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BACKGROUND INFORMATION

1.1. Partner country

Republic of North Macedonia.

1.2. Contracting authority

Center for Promotion of Sustainable Agricultural Practices and Rural Development (CeProSARD)

1.3. Country background

The process of deinstitutionalisation of persons with disabilities since institution care is characterized with insulation of users, collective engagement of living, the absence of users influences on their own lives and advantage of institutional interests before users' own needs. Deinstitutionalisation is based on the understanding that institutional care is harmful and inefficient and represents unethical solution that violates human rights. The country is bound and committed to realize deinstitutionalization as it has signed and ratified the UN Conventions and the EU Convention on Human Rights. Ministry of Labour and Social Policy (MoLSP) undertake activities for deinstitutionalisation and adopt "Memorandum of understanding" (June 2000) between the MoLSP, UNICEF office and World health organization, according to which there will be no enrolment of new users in the institutional care. One of the preconditions for project implementation is the willingness of involved actors to work together in implementation and joint development. In addition to this National Strategy on Deinstitutionalisation 2018–2027, Macedonia has a number of other strategies of relevance and in support of the deinstitutionalisation including – the National Strategy for Equalisation of the Rights of Persons with Disabilities (Revised) 2010–2018, National Strategy on Equality and Non-discrimination 2016–2020, Strategy for Demographic Policies 2015–2024, National Employment Strategy 2016–2020, National Strategy for Old People 2010–2020, National Strategy for Reduction of Poverty and Social Exclusion in the Republic of Macedonia (revised 2010–2020), and the Employment and Social Reform Programme 2020.

The institutionalisation rate (number of institution residents per capita) is low, compared to the EU average and, compared to some neighbouring countries, it is extremely low. This low number of people in institutions does not mean that the upcoming deinstitutionalisation process will be easier, but it could be done in a shorter period of time. The second implication of the low institutionalisation rate is that much of the support and assistance currently is undertaken through the informal sector (i.e. family, relatives, the community). The challenge is to find ways to support and improve the support provided in this way thereby preserving the best practice and supplanting the worst with the appropriate community (action) response that will not damage the existing informal support. Collaboration of and between various actors and services is of vital importance in resettlement. In the future transformed institutions can be a resource of support and monitoring to the foster carers. This kind of networking, collaboration and common effort for the well-being of a user is necessary. An assumption for successful implementation of the project is stable political situation.

1.4. Current situation in the sector

There has been an important experience of deinstitutionalization over the last twenty years. The results included resettlement of over hundred residents resettled 23 and the creation of a number of new day centers, group homes and of a network of foster families. Yet the process was of uneven development. The resettlement from the institutions stopped and started a few times and has considerably slowed over the past few years. The goals set ten years ago were not accomplished in terms of numbers of resettled residents, furthermore none of the institutions were transformed completely nor were personalized services or the response by the community adequately developed. The process of deinstitutionalization began with preparation of the residents from the Special Institute (SI) Demir Kapija for their resettlement in the community-based units for supported living. As a result, 30 users from the SI were deinstitutionalized. MoLSP recognized the need for development of Strategy for deinstitutionalisation in the system of social protection. National Strategy for deinstitutionalisation 2008-2018 gave favourable results in directing some of the legal framework reforms, but do not accomplished all goals. In July 2017, MoLSP adopted a Decision to reinitiate the process of deinstitutionalization, to develop the alternative community-based services for persons with disabilities and personalized and family oriented support services in the community.

The New National Strategy for Deinstitutionalization 2018-2027 is based on the accomplished results in implementing the previous strategy. The Strategy targets the problems in the process of social protection and care of persons with disabilities from residential institution and gives recommendations and proposed activities for social care. According to the experiences of the countries where the process of deinstitutionalisation is provided, there is a need for active and efficient transformation of all institutions, quality education of persons engaged for providing social care and services, new methods and organizational structures, participation of Civil Society Sector, inclusion of persons with disabilities and strong coalition for deinstitutionalisation by all stakeholders.

1.5. Related programmes and other donor activities

The Government of the Republic of North Macedonia through the Ministry of Labour and Social Policy, started the reform processes in this sector in 2000, and priority was given to the process of deinstitutionalization, i.e. decreasing the number of persons who live in residential institutions with residential type and improvement of the living conditions in them. Accordingly, a Memorandum of Cooperation was signed among the Ministry of Labour and Social Policy, the UNICEF Office and the World Health Organization, according to which there will be no new admissions of beneficiaries in institutions for social protection. At the same time, more intensive activities for the development of a network of social services for persons with disabilities were started by the Ministry of Labour and Social Policy and by the civil sector.

The Republic of North Macedonia applies the model of foster families and Centres for social work most manage the procedures for placement of children with developmental disabilities.

The Ministry of Labour and Social Policy, as a creator and implementing body of the National Strategy on Deinstitutionalization in the Social Protection System (2008 – 2018) has been continuously pursuing the process of deinstitutionalization in the Republic of Macedonia from the very beginning and the activities were primarily directed at providing conditions for supporting families that have a member with developmental disabilities and prevention of institutionalization by establishing Day care centres and other social services in the place of residence. A fair number of new community services (group homes, Day care centres) were developed, but the recent estimates made by international experts hired by UNICEF, ascertain that these Day care centers are not working well and there is need of their transformation, on the other hand there are significant gaps made by the foster families, as many of them are taking care of the children only because of the compensation that they receive. They are unevenly distributed across the country. Some have developed too high a threshold (or demanding entry level requirements i.e. providing only for higher level capacity individuals) and insufficient skills and resources to support people with intense, high level support needs.

OBJECTIVE, PURPOSE & EXPECTED RESULTS

1.6. Overall objective

The overall objective of the project of which this contract will be a part is as follows:

to provide deinstitutionalisation of persons with disabilities from the residential institutions into community-based supported living settings by providing innovative specialized social services.

1.7. Purpose

The purpose of this contract is as follows:

To prepare content of a publication - Monograph "Together for introduction of more opportunities and respect – TIMOR" (A4.2.1.) which aims to contribute to successful implementation of the deinstitutionalisation process in the country and to share positive experience for successful resettlement of persons with disabilities in the community-based living settings and to spread actively participation of social workers and all relevant stakeholders to the overall public. The contractor needs to cooperate with the project team in order to for transfer the experience of the implementation of the deinstitutionalisation process within the duration of the project. The task requires engagement of 2 experts which will have to collaborate and jointly deliver the requested output. Thus, the activity will be contracted to experts who are able to provide on-time, quality, and professional execution of the assignment. The table of content, structure and thematic priorities of the publication of the publication have to be developed with close cooperation with the project unit implementation team.

1.8. Results to be achieved by the contractor

The results to be achieved by the Contractor are described below:

- Quality and timely delivered required services;
- Content and text of the publication – Monograph “Together for introduction of more opportunities and respect – TIMOR” – minimum number of 100 pages A4;
- Active communication and cooperation with the project team during the process of development of table of content, structure and thematic priorities of the publication;
- Collaboration with the project unit team for transfer of experience of the DI process during the project implementation period, challenges, field situation and achieved results within the project TIMOR

ASSUMPTIONS & RISKS

1.9. Assumptions underlying the project

- N/A

1.10. Risks

No significant risks are identified regarding timely and quality carrying out of this contract.

SCOPE OF THE WORK

1.11. General

1.11.1. Project description

The *overall objective* of the project is to provide deinstitutionalisation of persons with disabilities from the residential institutions into community-based supported living settings by providing innovative specialized social services.

The action foresees resettlement of persons with disabilities from social institutions in the community-based supported living settings with day-care and provision of new innovative, collaborative, participative social services for the resettled persons with disabilities – rehabilitation through active participation in occupational (horticultural) therapy. In addition, the other project activities such as capacity building of the assistants for supported living, rehabilitation and care of people with disabilities into community-based settings, verified Program for training of assistants for community-based supported living of persons with disabilities, as well as acquired knowledge promoted and transferred through the Monograph, other visibility and promotional activities, add to the improvement of social services for people with disabilities on a long run.

Specific objectives:

SO1: To establish conditions for deinstitutionalisation.

SO2: To resettle persons with disabilities into community-based supported living settings.

SO3: To provide innovative social services for active inclusion of persons with disabilities in the community.

SO4: To raise public awareness about advantages of deinstitutionalisation and inclusion of persons with disabilities in the community.

The **key target group and final beneficiary** of the action are the persons with disabilities and their families, local self-government units, national government institutions and social CSOs.

The project will be implemented through four *activity clusters*:

AC_PM. Project management and coordination

AC1. Establishment of conditions for deinstitutionalisation of persons with disabilities

- AC2. Provision of community-based supported living services
- AC3. Provision of innovative community-based social services
- AC4. Promotion and dissemination of project activities and results

Expected results:

1. Established community-based supported living settings, increased knowledge and strengthened capacities of assistants who will provide supported living for persons with disabilities and prepared persons with disabilities for deinstitutionalisation.
2. Resettled residents from the residential institutions into community-based supported living settings.
3. Developed and implemented innovative specialized individual programme by providing occupational therapy.
4. Raised public awareness about advantages of deinstitutionalisation and active inclusion of persons with disabilities in the community.

Accomplishment of the given outputs will ensure achievement of the following **outcomes** (Oc):

Oc1. “Established conditions for deinstitutionalization of persons with disabilities” through improved knowledge and capacities of persons engaged in providing community-based social support, prepared persons with disabilities for deinstitutionalisation and established 10 units for supported living will be achieved through Op1.1, Op1.2, Op1.3 and Op1.4.

Oc2. “Resettled persons with disabilities from the residential institutions in the community-based supported living settings through provision of continuous professional care and support” will be achieved through Op2.1.

Oc3. “Developed and implemented innovative social services for active inclusion of persons with disabilities in the community through provision of innovative specialized individual program by providing occupational (horticultural) therapy” will be achieved through Op3.1, Op3.2 and Op3.3.

Oc4. “Overall public aware about advantages of deinstitutionalisation and active inclusion of persons with disabilities in the community” will be achieved through Op4.1 and Op4.2.

Finally, achievement of all outcomes will lead to the **overall impact** of the project “The project will contribute to enhance living conditions of persons with disabilities who live in the residential institutions through their resettlement in the community-based supported living settings, increasing capacities of persons who provide social care and assistants for supported living for persons with disabilities, introduction of innovative community-based services for their active inclusion in the community and increase public awareness for accepting persons with disabilities in the community”.

1.11.2. Geographical area to be covered

Republic of North Macedonia.

1.11.3. Target groups

The **key target group** and final beneficiary of the action are the persons with disabilities and their families, local self-government units, national government institutions and social CSOs.

Persons with disabilities need to be placed in residential and educational setting in which they can receive the most appropriate services based in the community and in environment that is as close as possible to the mainstream of community life. As a first step in moving persons with disabilities, there will be a need for therapeutic treatment, intensive and interactive work with residents so that they will be prepared for a transition into a new, more suitable and least restrictive surroundings. The least restrictive alternative refers to a continuum of services making it possible for them to live and be treated in the setting where the needs of persons with disabilities can best be served while also insuring that they will not be unduly restricted. It is necessary for the residents from the institutions to provide specialized therapeutic treatment, intensive and interactive work with each person. Each resident of the institution must have an individualized treatment program and a humane physical and psychological environment in which to live. Psycho-social and mental health support would need to be provided in a systematic and structured manner, by including provision of specialized treatment, support and interventions by special educators, psychologists, physiotherapist, social worker, caregivers and other

professionals directly to persons with disabilities. Persons engaged in social care should be appropriately trained, use proper assessment procedures, training and therapeutic techniques and provide ongoing evaluation of the individual's performance. It is necessary to prepare the professionals for providing modern treatment and way of working with persons with severe and profound disabilities.

The *families* who are unable to provide professional care and therapy to the persons of disabilities are forced to accommodate them in the special institutions that are away from their living homes. In the institutional conditions, the biological family and close relatives have non-maintenance or termination of relations with the persons with disabilities. By providing community-based supported living for persons with disabilities, nearby to relatives and persons with disabilities have an important role in their rehabilitation and acceptance in the community.

The awareness of *local self-governments units* for inclusion of people with disabilities in the community is very low. Participation in the project activities (education and raising public awareness) will increase their capacities and knowledge about the advantages of providing community-based supported living for persons with disabilities.

National governmental institutions that work in the social sector such as the MoLSP develop national policy for social protection and SI Demir Kapija directly implement these policies. They provide financial resources for social protection, monitoring of the situation and transfer of the best practices.

Social CSOs such as ASER work with people with disabilities and are oriented towards humanization of society by improving the quality of live, treatment, education and rehabilitation of persons with disabilities, by raising the level of services and public awareness about the opportunities and needs of persons with disabilities.

1.12. Specific work

The assignment within the project Together for introduction of more opportunities and respect (TIMOR) is related to development and preparation of content and text for a publication - Monograph "Together for introduction of more opportunities and respect – TIMOR" (A4.2.1.) which aims to contribute to successful implementation of the deinstitutionalisation process in the country and to share positive experience for successful resettlement of persons with disabilities in the community-based living settings and to spread actively participation of social workers and all relevant stakeholders to the overall public. The contractor needs to cooperate with the project team in order to for transfer the experience of the implementation of the deinstitutionalisation process within the duration of the project. The task requires engagement of 2 experts which will have to collaborate and jointly deliver the requested output. Thus, the activity will be contracted to experts who are able to provide on-time, quality, and professional execution of the assignment. The table of content, structure and thematic priorities of the publication of the publication have to be developed with close cooperation with the project unit implementation team.

The assignment is part of the *Activity Cluster AC4 "Promotion and dissemination of project activities and results" within A4.2.1 Preparation of Monograph "Together for introduction of more opportunities and respect - TIMOR"*

The consultants should deliver:

- Minimum number of 100 pages of text, single-spaced, 12 point font, Times New Roman, 2-inch margins on the sides, top, and bottom on A4 format.
- Additional pages must be included for your cover page, references, tables, figures, photos and graphics.
- Cover page should include each author's full name, profession, degree, affiliation
- Photos must include the DEC Image Release Form for each photo.
- Manuscript (including the file name) should be free from all identifying information and should be uploaded as a separate document from the cover page.

1.13. Project management

1.13.1. Responsible body

Responsible body for implementation of this contract is the Center for promotion of Sustainable Agricultural Practices and Rural Development (CeProSARD), Address: 1550, No. 8A, Vizbegovo, 1000 Skopje, email: info@ceprosard.org.mk; T. +389 2 3061 391.

1.13.2. Management structure

The action is a contribution of joint effort, commitment and coordination of five institutions and organisations joined in a consortium: CeProSARD Skopje (as lead organization - Coordinator) in cooperation with Special Institute (SI) Demir Kapija; Municipality of Demir Kapija; Association of special educators and rehabilitators of the Republic of North Macedonia (ASER) and Loza Foundation from Sweden. The main Project Management Unit is in CeProSARD office in Skopje.

1.13.3. Facilities to be provided by the contracting authority and/or other parties

No facilities are to be provided by the Contracting Authority. However, the CA will provide all available information and will fully co-operate with the Consultant in order to achieve the best results. Access to the existing records, any useful information and/or documentation which may be relevant to the performance of the Contract will be provided upon request.

LOGISTICS AND TIMING

1.14. Location

Republic of North Macedonia

1.15. Start date & period of implementation of tasks

The intended start date is 30.01.2022 and the period of implementation of the contract will be 45 days from this date.

REQUIREMENTS

1.16. Staff

Note that civil servants and other staff of the public administration of the partner country, or of international/regional organisations based in the country, shall only be approved to work as experts if well justified. The justification should be submitted with the tender and shall include information on the added value the expert will bring as well as proof that the expert is seconded or on personal leave.

Qualifications and skills

- University degree in the field of social sciences - second cycle of education (MSc) in the field of social sciences - special education and rehabilitation will be taken as advantage; third cycle of education (PhD) will be taken as advantage as well when applying;
- Experience in writing and publication of publications, monographs, research studies, guidelines, manuals, brochures, textbooks and related scientific materials in similar field of contract area – at least 3;
- Direct experience in the deinstitutionalisation process;
- Theoretical and practical knowledge of the deinstitutionalization process overall and in the country;
- Experience in development of project proposals and ideas in the field of deinstitutionalization, social inclusion, inclusive education and related fields;

General professional experience

- At least 10 years of work experience in the field

All experts must be independent and free from conflicts of interest in the responsibilities they take on.

1.17. Facilities to be provided by the contractor

The contractor must ensure that experts are adequately supported and equipped. In particular it must ensure that there is sufficient administrative, secretarial and interpreting provision to enable experts to concentrate on their primary responsibilities. It must also transfer funds as necessary to support their work under the contract and to ensure that its employees are paid regularly and in a timely fashion.

1.18. Equipment

No equipment is to be purchased on behalf of the contracting authority / partner country as part of this service contract or transferred to the contracting authority / partner country at the end of this contract. Any equipment related to this contract that is to be acquired by the partner country must be purchased by means of a separate supply tender procedure.

1.19. Incidental expenditure

The provision for incidental expenditure covers ancillary and exceptional eligible expenditure incurred under this contract. It cannot be used for costs that should be covered by the contractor as part of its fee rates, as defined above. Its use is governed by the provisions in the general conditions and the notes in Annex V to the contract. It covers:

- Travel costs and subsistence allowances for missions, outside the normal place of posting, undertaken as part of this contract. If applicable, indicate whether the provision includes costs for environmental measures, for example CO₂ offsetting.

Per diem are daily subsistence allowances that may be reimbursed for missions foreseen in these terms of reference or approved by the Contracting Authority, carried out by the contractor's authorised experts outside the expert's normal place of posting. The per diem is a maximum fixed flat-rate covering daily subsistence costs. These include accommodation, meals, tips and local travel, including travel to and from the airport. Taxi fares are therefore covered by the per diem. Per diem are payable on the basis of the number of hours spent on the mission. Per diem may only be paid in full or in half (no other fractions are possible). A full per diem shall be paid for each 24-hour period spent on mission. Half of a per diem shall be paid in case of a period of at least 12 hours but less than 24 hours spent on mission. No per diem should be paid for missions of less than 12 hours. Travelling time is to be regarded as part of the mission. Any subsistence allowances to be paid for missions undertaken as part of this contract must not exceed the per diem rates published on the website - http://ec.europa.eu/europeaid/funding/about-calls-tender/procedures-and-practical-guide-prag/diems_en - in force at the time of contract signature.

The contracting authority reserves the right to reject payment of per diem for time spent travelling if the most direct route and the most economical fare criteria have not been applied.

1.20. Expenditure verification

N/A

REPORTS

1.21. Reporting requirements

There must be a Final Report prepared and sent to the contracting authority. The draft Final Report must be submitted at least 1 week before the end of the period of implementation of the tasks to the project unit team. The Final approved report has to be submitted at latest 2 days before contract completion date.

1.22. Submission and approval of reports

1 copy of the Report referred to above must be submitted to the project manager identified in the contract. The Report should be written in Macedonian. The project manager is responsible for approving the Report.

MONITORING AND EVALUATION

1.23. Definition of indicators

Approval of all reports will be done by project management unit (project manager).

1.24. Special requirements

The Contractor must follow the EUD requirements and laws of the RNM.

The experts are engaged within the EU funded project “Together for introduction of more opportunities and respect – TIMOR”. **CeProSARD reserves all rights for publication of the publication – Monograph.**

The intellectual and material goods resulting from the work engagement belong to CeProSARD and as such may not be used outside the organization.
