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1. 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 resettled23 and the creation of a number of new day centers, group homes and of a network of foster carers. 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 users 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. On 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 support services in the community.

The New National Strategy for Deinstitutionalisation 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 the Institute 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 users 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 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 most often social work centres manage the procedures for placement of children with developmental disabilities. s.

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 are primarily directed at providing conditions for support to 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 centres) were developed and generally they function well. 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.

2. OBJECTIVE, PURPOSE & EXPECTED RESULTS

2.1. 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.

2.2. Purpose

The purpose of this contract is as follows:

- Purpose 1: Providing innovative services for rehabilitation of persons with disabilities (implementation of horticultural therapy)

2.3. Results to be achieved by the contractor

Results that need to be achieved and delivered:

- Result 1: Implemented innovative services for rehabilitation of persons with disabilities – 5 days of horticultural therapy with people with disabilities at the premises of DKSI and the group homes in Demir Kapija region established within the project TIMOR

3. ASSUMPTIONS & RISKS

3.1. Assumptions underlying the project

Experienced and quality expert available to carry out the tasks in timely manner, with appropriate education and experience.

3.2. Risks

No significant risks identified.

4. SCOPE OF THE WORK

4.1. General

4.1.1. 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 Op.3.3.

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".

4.1.2. Geographical area to be covered

Republic of North Macedonia

4.1.3. 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.

4.2. **Specific work**

The selected consultant – person for special support, will be engaged within AC3 – Provision of innovative community-based services within activity 3.3 – Providing innovative community-based supported services for rehabilitation of persons with disabilities (implementation of horticultural therapy) – the contracted expert should provide 5 days of horticultural therapy at the premises of DKSI land (activities of planting, fertilizing, watering, transplanting seed material), together with one agricultural expert and the premises of the established group homes within the TIMOR project in the Demir Kapija region.

4.3. **Project management**

4.3.1. Responsible body

Ms. Tea Teveva who is acting as Project Manager from CePoSARD will be responsible for overall management of this contract.

4.3.2. Management structure

The current management structure of the project related to this contrast is as following:

1. Project Manager: Tea Teveva from CeProSARD, responsible for the overall management of this service contract including the successful and timely carrying out of tasks by the Expert.
2. Project Coordinator: Maja Velkovska from ASER, will be responsible for project management activities of the co-applicant ASER, will provide reporting and will coordinate with the Project Manager.

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

CeProSARD as Coordinator of the project will be responsible to provide the necessary prerequisites and logistical support to the Expert for successful realization of the assignment.

CeProSARD office will be available for all correspondence and consultations matters throughout the Contract duration.

5. LOGISTICS AND TIMING

5.1. Location

Republic of North Macedonia

5.2. Start date & period of implementation

The intended start date is 02.03.2022 and the period of implementation of the contract will be 60 days in total from this date, following this time-frame:

- 5 working days for providing innovative services for rehabilitation – implementation of horticultural therapy with people with intellectual disabilities within March 2023 – May 2023

6. REQUIREMENTS

6.1. 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.

6.1.1. Key experts

Key experts have a crucial role in implementing the contract. These terms of reference contain the required key experts' profiles. The tenderer shall submit CVs and statements of exclusivity and availability for the following key experts:

The Experts must have the necessary professional capacity, skills, and the required expertise to deliver the expected result.

Qualifications and skills:

- Educational degree: Bachelor's degree in the field of special education and rehabilitation, social work or physiotherapy;
- Department of work: direct work with persons with disabilities;
- Knowledge of the deinstitutionalization process within the country;
- At least 3 years of experience in direct work with persons with disabilities in the field of the Contract
- Basic knowledge of English language;
- Experience in EU funded projects will be considered as beneficial

CVs for non-key experts should not be submitted in the tender but the tenderer will have to demonstrate in their offer that they have access to experts with the required profiles.

It must clearly indicate the experts' profile so that the applicable daily fee rate in the budget breakdown is clear. All experts must be independent and free from conflicts of interest in the responsibilities they take on.

The selection procedures used by the contractor to select these other experts must be transparent, and must be based on pre-defined criteria, including professional qualifications, language skills and work experience. The findings of the selection panel must be recorded. The selected experts must be subject to approval by the contracting authority before the start of their implementation of tasks.

6.1.2. Support staff & backstopping

Backstopping and support staff costs must be included in the fee rates.

6.2. Office accommodation

Office accommodation of a reasonable standard and of approximately 10 square metres for each expert working on the contract is to be provided by the contractor.

6.3. Facilities to be provided by the contractor

The Contracting Authority is not obliged to provide any facilities for the Expert.

6.4. Equipment

No equipment is to be purchased regarding this service contract on behalf of the contracting authority.

7. REPORTS

7.1. Reporting requirements

The contractor will submit the following reports in English in one original and 1 copy:

- **Draft final report** of maximum 3 pages (main text, excluding annexes). This report shall be submitted no later than 7 days before the end of the period of implementation of tasks.

- **Final report** with the same specifications as the draft final report, incorporating any comments received from the parties on the draft report. The deadline for sending the final report is 5 days after receipt of comments on the draft final report. The final report must be provided along with a Time Sheet of the consultant's work. The time sheet template will be sent as Annex 1 to this TOR.

7.2. Submission & approval of reports

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

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