from Mirdita), had already become like social workers. Their comments on centre services, or obligations of local government towards these centers were stunning, regarding the competence of addressing the issues.

30. The influence of NGO-s management on other local actors

The analysis of the question on how much social services influence in improving local capacities to provide similar social services is very complicated. The judicial and institutional infrastructure in this trend is in its beginnings, not having the sufficient sustainability of local governments. Considering it as a separate question, in interviews with heads of local units, the new judicial infrastructure is evaluated, but is judged as inappropriate to be implemented in present conditions. In the question asked to managers of NGO-s, whether they will be able to continue their services after the WB project finishes, 93% of them are very skeptical, while the local government can ensure the continuation of the project. Only the heads of Fushe-Kruja municipality and Krraba commune, considering the way of cooperating with NGO-s until now, say they are optimistic for the continuation of providing services.

To see this issue closely linked with the quantity and kinds of provided services, heads of social service centers were asked how they assessed needs for services provided in coming 4-5 years. In 100 % of their responses, they mentioned the need for the increase of such services. This is the result of the increase of community consciousness on the usefulness of social services, because, with the passing of years, the results of these services will be more tangible. The heads of NGO-s say that their centers actually cover about 30% of the community needs. In the best case, Kombinat centre assesses it can cover up to 50 % of the needs of disabled people. So, in general, the capacities to cover social needs are smaller compared to requirements. The existing services should be supported, and also should be developed and supported new services, to face the increase of requirements from poor people and categories at risk.

Project managers were asked about the cost of beneficiaries, and none of them had calculated it. They said they had decided a figure in the project, but could not remember what it was, and that they did not make such calculations. This shows that with local

governments being part, they were not worried about the continuation of projects after finishing with WB financing. According to them, only public grants in the social field could save them.

Managers were also asked whether they are supervised, who does it and how often, and if yes, whether they know the results of this supervision. Providers are inspected mainly by PCU and the staffs are not informed on the conclusions of this inspection. The local units that have a municipality level, they are often visited by workers of economic aid, but not in the sense of being supervised. Even though some services are in their initial phase, the continuous supervision helps in increasing the level of services, as well as the improvement in their management, ensuring supervision by donors, stirring also the beneficiaries to supervise. We believe that the role of regional offices of State Social Services will increase, if they take over the function of supervision, as well.

MAIN RECOMMENDATIONS

To achieve the objective of a constant social service system in Albania, concluding this assessing survey, WG/ACER recommends:

I. Recommendations for institutional reforms:

1. Further improvement of **public policies for social services**, especially the inclusion of local governments in designing them.
2. The completion of **judicial framework to support the decentralization process** of social services.
3. Undertaking **new research on the structures of monitoring new activities in the field of social services, territorial extension and area peculiarities of groups at risk.**
4. In the framework of the **decentralization process and the increase of local government role** in delivering social services, it is recommended the further sustainability of local governments, especially of the districts, to plan social services on the basis of needs assessment.
5. The assessment of the influence on beneficiaries shows that **the strengthening of institutional capacities** in providing social services remains a constant priority. It is recommended the further consolidation of institutions included in the scheme of social services delivery; further fulfillment of internal regulatory framework to make them function, as well as rendering activities among them.
6. **Further development of human capacities** is assessed as a permanent need for the implementation of social policies undertaken in the framework of SSD project. In this context, the stability of professional staff, their qualification and re-qualification, is of great importance. It is assessed that, in national level, are nearly 2000 directors and specialists in central and local government, NGO-s, etc, vulnerable of programmed trainings in continuation.
7. Taking into consideration the complexity of SSD project, diversity of actors included in providing social services, from our survey results that there are some **positive experiences**. That's why it is recommended a **continuous support to service providers, aiming that at the end of 2007**, the whole process can show its efficiency, before extending the project implementation in national level.
8. In the remaining period, until the end of pilot phase of the project, it is recommended that, the attention of institutions included in the implementation of the project, should be focused on the **increase of the efficiency of using funds** at their disposal, so that they can fulfill the project objectives for the

improvement of the quality of the life of social vulnerable groups and the communities they belong, too.

II. Recommendations on consolidating infrastructure and model of rendering services.

1. From the analysis of relations among central government, Unit of project coordination and local government was observed that there was an insufficient engagement and its obvious unclearness regarding the role it should play in implementing SSD project. It is recommended the designing of "**The manual of social services in community**" and other documents that facilitate the inclusion of these institutions in delivering social services, forms of contracting providers of social services, etc.
2. **A better harmonization of extending kinds of social services provided to poor social groups from territorial point of view and coordination with other programs in this field.**
3. **The diminution of the time of approbating projects and a stricter and documented monitoring of the completion of activities/results on their part.**
4. **The extension of contacts, possibly in an organized way with the groups of beneficiaries, to attract their suggestions in decision-making for the priorities of the extension of social services.** All institutions, especially those of local government, should be equipped with published documents on the strategies and standards of social services.
5. **The creation of a modern data-base, in which are integrated the data of the first phase of the SSD project, (especially the qualitative indicators/ achievements in indicators) aiming at progressing with predicts indicators in the coming phases, i.e. creating possibilities to determine the delivery of funds on the basis of priorities coming from the integrated examination of needs, rationality in providing services and a competitive choice of providers from the community (NGO-s, business, etc.)**

IV. REFERENCES

Selected Literature

V. ANNEXES

LIST OF ANNEXES CHART OF BIA REPORT

1. Annex #1 **List of Interviewed Executive directors and the specialists**, BIA of SSD, ACER 2006.
2. Annex #1/1 **List of interviewed directors and staff of Ngos**, BIA of SSD, ACER 2006.
3. Annex #2/1, **Questionnaire for for the heads of provideing institutions of the social services** BIA of SSD, ACER 2006.
4. Annex #2/2 **Questionnaire for the staff of institutions provideing social services**, BIA of SSD, ACER 2006.
5. Annex #2/3 **Questionnaire for direct beneficiaries of social services**, BIA of SSD, ACER 2006.
6. Annex #2/4 **Questionnaire for indirect beneficiaries of social services**, BIA of SSD, ACER 2006.
7. Annex #3, **Check list of fundamental project documents**, provided by PCJJ.
8. Annex #3/1 **Typology of services and beneficiaries of SSD project** provided by PCU.
9. Annex #4 **General Characteristic of Service Providers**, BIA of SSD, ACER 2006.
10. Annex #4/1 **Typology of services provided by the Ngos**, according to PCU
11. Annex #4/2 **Data on the population served by the SSD project**, BIA of SSD, ACER 2006.
12. Annex #4/3 **Project Support Level for the job site and equipment**, BIA of SSD, ACER 2006.
13. Annex #4/4 **Data on personal education of the executive directors/ staff of the NGOs**, BIA of SSD, ACER 2006.
14. Annex #4/5 **Service typology according to beneficiaries Group**, according to PCU

15. **Annex #4/6 Collaboration Level on community needs assessment**, BIA of SSD, ACER 2006.
16. **Annex #4/7 Services Typology according to Districts**, BIA of SSD, ACER 2006.
17. **Annex #5, Data on general number of Beneficiaries**, according to PCU
18. **Annex #6/1, Data according to district and target groups beneficiaries' numbers**, according to PCU & BIA of SSD, ACER 2006.
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20. **Annex #6/3, Data on canvass according to Local Government units, NGOs- and sub project**, according to PCU & BIA of SSD, ACER 2006.
21. **Annex #6/4, "Children" Beneficiaries and interviewed according to Local Units and NGOs**, according to PCU & BIA of SSD, ACER 2006.
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23. **Annex #6/6, "Women" Beneficiaries and interviewed according to Local Units and NGOs**, according to PCU & BIA of SSD, ACER 2006.
24. **Annex #6/7, "Elderly" Beneficiaries and interviewed according to Local Units and NGOs**, according to PCU & BIA of SSD, ACER.
25. **Annex #6/8, "Disable" Beneficiaries and interviewed according to Local Units and NGOs**, according to PCU & BIA of SSD, ACER 2006
26. **Annex #7, List of SSDP indicators**, according to PCU.
27. **Annex #8, Data on investments and work site, functional situation and operative costs**, according to BIA of SSD, ACER 2006.
28. **Annex #9, Data on incriminated citizens' number**, according to IM & BIA of SSD, ACER 2006.
29. **Annex #10, Themes that have been discussed during the interviews**, according to BIA of SSD, ACER 2006.
30. **Annex #11 Judicial Framework that regulate aid and social services**, according to BIA of SSD, ACER 2006.
31. **Annex #12, MINUTES from the meeting with the focus group**, according to BIA of SSD, ACER 2006.

LIST OF INTERVIEWED PERSONS FOR BIA OF SSDP

No.	District	INSTITUTION	PERSON OF CONTACT	FUNCTION	TELEPHONE
1	TIRANA	MLOSEA	Kosta Barjaba	Dr.Cabinet	240214
2			Nexhmedin Dumani	Dr.Social service	243947
3			Ilda Bozo	Head of Poverty Unit	682084067
4		SSS	Thana Poci	Director of SSS	230791
5			Safedin Mezuraj	Dr. on SSS	
6		INSTAT	Ledia Thomo	Responsible Sektorit LSMS	222411
7		SSS TIRANE	Besim Murati	Director	692075464
8			Bilbil Jaupi	Former Drejtor	
9		SII	Ali Emuni	Deputy/Genral Diector	227850
10			Mirela Selita	Law department Director	
11		CPU	Etleva Vertopi	Executive Director	232331
12			Valbona Petoshati	Specialist	232331
13		MUNICIPALITY Tirane	Esmeralda Prifti	Head of social Services	692175759
14		DISTRICT		Specialist of CPU	
15			Ojga Nauni	General Director	225141; 682050236
16			Vildan	Specialist of Social services	
17		MUNICIPALITY Kamez	Agim Cani	Chairman	268 187
18			Jolanda Keputa	Responsible for Social. ec aid	682031078
19			Qemal Ceku	project coordinator	682092593
20		Commune Kerrabe	Artan Saliu	Chairman	682144851
21			Gezim Saliu	Adm.of Social services	692050022
22		Commune Paskuqan	Jashar Hoxha	Chairman	692635400
23			Sokol Allaraj	Responsible for Social. ec aid	682284984
24		Commune Vaqarr	Skender Drita	Chairman	
25			Merita Taku	Adm.of Social services	682932420 682217795

Nr.	District	INSTITUTION	PERSON OF CONTACT	FUNCTION	TELEPHONE
26		Mini municipality Kombinat		Specialist of Social services	351841
27				Arjola (tel)	
28	DURRES	SSS Durres	Petraq Konduri	Director	5226096
29		MUNICIPALITY Durres	Ela Golemi	Deputy municipal	5222310
30		Regional office Soc. service Durres	Aleksander Koci	Head of social serv sector	5226096
31		Durres District	Brisida Kertusha	Specialist of public service	
32		Municipality F. Kruje	Ismet Mavriqi,	Chairman	5632355
33	VLORA	SSS Vlore	Remzi Aliaj	Director	3327891
34		Municipality Vlore	Enton Kollozi	Director of coordin. & developmen	3322985
35		Municipality Oriku	Beqir Kashuri	Chairman	682060998
36	SHKODER	SSS Shkoder	Mirela Shiroka	Director	2248907
37		Municipality Shkoder	Voltana Ademi	Deputy Municipal	2242393
38			Shkelzen Mustafaraj	Adm. of Social services	692332602
39		municipality Puke	Rustem Strugaj	Chairman	682060998
40			Pranevera Terbu	Specialist	692464992
41		Municipality Bushat	Zef Hila	Municipal	692077108

LIST OF INTERVIEWED PERSONS FOR BIA OF SSDP

No	District	Institutions	Contact Persons	Function	Telephone
1	TIRANA	Every child	Suzana Sakiqi		
2					
3		SBF	Ida Kostaj	Coordinator	692103696
4			Klodiana Muca	Psycholog	
5			Alma Sokoli	Social Worker	
6					
7		Family in Focus	Mimoza Xhafa	Executive Director	682066880
8		Social Media	Kajusha Pogace	Executive Director	682057214
9			Kadife Alimadhi	Doctor	693051669
10			Ediira Covani	Social Worker	682266405
11			Zenel Sina	Mesues	
12			Vladimir Alla	Psycholog	
13					
14		Stay Together Kombina	Rajmonda Prifti	Executive director	682152667
15			Aferdita Lahi	Mathematic Specialist	
16			Mirela Ramazani	Educator	
17			Yilka Afezoli		
18			Tatjana Cela		
19			Elisabeta Shkurti	social worker	
20		Women for global action	Linda Trifi	Executive director	692310088
21			Soulla Grabocka	social worker	
22			Aferdita Numani	social worker	
23		Women in development	Jeta Katro	Executive director	692154874
24			Klotilda Stefani	social worker	692215455

No	District	Democratic education Institutions	Contact Persons	Executive director	Telephone
25			Bardhyl Musai	Executive director	682029476
1	DURRESI	Elderly and youth in r	Luan Pogaçe, Faik Islama	Co executive Director	682229860
2			Qami Bizhga	Social Worker	682097411
4	VLORA	Elderly and lonely	Liliana Qevanaj	Project Manager	6922208088
5			Shqiponja Reci	doctor	
6			Ariste Gjata	Nurse	
7			Dalip Gjoka	doctor	
8		Children in Focus	Lujjeta Gusha	Project Manager	682096446
9		Family Planification	Enela Mone	Project Manager	682091902
10			Xhuljeta Naco	psycholog	
11			Mirela Shkemb	Social Worker	
12					
13	SHKODRA	Every child	Alma Guli	Project Manager	682027308
14			Jeta Zhabia	psycholog	
15			Alma Kurti	Social Worker	
16		Human Dimension	Donika Selimi	Project Manager	
17			Lumi Valuna	psycholog	
18			Zana Ruci	Nurse	
19			Elsa Koja	Social Worker	
20			Xheladin Duli	doctor	
21		The door	Kastriot Faci	Project Manager	0682026559/0692430136
22			Mirjan Dekovi	Social Worker	
23			Rudina Anamali	Social Worker	692423115
24			Arlinda Bilali	psycholog	692430136
25		Women without suppo	Marie Vjollca	Social Worker	
26			Ervin Mandi	Social Worker	
27			Irena Gerbeti	Educator	683067939

Date _____ 2006

Day[1] Month[1a]
 Start time _____ [2]
 Finish time _____ [3]
 ID of interview _____
 ID of Interviewer _____

QUESTIONNAIRE

FOR THE HEADS OF OFFERING INSTITUTIONS
 OF THE SOCIAL SERVICES

(ON THE BENEFICIARY IMPACT ASSESSMENT)

Good day!
 My name is _____ . I would like to speak to you about the project "**Social Services Delivery**", financed by the World Bank.
 I am a collaborator of the **Albanian Center for Economic Research (ACER)**, which is working related with a project on the evaluation of this project to the beneficiaries. On the base of this analysis remains even the operators' observation.
 The aim of this observation is to evaluate how much effective has been the given service in the frame of the projects implemented by different operators, the level of needs fulfilment to the relevant social group and on this base to be created an assessment related with future continuity of the project in other regions of country. You are selected in a casual way from the list of heads/staff of your institution, where is implementing a specific project of social services.
 Let me to guarantee that this interview is confidential, providing a full anonymity as for your name, as for your thoughts, evaluations and opinions given.

1.1 GENERAL DATA

A. Pilot zone of project:

Tirana Durrresi Vlora Shkodra

B. Institution _____

Address: _____

Tel. no.: _____

C. Existing service New service created from the World Bank

Start time.....

.....

D. Your work function:

(Denomination of your function) _____

For study needs, related with assessment of the capacities of institutions which operate in the social services field, please help us with your thoughts, responding the questions in following:

E. THE SOCIAL SERVICES TYPOLOGY

(Please, clarify the position of your institution, putting the letter "x" in the box/boxes, which shows the social group/s to which you serve as well as the type/s of services offered.)

Groups at risk Types of services	Children	Young	Incapable	Women	Elderly
1. Education center					
2. Relaxing/recreating center					
3. Self-assurance/integration c.					
4. Protection from narcotics/psychotropic drugs					
5. Protection from trafficking					
6. Advice/legal protection					
7. Services to persons threatened/violated physically, sexually and psychologically					
8. Rehabilitation services					
9. Family treatment					
10. Service in school					
11. Basic services in home					
12. Public information centers					
13. Healthy care services					
14. Tutorship services					
15. Employment services					

1.2 QUESTIONS FOR THE HEAD OF INSTITUTION

1. What is your function? (According to the employment act in your duty)

2. How many time you are in this post?

a. Less then 1 year

b. 1-2 years

c. Since the beginning

3. How you evaluate the needs for social services in your institution?

a. There is a special structure (please, its name) _____

b. Have been not done such evaluations

If there is a special structure, please clarify:

a. Procedures used for evaluation _____

b. Relevant tools _____

c. Actors included _____

4. Specify the clients' number to whom you offer services of your staff

	Children	Young	Incapable	Women	Elderly
Present month: November					
Past month					
From the beginning of this year					
Staff/ clients					
Professionals					
Supporting staff					

Total									
-------	--	--	--	--	--	--	--	--	--

5. According to your assessment, in what level you have fulfilled the needs for services in your community?

- a. I don't know
- b. Till 30%
- c. 31-50%
- d. 51-70%
- e. Over 70 %

6. At what level will be the needs for this service in your community?

- a. I don't know
- b. Less
- c. More over
- d. Equally

7. What are the ways suggested by your side for fulfillment of these needs?

- a. Increase / reduction of your capabilities
- b. Modification of services
- c. Changing of the type of services
- d. Growth / reduction of the services staff number
- e. Introducing of other professionals in service (specify).....
- f. Collaboration with other actors (specify).....
- g. Others.....

8. How you measure/assess the efficiency of service offered? Indicators used, documentation and reports prepared for this aim.

(Interviewer: If the person interviewed present any document or statistical table for this aim, please request him/her to give you a copy for each document, which will serve to prepare our assessment report)

9. How much Leke cost the maintaining and service for one recipient in a day in your center?

_____Leke ne dite

10. In comparison with other similar services, how is presented this cost?

- a. I don't know
- b. Lower
- c. Approximately same
- d. Higher
- e. Very much higher

11. In comparison with the first month in the start of activity of your institution, how has changed the cost of one recipient:

- a. I don't know
- b. It is reduced
- c. Approximately same

- d. It has been increased a little
- e. It has been considerably increased

12. Which is the frequency of reporting on your institution activity?

- a. 1 time on a month
- b. 1 time in two months
- c. 1 time in three months
- d. 1 time in a year

13. Which are the reporting tools on your institution activity?

- a. I don't know
- b. Statistical reports
- c. Situations analyses
- d. Other (specify)

14. Who are the indirect recipients of your community services, by your opinion, except of the direct recipients?

- Other members of family.....
- Community (schools).....(specify)
- Local authorities.....
- Your professional staff.....

15. What professions and qualification levels have the priority in your institution staff?

- a. Professions (please, specify) _____
- b. Qualification level:
 - Professional high school
 - General high school
 - High education

16. Have you implemented any regulation for recruitment and employment of staff, job description and job assessment? (If yes, take a printed copy)

- a. I don't know
- b. Yes
- c. No

If yes, who other takes part in the assessment process?.....
 What procedure is implemented for assessment?

17. If yes, how you make the work assessment of your staff? (frequency)

- a. Every month
- b. Every three month
- c. Every year

18. What trainings have been offered to you and your staff and which are the results?

(In the table below evaluate the impact/effect of trainings, where 1=un-effective, 2=some effective, 3=useful, 4=very useful)

- Public
NGO

23. Are there any limitation which obstacles the profit of services from any recipient category in need?

- a. I don't know b. Yes c. No

If yes, please specify the denominations of groups, to which is limited service and relevant causes: _____

Your statistical evidences (Interviewer: If there are such interviews, provide a copy of them.)

24. What improvements you wish to be done in your service in the near future?

- a. Within unit where you work _____
b. Out of this unit _____

25. By your opinion, which is considered a useful social service? Which document you have as a reference point to be oriented to the quality growth of service towards recipients?

26. Please, tell us the decision-making process in your institution.

27. Take part in this decision-making process even the recipients/their families or other?

- a. I don't know b. Yes c. No

If yes, how, in what way? _____
For what they take part in the decision-making process? _____

28. How many time during a month/year they take part in the decision-making process?
_____ time in a month/year.

29. What type of collaboration you realize out of your institution and, if yes, for what?

30. Who is responsible for the quality of service offered by you?

31. How is realized the control?

32. How many times during a month/year?

_____ time in a month/year

33. Have you been recognized with results of work assessment of your institution?

- a. Yes b. No

34. How you work to provide the stability of service in your institution?

35. Which are three main risks that threaten the service stability offered in your community?

- a. _____
- b. _____
- c. _____

36. Do you think to introduce or have introduced new services?

- a. Yes b. No If yes, how? _____

Except of traditional services, have you information new forms of services with a community base built during this time, 2002-2006?

37. How are identified those?

- from discussions with clients
- from experiences of other countries
- revealed as consequence of the changed conditions
- how you think about them etc.

Has provided the project any support for identification of these new forms of services with a community base?

38. Are these new forms of services effective and efficient?

- a. Yes b. No If yes, how: _____

39. What has been done for their promotion and which is the role of the World Bank in this direction?

Thank you for your contribution!

Date _____ 2006

Day [1] ____ Month [1a]
Start time _____ [2]Finish time _____ [2a]
ID of interview _____ [3]
ID of interviewer ____ [3a]

QUESTIONNAIRE

FOR THE STAFF OF INSTITUTIONS OFFERING SOCIAL SERVICES

(ON THE IMPACT PROJECT ASSESSMENT TO BENEFICIARIES)

<p>Good day!</p> <p>My name is _____ . I would like to speak to you about the project "Social Services Delivery", financed by the World Bank.</p> <p>I am a collaborator of the Albanian Center for Economic Research (ACER), which is working related with a project on the evaluation of this project to the beneficiaries. .</p> <p>The aim of this observation is to evaluate how much effective has been the given service in the frame of the projects implemented by different operators, the level of needs fulfillment to the relevant social group and on this base to be created an assessment related with future continuity of the project in other regions of country. You are selected in a casual way from the list of heads/staff of your institution, where is implementing a specific project of social services.</p> <p>Let me to guarantee that this interview is confidential, providing a full anonymity as for your name, as for your thoughts, evaluations and opinions given.</p>	
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GENERAL DATA

A. Pilot zone of project

Tirana Durrresi Vlora Shkodra

B. Institution: _____

Address: _____

Tel. No.: _____

C. Existing service or new service created by World Bank

D. Your working position:

(Denomination of your position): _____

For research needs related with assessment of capabilities of institutions which operate at the social services field, please help us with your opinions, responding questions as follows:

1. Profession:

- a. Social employee
- b. Educator
- c. Psychologist
- d. Nursery
- e. Therapist
- f. Others (specify)

2. How many time you have that work in this service center?

- a. Till one year
- b. 1-2 years
- c. More then 2 years

3. How many time you have that work in this position?

- a. Less then 1 year
- b. 1-2 years
- c. More then 1 year

4. Your professional level:

- a. University
- b. General high school
- c. Professional high school
- d. Other (specify)

Qualification post-graduate certification: Yes No

5. Gender: a. Female b. Male

6. Age:

- a. 18-30 years old
- b. 31-55 years old
- c. Over 56 years old

7. Your general assessment on the service level in this institution. Have you any request or suggestion for its improvement? (Select only one response)

- a. Very good
- b. Good
- c. Sufficient
- d. Weak
- e. I would like to change type/form of service

8. By your opinion, how much influence the below factors in relations of the leading staff of institution with professional staff?

(Make an evaluation of factors according to the importance order, where 1=a few important; 2=somewhat important; 3=important; 4=very important)

a. Taking into account of yours requests from leading staff in the decision-making process

1	2	3	4
---	---	---	---

b. Environ related with individual work with beneficiary	1	2	3	4
c. Environ related with relatives work	1	2	3	4
d. Environ for coordination between professionals in inst.	1	2	3	4
e. Possibilities for collaboration with other social services	1	2	3	4
f. Possibilities for collaboration with local authorities	1	2	3	4
g. Motivation for professional development(trainings etc.)	1	2	3	4
h. Others, (specify please)	1	2	3	4

9. Have you request claims/requested related with service improvement?

No Yes

If yes, When? _____ Why? _____
 Where? _____ Why? _____
 Whom? _____ Why? _____

10. Have you remained satisfied from the response given?

a. Yes b. No c. So-so

What else you expected by the leaders of institution related with your claim/request?

11. What do you like much more from the your work in institution?

12. How you have compiled your activities program in this institution?

a. Daily Weekly b. Monthly c. Annual

Who takes part in your daily program compilation ?

- a. The head of institution/unit where you work
- b. Compile it by itself
- c. Compile it together with colleagues of other professions
- d. In collaboration with other institutions
- e. In collaboration with client/its family

13. How much you have respected your activities program?

- a. I implement it without changes
 - b. There are cases that have been done changes in it
- If yes, how you have operated, in what circumstances

14. If you like to do another else, different from your working program, how you operate in this case?

15. During the last month, how many times you have organized activities out institution for beneficiaries for: (approximately)

- a. Artistic activities _____ time
- b. Sportive activities _____ time
- c. In other institutions _____ time
- d. Other (specify) _____ time

16. During the last month, how many times you have followed with beneficiaries?

- a. TV programs, on average in a month _____ time
- b. Reading of books, journals, newspapers _____ time

17. Where you have been based for the compilation of your activities program?

18. Are you professionally sure for the service offered from your institution?

- a. Yes
- b. No
- c. So-so

19. By your evaluation, which are the factors that determine the service quality in your institution?
(Make an evaluation according to the importance order, where 1=unimportant; 2=somewhat important; 3=important; 4=very important)

a. The clients number	1	2	3	4
b. Staff management	1	2	3	4
c. Working buildings	1	2	3	4
d. Possibility of communication with field professionals	1	2	3	4
e. Sense of collaboration from service staff	1	2	3	4
f. Sense of collaboration with local government	1	2	3	4

20. What you would request from the heads/collaborators for the service improvement in the future?

- a. From Director _____
- b. From social employee _____

21. How much times you discuss with director for service:

- a. In the beginning/end of day _____ time
- b. In the beginning/end of week _____ time
- c. In the beginning/end of month _____ time
- d. By the case

22. How much times you discuss with your colleagues for service?

- e. In the beginning/end of day _____ time
- f. In the beginning/end of week _____ time
- g. In the beginning/end of month _____ time
- h. By the case

23. Which are contacts/relations of social employee/psychologist/educator with beneficiaries' relatives of services offered from your institution? (approximately)

- a. Every day
- b. 1 time in a week
- a. 1 time in a month
- b. More rarely

24. About what you are talking with beneficiaries relatives of services offered from your institution?

- a. Education issues
- b. Recreation issues
- c. Food problems
- d. Relation issues in community
- e. Relation issues with relatives
- f. Environment issues
- g. Others (specify)

25. It has happened to invite your colleague, relative in any program?

- a. I don't remember
- b. Yes ; Psychologist ; Educator ; Physician ; Relatives
- c. No

26. Which is the result?

- a. Negligible
- b. Scarce
- c. Sufficient
- d. Good
- e. Very good

27. Have required from your opinion to assess activity of:

- a. Director
- b. Other professional
- c. Beneficiaries

28. How many times has changed the director and key staff of your institution during two last years?

a. Director:

No, he has been not changed ; Yes, he has been changed before _____ months.

b. Social employee;

No, he has been not changed ; Yes, he has been changed before _____ months

c. Psychologist:

No, he has been not changed ; Yes, he has been changed before _____ months.

d. Educator:

No, he has been not changed ; Yes, he has been changed before _____ months.

29. Are you agree with evaluations deposited in file related with your work?

a. Yes b. No

30. Which is your opinion for improvement of service towards beneficiaries in your institution?

31. Which trainings have been offered during your work in this institution and results have been achieved?

(In the table below assess the trainings impact/effect, where 1=ineffective; 2=a little efficient; 3=useful; 4= very useful)

How you find it	Training fields	Period (year/month)	Duration (days/weeks)	Training institution	Results evaluation			
By itself					1	2	3	4
Your center					1	2	3	4
Other centers					1	2	3	4

32. Make a briefly description on how you have organized different festivities such as birthdays, party of New Year etc. in your institution

33. Other comments, please (if you have)

Thank you for your contribution!

Date ____/____/2006

Day[1] ____ Month[1a] ____
 Start time _____ [2]
 Finish time _____ [2a]
 ID of Interview _____ [3]
 ID of interviewer _____ [3a]

QUESTIONNAIRE

FOR DIRECT BENEFICIARIES OF SOCIAL SERVICES

(ON THE IMPACT PROJECT ASSESSMENT TO BENEFICIARIES)

Good day!
 My name is _____. I would like to speak to you about the project "**Social Services Delivery**", financed by the World Bank.
 I am a collaborator of the **Albanian Center for Economic Research (ACER)**, which is working related with a project on the evaluation of this project to the beneficiaries. .
 The aim of this observation is to evaluate how much effective has been the given service in the frame of the projects implemented by different operators, the level of needs fulfillment to the relevant social group and on this base to be created an assessment related with future continuity of the project in other regions of country. You are selected in a casual way from the list of heads/staff of your institution, where is implementing a specific project of social services.
 Let me to guarantee that this interview is confidential, providing a full anonymity as for your name, as for your thoughts, evaluations and opinions given.

1.1 IDENTIFICATION OF INSTITUTION

A. Pilot region:

- Tirana
 Durrësi
 Vlora
 Shkodra

B: Institution _____

E. SOCIAL SERVICES TYPOLOGY

(Interviewer: This is a control datum that you have to clarify with the person of institution who will accompany you during interview. Please, clarify the position of your institution, putting the letter "x" in the box/s that show the social group/s offered by you as well as the type/s of services.)

Groups at risk/ Types of services	Children	Young	Incapable	Women	Elderly
1. Education					
2. Relaxing/recreating center					
3. Self-assurance/integration					
4. Protection from use of narcotics/psychotropic drugs					

5. Protection from trafficking					
6. Advice/legal protection					
7. Services to physically, sexually, psychologically threatened/violated persons					
8. Rehabilitation services					
9. Family treatment					
10. Service in school					
11. Service at home					
12. Public information centers					
13. Healthy care service					
14. Tutorship service					
15. Employment service					

1.2. IDENTIFICATION OF DIRECT BENEFICIARIES

1. Gender

a. Female b. Male

2. Family Relations

a. Have you a family?

Yes No

b. Members number?

_____ persons.

3. Your age

a. 0-14 years old

b. 15-30 years old

c. 31-55 years old

d. over 56 years old

4. Education level

a. Elementary school

b. Secondary school

c. High school

d. University

e. Others(specify) _____

1. From how many time you have profit services from this center?

a. Less then one year?

b. 1-2 years

c. More then two years

2. Which is your information source for this center?

a. Relatives and kinsmen

b. Local authorities (municipality/commune)

c. Regional office of State Social Service

d. Mass media (specify) _____

e. Other center (specify) _____

f. Others

1.3. BENEFICIARY ASSESSMENT ON SERVICES PROFITED

3. How you consider the service, have you any claim/request?

- a. I am satisfied from the service
- b. There are delays, there is a little attention towards us
- c. I would like to change type/form of service
- d. Service staff doesn't show the due care
- e. Locals are not appropriate
- f. Locals there are far of dwelling centers
- g. Locals there are far of members' families
- h. Few possibilities of relaxing
- i. Others (specify)

4. How has changed the service actually, compared with first week when you have come here?

- a. It is the same
- b. It has been improved a little
- c. It has been improved too much
- d. It has been aggravated

Any other comment about this: _____

5. Have you present any request or desire to this institution?

- a. Yes b. No

If yes, please tell us:

When? _____ Where? _____
To whom? _____ For what? _____

6. Have been satisfied from the response taken?

- a. Yes ; b. No ; c. So-so

What other you have expected from the heads of institution about your request/claim?

7. What is more pleasant for you and how would you like to relax in this center?

8. Have you a daily program of activities?

- a. I don't know ; b. No ; c. Yes

If yes, do you know the daily program of:

- A. Present day? a. Yes b. No
- B. Next day? a. Yes b. No
- C. This weekend? a. Yes b. No

9. If you would like to do anything else, how you act?

10. During the last month, how many times you have been out of institution for:

- a. Concert activities _____ time organized by itself or by others
 b. Sportive activities _____ time organized by itself or by others
 c. Cinema _____ time organized by itself or by others
 d. Others _____ time organized by itself or by others

11. If you have not interest to go to cinema, sport, to see TV, to read books, newspapers or journals, what you read usually?

- a. Books Buy them itself? or Institution buy them for you?
 b. Journals Buy them itself? or Institution buy them for you?
 c. Newspapers Buy them itself? or Institution buy them for you?
 d. TV See it alone? or with others?
 e. Cinema See it alone? or with others?
 f. Sport See it alone? or with others?

12. Have you see sometime the doctor/dentist?

- a. No ; b. Yes

If yes:

When? _____ Why? _____
 Where? _____ Why? _____

- In what circumstances: a. I was ill
 b. Doctor came at school
 c. Doctor came at center
 d. I went myself to visit
 e. Planned visits

1.4. RELATIONS / MANAGEMENT

13. Are you quiet and sure in this service center?

- a. Yes b. No c. So-so

14. By your opinion, how important are the below indicators for the success of institution?
 (Please, evaluate the indicators according to the importance order, where 1=un-important, 2=somewhat important; 3=important; 4=too much important.)

a. Responsibility of staff in carrying out of service		1	2	3	4
b. Management of staff by director		1	2	3	4
c. Institution's building		1	2	3	4
d. Distance from dwelling center	1	2	3	4	
e. Behavior and care of institution staff	1	2	3	4	
f. Collaboration with relatives		1	2	3	4
g. Collaboration with local government	1	2	3	4	
h. Collaboration with other services centers		1	2	3	4

15. What you would requested from the heads/professionals for improvement of service towards you in the future?

- a. From director: _____
 b. From Social employee/educator/nursery: _____

16. Who talks personally with you for different problems and how often?

(List them from 1 till 5, where 1=never; 2=rarely; 3=often; 4=continuously)

a. Director	<input type="checkbox"/>	1	2	3	4
b. Social employee		1	2	3	4
c. Educator		1	2	3	4
d. Psychologist	1	2	3	4	
e. Between friends		1	2	3	4
f. With relatives	1	2	3	4	

17. Why you are talking with heads of institution or your friends?

- a. Education issues
 b. Recreation problems
 c. Food problems
 d. Relations with friends' issues
 e. Relations with relatives
 f. Environment issues
 g. Others (specify)

18. Has requested anytime your opinion on different problems of institution?

- a. Social employee No; Yes; If yes, how? For what? _____
 b. Psychologist No; Yes ; If yes, how? For what? _____
 c. Educator No; Yes ; If yes, how? For what? _____
 d. Anybody else No; Yes ; If yes, how? For what? _____

19. What would be better for you related services offered by institution?

- a. To continue with the same beneficiaries group
 b. To continue with the same staff
 c. The same in both cases
 d. I don't know

20. Are you informed on the content of your personal file?

- a. Yes b. No

21. Have been informed you what to do in the case of taking fire?

- a. Yes b. No

22. Who has learned on how you have to act in this case?

- a. Director How? _____
 b. Psychologist How? _____
 c. Educator How? _____
 d. Physician How? _____
 e. I don't remember How? _____

23. Do you know that where is the building of municipality/ commune?

- a. Yes b. No

1.5. FAMILY RELATIONS

24. Have you a family?

- a. Yes b. No

If yes, please help us with below information about your family.

- a. How many member has your family, in total _____ persons
b. How many members of your family have been employed? ____persons

25. You have close relations with who of family members and why?

26. How often discuss your relatives and kinsmen with staff?

- a. Never
b. Rarely
c. Sometimes
d. Often
e. Continuously

27. How often you organize activities in center, where are invited your relatives and kinsmen?

- a. One time in a week
b. One time in a month
c. One time in a year

28. Describe how you have organized different festivities such as birthdays, party of New Year, 8 March etc.

29. Other comments, please (if you have).....

Thank you for your contribution!

Date ___/___/2006

Day[1]___Month[1a]
 Start time _____ [2]
 Finish time _____ [2a]
 ID interview _____ [3]
 ID interviewer ___ [3a]

QUESTIONNAIRE

FOR THE INDIRECT RECIPIENTS OF THE SOCIAL SERVICES

(ON THE IMPACT PROJECT ASSESSMENT TO RECIPIENTS)

<p>Good day! My name is _____. I would like to speak to you about the project "Social Services Delivery", financed by the World Bank. I am a collaborator of the Albanian Center for Economic Research (ACER), which is working related with a project on the evaluation of this project to the beneficiaries. . The aim of this observation is to evaluate how much effective has been the given service in the frame of the projects implemented by different operators, the level of needs fulfillment to the relevant social group and on this base to be created an assessment related with future continuity of the project in other regions of country. You are selected in a casual way from the list of heads/staff of your institution, where is implementing a specific project of social services. Let me to guarantee that this interview is confidential, providing a full anonymity as for your name, as for your thoughts, evaluations and opinions given.</p>	
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1.1 IDENTIFICATION OF INSTITUTION

A. Pilot region:

- Tirana
 Durrresi ()
 Vlora
 Shkodra ()

B. Institution: _____

C. The institution has started in month: _____ year: _____

E. Typology of social services

(Interviewer: This is a control datum that you has to clarify with accompanying person of institution during the interview; please, clarify the position of your institution, putting letter "x" in the box/s which show social group/s to which you provide the service as well as the type/s of services)

Groups at risk/ Types of services	Children	Young	Incapable	Women Elderly	
1. School					
2. Relaxing/recreating center					
3. Self-assurance/integration					
4. Protection from narcotics					

use/psychotropic drugs					
5. Protection from sexual exploitation and abuse					
6. Protection from trafficking					
7. Advice/Legal protection					
8. Assistance against discrimination					
9. Services to threatened/violated physically, sexually, psychologically					
10. Rehabilitation services					
11. Residential care					
12. Families treatment					
13. Service in schools					
14. Services at home					
15. Public being aware					

1.2 IDENTIFICATION OF INDIRECT BENEFICIARY

1. Grandmother ; Grandfather
 Niece Nephew
 Others (specify).....
2. Relations with client:
 Mother Father
 Sister Brother

3. Your age

4. Education level

- a. 0-14 years old
 b. 15-30 years old
 c. 31-55 years old
 d. over 56 years old
 a. Others (specify) _____
- a. Elementary school
 b. Secondary school
 c. High school
 d. University

1. From how many time your kinsman profit services in this center?

- a. less then 1 year
 b. 1-2 years
 c. more then 2 years

Which is your information about this center?

- a. The close relatives and kinsmen
 b. Local authorities (municipality/commune)
 c. Regional office of State Social Services
 d. Media (specify) _____
 e. Neighbors
 f. Others (specify) _____

1.3 SERVICES ASSESSMENT

4. Which is your opinion about service, have you any claims/request?

- a. I am satisfied from service
 b. There are delays, a little attention towards us

- c. I would like to be changed the type/form of service
- d. Staff of service behave without due care
- e. Local of center is inappropriate
- f. Center is situated away of habitation
- h. It has a little recreation possibilities
- i. Others (specify) _____

5. Have you expressed any requests toward NGO/CBO?

- a. Yes
- b. No

6. Is yes, please tell us:

When? _____ Where _____
 Whom _____ For what _____

7. Have you taken any response for your request?

- a. Yes
- b. No
- c. Somehow

8. How many time after your request?

9. Who has given a response to your request?

- a. Director
- b. Educator
- c. Social employee/psychologist
- d. Kinsmen
- e. Friends
- f. Others (specify)

10. How you have taken the response of your request and in what circumstances?

- a. verbally
- b. with attitude
- c. with services

(Clarify circumstances/way on how you have taken your response)

11. Are you satisfied from the response taken?

- a. Yes
- b. No
- c. So-so

12. What other you expected from the institution heads related with your claim/request?

13. What you moreover assess in this services center?

14. What positive impact has brought to you this service?

15. Has been respected the daily schedule of actions?

- a. Yes b. No c. Somehow

1.4 RELATIONS/MANAGEMENT

16. Are you felt quiet and sure for your family in this services center?

- a. Yes b. No c. Somewhat

17. What will you request from the heads/professionals for the service improvement?

- a. From Director: _____
b. From Social Employee/Educator/Nursery: _____

18. Who and how many times he/she talks with you about different problems?
(List them from one till five so: 1=never; 2=rarely; 3=often; 4=continuously)

a. Director	<input type="checkbox"/>		1	2	3	4
b. Social employee	<input type="checkbox"/>		1	2	3	4
c. Educator	<input type="checkbox"/>		1	2	3	4
d. Psychologist	<input type="checkbox"/>	1	2	3	4	
e. Between friends	<input type="checkbox"/>		1	2	3	4
F. With kinsmen	<input type="checkbox"/>	1	2	3	4	

19. On what you have talked with the institution heads?

- a. For education problems
- b. For recreation problems
- c. About food problems
- d. About relations with relatives
- e. About Environment issues
- f. Others (specify)

20. Have requested from you any opinion relating with different problems of institution?

- a. Social employee No Yes If yes, how? _____
- b. Psychologist No Yes If yes, how? _____
- c. Educator No Yes If yes, how? _____
- d. Someone else No Yes If yes, how? _____(specify)

21. What it would be better for you related with services offered by this institution: to be continued with the same staff?

- Yes No equally I don't know

22. With whom you have closed relations from service staff?

- a. Director Why? _____
- b. Psychologist Why? _____
- c. Educator Why? _____
- d. Physician Why? _____
- E. I haven't relations Why? _____

23. Are you informed that the staff has compiled a file with data even for you?

- a. Yes
- b. No

24. If yes, from whom you have taken this information? _____

25. Are you informed about the content of this file?

- a. Yes
- b. No

26. Do you know where is the building of municipality/ commune?

- a. Yes
- b. No

27. Have you been sometime there?

- a. Yes
- b. No

For what? _____

28. Do the center employees visit at your home?

- a. Yes
- b. No

When? _____

29. Other comments, please (if you have)

Thank you for your contribution!

**Check list
of fundamental project documents provided by PCU**

1. Development Credit Agreement
2. Trust fund Grant no. TF050181
3. Project Appraisal Document, Social Services Delivery Project The World Bank, May 9, 2001
4. Agreed Minutes of Negotiations
5. Supplemental Letter
6. AID Memoire, Jan 28 - Feb 8, 2002
7. AID Memoire, Oct 21 - 26, 2002
8. AID Memoire, May 12 -16, 2003
9. AID Memoire, Dec 2 - 6, 2003
10. AID Memoire, June 6 -- 11, 2004
11. AID Memoire, December 16-23, 2004
12. AID Memoire, Mid-Term Review, 9-21 May 2005
13. Final Report: Social Services Delivery Project, 17 May 2004 to 31 August 2005). The World Bank & the Department for International Development,
14. Operational Manual, March 2005 (*electronic version*)
15. Aktoret Kryesore te Projektit "Shperndarja e Sherbimeve Sociale"

(As per Sept. 8, 2006)

TIPOLOGY OF SERVICES AND BENEFICIARIES OF SSD PROJECT

I. Tipologjia e shërbimeve

1. Multidisciplinary center
2. Daily Center
3. Information and counseling center
4. Home service
5. Custody
6. Health Prevention programs
7. Early diagnostic
8. Health center
9. School
10. Temporary center
11. Others

II. Beneficiaries of SSD Project

- **Ministry of Labor, Social Services and Equal Opportunities.**
Mr. Kosta Barjaba – Head of cabinet; tel: 240412
Mr. Nexhmedin Dumani; tel 243947 and 0682084069 --
Department of social service MLOSEA
Mrs. Ilda Bozo; tel: 0682556223 --
Poverty Monitoring Unit MLOSEA
- **State Social Service and regional offices of SSS.**
Mr. Thanas Poçi, tel: 230719
- **INSTAT**
Mrs. Gerta Picari; tel: 233358
- **Institute of Social Insurance**
Mrs. Evelina Koldashi; tel: 253623; 235622; 227850
- **Coordination Project Unit**
Mrs. Etleva Vertopi; tel: 232331
- **Local government units:**
Municipality:
 1. Tirane -- Projects coordination Department (Gerta 0682089350)
 2. Durres -- Mrs. Ela Golemi, deputy Municipal tel: 052 22310
 3. Vllore -- Mr. Eriton Kollozi; tel: 033 22985
 4. Shkoder -- Mrs. Voltana Ademi, deputy Municipal; tel: 02242393

5. Puke – Mr. Rustem Strugaj, Municipal; tel: 0682060998
6. Kavaje – Mr. Dashamir Germenji; tel: 0692208677 or 05542203
7. Orikum – Mr. Beqir Kashuri- Municipal; tel: 0682055836
8. Kamez – Mr. Agim Cani, Municipal; tel: 353136
9. Fushe-Kruje – Mr. Ismet Mavriqi/ Municipal; tel: 05632355

Commune:

1. Kerrabe – Mr. Artan Saliu - Chairman; tel: 0682242400
2. Paskuqan – Mr.Jashar Hoxha – Chairman; tel: 0682284984
3. Vaqarr – Mr.Skender Drita – Chairman tel: 0682932420
4. Bushat -- Mr.Zef Hila, Chairman tel: 0692077108

Service providers

1. "Children on focus " - Vlore
Mrs.Luljeta Gusha, gusha@aul.com.al; 0682222640
2. "Elderly and lonely "- Vlore
Mrs.Liliana Qejvanaj, qejvanajliliana@yahoo.com; 0692208088
3. "Population and development"- Vlore
Mrs.Enela Mone, qgvlore@aul.com.al; 0692162400
4. " Women without support" (Dega Shkoder) – Barbullush
Mrs.Marie Vjollca ; mvjollca@albaniaonline.net; 0692127317
5. "European Children Trust", (Dega Shkoder) – Shkoder
Mrs.Alma Guli; evcscutari@albmail.com ; 0682027308/
02241727
6. "The door" – Shkoder
Kastriot Faci, thedor@icc.al.eu.org; 0682026559
7. " Human Dimension "– Shkoder,
Mrs.Donika Selimi ; dimensionhuman@hotmail.com; 0692441161
8. " Against Guns & fire" -- Fushe Kruje;
Mr.Luan Pogaçe; luan_pogace@yahoo.com; 0682229860
9. "Every Child Association"- Tirane,
Mrs.Suzana Sakiqi, everychildtr@albaniaonline.net, 0682029546
10. "For children and women center", Qendra Kombinat - Tirane;
Mrs.Rajmonda Prifti ; mondaprifti@albmail.com; 0682152667
11. "Women in development" -- Tirane
Mrs.Jeta Katro; jkatro@albmail.com; 0692154874
12. « Family in focus “- Paskuqan
Mrs.Mimoza Xhafa ; mxhafa@issli.gov.al; 0682286771 ; 258375
13. "Center for democratic education"– Kavaje;
Bardhyl Musai; bmusai@cde-ct.org; 0682029476
14. "Small enterprise foundation"– Vaqarr;
Mrs.Ida Kostaj; fbv@albmail.com; 0692103696
15. "Women for global action"- Bathore Kamez;
Mrs.Linda Trifi; anumani@sanx.net; 0692094688
16. "Social media& psycho-social support" -- Kerrabe
Mrs.Katjusha Pogace; katjusha_pogace@yahoo.com;
0682057214

GENERAL CHARACTERISTIC OF SERVICE PROVIDERS

N.O	Service providers	Actual Service		Date		Type of service		Target-Group		Activity Place		Other donator	
		Exst	New	Exst	New	Exst	New	Exst	New	Exst	New	Yes	No
1	Women & Children Kombinat	x		1996		multidisipli	the same	Diabile	the same	Kombinat	same		x
2	Every Child-Tirane	x		1998		multidisipli	the same	Children	the same	Tirane	same		x
3	Women without support Bushat	x		1994		multidisipli	the same	Youth/W	the same	Bushat	Barbullush		x
4	Every Child- Shkoder	x		1998		Muld. Cente	the same	Children	Family	Shkoder	same		x
5	The Door	x		1996		Muld. Cente	the same	W/Child	the same	Shkoder	same		x
6	Human Dimension-Shkoder	x		2002		Daily center	the same	Elderly	the same	Shkoder	same		x
7	Puka City hall												
8	Against Guns & Fire		x		2005		Muld. Cente	Elder/Youth	Elder/Youth		F. Kruje		x
9	Small Buissnes Foundation		x		2005	Couns	Pr/inf&Cou	Women	yuth/ Famil	Vaqar	Vaqar		x
10	Women for Global action	x		1999		Q.multid	the same	Youth/W	same	Bathore	same		x
11	Social Media & Psicolocic support		x		2005		multid		Cr/ Y/W/Eid		krabe		x
12	Children in Focus		x		2006		Daily c.		Children		Vlore		x
13	Orikum City Hall		x		2005		Daily C.		elderly		orikum		x
14	Population & Development	x		1998		multidipi	multid	Youth/W	the same	vlore	same		x

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Data on the population served by the SSDP project (2006)

NO Districts	No. of population	In % to total nr. of Population	No. of beneficiaries up to dec 2006	In % to total nr of district population
1 Tirana	737387	23.5	1500	0.2
2 Durresi	291070	0.1	400	0.1
3 Shkodra	204703	6.5	3891	1.9
4 Vlora	246949	7.9	880	0.4
Pilot District	1480109	47.1	6671	0.5
Albania	3142065	100	6671	0.2

Project Support Level for the job environment and equipment

no	Type of services TE NGO/CBO	Total		Partial		Wages	Services quality
		Total	Time of	Partial	Time of conclusions		
1	Women & children-Kombinat			they are not in yet		x	good
2	Every Child-Tirane			they are not in yet		x	good
3	Women without support-Bushat	x	dec.06			x	
4	Every Child- Shkoder	x	oct. 05			x	Very good
5	The Door			they are not in yet		x	Very good
6	Human Dimension-Shkoder	x	6-Mar			x	Very good
7	Puka City Hall						
8	" Against Guns & fire"			x	Dec-06	X	Not good
9	Small enterprise foundation	X	Oct-06			x	good
10	Women for global action-Kamez			they are not in yet		x	mjaftueshem
11	Social media& psycho-social support	x	6-Oct			x	good
12	Women in development			they are not in yet			They haven't been payed
13	Orikum City Hall	x	jan. 06			x	good
14	Population and development	x	5-May			x	Very good
15	Elderly and lonely		sept. 06				good
16	Shoqata familja ne fokus, Paskuqan			they haven't start their activity			
17	Qendra per edukim demokratik, Kavaje			they haven't start their activity			
18	Gruaja ne zhvillim, Tirane	x	dec. 06				good

Font: Bia Acer 2006

Services typology according to target groups

GROUPS ON RISK / SERVICES TYPOLOGY	Children /New	Youth/ New	Disable/ New	Women and families/ New	Elderly/ New
1. Education	1	2	0	3	
2. Creative center		2	1	3	2
3. Self integration		2	0	1	1
4. Projection by using drugs and narcotics	0	1	0	0	0
5. Protection from trafficking	0	0	0	0	0
6. Counseling/legal help	0	2	0	2	2
7. Services for the physic, psychology and sexual abused persons.					
8. Rehabilitation services		2	0	2	
9. Family Care					
10. School services					
11. Home care	1	1		1	1
12. Medical services	1	1		1	1
13. Custody services		1			
14. Center for public information	1	1		1	2
15. Employment services	0	1	0	0	0

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Collaboration Level on community needs assessment

N.O	Service Providers	Local government		Service Providers Experts		Foreinger Experts		Beneficiaries		Families		Others	
		Yes	No	Yes	NO	Schools	Health Care			Level		Level	
1	Women & children-Kombinat	X		X					X		X		
2	Every Child-Tirane	X		X		X	X		X		X		
3	Women without support	X		X		X			X		X		
4	Every Child- Shkodra			X		X	X		X		X		
5	The Door		X	X			X		X				
6	Human Dimension -Shkodra		X	X			X		X				
7	Puka City hall	X		X					X		X		
8	"Agahat Gjuas & fire"	X		X			X		X		X		
9	Small enterprise foundation		X	X		X	X		X		X		
10	Women for global action-Kamiza		X	X		X	X		X		X		
11	Social media& psycho-social support	X		X		X	X		X		X		
12	Elderly and lonely												
13	Orkum City hall	X		X			X		X		X		
14	Population and development Vloza	X		X		X	X		X		X		
15	Women in development, Tirana	X		X					X		X		

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TPOLOGY OF SERVICES ACCORDING TO DISTRICTS

District / TYPOLOGY OF SERVICES	TOTAL/ NEW	TIRANE/ NEW	DURRES/ NEW	VLORE/ NEW	SHKODER/ NEW
1. Education	3	2	1	0	0
2. Creative center	4	2	1	1	0
3. Self integration	2	0	1	1	0
4. Projection by using drugs and narcotics	1	0	1	0	0
5. Protection from trafficking	0	0	0	0	0
6. Counseling/legal help	4	1	1	1	1
7. Services for the physic, psychology and sexual abused persons.	0				
8. Rehabilitation services	1	0	1	0	0
9. Family Care	1	1	0	0	0
10. School services	0	0	0	0	0
11. Home care	5	2	1	1	1
12. Medical services	0				
13. Custody services	0				
14. Center for public information	2	1	0	1	0
15. Employment services	1	0	1	0	0

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Data on SSDP beneficiaries according to PCU

No	Project title	Service Provider	Location	Contact	Type Of Service	Target Group	Direct Nr of beneficiaries	Indirect Nr of beneficiaries
1	lets stay together	Women and children Kombinat	City hall Tirane	Rajmonda Prifti 0682152667; mondaprifti@albbmail.com	Multidisp. center/daily center/infor & counseling	Disable (Women/child/youth)	440	1000
2	Community center for family and children	Every Child-Tirane	City hall Tirane	Suzana Sakiqi 0682029546, everychildr@albaniainline.net	Multidisp. center/daily center/infor & counseling/ custody	Women & Children	360	800
3	Community center for elderly	Women in development	City Hall Tirane	Jeta Katro 0692154874; jkatro@albbmail.com	Multidisp. center/daily center/home services	Elderly	280	840
4	Multidisciplinary center	Women without support	Commune Bushat - Shkoder	Marie Vjolca 0692127317; mvjolca@albaniainline.net	Daily center/preventive programs/inf/couse/multidisc center	Women & Children	300	900
5	Social center in support of childrens and families in difficulty	Every Child- Shkoder	City Hall Shkoder	Alma Guli 0682027308/ 02241727; evcscutari@albbmail.com	Daily center/health care inf/couse/multidisc center.	Women & Children	250	750
6	Open daily center	The Door	City Hall Shkoder	Kastriot Faci 0682026559, thedor@icc.al.eu.org	Daily center/preventive programs/inf/couse/multidisc center /costudy	Women & Children	490	1620
7	Community center for elderly	Human Dimension -Shkoder	City Hall Shkoder	Donika Demir 0682441101, dimensionnuran@hotmail.co	Daily center/preventive programs/inf/couse/multidisc center	elderly	240	400
8	Community center for integration and development	Puka City Hall	City Hall Puke	Rustem Strugej 0682060998	Daily center/ preventive progr/early diagnostic/inf/couns/mult disp. Center/health care/home services	Combinated (Women/child/youth /elderly)	570	1220
9	Open daily center for elderly and youth on rise	Against Fire and guns	City Hall Fushë - Kruje	Luan Pogace 0682229860; luan_pogace@yahoo.com	Daily center/ preventive progr/early diagnostic/inf/couns/mult disp. Center/health care/home services	Elderly	260	450
10	Social services community center	Family in focus	Commune Paskuqan	Mimoza Xhaifa 0682286771 ; 258375; mxhaifa@ishh.gov.al	Daily center/inform & counseling/multidipl. Center	Children/Women & families	340	1020
11	Women development center	Small Business foundation	Commune Vaqar	Ida Kostaj 0682193696; fbv@albbmail.com	Daily center/inform & counseling	Women/youth	380	500

12	Community center for youth and women	Democratic education center	City Hall Kavaje	Bardhyl Musai 0682029476; bmusai@cde-ct.org	Daily center/inform & counseling/multidipl. Center	Women/youth	480	1140
13	Multidisciplinary center	Women for global action	City Hall Kamez	Linda Trifi 0692094888; anuriani@sanx.net	Daily center/inform & counseling/multidipl. Center	Children/Women & families	340	1020
14	Social/economic service center Krrabe	Social media & psico social support	Commune Krrabe	Kajjusha Pogace 0682057214; kajjusha_pogace@yahoo.com	Daily center/inform & counseling/multidipl. Center	Combinated (Women/child/youth h/elderly)	410	1100
15	Open daily center for elderly and youth	Orfikum City hall	City Hall Orfikum - Vlore	Beqir Kashuri 0682055836	Daily center/inform & counseling/family services/multidipl. Center	Youth&Elderly	350	500
16	Open daily center for	Children in focus	City Hall Vlore	Luljeta Gusha.0682222640, gusha@aul.com.ai;	Daily center/inform & counseling/custody	Children	250	600
17	Multidisciplinary center for elderly	Elderly and lonely	City Hall Vlore	Liliana QejvanaJ 0692208088, qejvanajiliana@yahoo.com;	Daily center/Family services/prevent.prog/inform & counsel	Elderly	260	360
18	Social center for integrated services	Population and development	City Hall Vlore	Enela Mone 0692162400, qgylore@aul.com.ai;	Daily center/ preventive progr/early diagnostic/inf/couns/mult disp.	Women&Children	700	2100

Summary
(Beneficiaries and interviewed according to Local Units and NGOs)

no	Local Unit	Ngos	Category	Beneficiaries			Beneficiaries in fact			Interviewed		
				Total	Indirect	Direct	Total	Indirect	Direct	Total	Indirect	Direct
			Children	560	420	140	125	95	30	11	3	8
			Women	440	330	110	200	160	40	13	9	4
1	Shkoder C.H	Every Child	Muld. Center	1000	750	250	325	255	70	24	12	12
			Children	920	690	230	276	210	66	19	7	12
			Youth	480	360	120	175	140	35	3	1	2
			Women	710	570	140	522	420	102	22	10	12
2	Shkoder C.H	The door	Daily center	2110	1620	490	973	770	203	44	18	26
3	Shkoder C.H	Human Dime	For elderly	640	400	240	360	300	60	11	3	8
			Children	480	360	120	400	320	80	16	5	11
			Women	720	540	180	950	700	250	23	7	16
4	Bushat Comm	Women witho	Muld. Center	1200	900	300	1350	1020	330	39	12	27
			Children	500	360	140	292	210	82	7	2	5
			Youth	420	240	180	134	80	54	3	0	3
			Women	570	420	150	269	200	69	5	0	5
			Elderly	300	200	100	188	140	48	4	0	4
5	Puka C.H	Puka C.H	Interg& Dev	1790	1220	570	883	630	253	19	2	17
			Youth	900	600	300	309	220	89	6	1	5
			Children	2460	1830	630	1093	835	258	53	17	36
			Women	2440	1860	580	1941	1480	461	63	26	37
			Elderly	940	600	340	548	440	108	15	3	12
I. Shkodra district				6740	4890	1850	3891	2975	916	137	47	90
			Youth	300	200	100	70	50	20	5	2	3
			Elderly	410	250	160	330	250	80	14	4	10
	F-Kruje C.H	Against guns	Muld. Center	710	450	260	400	300	100	19	6	13
II. Durres district				710	450	260	400	300	100	19	6	13
			Children	320	240	80	100	80	20	12	0	12
			Women	760	500	260	200	140	60	18	2	16
			disable	80	60	20	30	20	10	4	0	4
	Tirana C.H	Every Child	Children deve	1160	800	360	330	240	90	34	2	32
			Children	400	300	100	180	100	80	10	10	0
			Youth	290	200	90	90	25	65	10	0	10
			Women	600	400	200	210	130	80	12	0	12
			disable	150	100	50	50	25	25	26	6	20
	Tirana C.H	women & chil	Stay Together	1440	1000	440	530	280	250	58	16	42
			Elderly	1120	840	280	10	0	10	3	0	3
3	Tirana C.H	Women in de	Elderly	1120	840	280	10	0	10	3	0	3

No	Local Unit	Ngos	Category	Beneficiaries			Beneficiaries in fact			Interviewed		
				Total	Indirect	Direct	Total	Indirect	Direct	Total	Indirect	Direct
			Women	880	500	380	100	60	40	22	8	14
4	Vaqar Commu	Fond. per biz	women devel	880	500	380	100	60	40	22	8	14
			children	600	450	150	80	60	20	6	0	6
			Youth	280	200	80	100	80	20	15	0	15
			women	420	300	120	110	80	30	17	3	14
			Elderly	210	150	60	40	30	10	15	5	10
5	Krrabe Commu	social media		1510	1100	410	330	250	80	53	8	45
			Children	560	420	140	0	0	0	0	0	0
			Women	800	600	200	0	0	0	0	0	0
6	Paskuqan Com	Family in Focus		1360	1020	340	0	0	0	0	0	0
			Children	560	420	140	80	55	25	10	10	0
			Women	800	600	200	120	100	20	25	0	25
7	Kamza C.H	Women for gl	Muld. Center	1360	1020	340	200	155	45	35	10	25
			Youth	900	600	300	0	0	0	0	0	0
			Women	720	540	180	0	0	0	0	0	0
8	Kavaja C.H	Democratic Education		1620	1140	480	0	0	0	0	0	0
			Children	2440	1830	610	440	295	145	38	20	18
			Youth	1470	1000	470	190	105	85	25	0	25
			Women	4980	3440	1540	740	510	230	94	13	81
			Elderly	1330	990	340	50	30	20	18	5	13
			disable	230	160	70	80	45	35	30	6	24
			III.Tirana District	10450	7420	3030	1500	985	515	205	44	161
			Elderly	850	500	350	250	150	100	20	0	20
1	Orikum C.H	Orikum C.H	Youth&Elderly	850	500	350	250	150	100	20	0	20
			children	850	600	250	0	0	0	0	0	0
2	Vlora C.H	Children in fo	Daily center	850	600	250	0	0	0	0	0	0
			Elderly	620	360	260	100	60	40	23	0	23
3	Vlora C.H	Elderly		620	360	260	100	60	40	23	0	23
			Youth	1200	900	300	300	200	100	7	0	7
			Women	1600	1200	400	230	160	70	12	0	12
+	Vlora C.H	Family planification		2800	2100	700	530	360	170	19	0	19
			Children	850	600	250	0	0	0	0	0	0
			Youth	1200	900	300	300	200	100	7	0	7
			Women	1600	1200	400	230	160	70	12	0	12
			Elderly	1470	860	610	350	210	140	43	0	43
			IV. Vlora District	5120	3560	1560	880	570	310	62	0	62

SUMMARY
(Interviewed and beneficiaries according to urban and rural areas and in risk social groups.)

No	Summary	Beneficiaries			Beneficiaries in fact			Interviewed			Interw/Beneficiaries		
		Total	Indirect	Direct	Total	indirect	Direct	Total	Indirect	Direct	Total	Indirect	Direct
	Urban	4110	3030	1080	1053	750	303	69	32	37	6.6	4.3	12.2
	Rural	1640	1230	410	480	380	100	22	5	17	4.6	1.3	17.0
I	Children	5750	4260	1490	1533	1130	403	91	37	54	5.9	3.3	13.4
	Urban	3590	2500	1090	769	495	274	28	3	25	3.6	0.6	9.1
	Rural	280	200	80	100	80	20	15	0	15	15.0	0.0	75.0
II	Youth	3870	2700	1170	869	575	294	43	3	40	4.9	0.5	13.6
	Urban	6200	4560	1640	1751	1310	441	107	21	86	6.1	1.6	19.5
	Rural	2820	1940	880	1160	840	320	62	18	44	5.3	2.1	13.8
III	Women	9020	6500	2520	2911	2150	761	169	39	130	5.8	1.8	17.1
	Urban	3640	2350	1290	1050	760	290	71	7	64	6.8	0.9	22.1
	Rural	210	150	60	40	30	10	15	5	10	37.5	16.7	100.0
IV	Elderly	4150	2700	1450	1278	930	348	90	12	78	7.0	1.3	22.4
	Urban	230	160	70	80	45	35	30	6	24	37.5	13.3	68.6
	Rural	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
V	Disable	230	160	70	80	45	35	30	6	24	37.5	13.3	68.6
	Urban	1770	12600	5170	4703	3360	1343	305	69	236	6.5	2.1	17.6
	Rural	4950	3520	1430	1780	1330	450	114	28	86	6.4	2.1	19.1
	Total	23020	16320	6700	6671	4830	1841	423	97	326	6.3	2.0	17.7

Source: PCU @ BIA of SSD, ACER 2006

Summary
(Beneficiaries and interviewed according to Local Units and NGOs)

no	Local Unit	Ngos	Category	Beneficiaries			Beneficiaries in fact			Interviewed		
				Total	Indirect	Direct	Total	Indirect	Direct	Total	Indirect	Direct
			Children	560	420	140	125	95	30	11	3	8
			Women	440	330	110	200	160	40	13	9	4
1	Shkoder C.H	Every Child	Muld. Center	1000	750	250	325	255	70	24	12	12
			Children	920	690	230	276	210	66	19	7	12
			Youth	480	360	120	175	140	35	3	1	2
			Women	710	570	140	522	420	102	22	10	12
2	Shkoder C.H	The door	Daily center	2110	1620	490	973	770	203	44	18	26
3	Shkoder C.H	Human Dime	For elderly	640	400	240	360	300	60	11	3	8
			Children	480	360	120	400	320	80	16	5	11
			Women	720	540	180	950	700	250	23	7	16
4	Bushat Commu	Women witho	Muld. Center	1200	900	300	1350	1020	330	39	12	27
			Children	500	360	140	292	210	82	7	2	5
			Youth	420	240	180	134	80	54	3	0	3
			Women	570	420	150	269	200	69	5	0	5
			Elderly	300	200	100	188	140	48	4	0	4
5	Puka C.H	Puka C.H	Interg& Dev	1790	1220	570	883	630	253	19	2	17
			Youth	900	600	300	309	220	89	6	1	5
			Children	2460	1830	630	1093	835	258	53	17	36
			Women	2440	1860	580	1941	1480	461	63	26	37
			Elderly	940	600	340	548	440	108	15	3	12
I. Shkodra district				6740	4890	1850	3891	2975	916	137	47	90
			Youth	300	200	100	70	50	20	5	2	3
			Elderly	410	250	160	330	250	80	14	4	10
F-Kruje C.H	Against guns	Muld. Center		710	450	260	400	300	100	19	6	13
II. Durres district				710	450	260	400	300	100	19	6	13
			Children	320	240	80	100	80	20	12	0	12
			Women	760	500	260	200	140	60	18	2	16
			disable	80	60	20	30	20	10	4	0	4
Tirana C.H	Every Child	Children deve		1160	800	360	330	240	90	34	2	32
			Children	400	300	100	180	100	80	10	10	0
			Youth	290	200	90	90	25	65	10	0	10
			Women	600	400	200	210	130	80	12	0	12
			disable	150	100	50	50	25	25	26	6	20
Tirana C.H	women & child	Stay Together		1440	1000	440	530	280	250	58	16	42
			Elderly	1120	840	280	10	0	10	3	0	3
3	Tirana C.H	Women in de	Elderly	1120	840	280	10	0	10	3	0	3

No	Local Unit	Ngos	Category	Beneficiaries			Beneficiaries in fact			Interviewed		
				Total	Indirect	Direct	Total	Indirect	Direct	Total	Indirect	Direct
			Women	880	500	380	100	60	40	22	8	14
4	Vaqar Commu	Fond. per biz	women devel	880	500	380	100	60	40	22	8	14
			children	600	450	150	80	60	20	6	0	6
			Youth	280	200	80	100	80	20	15	0	15
			women	420	300	120	110	80	30	17	3	14
			Elderly	210	150	60	40	30	10	15	5	10
5	Krrabe Commu	social media		1510	1100	410	330	250	80	53	8	45
			Children	560	420	140	0	0	0	0	0	0
			Women	800	600	200	0	0	0	0	0	0
5	Paskuqan Com	Family in Focus		1360	1020	340	0	0	0	0	0	0
			Children	560	420	140	80	55	25	10	10	0
			Women	800	600	200	120	100	20	25	0	25
7	Kamza C.H	Women for gl	Muld. Center	1360	1020	340	200	155	45	35	10	25
			Youth	900	600	300	0	0	0	0	0	0
			Women	720	540	180	0	0	0	0	0	0
3	Kavaja C.H	Democratic Education		1620	1140	480	0	0	0	0	0	0
			Children	2440	1830	610	440	295	145	38	20	18
			Youth	1470	1000	470	190	105	85	25	0	25
			Women	4980	3440	1540	740	510	230	94	13	81
			Elderly	1330	990	340	50	30	20	18	5	13
			disable	230	160	70	80	45	35	30	6	24
			III.Tirana District	10450	7420	3030	1500	985	515	205	44	161
			Elderly	850	500	350	250	150	100	20	0	20
1	Orikum C.H	Orikum C.H	Youth&Elderly	850	500	350	250	150	100	20	0	20
			children	850	600	250	0	0	0	0	0	0
2	Vlora C.H	Children in fo	Daily center	850	600	250	0	0	0	0	0	0
			Elderly	620	360	260	100	60	40	23	0	23
	Vlora C.H	Elderly		620	360	260	100	60	40	23	0	23
			Youth	1200	900	300	300	200	100	7	0	7
			Women	1600	1200	400	230	160	70	12	0	12
	Vlora C.H	Family planification		2800	2100	700	530	360	170	19	0	19
			Children	850	600	250	0	0	0	0	0	0
			Youth	1200	900	300	300	200	100	7	0	7
			Women	1600	1200	400	230	160	70	12	0	12
			Elderly	1470	860	610	350	210	140	43	0	43
			IV. Vlora District	5120	3560	1560	880	570	310	62	0	62

SUMMARY
("Children" Beneficiaries and interviewed according to Local Units and NGOs)

no	Local Unit	Ngos	Category	Beneficiaries			beneficiaries in fact			Interviewed		
				Total	Indirect	Direct	Total	Indirect	Direct	Total	Indirect	Direct
1	Shkodra C.H	Every Child	Children	560	420	140	125	95	30	11	3	8
2	Shkodra C.H	The door	"	920	690	230	276	210	66	19	7	12
3	Bushat Commune	Women without support	"	480	360	120	400	320	80	16	5	11
4	Puka C.H	Puka C.H	"	500	360	140	292	210	82	7	2	5
	I. Shkodra District			2460	1830	630	1093	835	258	53	17	36
5	Paskuqan Commune	Family in Focus	Children	560	420	140	0	0	0	0	0	0
6	Tirana C.H	Every Child	"	320	240	80	100	80	20	12	0	12
7	Tirana C.H	Women and Children	"	400	300	100	180	100	80	10	10	0
8	Kerraba C.H	Social Media	"	600	450	150	80	60	20	6	0	6
9	Kamez C.H	Women for global action	"	560	420	140	80	55	25	10	10	0
	II. Tirana District			2440	1830	610	440	295	145	38	20	18
10	Vlora C.H	Children in focus	Children	850	600	250	0	0	0	0	0	0
	III. Vlora District			850	600	250	0	0	0	0	0	0
			Children	5750	4260	1490	1533	1130	403	91	37	54
			Urban	4110	3030	1080	1053	750	303	69	32	37
			Rural	1640	1230	410	480	380	100	22	5	17

Summary
("Youth" Beneficiaries and interviewed according to Local Units and NGOs)

no	Local Unit	Ngos	Category	Beneficiaries			Beneficiaries in fact			Interviewed		
				Total	Indirect	Direct	Total	Indirect	Direct	Total	Indirect	Direct
1	Puka C.H	Puka C.H	Youth	420	240	180	134	80	54	3	0	3
2	Shkodra C.H	The door	"	480	360	120	175	140	35	3	1	2
	I. Shkodra District			900	600	300	309	220	89	6	1	5
3	F-Kruja C.H	Against Guns & Fire	Youth	300	200	100	70	50	20	5	2	3
	II. Durres District			300	200	100	70	50	20	5	2	3
4	Tirana C.H	Women and Children	Youth	290	200	90	90	25	65	10	0	10
5	Kerraba Commune	Social Media	"	280	200	80	100	80	20	15	0	15
6	Kavaja C.H	Democratic Education Center	"	900	600	300	0	0	0	0	0	0
	III. Tirana District			1470	1000	470	190	105	85	25	0	25
7	Vlora C.H	Family Planification	Youth	1200	900	300	300	200	100	7	0	7
	IV. Vlora District			1200	900	300	300	200	100	7	0	7
	Total			3870	2700	1170	869	575	294	43	3	40

Urban
Rural

3590 2500 1090 769 495 274 28 3 25
280 200 80 100 80 20 15 0 15

Summary
("Women" Beneficiaries and interviewed according to Local Units and NGOs)

no.	Local Unit	Ngos	Category	Beneficiaries			Beneficiaries in fact			Interviewed		
				Total	Indirect	Direct	Total	Indirect	Direct	Total	Indirect	Direct
1	Shkodra C.H	Every Child	Grate	440	330	110	200	160	40	13	9	4
2	Shkodra C.H	The door	"	710	570	140	522	420	102	22	10	12
3	Bushat Commune	Women without support	"	720	540	180	950	700	250	23	7	16
4	Puka C.H	Puka C.H	"	570	420	150	269	200	69	5	0	5
	I. Shkodra District			2440	1860	580	1941	1480	461	63	26	37
5	Tirana C.H	Every Child	Grate	760	500	260	200	140	60	18	2	16
6	Tirana C.H	Women and children	"	600	400	200	210	130	80	12	0	12
7	Vaqar Commune	Small buisnes Found	"	880	500	380	100	60	40	22	8	14
8	Kerraba Commune	Social Media	"	420	300	120	110	80	30	17	3	14
9	Kamza C.H	Women for global action	"	800	600	200	120	100	20	25	0	25
10	Paskuqan Commune	Family in Focus	"	800	600	200	0	0	0	0	0	0
11	Kavaja Commune	Democ. Educ. Center	"	720	540	180	0	0	0	0	0	0
	II. Tirana District			4980	2300	1150	740	510	230	94	13	81
12	Vlora C.H	Family Planification	Grate	1600	1200	400	230	160	70	12	0	12
	III. Vlora District			1600	1200	400	230	160	70	12	0	12
	Totali			9020	5360	2140	2911	2150	761	169	39	130

Urban

Rural

6200 4560 1640 1751 1310 441 107 21 86
2820 1940 880 1160 840 320 62 18 44

Source: PCU @Bia of SSD, Acer 2006

Summary
("Elderly" Beneficiaries and interviewed according to Local Units and NGOs)

no	Local Unit	Ngos	Category	Beneficiaries			Beneficiaries in fact			Interviewed		
				Total	Indirect	Direct	Total	Indirect	Direct	Total	Indirect	Direct
1	Shkodra C.H	Human Dimension	Elderly	640	400	240	360	300	60	11	3	8
2	Puka C.H	Puka C.H	"	300	200	100	188	140	48	4	0	4
	I. Shkodra District			940	600	340	548	440	108	15	3	12
3	P-Kruja C.H		Elderly	410	250	160	330	250	80	14	4	10
	II. Durres District			410	250	160	330	250	80	14	4	10
4	Krraba Commune	Social Media	Elderly	210	150	60	40	30	10	15	5	10
5	Tirana C.H	Women in Developmen	"	1120	840	280	10	0	10	3	0	3
	III. Tirana District			1330	990	340	50	30	20	18	5	13
6	Orikum C.h	Orikum C.h	Elderly	850	500	350	250	150	100	20	0	20
7	Vlora C.H	Elderly and Lonely	"	620	360	260	100	60	40	23	0	23
	IV. Vlora District			1470	860	610	350	210	140	43	0	43
	TOTAL			4150	2700	1450	1278	930	348	90	12	78
		Urban		3940	2550	1390	1238	900	338	75	7	68
		Rural		210	150	60	40	30	10	15	5	10

Font: PCU @ BIA of SSD, ACER 2006

Summary
("Elderly" Beneficiaries and interviewed according to Local Units and NGOs)

no	Local Unit	Ngos	Category	Beneficiaries			Beneficiaries in fact			Interviewed		
				Total	Indirect	Direct	Total	Indirect	Direct	Total	Indirect	Direct
1	Shkodra C.H	Human Dimension	Elderly	640	400	240	360	300	60	11	3	8
2	Puka C.H	Puka C.H	"	300	200	100	188	140	48	4	0	4
	I. Shkodra District			940	600	340	548	440	108	15	3	12
3	F-Kruja C.H											
	II. Durres District			410	250	160	330	250	80	14	4	10
4	Krraba Commune	Social Media	Elderly	210	150	60	40	30	10	15	5	10
5	Tirana C.H	Women in Development	"	1120	840	280	10	0	10	3	0	3
	III. Tirana District			1330	990	340	50	30	20	18	5	13
6	Orikum C.h	Orikum C.h	Elderly	850	500	350	250	150	100	20	0	20
7	Vlora C.H	Elderly and Lonely	"	620	360	260	100	60	40	23	0	23
	IV. Vlora District			1470	860	610	350	210	140	43	0	43
	TOTAL			4150	2700	1450	1278	930	348	90	12	78

Urban
Rural

3940 2550 1390 1238 900 338 75 7 68
210 150 60 40 30 10 15 5 10

LIST OF SSDP INDICATORS

Elderly at risk

1. Total number of elderly registered in the center by gender.
2. % out of the total number of vulnerable elderly in the municipality/commune
3. Average number of hours/ days/month spent by elderly in the center
4. Total number of elderly receiving counseling (by type: psychological, medical, etc.)
5. No. of repeat cases
 - % of repeat cases to the total number of elderly
6. No. of elderly integrated into their family
 - % integrated into the family to the no. of total elderly
7. No. of elderly working as volunteers in the center
 - % of elderly working as volunteers to the elderly
8. No. of elderly with home care by type of service
 - Out of total elderly, no. who are active
 - Out of total elderly, no. who are inactive)
9. Average number of days spent in the center by an active elderly
10. Average number of days spent by an inactive elderly
11. No of elderly (by gender) who received medical care:
 - Center
 - home
12. % of satisfaction level with the services
13. No. of staff per elderly
14. % of roll over after the first year
15. Cost per beneficiary

Women and Families at Risk

1. No. of women attending the center by age group, by group (head of family/ divorced/ prostitutes/trafficked)
2. % out of the total number of vulnerable women in the municipality/commune
3. Average number of days/week spent by person at the center
4. No. of consultations per person by type of service, by group)
5. Number of training courses by semester
6. Average number of women by training course
7. % of women with employment/self employed after trained
8. % of women volunteering in the center
9. % of treated women integrated into social life
10. No. of women integrated in school/university
11. No. of discharges per /semester/year
12. No. of repeat cases
13. % of repeat cases to the total beneficiaries
14. % of repeat cases to the solved cases
15. Average cost per woman

16. Average cost per course per beneficiary
17. % of roll over per semester (new vs. old cases)
18. Number of beneficiary per staff

Youth at Risk

1. No. of youth attending the center by group(w. criminal records, addicted (drug/alcohol), orphans, school drop outs, unemployed)
2. % out of the total number of vulnerable youth in the municipality/commune
3. Average number of/days/week spent by a youth at risk by group
4. No. of consultations per youngster by type of service, by group)
5. Number of training courses by semester
6. Average number of youngsters by training course
7. No. of youngsters integrated into social life
8. % of youngsters with employment/self employed after trained
9. % integrated in school/university to the No. of youth beneficiaries
10. % of youngsters volunteering (in the center and elsewhere) after integration
11. % of youngsters employed elsewhere
12. %. of repeat cases
13. % of repeat cases to the total beneficiaries
14. % of repeat cases to the solved cases
15. Average cost per youngster
16. No. of beneficiaries per staff

Children at Risk

1. No. of children receiving services in day care center by gender/by age group
2. Out of the total number by gender / by group(orphans, beggars and workers, abused and disabled)
3. % out of the total number of vulnerable children in the municipality/commune
4. Total number of consultations (by specialty / by group/individual)
5. No. of children by gender integrated into school after receiving the services/ treatment
6. % integrated in school to the no. of child beneficiaries
7. No. of children/by gender integrated into:
 - a. biological family
 - b. extended family
 - c. foster family/foster care
 - d. Number of adopted children by gender
8. No. of discharges per /semester/year
9. % of repeated cases to the total number
10. Cost per beneficiary
11. No of beneficiary per staff

Disabled

1. No. of disabled people receiving services in day care center by gender/children/ adults/elderly
2. Type of cases out of the total number by gender / by group(mentally/physically)
3. % out of the total number of disabled people in the municipality/commune
4. No. of services for the disabled:
 - in the center
 - home care
5. Cost per beneficiary
6. No of beneficiary per staff

Data on investments and work environment, functional situation and operative costs.

Nr	Local Government Units	Environment Investment	Service deliver	Operative costs covering *
1	City-hall. Tirana(6)	Yes	Yes	Yes
2	City-hall. Tirana (10)	Yes	Yes	Yes
3	City-hall. Tirana (Komb)	No	Yes	No
4	Commune Vaqarr	Yes	Yes	Yes
5	Commune Krrabe	Yes	Yes	Yes
6	City-hall Kamez	No	Yes	No
7	Commune.Paskuqan	No	No	No
8	City-hall.Kavaje	No	No	No
9	City-hall.Fushe-Kruje	Yes	Yes	Yes
10	City-hall.Shkoder(E.Ch)	Yes	Yes	No
11	City-hall.Shkoder(Th.Door)	No	Yes	No
12	City-hall. Shkoder(Elderly)	Yes	Yes	No
13	Commune .Bushat	Yes	Yes	Yes
14	City-hall. Puke	No	Yes	No
15	City-hall. Orikum	Yes	Yes	Yes
16	City-hall.Vlore(Elderly)	Yes	Yes	No
17	City-hall.Vlore(Children)	Yes	No	No
18	City-hall. Vlore (CH&W)	Yes	Yes	No

* Without wages

Font: BIA of SSDP, ACER 2006

DATA ON INCRIMINATED CITIZENS NUMBER

Nr.	PERIOD	TOTAL	FEMALE	Under 18 years old	18 - 25	26-45	46 - 60	over 60
1	Dec. 2001	1330	40	15	451	663	130	31
2	Nov. 2002	1467	37	7	402	842	126	87
3	Dec. 2003	2057	40	15	523	1140	290	89
4	Dec. 2004	2321	59	22	649	1298	270	82
5	Dec. 2005	2592	66	16	566	1583	336	91

Font: General Directorate of State Police december 2006/ Ministry of Interior

Data on incriminated citizens number according to districts

Nr.	District	2002		2003		9 m 04		2005		untill Nov 2006	
		Total	Female	Total	Female	Total	Female	Total	Female	Total	Female
1	Tirane	1142	52	1623	71	1752	81	2281	91	3215	180
2	Durres	906	26	1410	30	1132	46	1043	52	1040	56
3	Shkoder	483	6	362	6	374	1	543	29	645	21
4	Vlore	445	7	388	8	493	11	695	21	460	19
	Republic	5709	187	6350	234	6308	218	7220	339	8500	431

Font: General Directorate of State Police december 2006

Themes that have been discussed during the interviews

➤ **Legal framework and the institutional capacities related to Community based social services (CBSS).**

1. How do you evaluate the politics and legal framework related to social services before the begin of the project, and what improvements has been notice as result of its support? How efficient has been the project support?
2. Does the Institution have the human and organizative resources to draft and to implement the social service legislation and policies? How has improved the project in their improvement?
3. Have been there any improvement regarding the legal and organizative framework for the social service menagment? How has the the institution infrastucture has been adaptted to realize these goals?
4. How much the staff of your institution has been trained regarding the draffting, develompment , implemeting and monitorating the social service politics, and wich is the impact gaved by the project in this direction?
5. Has been created any sustainable system for financing social services, offering for facilities for community based social services than for institutional social services?
6. Does any social services monitoring standards system has been created?
7. Which is the role and the activities of this institution in drafting standards, monitoring, controlling the quality of their implementation? What support has given the project in this direction?

➤ **Needs Assessment system, politics monitoring, social impact assessment.**

8. Has ever existed any system for the needs assessment and monitoring politics before the project started and has this system functioned? Has been defined and implemented such a system with the project support?

➤ **Financing models of CBSS**

9. Has been developed financing models for CBSS, during the project implementation and which has been the its support regarding this issue?

10. Were the Ngo/s service providers and donators involved in the design of these financing models?

➤ **Public awareness campaign on community based social service delivery**

11. Does any public awareness campaign due to community based social service delivery has been developed , which was the project support and how efficient this support has been on the campaign implementation?

➤ **Beneficiaries' participation on CBSS drafting and implementation?**

12. Have ever beneficiaries been consulted in planning and implementing the CBSS before the project start? In case yes how were they consulted?

13. What improvements are made in consulting the beneficiaries in planning and implementing CBSS during the project lifespan?

14. How do these improvements relate with project support? Have the beneficiaries been involved in the evaluation of the CBSS delivery before the project inception?

15. Which are the improvements regarding the involvement of the beneficiaries in the evaluation of CBSS delivery during the implementation of the project? How do these improvements link with the project support?

16. Which and how was the project support for the increasing of the participation of the beneficiaries in the CBSS delivery process?

CIVIL SOCIETY PARTICIPATION IN THE SOCIAL SERVICES DELIVERY PROGRAMS

17. Is the civil society been consulted on CBSS planning and implementation before the project inception? If it is been consulted, how is the consultation realized?

18. Has the civil society been involved in needs evaluation for CBSS?

19. Which are the improvements in the consultation of the civil society on CBSS planning/implementation during the project implementation? How do these improvements link with the project support ?

20. Which and how was the project support for the increasing of the participation of the civil society in CBSS delivery process?

LOCAL GOVERNMENT UNITS CAPACITIES FOR THE PLANNING, COMMISSION, INSPECTION, MONITORING AND ASSESSMENT OF CBSS DELIVERY

21. How did the local government units plan and commission the CBSS before the project inception? Which are the improvements in the planning and commission of CBSS during the project implementation?
22. Which are the improvements regarding monitoring and assessment of CBSS delivery during the project implementation?
23. Was there any improvement in the social services staff capacity and in local government units infrastructure, in order to respond efficiently to the needs of their clients? Which was the project impact with regard to it?
24. Was there any training and technical assistance for the local government units in order to strengthen their capacity for monitoring, evaluation, publication and administration of social services? How was the project support?
25. How is the social services decentralization developed? Have the local government units been assisted in the social services delivery?

PARTNERSHIP BETWEEN CENTRAL GOVERNMENT, LOCAL GOVERNMENT, CIVIL SOCIETY AND THE COMMUNITY

26. Was there any partnership and cooperation in planning, implementation and delivery of social services? How is the cooperation with these partners? How do you evidence and invite the partners in the social services: interest groups, NGO, etc.
27. Did the project support the improvement of the cooperation with the partners and how?
28. Should the cooperation be improved and how?

QUANTITY AND THE QUALITY OF CBSS

29. Which are CBSS provided by your unit?
30. Do you have data about the number of direct and indirect beneficiaries from CBSS in your jurisdiction?
31. Which is the quality of provided CBSS ? Did the project support these CBSS?
32. Which was the quality, efficiency of project support for CBSS? How can these services be improved in quantity and in quality?

NEW FORMS AND INITIATIVES OF CBSS

33. Was there any new form/initiative in CBSS, except the traditional one, used during the project implementation?
34. How is it defined, from the discussion with the beneficiaries, experiences of other countries or everyday needs, etc.
35. Did the project support the definition of these new forms/initiatives and if it did, how did it provide this support?
36. Are these new forms/initiatives of CBSS effective?
37. What is done to stimulate these new forms/initiatives and what support is been provided by the project with regard to it?

Legal Framework that regulate social services and aid field

(The legal reform begins on 2005)

Strategies (Politics)

1. National Midterm Social Services Strategy (2003-2007)
2. National Strategy for Disable
3. National Social Services Strategy (2005 - 2010)
4. Action Plan for Social Services Strategy
5. Improving Rom Community Living Conditions National Strategy.
6. National Strategies "Against children Trafficking and protection of children's, victims of trafficking"

Legal and sublegal acts

(2005)

1. Law nr. 9355, date 10.3.2005 "For aid and social services"
2. CMD nr.470, date 23.6.2005 "For the grants accorded to the Albanian disable and paraplegic association"
3. CMD nr. 659, date 17.10.2005 "Standards for children's in residential of Social Care"
4. CMD nr.564, date 12. 8. 2005 "About licensing process of social service providers".
5. CMD nr. 787, date 14.12.2005 "About the definition of criteria, procedures and measures of economic aids "
6. CMD nr.563. date 12. 8 2005 "About definition of district responsibility on delivering social care".
7. CMD nr. 658, date 17.10.2005 "About social services standards"
8. CMD nr.265, date 28.4.2005 "About social services standards approval"
9. CMD nr. 8, date 7.1.2005 "About disable national strategy approval"
10. CMD nr. 542, date 27.7.2005 "About National Social Service Status approval"

2006

1. Law nr. 9602 date 28.7.2006 "About some changes on "For Aid and Social Services" Law nr. 9355, date 10.3.2005".
2. Law nr. 9506, date 3.4.2006 "About some changes on " About the paraplegic and tetraplegic disable status" Law nr.8626, date 22.6.2000 "

3. CMD nr. 478 date 12.7.2006 "About some changes on "About the definition of criteria, procedures and measures of economic aids "decision nr.787, date 14.12.2005".
4. CMD nr. 209, date 12.4.2006 "About definition of necessary criteria and documentation for the acceptance of the public on residential, public and private , institution of social care".
5. CMD nr. 512 date 31.5.2006 "About procedures of controlling the economic aid delivering process, disable benefits, and social services.
6. CMD nr. 60 date 1.2.2006 "About the inventory list for states immovable properties, which pass under the General directorate of National social service administration".
7. CMD nr. 618 date 7.9.2006 "About the definition of criteria, documentation and the amount that disable persons gain".
8. CMD nr. 619 date 7.9.2006 "About some changes on "About the paraplegic and tetraplegic disable status" CMD nr.31, date 20.1.2001.
9. CMD nr. 336, date 31.5.2006 "About the assignment process as city hall properties of some lands that are under the General directorate of national social service administration, and for some changes on the CMD nr.60, date 1.2.2006 "About the state properties inventory list, which pass under the General Directory of national social service administration "
10. CMD nr 617, date 7.9.2006 "About the definition of the evaluation and monitoring programs of economic aid, payment for disable and social services indicators".
11. Instruction nr 338/3 date 10.03. 2006" About the DCM nr. 787, date 14.12.2005 "About the definition of criteria, procedures and measures of economic aids" implementation".
11. Instruction date &-3 2006 " About incomes calculation realized by agriculture and farming production. "
12. Instruction nr. 90/1, date 16.01. 2006 " About the organization procedures of the licensing commission of social service provider"
13. CMD "About the elderly social service on residencies centers, standards approval, approved on 6/12/2006, (it has not been on vigor yet)
14. CMD "About the elderly social service on daily centers, standards approval, approved on 6/12/2006, (it has not been on vigor yet).
15. CMD "About the disable social service on residencies & daily centers, standards approval, approved on 6/12/2006, (it has not been on vigor yet).

MINUTES from the meeting with the focus group (15.12.2006)

Albanian center for economic research in collaboration with the CPU has organized a meeting with the NGOs which has implemented the projects financed by the World Bank from of the Delivering social services project on 15.12.2006.

This meeting has been monitoring by ACER Executive director Mr. Zef Preci , Head of CPU Mrs. Etleva Vertopi. Three expert of Acer and 2 experts from CPU have been also present during this meeting.

During this meeting 14 representative of the NGOs has participated (list attached) This meeting was realized in framework of focusing the principal common concerns of the service providers supported by the project SSD, finding ways for the continuity of this projects, aiming to provide solid and long term solutions.

The problems that had been discussed during this meeting:

- 1- The cooperation with the local government was determinate as one of the weakness point of SSD project. Despite the fact that 16 from 18 NGOs has started to implement their projects and 2 of them has problems with the local government, the NGOs expected more from the LG and they have a lot of reserves about the contractual obligation fulfillment by the Local governments units that derives from the three part contract (City hall / Ngo/ CPU).
- 2- Ngo staff training from the CPU or WB was defined as the weakness point, almost 90% of their staff hasn't been trained by the SSD project , they have find these training on individual manners, and this was the first meeting that was realized between the NGOs.
- 3- The needs assessment was realized only by the NGOs without the LG participation. Vlora City Hall makes an exception, as an example we report the fact of setting boxes on the entrance of NGOs building for collecting opinions on the quality of service provider.
- 4- The selection process of the service providers (NGOs) should not be based on the low cost , because when we speaks about social services according to standards , low cost it means low quality of the service provided.

Despite the problems that have been relived during the implementation of the projects, it's very important to notice that community based service are settled up of for the first time in Albania. This new model has to been developed and extended, correcting step by step problems and errors during his implementation.

List of participants on the Focus Group

Nr.	Organization	Name Surname	Position	Tel.
1	The Door	Rudina Anamali	Social worker	692423115
2	Women & children-Kombinat	Elisabeta Shkurti	Social worker	692451070
3	Social media & psycho-social support	Katjusha Zilfo	Executive Director	682057214
4	" Against Guns & fire"	Luan Pogace	Executive Director	682229860
5	Social Center (Orikum)	Marinela Cipaj	Social worker	693150783
6	Human Dimension	Donika Selimi	Executive Director	692441161
7	Every Child (Tirane)	Suzana Sakiqi	Executive Director	682029546
8	Elderly and Lonely	Liljana Qejvanaj	Executive Director	692208088
9	Small business Foundation	Ida Kostaj	Coordinator	692103696
10	Every Child (Shkoder)	Alma Guli	Executive Director	682079569
11	City Hall (Puke)	Pranvera Terbuni	Social worker	692464992
		Arta Ahmeti	Social worker	692588524
12	Population and development (Vlore)	Enela Mone	Coordinator	682091902
13	Community center for the third age	Aurora Myftaraj	Sociologic	692897996
	CPU	Etleva Vertopi	Manager	232331
		Vaibona Petoshati		682185964
	ACER	Zef Preci	Executive Director	682020344
		Gjergj Duro	Expert	682072002
		Merita Xhumari	Expert	682218010
		Eriola Cela	Coordinator	682989494