



Annex I – Description of the Action

CN 2020/420-503

Project Title:

**Strengthening resilience of older persons and persons with disabilities
during COVID-19 and future disasters**

Contracting authority: European Commission

1. The action

1.1 Description of the action

Background

The COVID-19 pandemic crisis is one of the biggest health challenges of the 21 century so far. Due to its scope as well as its nature, it also carries with it a multitude of additional issues that affect whole societies but not all groups in a society proportionally. It is worth remembering that the COVID-19 crisis is especially lethal for older persons and persons with existing medical conditions – mortality rate for the population over 80 is five times the global average¹ – but there are other negative effects of the pandemic affecting older persons' mental health as well as their human rights. The risk of poverty, discrimination and isolation has risen significantly for different groups in the society and this includes older persons. In the Western Balkans, for example, the measures to control the pandemic in several countries included very strict prohibition of movement for persons over 65, putting the whole older population of countries in detention at their homes for weeks on end, with very small exceptions. Coupled with the uncertainties about supply chains and the safe way to get supplies, especially for those older persons living on their own or in elderly households, this put large portions of the older population in the Western Balkans in a difficult position with psychological stress caused by isolation and separation from their friends, families and neighbours coupled with the real fear of being unable to meet their needs related to food, medication and other essential supplies.

Otherwise, the measures taken in the Western Balkans countries to slow or contain the spread of epidemic have had mixed results, but they have, expectedly had significant impact on the economy and there is large potential they will slow down or even reverse the poverty reduction efforts in the region. Main challenge across the region is the disruption of the labour market with job losses and loss of related income that will impact many families. Some 48-65% of labour force in the Western Balkans is estimated to have, prior to the epidemic, worked in sectors that are moderately or highly affected by the COVID-19 crisis². Coupled with lower international remittances³ and return of a substantial number of workers from the EU countries (who either lost their jobs there or could not secure permit to stay under new circumstances: estimations are that the number of returnees for Serbia was approximately 400,000, for Bosnia and Herzegovina 200,000, for Albania 27,000)⁴ now without a job and income, the World Bank estimates that up to 400,000 persons across the region could fall below the poverty line, with this estimation increased to 950,000 in case of a prolonged COVID-19 related crisis.⁵ It is also projected that many of those at risk of poverty would not be included in the standard social protection programmes which includes significant numbers of self-employed or informal workers many of whom come from the population of older persons or persons with disabilities. The World Bank estimates, based on two projection models, that the share of the vulnerable population (those with income equal to 5.50 to 11 US dollars per day in 2011) will increase in North Macedonia, Montenegro, and Serbia, while in Albania, Bosnia and Herzegovina and on Kosovo*.

There will be more people falling from the “vulnerable” category into poverty than those being reclassified from the middle class into vulnerability.⁶

¹ <https://news.un.org/en/story/2020/05/1063052>

² <http://documents.worldbank.org/curated/en/236311590680555002/pdf/The-Economic-and-Social-Impact-of-COVID-19-Poverty-and-Household-Welfare.pdf>

³ The World Bank in its late 2019 report posits that populations in Bosnia and Herzegovina and Kosovo* is especially dependent on these: <http://documents.worldbank.org/curated/en/643781570478210132/pdf/Rising-Uncertainties.pdf>

⁴ <https://javno.rs/analiza/povratak-kuci-u-vreme-koronavirusa>

⁵ <http://documents.worldbank.org/curated/en/236311590680555002/pdf/The-Economic-and-Social-Impact-of-COVID-19-Poverty-and-Household-Welfare.pdf>

* This designation is without prejudice to positions on status, and is in line with UNSCR 1244/1999 and the ICJ Opinion on the Kosovo declaration of independence.

⁶ Ibid.

Going from territory to territory, it is estimated that the effects of the pandemic and the counter measures may erase the results of the poverty reduction efforts from the last 4 to 15 years⁷

Target groups and final beneficiaries

Older persons and persons with disabilities: These two groups will be recognised as both the recipients of tailor-made assistance related to the COVID-19 epidemic and the negative effects of the response (addressing their social, economic, health and mental health needs) and the valuable participants in the intervention ensuring the assistance is well targeted and implemented to reach those who are the most vulnerable in these populations. Through participating in volunteer-based support activities, older persons and persons with disabilities will also be empowered, using their capacities to assist their peers and contribute to their communities. Knowing that participation of older persons and persons with disabilities in public and social life is disproportionately low despite their growing share in the population, and that many of them are socially excluded, the project will work on supporting them in being active and pursuing inclusion. Older persons and persons with disabilities are the ones who know best what is needed and what is lacking in the system. However, in the region they face a lot of constraints including a lack of knowledge, skills and opportunities as well as understanding of the impact of public policies. Underlying these deficits are societal challenges including ageism and social exclusion. In the project CSO networks and civil societies of older persons and persons with disabilities will increase their capacities to effectively engage in evidence-based policy dialogue through training provided by AGE Platform Europe. Via at least 60 community based/grass-roots civil society organisations implementing the sub-granting support through microprojects, approximately/ a target of 4,000 older persons and persons with disabilities will be reached at local community level. This will increase social inclusion and active participation in public life, strengthening their engagement with local authorities. 1,500 older persons and persons will be supported in organising ongoing local level activities in self-help, peer support and healthy ageing. 6,000 older persons and persons with disabilities will be assisted through remote means at monthly level, however this figure may fluctuate significantly depending on the epidemiological situation and the pressure the response measures, the economic depression etc. will have on the target group.

CSOs and CSO networks in the partner countries: 5 CSO networks constituting of at least 70 CSOs in the partner countries have been selected because they have well established and functioning structures and are actively engaging their members on relevant issues concerning older persons. Their capacities have been significantly increased through the TASIOP project⁸. However, the networks still need to improve their skills in the areas of network management, networking at regional and global level as well as profiling themselves as leading stakeholders in the national context for issues related to ageing. Crucially, forging ongoing cooperation between these networks, focusing on older persons and networks and organisations focusing on persons with disabilities, in both operational and strategic matters will be one of the important effects of the project. CSOs in the region are aware that their capacities need to be built further to better influence the governments to recognise them as credible partners, to make them more accountable and to influence the policies. Their attitude towards the action is very positive as they know that without their activities and their “pressure” their governments would likely put response to demographic ageing lower on the list of priorities.

25+ public institutions and policy makers will be engaged and consulted with throughout the project period to enable and improve dialogue and partnerships between CSOs and governments as well as to coordinate the assistance to older persons and persons with disabilities, especially with a view to cash and voucher assistance. Oftentimes policy makers lack the evidence required to implement policies efficiently or change existing ones that are not working. Budgeting, applicability and sustainability of policy systems and services are oftentimes obstacles public institutions and policy makers face. Through the project they will be provided with developed public policy proposals that are adequate and adapted to the national

⁷ Ibid.

⁸ Taking Action on Social Inclusion of Older People ran between February 2016 until June 2019, coordinated by the Red Cross of Serbia and implemented in Serbia, Albania, Bosnia and Herzegovina, Montenegro and North Macedonia. Its main objective was to further improve the capacities of 5 already-existing national CSO networks and 50 CSOs in increasing public awareness and impacting on decision making processes on social inclusion of older people in Albania, Bosnia Herzegovina, Macedonia, Montenegro and Serbia, at national and regional level and EU support provided for this project with 986,601.97 Euro.

contexts, accessible and relevant to older persons and persons with disabilities – because they will participate in their development during the project timeline– and sustainable in financial and social terms, to improve the systems of long term care so that they better respond to the needs of the population and better adapt to the emergencies in future. Public authorities from all participating IPA beneficiaries expressed their interest for robust evidence to support policy-making, and increase the capacity of CSOs to be effective partners for government in delivering and monitoring services and agreed to be associates in the project.

With respect to the **media**, there is an inherent interest, throughout the region in covering the topic of older persons and persons with disabilities facing discrimination and participating in public policy reform. However, media representatives oftentimes lack adequate knowledge and background information leading to a culture of ageist, frequently sensationalist, or patronising reporting. In the project the partners will rely on the expertise of the members with better developed media presentation skills and more experience in working with the media to ensure that the messages are clear and in line with the project priorities as well as on previously developed relationships with the media (some of them developed within the TASIOP project).

Older persons and persons with disabilities have faced and continue to face a particular set of problems related to both the epidemiological risks and the barriers created by the response measures.

Poverty: While the payment of pensions has been largely regular, and even improved in some cases, across the region, the combination of strict movement restrictions and changing priorities in the systems of healthcare and social welfare mean that for many older persons and persons with disabilities the out of pocket expenses related to both health services and activities of daily living have notably increased. At the same time, the fact that many of their families' members have lost regular income due to loss or suspension of their job, put additional pressure on the one person receiving regular income (pension) to share and thus in many cases be left with less than sufficient for their own needs. There is also the issue of older persons of the retirement age who for different reasons do not receive any pension (240,000 in Serbia, for example or, as another, 27% of all older persons in Bosnia and Herzegovina) and whose livelihood is additionally jeopardised with the barriers and new expenses introduced by the epidemic and the measures.

Access to long term care services: Older persons and persons with disabilities are the majority of users of the LTC services, however, the access to these services has been severely restricted. On one hand the capacity of healthcare institutions has been restructured in all of the countries of the region, essentially focusing on epidemic response and cancelling/ postponing all non-essential, non-urgent healthcare. This has had a major impact on older persons and persons with disabilities by restricting their access to regular exams and care. On the other hand, provision of social welfare services has likewise been severely restricted with residential care institutions going into lockdown regime (not accepting new residents etc.) and services in the community (such as care at home) being either cancelled or significantly reduced in scope due to safety concerns. This has had a major impact on the quality of life of older persons and persons with disabilities.

Elder abuse and domestic violence: There is also a notable increase in domestic violence as a consequence of epidemic measures, with lockdown, isolation, restriction of movement and accumulated psychological stress contributing to rising rates of domestic violence across the world.⁹ The same is true for persons with disabilities and older persons living in institutional care who face greater risks of difficulty in enforcing social distancing amongst residents and staff, and abandonment by staff as well as human rights violations, such as neglect, restraint, isolation and violence.¹⁰ With elder abuse being a form of gender violence¹¹, older persons being put in a very restrictive situation during the epidemic response and this type of abuse typically being severely underreported even in regular circumstances¹² it

⁹ <https://www.unwomen.org/en/news/stories/2020/4/statement-ed-phumzile-violence-against-women-during-pandemic>

¹⁰ https://www.ohchr.org/Documents/Issues/Disability/COVID-19_and_The_Rights_of_Persons_with_Disabilities.pdf

¹¹ It disproportionately affects older women and often adds to other types of discrimination over their lifetime: <http://www.helpage.org/download/51b08d03544e8>

¹² It is estimated that one in six persons over 65 experience abuse in their older age and only one in 24 will go and report it: <https://www.redcross.org.rs/sr/resursi/%C5%A1tampane-publikacije/dobro-%C4%8Duvana-porodi%C4%8Dna-tajna/>

is expected that an increase in elder abuse across the Western Balkans region is currently taking place but that statistics offices may not be able or equipped to record it adequately. With financial abuse being one of the most frequent forms of elder abuse globally and regionally¹³ and with the specific situation during the pandemic in which working population loses their jobs and sources of income but older persons still regularly receive their pensions and are largely prohibited from leaving their homes, so they have to rely on others to do the supply runs, the risk of financial abuse of older persons increases.

Mental health: The pandemic brought with it the uncertainties: existential ones, related to risk of infection, effects on health and potential fatal outcome, the absence of treatment or vaccine, the uncertainty of how long the pandemic may last, but also uncertainties related to financial security of older persons and persons with disabilities themselves as well as their families. These uncertainties over a prolonged period pose a risk to mental health due to exposing persons to continuing stress. There is also the problem of isolation and loneliness that was already present for older persons and persons with disabilities and very much increased by response measures that demand isolation, distancing and restricted movement, all contributing to the pressure on mental health in this population.

Overview of COVID-19 impact & data at IPA Beneficiary level:

✓ **Serbia**

As of 2 November 2020, the total number of confirmed COVID-19 infection cases in Serbia is 48,403 out of 1,345,170 tested persons. There were 826 fatal outcomes which makes for the mortality rate of 1.71%. Currently 52 persons are in intensive care. The state of emergency that included 24 hour curfew for people over 65 and severe restrictions of movement for the whole population was lifted as of 6 May with the current measures including ban on large gatherings and mandatory use of safety equipment indoors. The Red Cross of Serbia and its local branches are involved in the coordination and decision making processes during emergencies. They are members of municipal and national level emergency headquarters. From 15th of March the Red Cross was implementing the remote psychosocial support via telephone and SMS in 128 municipal branches using trained volunteers as well as – in the case of the HQ – psychologists and legal advisors).

✓ **Albania**

As of 31 October 2020, the total number of people tested is 55,069 (1.91% of the population). Number of confirmed cases is over 21,202 (16.49% of those tested). Number of active cases is 9,438. Number of patients in intensive therapy is 29, while the number of fatalities is 518. On October 30 a third COVID hospital was opened. Number of recovered patients is 11,246. Average age of infected patients is 46.8. Average age of hospitalized people is 61. 85% of cases are +50 years old; 53% of cases are Male; 76% of deaths are over 60 years old. Since 15th of May, Albanian Association of Geriatrics and Gerontology started a small intervention in collaboration with HelpAge International, identifying 100 older persons with chronic conditions in areas affected by November Earthquake and supporting them through visits. Since the beginning of the COVID-19 outbreak, Albanian Red Cross has provided in-kind assistance, sourced from its own stocks and funds, appeal-funded goods and donors' support, to the affected population. A total of 28,000 people have been supported so far. The distributions is focused on ensuring the most vulnerable and excluded groups have access to essential services, particularly: vulnerable older people especially those living alone; people with pre-existing illness; families whose members lost their jobs and at risk of poverty.

✓ **Bosnia and Herzegovina**

As of October 31 2020, there were a total of 50,090 confirmed cases, as well as 315,265 tested for COVID-19. In total, there are 20,773 active cases, while 28,083 people have recovered. The number of deceased persons as of October 31 is 1,234. It is worth noting that due to the rising number of cases in October, both Republika Srpska and the Federation of Bosnia and Herzegovina issued an order for the mandatory wearing of masks in public spaces, both indoor and outdoor. Additionally, in FBiH, the

¹³ http://www.ncaop.ie/publications/research/reports/52_ABUSE.pdf; <https://www.redcross.org.rs/media/1670/dobro-cuvana-porodicna-tajna-e-knjiga.pdf>; https://www.redcross.org.rs/media/1666/uvod_u_starenje_i_ljudska_prava_starijih.pdf

allowed number of people indoor was reduced to 50 and outdoor to 100, while in RS both were reduced to 50.

✓ **Montenegro**

The total number of confirmed cases as of 1 November 2020 is 18,714 (9,410 male, 8,698 female, 606 no data) with 3,684 of them being over 60. From the beginning of the year 313 persons passed away with the current number of active cases being 4,185 and 250 persons currently hospitalised. While the strict movement restriction and curfew measures have been lifted since May, it is mandatory to use protective equipment both indoors and outdoors along with the ban on groups larger than 40 persons outdoors and 20 indoors. Restrictive measures in municipalities are introduced based on municipal cumulative incidence rates. Red Cross of Montenegro contributed to the response by: distributing humanitarian aid to the most vulnerable families and individuals (48,057 number of families who received some kind of assistance); distributing meals for 1,174 people; providing PSS support for 4,314 people; providing services such as groceries shopping, paying bills etc; sharing information material in Albanian language among the Albanian speaking communities but also by sharing adapted and translated material to migrants and asylum seekers; sharing information material for older people (in total 7,500); home care services for around 1,300 older people.

✓ **North Macedonia**

As of 28 October 2020 the total number of confirmed COVID-19 cases in North Macedonia is 29.558 The number of recovered patients is 19.994, the number of deaths is 977, and currently the number of active cases in the country is 8.587. On 28 October the Parliament adopted the amendments to the Law on Protection of the Population from Infectious Diseases. The law stipulates wearing personal protection equipment, such as: respiratory mask, disposable surgical mask, reusable textile mask, silk scarf or shawl, cotton scarf or shawl, bandana, etc., when moving in public places and open and closed areas, on markets, in public transport and when entering indoor spaces. The Red Cross of North Macedonia implemented the following activities: raising public awareness on COVID-19, hygiene promotion, assistance with screenings at the borders, distribution of medicaments for the people with chronic diseases in state quarantines, supporting vulnerable groups of population, SOS telephone line for psychosocial support, supporting vulnerable older persons through services as procurement of daily food and hygiene needs and medicaments.

✓ **Kosovo**

As of 31st of October 2020 the total number of confirmed COVID-19 cases in Kosovo is 20,179 out of 50.463 tests conducted. The number of recovered patients is 15,520 while 3,641 patients registered as active cases and 688 death cases are registered in Kosovo. In cooperation with local and governmental health institutions, Caritas Kosova focused its support with provision of Home Care services for older persons, ill and chronically ill persons. Caritas as well implemented COVID-19 awareness activities and in regard of situation management within organisation, a team within staff structure was created.

The overall objective of the project is to contribute to strengthened resilience of older persons and persons with disabilities in the Western Balkans during Covid-19 and future disasters.

The specific objective of the project is that older persons, persons with disabilities, CSOs and grassroots organisations are better able to cope with the Covid-19 situation in Albania, Bosnia and Herzegovina, North Macedonia, Montenegro, Serbia and Kosovo

Detailed description of the activities

Outcome 1 (Mental Health)

1.1.1. Review of provided psychological first aid and psychosocial support during the first wave of COVID-19 epidemic and assessment of needs

Description: The partners will organise internal reviews of the effectiveness of the psychosocial support activities and services provided during the first wave of COVID-19 epidemic (approximately between March and May 2020) to recognise strengths and weaknesses, capture good practices and identify capacity building needs. The review will be coupled with needs assessment for further provision of psychological first aid and psychosocial support over the duration of the project implementation period.

Justification: The activity will be essential in determining the exact scope and quality of the further activities in the project: the contents and direction of the training for psychosocial support and peer support as well as the structure and organisation of remote psychological first aid and psychosocial support services in all of the project sites. The review will include participation of older persons and persons with disabilities in order to ensure representative opinions and feedback.

Effectiveness: The activity will inform the further activities in the project, providing precise targets and concrete expected outcomes.

Duration: Months 1-3

1.1.2 Training for volunteers of telephone/ text and app-based information services in providing referrals to callers in need of legal advice, medical advice, mental health advice and social support advice

Description: The volunteers working on these services will receive online training organised by partners in each project site on how to recognise when the person they are talking to needs to be referred to a professional service provider. They will also be provided a list of contacts that they will be passing on to the callers for each category of needs: legal advice, medical advice, mental health advice, social support advice.

Justification: Volunteer based support through provision of information may not be sufficient in some cases that demand talking to a professional. The volunteers will be trained to recognise where their limits are and how to identify when a person needs referral to a professional and provide relevant contact for them to do so. The training will be designed using the experiences from the lockdown period with consultation provided by the national representative organisations of persons with disabilities and older persons in order to ensure good match with the needs of the target group.

Effectiveness: The training will ensure that the remote services based on volunteer work are capable of providing their users with adequate referrals thus providing a reliable and consistent service.

Duration: Months 1 and 2

1.1.3. Training for peer support

Description: This training will enable the members of the psychosocial support teams at each of the project partners to efficiently provide safe, timely and confidential support to other members of the team and volunteers working in psychosocial support and other activities with the groups at higher risk. The training will be based on the existing guidelines of the International Federation of Red Cross and Red

Crescent Societies' Psychosocial Centre, "Provision of Psychosocial Support in Crisis to Staff and Volunteers of Red Cross and Red Crescent Societies"¹⁴ adapted by Austrian Red Cross experts.

Justification: To minimize the risk of harm and maximize the effectiveness of interventions it is important to assess signs and symptoms of distress and/or dysfunction which indicate acute stress reactions and other conditions among the team members, implement the most appropriate approach to reduce distress, tailor the crisis intervention to the needs and characteristics of the affected individual(s) and for the specific event, and implement the intervention at the most appropriate juncture.

Effectiveness: This will contribute to enhancing and securing the well-being and positive coping of staff and volunteers intervening during a prolonged crisis and ensure their service delivery is continued uninterrupted and with a high quality.

Duration: Months 4-7

1.1.4. Training for provision of remote and in person psychological first aid and psychosocial support

Description: Project partners in each project site will receive training for their staff and volunteers in order to establish or increase their capacity to provide ongoing, reliable and effective psychosocial support and psychological first aid using remote means, as well as direct, face to face support. The training will be based on the Remote Psychological First Aid during COVID-19 guidelines of the International Federation of Red Cross and Red Crescent Societies¹⁵ as well as the experiences and good practices of partners on the project (Austrian Red Cross, the Red Cross of Serbia and other partners) who have had such service established and implemented since the beginning of the COVID-19 epidemic. The PSS Reference centre will also provide assistance in adapting the materials with the focus on older persons and persons living with disabilities.

Justification: The training will work towards standardising the quality and contents of the services, enabling partners to maintain them over a long term with clear idea on how to budget it, manage volunteers and establish well-functioning referral mechanisms. This is a preparatory activity to ensure good quality of activities 1.1.1 and 1.1.5.

Effectiveness: The training will ensure partners in the six project sites are capable of running remote psychosocial support services independently and sustainably over the long term while increasing the volume of direct, face to face support over time as the epidemic subsides.

Duration: Months 1-3

1.1.5 Provision of timely, accurate and accessible information from verified trusted sources including on the epidemic, response progression and measures of protection and self-protection (e.g. gender-based violence) as well as individual rights through a telephone/ text message based service centres; provision of psychosocial support including evaluation of services and adjustments

Description: Each partner will launch (or expand existing) a telephone-based, text-message based and online app based service to provide clear, reliable and up to date information on the epidemic and effects on physical and mental health, precaution measures and how to get tested. Partners will assess the effects of their own activities in the previous period as well as assess and map previous and existing similar services provided by other actors in each national context to ensure better targeting of these services planned in the Action and complementarity with the existing services, as well as intersectional approach that ensures good targeting. The services will also provide psychosocial support and information on how to get help in case of elder abuse or abuse of a person with disabilities in the family context. They will be staffed by volunteers trained in provision of psychological first aid and psychosocial support. The services will be operational every working day and cover the whole territory by having a central, national level service and six regional coordination centres for each project site. The staff and volunteers working

¹⁴ <https://pscentre.org/?resource=provision-of-psychosocial-support-in-crisis-to-staff-and-volunteers-of-red-cross-and-red-crescent-societies>

¹⁵ <https://pscentre.org/?resource=remote-psychological-first-aid-during-covid-19-may-2020>

in the service will also be trained in providing referrals and cooperating with the public mental health institutions. They will be doing active outreach work with the communities, supporting older persons and persons with disabilities in forming telephone circles, informal self-help and mutual support groups. They will collect informed, consented feedback from the beneficiaries of the service in order to improve the service and better target its work going forwards (please see activity 1.1.8). The service will target vulnerable older persons and persons with disabilities; informal caregivers of older persons and persons with disabilities (prevention of abuse among other things); volunteers providing psychosocial support (burnout prevention). A mid-term evaluation will be done by coordinators in each of the project sites after one year to review the effectiveness and promote adjustments. These services will be supported until the end of the project, but from the 15th month on, the emphasis will be shifted to outreach work in the community (see activity 1.1.8). The telephone circles and other mutual support of older persons and persons with disabilities will be supported by volunteers in accordance with the needs and the centralised telephone support will still be available in reduced form (fewer hours per week).

Justification: There is substantial need for clear, reliable and up to date information, referrals as well as psychosocial support and psychological first aid especially in the population at higher risk in the epidemic. Using trained volunteers and using the Remote Psychological First Aid during COVID-19 manual developed by the Psychosocial Centre of the International Federation of Red Cross and Red Crescent Societies for these services has the advantage of being very economical as it allows for more beneficiaries to be served over a time period most of which do not need professional help, with the ones that do need it getting referrals to professionals. Mid-term evaluation will ensure the service is adapted as necessary to better meet the needs of users.

Using diversified channels of communication (telephone, text messages, smartphone application) shall ensure that the widest population of older persons and persons with disabilities can access the services, thus avoiding the digital divide risk and making sure that no one is left behind due to technological barrier or preference as is the leading principle of the Agenda 2030 and Sustainable Development Goals.

Effectiveness: The activity will ensure population at higher risk of both COVID-19 epidemic and mental health issues related to the epidemic, reliable and up to date information, presented through the most accessible channels (text messaging or text-based apps for the hard of hearing, easy to read text or voice communication for persons with impaired vision etc.) Likewise, the activity will ensure there is an ongoing capacity to provide psychological first aid and psychosocial support services to help preserve mental health and, if necessary, refer beneficiaries to adequate institutions and professionals. By additionally targeting informal caregivers¹⁶ of persons with disabilities and older persons needing assistance, the services will work towards reducing the burden of care and thus reduce the risk of abuse and violence. Support to volunteers will serve as burnout prevention and contribute to better quality of overall psychosocial support provided by them.

Duration: Months 3-15

1.1.6 Evaluation to ensure the service is adapted as necessary to better meet the needs of users.

Description: Evaluation done by the project coordination team in each of the project sites will be performed after one year to assess the efficiency and effectiveness of services as well the beneficiaries' satisfaction. The evaluation will be based on the methodology that Austrian Red Cross (with support provided by the IFRC Psychosocial Resource Centre will develop for the project). Depending on the results and the capacity, improvements will be subsequently introduced to align the services better with the users' needs. In addition, constant monitoring will be implemented to identify and solve any potential shortfalls in delivery of these services. The project staff will continuously collect feedback from users through structured tools to ensure alignment with the needs and preferences of the users, while the evaluation methodology developed by the Austrian Red Cross experts will serve as basis for more substantial changes in the delivery of services.

¹⁶ „Informal" caregivers, also called family caregivers, are people who give care to family or friends usually without payment. A caregiver gives care, generally in the home environment, for an aging parent, spouse, other relative, or unrelated person, or for an ill, or disabled person. These tasks may include transportation, grocery shopping, housework, preparing meals. Also giving assistance with getting dressed, getting out of bed, help with eating, and incontinence.“ <https://www.hopkinsmedicine.org/health/caregiving/being-a-caregiver>

Justification: The effective and efficient services need to update their design and delivery in line with the feedback provided by both volunteers and the users in order to ensure they are relevant and adequate.

Effectiveness: This activity will contribute to aligning the services provided with the needs of the users, based on the experience and collected evidence. The IFRC Psychosocial Resource Centre will be disseminating the evaluation methodology and lessons learned through the Red Cross Red Crescent network at global level.

Duration: Monitoring: continuously; Evaluation after one year: Month 15

1.1.7. Reach out community activities to promote the remote psychological first aid and psychosocial support activities (telephone helplines)

Description: The psychological first aid and psychosocial support activities will be promoted in local communities using the networks of local Red Cross organisations as well as other civil society partners with community level engagement. The promotional activities will rely on knowledge of local contexts and ability to reach persons who would need these services and need to know how to access them. The activity will stress the importance of mental health especially during crises like COVID-19 pandemic and address the social stigma related to the mental health issues/ problems which may lead to people avoiding to seek this kind of support and underutilisation of mental health support services/ activities.

Justification: Those with the biggest need for psychosocial support are often, and especially in emergencies the ones least likely to receive it due to being socially excluded, due to information being provided through inadequate channels and a number of other factors. Therefore, to ensure persons with the biggest need know about the existence and availability of services, adequate promotion is needed.

Effectiveness: This activity will serve to ensure population at higher risk of mental health issues related to the epidemic, isolation, uncertainty, income loss etc. is aware of the available support and how to access it as well as that asking for support is not stigmatising and is not a sign of weakness or illness to be ashamed of.

Duration: Ongoing, with emphasis on the first three months

1.1.8. Provision of psychosocial support and support to older persons and persons with disabilities in organising ongoing local level activities in self-help, peer support and healthy ageing

Description: As a continuation and expansion of the outreach activities described in 1.1.5, the coordinators of 6 regional centres in each of the project sites (as explained in activity 1.1.5) – as well as the volunteers – will be supporting a more structured work of groups of older persons and persons with disabilities at grassroots level, including the telephone circles. There will be five groups per regional centre in each of the project sites (25 per project site) and they will be supported in meeting once per week for 15 months and in implementing structured activities dealing with self and mutual help, peer support and healthy ageing.

Justification: The forming of and support to self-help groups has been a proven way to activate older persons, increase their social inclusion and contribute to better mental and physical health in the previous projects implemented by some of the project partners. Support for these activities, to be organised once per week will be based on the existing and tested methodologies and approaches (WHO Healthy Ageing methodology, in line with the decade of healthy ageing declared by WHO, as well as the Healthy Ageing methodology of the International Federation of the Red Cross and Red Crescent Societies) and will help these groups establish their work and attract more members as well as prove their work is effective and very low cost for the benefit they provide.

Effectiveness: Support for up to 150 active groups of older persons and persons with disabilities meeting once per week for 15 months will contribute to both physical and mental health of their members, equip them with skills as well as advocacy potential to approach their local institutions and seek further support as well as opportunities for cooperation.

Duration: Months 16-36

Outcome 2 (Relief/ Cash and Voucher Assistance)

2.1.1. Needs assessment for distribution of cash and voucher assistance and in kind relief items

Description: Project partners in each project site will organise assessment of needs in order to identify the people in need that can be best helped through provision of cash and voucher transfer support and in kind relief assistance. The assessment methodology will rely on the existing guidelines and methodology of the international Red Cross Red Crescent movement¹⁷ and will include in-depth methods such as focus group interviews with representatives of this intervention's target groups (older persons and persons with disabilities) and will be jointly planned with local and national stakeholders (local authorities and ministries). This will ensure the interventions are compatible and complementary with other existing support schemes and avoid duplication.

Triggered by the COVID19 crisis, the target group incl. their households had/have reduced income and higher expenses to cope with due to:

- less income
 - remittances received: Due to cut in jobs and short-time work in many European Countries (e.g. Germany, Switzerland, Austria), the flow of remittances to Western Balkan States countries has been reduced.
 - labour market: COVID19 restrictions and less demand in consumption of certain goods led to job cuts and affected households globally as well as in the Western Balkan States. All households, including households with older people and people with disabilities, have to cope with less direct income.
- increased expenses
 - for private hospital/doctor: in most of the countries affected by COVID19, hospitals were closed for the treatment of chronic-illnesses and minor injuries. However, older people and people with disabilities had to continue their treatments with private clinics/doctors resulting in extra costs not (fully) covered by the social protection systems.
 - for protective equipment: older people are the risk group in the COVID19 crisis. People procured masks and disinfectant to protect themselves and others and spent more on health as usual.
 - miscellaneous: there are several more costs drivers for the target group (e.g. being a risk group using more delivery services resulting in higher costs)

Based on the minimum wage in the Western Balkan States, average consumption data and alignment to social welfare and protection systems, a preliminary transfer amount of EUR 100 per targeted person (one-off) has been defined (see table below).

¹⁷ <https://www.ifrc.org/Global/Publications/disasters/guidelines/guidelines-for-emergency-en.pdf>, <https://www.ifrc.org/Global/Publications/disasters/finance/cash-guidelines-en.pdf>, https://www.cash-hub.org/-/media/cashhub-documents/guidance-and-tools/cash-in-emergency-toolkit/assessment/plan-and-prepare/1_2_1-assessment-tools-summary-table.docx

Country	One-off assistance [EUR]	one household could cover ...	minimum wage/month [EUR]*	in % of the assistance planned*	source of information
ALB	100	* 40% of food and non-alcoholic beverages for 1 month or * 100% of housing, water, electricity, gas and other fuels for 3 months or * 100% health costs for 8 months	213	47%	monthly average household expenses (http://www.instat.gov.al/media/6322/hbs_2018_.pdf)
BIH	100	* 146% of electricity, gas, water and other housing expenses for 1 month or * 50% of food and non-alcoholic beverages for 1 month or * 100% health expenses for 4 months	235	43%	average household expenses (national statistics agency 2020)
MNE	100	* 40% of food and non-alcoholic beverages for 1 month	222	45%	average household expenses (national statistics agency 2020, https://www.monstat.org/eng/page.php?id=31&pageid=31)
MKD	100	* 50% of food and non-alcoholic beverages for 1 month or * 100% of housing, water, electricity, gas and other fuels for 4 months	242	41%	average household expenses (statistics agency 2020, http://makstat.stat.gov.mk/PXWeb/pwweb/en/MakStat/MakStat_ZivotenStandard_AnketaZaPotrosuvackaDomakinsiva/150_ZivStand_mk_UPOTREBENI_ml.px/?rxid=c4051870-c254-4555-bcf2-f47de4af24a1)
SRB	100	* 50% of food & non-alcoholic beverages and housing/water/energy and health for 1 month	258	39%	average household expenses (Ministry of Trade, Tourism and Telecommunications)

* just for comparison --> cash assistance is close to 50% of the minimum monthly wage in the WBS

Justification: In all Western Balkan social welfare and protection schemes are existing and retired persons are basically receiving a state pension. However, pensions are not covering all persons over 65 (e.g. BiH: 27% of older people do not receive pension, Serbia: 240,000 retired people do not receive pension) and the pension amounts hardly cover the average consumer basket expenses (e.g. BiH pension payment covers 59% of the average consumer basket only). The cash and voucher assistance (CVA) support and in-kind relief assistance need to be targeted precisely, in order to ensure optimum effectiveness for the support provided and aligned with national and local social safety/protection net programmes. All Red Cross partners in the Western Balkans are working in a coordinated and coherent way with and through their respective social protection and welfare authorities. This approach prevents duplication and guarantees the alignment of all services offered. The local, regional and national authorities are involved throughout the whole project cycle (planning, implementation and wrap-up/monitoring/evaluation). The local/municipal social welfare/protection service entity, jointly with the local Red Cross, has a crucial role in the identification of the most vulnerable people. Targeting and selection criteria are developed in partnership and communicated via municipal and Red Cross channels. This was/is/will be the standard approach. The project partners will be entering into agreements with the relevant national institutions and authorities.

The assessment will identify the communities, families and individuals with biggest need as well as the most appropriate way this need may be met. In some cases cash and voucher assistance will be the most suitable approach, granting agency and freedom to make their own decisions to the beneficiaries while in other cases the absence of/difficult access to essential goods and services will dictate that direct in-kind assistance will be the best approach.

Effectiveness: The assessment will determine the balance between cash transfer support and in kind assistance for each project site, identifying up to 1,000 persons per project site for cash transfer support (6,000 in total) and up to 5,000 persons per project site for in kind assistance (30,000 in total) – all subject to adaptation based on needs and other essential parameters (e.g. Financial Service Provider availability, market access, availability and quality of goods, inflation, safety, basic needs, tax situation).

The one-off assistance of EUR 100 is a significant support to cover basic needs for the most affected and most vulnerable population in the Western Balkan States during the COVID19-crisis in 2020 (see table above). It supports also the repayment of small-scale loans people had to raise and prevent the selling of

livelihood assets (negative coping). It closely amounts to 50% of the minimum wage per person per month in the Western Balkan States.

The possibility to support the target group again through the modality of cash, as soon as additional needs and funding sources are identified, makes it an efficient twofold approach (response & preparedness¹⁸). The close cooperation with local social welfare and social protection authorities ensures sustainability and coherence for future interventions.

The Post Distribution Monitoring activities will be in place to ensure, among other things, that this assistance benefits older persons and persons with disabilities directly and not only the members of their families (see activity 1.2.6). Non-proper use of in-kind assistance (selling of parcels to cover other needs) and cash and voucher assistance, will be minimised through tight monitoring and standard communication tools (CEA¹⁹).

Duration: Months 1-3

2.1.2. Conduct Cash and Voucher (CVA) Self Assessment and establish a Plan of Action

Description: National Red Cross Societies in the project conduct self- assessment of their CVA capacities and draft plans for improvement.

Justification: The cash and voucher assistance capacities are unevenly developed across the region and to have precise plans on how to improve them, self assessment and planning will be performed.

Effectiveness: The self assessment reports and plans will inform the development activities necessary to establish well functioning, transparent, inclusive and accountable CVA capacities in the region

Duration: 2 months (can be done at the same time as 2.1.1.)

2.1.3. Incorporating CVA into M&E, Finance, HR and Communication systems

Description: National Red Cross Societies in the project conduct work on integrating CVA capacities, standards, pre-conditions and tools into their existing administrative and programmatic infrastructure.

Justification: The CVA needs to be well integrated into the way National Red Cross Societies work in order to preserve the expertise, operate accountable and transparent, include all target groups/stakeholders and adapt to future needs

Effectiveness: The National Red Cross Societies in the region will have well established CVA capacities with potential to grow and evolve in the future based on international standards

Duration: 6 months (2.1.2. has to be finished)

2.1.4. Develop Standard Operative procedures (SOPs) and conduct Financial Service Provider negotiations

Description: Development of Standard Operative procedures for each of the National Red Cross Societies and conduct negotiations with the selected Financial Service Providers for provision of CVS services to cover the identified needs in the scope of this project

Justification: The CVA operations will be standardised through adoption of Standard Operating Procedures (SOPs) and optimum agreements will be reached with Financial Service Providers (FSPs) for distribution of CVA in each of the project sites. Applying a segregation of duties between the Red Cross and FSPs, is the standard cash approach (see also [European Commission Cash Compendium page 8](#)) and will be reflected in a cooperation with professional partners (e.g. bank, post office), increasing efficiency, transparency and accountability of the intervention. All potential partners have national coverage through outlets and ATMs and are well known and accepted by the population (some even do receive their social welfare payments through the same partner).

¹⁸ EUR 100 response now and consecutive support in the mid/long run

¹⁹ <https://media.ifrc.org/ifrc/what-we-do/community-engagement/>

Effectiveness: The National Red Cross Societies in the region will have standardised procedures for future activities and the best available service providers for distribution of CVA in the scope of this project

Duration: 2-3 months (some activities can be done at the same time as all activities above)

2.1.5. Conduct 2 regional trainings on CVA (1 x cash training level 2 and 1 x markets trainings)

Description: These trainings will be implemented by Austrian Red Cross CVA expert for each of the National Red Cross Societies in the project, building their capacities in these particular areas

Justification: Transfer of expertise, knowledge, experience, best practices

Effectiveness: The National Red Cross Societies in the region will adopt the knowledge and expertise and be aware of best practices. They will also have opportunities to discuss concrete issues in their national context and achieve solutions with the assistance of the Austrian Red Cross expert

Duration: 2x1 week

2.1.6. Distribution of cash assistance and in kind relief items including Post Distribution Monitoring (PDM)

Description: Upon completion of the CVA preparedness process, the trainings and the needs assessments, the partners will implement cash and voucher transfers and distribution of in-kind relief assistance to the identified people. The transfers will be one-time and in the amount of 85 Euro²⁰ in local currency– while the in-kind support distribution will also be one time, consisting of food and hygiene parcels responding to the established needs. The distribution activities will include collecting anonymous feedback on usefulness and efficiency of cash assistance; appropriateness and adequacy of in kind assistance and recommendations of beneficiaries for future similar interventions (along the Red Cross CEA standards on feedback²¹). Lessons Learnt and Review Workshops will be held, to ensure regional learning.

Targeting and Selection is done based on needs and gaps of the target group and developed transparent and understandable criteria. Targeting of people will be done based on the following sources:

- Red Cross: The local Red Cross offers several services to affected populations (e.g. soup kitchen, visiting home services, psychosocial support) to fill gaps not covered by state/municipal services. Based on these needs and services, registers are established and used for future assistance.
- Local Social Welfare/Protection/Health authorities: Local Red Cross branches and local authorities are in steady contact and exchange in providing assistance to the most vulnerable. Social protection and health services providing lists of most vulnerable people – based on agreed criteria – to local Red Cross branches to complement services on regular basis. This cooperation will be also used for the COVID19-response for older people and people with disabilities.
- Lists from other reliable and verified sources: Years of cooperation with other trusted sources (e.g. head of Roma community, local professional NGOs) will be continued also for this response. Lists of vulnerable people are exchanged to offer services as much holistically as possible.

Lists and data of different sources will be cross checked and verified by Red Cross staff and volunteers beforehand and at the end through a post distribution monitoring (PDM) activity. This can be done via home visits and in combination with a baseline study and/or the initial assessment. Based on the baseline study, outcomes at the end of the project can be measured. “Impact measuring” is based on long-term support and cannot be verified based on a one-off cash, voucher and/or in-kind support or service-provision activity. All Red Cross cash and voucher activities will be planned, implemented and monitored based on the global standard Cash Toolkit²². Notwithstanding if CVA, in-kind assistance or services are provided, a baseline study/assessment, monitoring and post-distribution monitoring can indicate, if the provided assistance was used to cover basic needs of the target group.

Justification:

²⁰ EUR 85 is the default amount. Needs assessments will show the exact needs to be covered in each of the partner countries.

²¹ <https://communityengagementhub.org/guides-and-tools/complaints-and-feedback/>

²² <https://www.cash-hub.org/guidance-and-tools/cash-in-emergencies-toolkit>

Cash transfer support programmes have proven to be effective in the interventions coordinated by the Red Cross Red Crescent movement members (recent example: Turkey). Providing direct cash assistance in relief, recovery or transition period helps to cover basic needs, re-establish/support livelihoods and/or provide shelter or short-term labour opportunities for the benefit of the community. In the mid-term it contributes to poverty alleviation and marks the shift from humanitarian programming to social assistance, addressing essential food and non-food needs and supporting/establishing livelihoods.²³ No less importantly, it acknowledges the agency of persons receiving support, ensuring they are participants in the support effort rather than just passive receivers of assistance, thus supporting their personal dignity.

The feedback collection and post distribution monitoring will be structured and organised several weeks after the distribution to allow for reflection on the part of the people supported. A representative sample of the targeted population will be selected and the feedback collected through standardised forms in each of the project sites. Cross-regional learning between the partner-countries will boost efficiency and is included in the project. Since partners in Kosovo* have opted to just in-kind support, relying on their experience, capacity as well as the preliminary estimation of needs, the CVA capacity building activities will not be including personnel from Kosovo*.

Effectiveness: The cash transfers aim to assist older persons and persons with disabilities who are without sufficient income in ensuring they can cover their basic needs (access to adequate nutrition, hygiene items, medication or essential services). Likewise, the in kind support will ensure that the health, hygiene and nutrition needs older persons and persons with disabilities who are without sufficient income and without access to essential goods and services are met through provision of essential items. Up to 1,000 persons per project site will receive cash transfer support (6,000 in total) and up to 5,000 persons per project site will receive in kind assistance (30,000 in total). The post distribution monitoring (PDM) and a feedback collection system will serve to evaluate the effectiveness of this particular element of the intervention and inform future similar activities. Learning and know-how exchange activities between partners, ensure sustainability and regional cooperation (e.g. staff exchange).

Duration: 3 months

Target and selection criteria for CVA

Targeting and Selection is done based on needs and gaps of the target group and developed transparent and understandable criteria. Targeting of people will be done based on the following sources:

- **Local Social Welfare/Protection/Health authorities:** Local Red Cross branches and local authorities are in steady contact and exchange in providing assistance to the most vulnerable. Social protection and health services providing lists of most vulnerable people – based on agreed criteria – to local Red Cross branches to complement services on regular basis. This cooperation will be also used for the COVID19-response for older people and people with disabilities.
- **Red Cross:** The local Red Cross offers several services to affected populations (e.g. soup kitchen, visiting home services, psychosocial support) to fill gaps not covered by state/municipal services. Based on these needs and services, registers are established and used for selection as well.
- **Lists from other reliable and verified sources:** Years of cooperation with other trusted sources (e.g. head of Roma community, local professional NGOs) will be continued also for this response. Lists of vulnerable people are exchanged to offer services as much holistically as possible.

Lists and data of different sources will be cross checked and verified by Red Cross staff and volunteers beforehand. This will be done via home visits and in combination with a baseline study and/or the initial assessment. Data will be stored electronically via [KOBOD/ODK](#) and the selected population will be ranked according to a scoring scheme.

Selection Criteria for the sources listed above (Social Welfare/Protection authorities, Red Cross, partner NGOs) are as follows:

²³ <https://www.ifrc.org/Global/Publications/disasters/finance/cash-guidelines-en.pdf>

1. Primary Selection Criteria

- Older person or
- Person with disability

2. Secondary Selection criteria (different context in the countries require different criteria) e.g.:

- Multi children family
- Single (women) headed household
- Low/no income
- Low/no pension
- Chronic disease

Outcome 3 (Strengthening Local Communities)

3.1.1. Grass-roots microprojects to increase social inclusion and participation of older persons and persons with disabilities at community level

Description: National CSO networks in each project site (with members being CSOs working with older persons/ persons with disabilities as well as National Red Cross Societies) will launch a call for small scale project proposals in local communities, focusing on social inclusion of older persons and persons with disabilities at local level, providing some form of direct support to the target group as well as participation in the community and advocacy initiatives. A total of at least 60 small local initiatives will be strengthened through sub-grants in the six project sites. These activities will serve as models of good practice and ultimately the basis for advocacy for more local-level adaptation and improved national policy making. These activities will be sub-granted to locally active CSOs with expertise in the relevant area, which will implement these activities with support from the national network, national coordinators and their organisations and local authorities. Special attention will be paid to identify project proposals that address social inclusion and participation of specific categories of citizens such as older women and older persons with disabilities, etc. while providing adequate support service that can later be demonstrated as needed and cost effective to local decision makers. The total amount of sub-granting will be 342.000 €, with a minimum of 2.000€ and a maximum of 5.700€ per project. Decisions on which projects will be supported will be made at regional level, with participation of representatives of each national partner and the Austrian Red Cross.

Justification: This activity will demonstrate to community members, decision makers and civil society that context-tailored local-level mobilisation and activism can be effective for increasing inclusion of older persons and persons with disabilities and their participation in the community, including on development of public policy. Provision of support and activities that increase social inclusion and participation of older persons and persons with disabilities in local context will be presented as models that local level decision makers can consider for future support.

Effectiveness: This activity will draw on the depth of the national CSO networks and individual CSO organisations (emphasising but not being exclusive to organisations of older persons and persons with disabilities). A total of at least 60 small-scale adaptation projects will be carried out over ten months by locally active CSOs, communities. The projects will be selected according to the concrete benefits they bring to the communities to enhance the level of social inclusion of older persons and persons with disabilities and increase their resilience while liaising with decision makers with potential to establish stable, lasting services in the community. No less importantly this activity will serve as a capacity building exercise for small civil society actors and grassroots organisations, aligning their work with the initiatives at national level as well as the level of European region, transferring the knowledge related to managing and reporting on the projects supported by European Union, reinforcing the values needed to build strong partnerships between civil, public and private sector at all levels.

Role of partners: The regional project manager, together with network coordinators and network members will develop the call for small scale projects. Selection of initiatives will be done at regional level through a selection committee. Network coordinators will monitor the small-scale adaptation projects, including financial and narrative reports.

Duration: Months: 15 through 24

Eligibility and selection criteria for disbursement of sub-grants

The action foresees the provision of at least 60 sub-grants to grass-root initiatives, local CSOs in the six project sites. The total amount of sub grants is 342,000 €.

Objectives and results to be obtained with the financial support are the following:

- CSOs conduct awareness raising activities and promote social inclusion of older persons and persons with disabilities
- CSOs address gaps in service provision at local level

Types of activities eligible for financial support are envisaged as follows:

- Local policy advocacy initiatives
- Provision of small-scale volunteer based basic services for older persons and persons with disabilities that can be tested and then advocated for (e.g. reaching remote and rural, hard to reach areas)
- Preparation of materials for local and national policy dialogue, public awareness raising and education
- Awareness-raising and educational activities on the topics of social inclusion of older persons and persons with disabilities, active ageing, volunteering
- Informal education/ lifelong learning initiatives in local communities
- Cultural activities with participation of older persons and persons with disabilities
- Adaptation of social and community environments which are not accessible for persons with disabilities to support their inclusion at community level

Types of persons or categories of persons which may receive financial support:

- CSO members of the networks and CSOs who are active at local level in the target project sites, as well as grass root initiatives.

Criteria for selecting these entities and giving the financial support:

- The activity is within the possible budget frame
- The activity is within the 10 months timeframe
- The activity is contributing to the specific objective of the overall project and in line with the project's main aim
- The applicant CSO is well coordinated with the relevant stakeholders for the respective initiative
- The applicant CSO ideally provides some own resources, such as facilities, equipment, expendables, human resources and other sources of funding
- The applicant CSO has the capacity to implement an initiative and related activities and submit financial and narrative reports (to be proven in the project application and budget)
- Only applications submitted in the provided format will be considered for grading
- The applicant CSO must ensure transparency and reliability

Criteria for determining the exact amount of financial support:

- The maximum amount which may be given is 5,700 €, the minimum amount is 2,000 €. Each

application shall include a detailed budget according to which the grant will be awarded; in the selection procedure special emphasis will be put on efficiency of budgeted funds. The duration of the projects will be ten months.

- The following expenses will not be accepted and supported: purchase of bigger equipment, construction and repairs of facilities

Necessary supporting documents for financial reporting on subgrants are:

Invoices, bank statements and financial overview.

A contract will be concluded between the partner organization and the selected CSO. This will include a signed application form including description of the action, work plan and budget as well as all requested documents of the organisation (e.g. Registration of organization, tax documents), narrative report template as well as EU visibility requirements.

The selection of the project proposals to be supported will be done at national level with consultation provided by the overall Project Coordinator. Each of the project sites will establish a committee which will be comprised of representatives of partner organisations and networks in the project site as well as a representative of a relevant public institution to ensure the selected projects are in line with the existing initiatives and efforts, that there is no overlapping and that they are relevant and complementary to the national and local context.

The committee will be responsible for reviewing all the project proposals arriving within the set deadline to establish their

- Eligibility (format, timeframes, budget frame)
- Relevance (to the Action as well as the national and local context)
- Capacity of the proposing CSO/ grassroots initiative to both implement the proposed action and report on it in line with the requirements
- Quality and effectiveness of the proposed action

The committee will grade the eligible projects using a comparison tool and within the budget allocated for this project site propose a number of microprojects for support, which will then be confirmed by the overall Project Coordinator upon reviewing the grading process and the rationale provided by each committee.

3.1.2. Media presentation of achievements of microprojects

Description: Drawing on the experiences from the small scale sub-granted projects good-practice examples on local level, inclusion and participation initiatives will be presented to the public via electronic media. The presentation of activities will focus on lessons learned, emphasise how the initiatives/projects could be transferred to other contexts, and how they may be scaled up nationally and replicated. The presentation will also target decision-makers to encourage upscaling or funding continuation of successful activities from the municipal budget, private business donations etc.

Justification: Experience from previous projects has shown that there is a clear need for good practices in social inclusion of older persons and persons with disabilities at community level that are appropriate for the national and regional contexts in Western Balkan countries. Discriminatory discourse in the media reinforces discriminatory narratives about older persons and persons with disabilities, ageism and ableism. This then influences both general behaviour in the population as well as the development of public policy, which directly affects the lives of persons with disabilities and older persons. This activity will act as a visibility exercise for the action and as a resource for advocating for robust, inclusion policies including community-based services and deinstitutionalization.

Effectiveness: This activity will contribute to effective advocacy by national coordinators, network members and other civil society organisations by providing clear success stories and lessons learned.

Role of partners: National coordinators will select appropriate good-practice examples and invite the initiators of these examples to present them. Additionally, the achievements, good practices and lessons learned of these activities will be promoted and amplified through the Red Cross Red Crescent movement using the global network of International Federation of Red Cross and Red Crescent Societies

Duration: months 25

Outcome 4 (Public Policy)

4.1.1. Training for CSO network members in the region provided by AGE Platform Europe and European Disability Forum: Engaging with policy makers and advocating for policy change in the process of EU accession

Description: Five CSO networks constituting of at least 70 individuals working or volunteering for these five CSOs in the partner countries will be provided with targeted training on how to effectively and impactfully engage with policy-makers and advocating for policy change in the context of the EU accession process. The training will build on the experience and best practices of AGE Platform Europe's and the European Disability Forum's member organisations active at national level. Through the training, AGE and EDF will grow the understanding and competences of participants to use human rights frameworks, and collective advocacy strategies, as well as strategic framing around inclusion and diversity. The training will help participants to more effectively influence important reforms in the systems of social protection that have an impact on the lives of older people and people with disabilities. Practically, the training will lead to the identification, by participants, of priority issues they aim to influence and that will be the focus of practical exercises for the second training (see 3.3.2). The training will be prepared and delivered in English by AGE with the participation and support of EDF trainers. Provided that the sanitary situation allows it, the training will be organised regionally in Belgrade and the CSO networks from the region will be sending their representatives to participate. In case face-to-face meetings are not recommended, a virtual training (or series of virtual training sessions) will be envisaged.

Justification: The activity will enhance the capacities of civil society organisations in the Western Balkans to effectively and constructively engage with governments on key societal challenges that matter to their citizens and are commonly relevant for the EU. These activities are directly aiming to increase the capacities of training participants from the regional CSO networks to influence the public debate and contribute to policy change in these areas.

Effectiveness: Training participants from the CSO networks will increase their knowledge and competences related to engaging with policy makers and advocating for change in key policy areas relevant for the EU in the context of the EU accession process.

Role of partners: The Red Cross of Serbia will be responsible for organising the workshop. AGE Platform Europe will be responsible for preparing and delivering the training with the support of the European Disability Forum. AGE will be in charge of liaising with EDF trainers to include their insights in the training programme. The preparation will imply to compile examples of good practices from AGE and EDF member organisations, developing a syllabus for the training and an interactive methodology. EDF will participate in delivering the training. The partners from the Western Balkans countries will be responsible for the selection of the training participants and providing national context data to AGE Platform Europe and European Disability Forum for the preparation of the training.

4.1.2. Training for CSO network members in the region provided by AGE Platform Europe and the European Disability Forum: Strengthening advocacy networks

Description: The CSO networks in the project sites will be provided with another targeted training aiming to raise the profile and increase the influence of each advocacy network. The training will explore strategies and good practice examples of how to build strong advocacy organisations that work for the benefit of the people they represent – in the present case: older people and people with disabilities. The training will focus on the management and development of advocacy organisations as well as the development of partnerships with allies that allow for a better self-representation of older people and people with disabilities (self-advocates). As such, this training will complement the learnings of the

training on engaging with policy makers and advocating for change (see 3.3.1). This second training will permit participants to identify what are the allies (other civil society organisations) to associate to their advocacy, and how to develop advocacy demands and messages to be delivered to the European Union and the respective national governments in regards to the EU Accession negotiation process. The training will again be prepared and delivered in English by AGE Platform Europe and the European Disability Forum. Provided that the sanitary situation allows it, the training will be organised regionally in Belgrade and the CSO networks from the region will be sending their representatives to participate. In case face-to-face meetings are not recommended, a virtual training (or series of virtual training sessions) will be envisaged.

Justification: This training will further enhance the capacities of civil society organisations in the Western Balkans to reinforce their representativeness, resilience, and impact in the long run. Such capacities are critical to effectively and constructively engage with governments on key societal challenges that matter to their citizens and are commonly relevant for the EU. These activities are directly aiming to ensure civil society networks in the region are strengthened to tackle public policy issues over a longer period.

Effectiveness: The CSO networks in the project sites will increase their effectiveness, efficiency, stability and skillsets related to network management.

Role of partners: The Red Cross of Serbia will be responsible for organising the workshop. AGE Platform Europe will be responsible for preparing and delivering the training with the support of the European Disability Forum. AGE will be in charge of liaising with EDF trainers to include their insights in the training programme. The preparation will imply to compile examples of good practices of network development and management, self-representation of older persons and persons with disabilities, and development of common advocacy demands/messages to policy makers (especially in contexts of coalitions where several CSOs are involved). AGE will develop a syllabus for the training, and prepare an interactive methodology for the training. EDF will participate in delivering the training. The partners from the Western Balkans countries will be responsible for selection of the training participants and providing national context data to AGE Platform Europe and the European Disability Forum for the preparation of the training.

Duration: 2 days, month 28, 20 participants

4.2.1. Research with older persons, persons with disabilities and informal caregivers on issues related to COVID-19 epidemic and previously existing but exacerbated by the epidemic and creation of recommendations/ policy models for policy creators to improve long term care services (LTC) in regular times as well as in potential second wave of COVID-19 and other emergencies (heatwaves, floods, droughts, earthquakes, harsh winter conditions etc.).

Description: A research study will be implemented by SeConS Development Initiative Group... (enter the name of the research institute as yesterday you said you will not outsource...) covering each of the project sites, to look into the issues encountered by older persons and their caregivers during the epidemic/ state of emergency, as well as to explore the policy framework regulating long term care services in each of the project sites. The research will be implemented by a research partner and consulting partners in each of the project sites and as a result provide a report with a set of recommendations. The research will be looking into the continuum of care available for older persons and persons with disabilities, including community services, healthcare services, social welfare services, inclusion services, cash assistance etc. Further, it will explore, for example, the relations between informal care and inclusion in the labour market and the impact of this relation to the persons receiving care. A set of recommendations will be made an integral, distinct part of the research report. It will be created through joint effort by SeConS and partners in each of the project sites, aimed at policy makers and institutions delivering long term care services.

Justification: Lack of comprehensive long term care systems has shown to be a key weak link of the system of support for older persons and persons with disabilities during the COVID-19 pandemic as well as in regular periods in the Western Balkans region. Improving policies regulating long term care systems would be the key contribution to improving the quality of life of this population. The purpose of the research is to analyse the regulatory/ policy frameworks regulating healthcare, social welfare and other

services of long term care available to older persons and persons with disabilities and explore how the framework enables transformation from regular mode of functioning to emergency mode so that it meets the needs of older persons and persons with disabilities during emergencies. It will look into which services currently exist and how they adapted to the COVID-19 epidemic emergency conditions, as well as into how different sectors (healthcare, social welfare, pension system...) coordinated their work in emergency conditions. The research will also include interviewing older persons, persons with disabilities and their informal caregivers to record their experiences with challenges in accessing the services during the epidemic/ state of emergency, Recommendations on how to improve the functioning of these systems will be developed in order to increase the efficiency in emergency conditions and better consider the needs of their beneficiaries. The research will be implemented using the following methodology:

Activity	Output
Development of research methodology	Research protocol
CATI research ²⁴ phone, 6 countries, on households with older persons or persons with disability	Data bases: country and regional data base in SPSS format
Desk research, long term services regulation	Policy recommendations to improve LTC services in the project sites
Development of the reports	Reports for each project site and regional report In English and translated reports in local languages
Individual interviews with service providers and local stakeholders, on available services for target groups in each country, 10 per country, except Bosnia 21 interview because of administrative structure of service provision	Deep analysis of available services – healthcare and social welfare systems for the target group during COVID 19 situation at national level, or entity level in case of Bosnia and Herzegovina
In-depth interviews with users Male-female, rural urban, young (65-74) older population (75+), by type of service, persons with disability younger than 65 diverse in terms of gender, rural urban, type of disability sensor, mental and motoric, and type of service (health and social protection)	Data base in MAXQDA

²⁴ Computer Assisted Telephone Interviewing uses telephone for data collection. According to the type of research, CATI methodology requires one or more telephone agents and a CATI survey software. The interviewer makes a phone call to the number that is displayed on the screen. Then, if the respondent wants to join the survey, the interviewer follows a script on the screen selecting the answers. The CATI survey tool will automatically proceed to the next question following the logic path. At the end of the questionnaire the interviewer will display a new respondent to call. The system will manage contacts according to rules set by the administrators. For example, contacts with a busy line will be displayed again after 15 minutes. If a contact answers the call but is not available for the interview, the agent can also schedule an appointment. In this case, the CATI software will automatically display that contact again at the date and time scheduled. <https://www.idsurvey.com/en/cati-survey-methodology/>

8 older persons, 3 persons with disabilities	
Preparation of the reports for each country using all material	Local study for each project site, regional report

The recommendations will rely on the research results, including the feedback from older persons, persons with disabilities and their caregivers and offer to policymakers and professionals clear, actionable points on how to improve the systems and services through policy and regulation reform.

Effectiveness: The research report will be made available to all project sites and their policymakers and institutions in English and local languages.

Duration: Months 1-18

4.2.2. Support to national partners in framing advocacy initiatives related to long term policy

Description: SeConS will provide continued consulting and advisory support to national project partners regarding advocacy initiatives based on the recommendations

Justification: The recommendations will be presented to relevant policy creators/ decision makers in a number of different forums, relying on the research results for evidence and basing them on the practices from the European Union region, thus reinforcing the aligning of national policy frameworks with acquis.

Effectiveness: The recommendations and subsequent policy improvements will lead to better accessibility and quality of long term care services for older persons and persons with disabilities as well as lessened burden of care for their informal caregivers both in regular and emergency periods.

Duration: Months 19-30

4.2.3. Dissemination of recommendations: media launches in each of the project sites

Description: A media conference in each project site will be organised to present the results of the research and the related policy recommendations as well as the good practices identified through implementation of microprojects. The presentation will focus on relevant recommendations for every project site and lessons learned, emphasise how the initiatives/ projects could be transferred to other contexts, and how they may be scaled up nationally and replicated. The presentation will also target decision-makers to encourage upscaling or funding continuation of successful activities from the municipal budget, private business donations etc.

Justification: Experience from previous projects has shown that there is a clear need for identifying community level good practices that are appropriate for the national and regional contexts in Western Balkan countries. This activity will act as a visibility exercise for the action and as a resource for advocating for policy change along the lines of the recommendations provided through the research report.

Effectiveness: This activity will contribute to effective advocacy by amplifying the messages, recommendations and success stories identified through the action. Additionally, the policy recommendations will be promoted and amplified through the Red Cross Red Crescent movement using the global network of International Federation of Red Cross and Red Crescent Societies

Duration: Month 31

4.2.4. Dissemination of recommendations: final project conference

Description: A final project conference, an international event will – epidemic situation allowing – be organised at the end of the action. This event will invite representatives of ministries, institutions and services from all the project sites as well as the relevant civil society partners.

Justification: The conference will be used to present the results of the action as well as discuss the policy recommendations and good practices identified through the research and microprojects.

Effectiveness: The event will contribute to the visibility of the action, dissemination of its results and key messages related to policy and practices, and be a networking opportunity that will increase the coherence among the main actors in the region of Western Balkans.

Duration: Month 36

4.2.5. Regular annual meetings of civil society networks in the six project sites

Description: Regular network meetings for each country will be organised once per year per each project site, each lasting two days and focusing on the activities of the project. CSO networks and organisations of older persons and networks and organisations of persons with disabilities will meet to discuss specific areas of interest in relation to advocacy for policy change in depth at these meetings including training where necessary. The meetings will be also be focusing on monitoring and reviews of the project activities but will also be used to conduct internal network management activities – ongoing issues, new members, opportunities etc. These meeting will, depending on the content also include participation of government representatives, and other stakeholders.

Justification: To ensure participatory, multi-stakeholder, smooth monitoring, reviewing, evaluation, learning, dissemination of the learned, coordination of project activities. Organisations of older persons and organisations of persons with disabilities have many mutual interests and shared priorities where synergies can be built through these meetings.

Effectiveness: The meetings will be used as regular, scheduled meetings to plan the next steps in detail with organisations and networks of both older persons and persons with disabilities The meetings will facilitate coordination of the project activities but also cooperation between organisations and networks of both older persons and persons with disabilities on other issues, as well as beyond the timeframe of the project, leading to sustainability of achieved synergies.

Role of partners: Network coordinators and national project managers will be responsible for the organisation of the meetings. Representatives of public authorities, service providers and other relevant stakeholders will be invited to these meetings as needed, depending on the topic.

Duration: One per year per country. Two days each, between 10 and 30 participants per network

4.2.6. Participation of members of CSO Networks and representatives of older persons and persons with disabilities participate in official policy-related meetings and working groups at local level as well as in policy and strategy related meetings and working groups at national level

Description: The development of the policy proposals will be one of the elements of advocacy with the policy makers, but the dialogue will be going on before that. The national CSO networks and organisations of older persons and persons with disabilities will engage with representatives of public administration into ongoing reform dialogues to discuss the preparation and implementation of the policy proposals. This will be done through official, formal meetings to discuss the relevant public policy as well as thematic public panel discussions and conferences.

Justification: Changes in public policy are a matter of ongoing dialogue and engagement that the civil sector and older citizens will maintain with the policy makers. The policy change process is typically gradual and takes time so these activities will be used to advocate for the concrete proposals.

Effectiveness: Establishing firm liaisons with the public policy bodies and representatives will lead to the desired changes in the longer term.

Role of partners: The national partners/ Western Balkans CSO networks will be responsible for establishing and maintaining relationships with the key decision makers/ relevant policy bodies in their countries as well as ensuring that older citizens are actively involved.

Duration: Ongoing

4.2.7. Six research studies on media representation of older persons and persons with disabilities during the COVID-19 epidemic in all the project sites

Description: The partners in the project will be hiring local agencies or consultants specialized for press clipping/ media analysis and tasking them with analysing the contents of the printed and electronic media in the period of March-May 2020 looking for mentions of older persons and persons with disabilities, listing them and categorizing them as positive, negative or neutral mention.

Justification: The activity will be establishing the general trends in public reporting on older persons and persons with disabilities during the first peak of the COVID-19 epidemic, for each of the project sites, determining the frequency and tone, in order to inform the policy proposals. The research is based on the assumption that biases and built-in stereotypes have tangible effects on the creation of public policies which in turn directly affect how older persons and persons with disabilities access the services and participate in the discourse on public policy.

Effectiveness: The Research and public advocacy/ policy influence coordinators in each of the project partners' organisations will be doing a deeper analysis of the agencies'/ consultants' reports to identify the prevailing biases (negative or positive) and potential discriminatory language which will feed into the preparation of policy proposals.

Role of partners: The national partners/ will be responsible for hiring the agencies/ consultants and doing analysis of their reports to use the acquired information in the policy proposals.

Duration: Months 1-6

4.2.8. Media launches of research reports on media representation of older persons and persons with disabilities during the COVID-19 epidemic and research with older persons, persons with disabilities and informal caregivers on issues related to COVID-19 epidemic

Description: Each national partner will present the reports of the two researches to the public through a press conference/ media event.

Justification: These events will be aimed at both stakeholders, including press and decision makers as well as general public and present the evidence that supports the needs for improved policies

Effectiveness: The public and key stakeholders in each country will be aware of the findings of the research activities as well as the rationale for the proposed policy improvements and will be invited to provide support.

Role of partners: CSO networks coordinators will organise media events.

Duration: 1 day, month 6, 50 participants per country

4.2.9. Public campaigns in all project sites to inform the public about the findings of the research as well as the policy recommendations

Description: Based on the research findings in each project site, these campaigns will be organized to address the public through a variety of media. They may include: press conferences, E-newsletters, websites, poster campaigns, bus campaigns or outdoor exhibitions. The expertise provided by AGE Platform Europe and European Disability Forum will factor into the content of the campaigns. Messages from grass-root initiatives, their press releases, video clips, and brochures will also be used and presented in each of the national contexts.

Justification: The campaigns will be used to mobilise not only the public at national level but also decision and policy makers to act, based on concrete evidence and concrete proposals related to public policy.

Effectiveness: Each national campaign will address the public and the key decision makers with relevant issues and concrete proposals for change, ensuring that dialogue on them is vivid and ongoing.

Role of partners: Network coordinators will organise campaigns with the network members and communicate with the media as well as to document the campaign.

Duration: The campaigns will be organised around 1st of October (International Older People Day) or June 15th (World Elder Abuse Awareness Day)

1.1.1 Methodology (max 5 pages)

Methods of implementation

This project is set on four methodological levels, namely: 1) direct assistance to affected and vulnerable population to preserve their mental health and build resilience (Mental Health) 2) direct assistance with livelihood and maintaining social welfare while enhancing capacities of National Red Cross Societies in the region to deliver consistent, effective, good quality programmes of Cash and Voucher Assistance (Relief/ Cash and Voucher Assistance) 3) strengthening the capacities of grassroots organisations and older persons/ persons with disabilities in their communities to increase their social inclusion and ensure participation in all phases of emergency preparedness and response activities (Strengthening Local Communities) and 4) assisting the policy creators in the region in developing more efficient, inclusive models of preparedness for future emergencies through collecting evidence and providing policy model recommendations (Public Policy)

1) Mental Health: The project recognises the importance of addressing the immediate needs of vulnerable population during the COVID-19 epidemic crisis in the region. By identifying specific ways in which older persons and persons with disabilities may be affected by the epidemic and the response measures, the project partners rely on the expertise and experience in providing psychosocial support and clear, correct and timely information to counter the adverse effects of movement restriction, slowing down of supply chains, reduced income, isolation, psychological pressure. This approach will build in-depth knowledge and skills at local, national and regional level particularly in relation to providing good quality psychosocial and peer support in epidemic circumstances as well as influencing public policy. Targeted trainings will allow the National Red Cross Societies and CSOs to adapt the acquired knowledge to their local circumstances. Practice sharing and learning will be promoted amongst all involved partners, building on the connections within the Red Cross Red Crescent movement network and connections created in the previous project implemented in the same five countries in the Western Balkans.

Psychosocial support: The volunteers delivering remote psychosocial support will be trained in provision of remote psychological first aid (PFA) and psychosocial support using the Remote Psychological First Aid during COVID-19 methodology developed by Psychosocial Centre of International Federation of Red Cross and Red Crescent Societies²⁵. This methodology is based on the cumulative experience of different national Red Cross/ Red Crescent societies around the world in provision of psychological first aid and psychosocial support, adjusted for the epidemic conditions where additional safety measures must be observed and followed to protect both those providing and those receiving support. The methodology includes the following sections, for example: Remote psychological first aid options, Action principles of PFA, key psychosocial phrases conveying interest and empathy, Advice to isolated or quarantined persons, Linking, referring the call, Additionally, the training will use the approach outlined in the publication “Different. Just like you – A psychosocial approach promoting the inclusion of persons with disabilities”, developed by the International Federation’s Psychosocial Centre.²⁶ The concept of empowerment is central to the whole approach, defined as a process of strengthening, whereby individuals, organizations and communities ‘get a grip’ of their own situations and surroundings. Building resilience that will strengthen the community to future challenges is the central idea. Additional training, where necessary, will be provided using the materials and methodology of the International Federation’s Psychosocial Reference Centre.²⁷

Self-help/ peer support: the remote psychosocial support will gradually be morphed into face to face psychosocial support and support to groups of older persons/ persons with disabilities to self-organise and work in informal but structured way with continued support provided by volunteers. This work will be

²⁵ <https://pscentre.org/wp-content/uploads/2020/03/Remote-PFA.pdf>

²⁶ https://pscentre.org/wp-content/uploads/2018/02/1744_psc_pid_bog_T2-lo.pdf

²⁷ <https://pscentre.org/resource-centre>

based on the methodology developed by the HelpAge International and the Red Cross of Serbia in the EU supported project Improved Access to Human Rights for Older People in 2012. The work of these support groups will be focused on improving the quality of group members and other older persons and persons with disabilities in the community, promoting older persons and persons with disabilities as active subjects in problem solving in their communities and identifying major issues in their communities especially the ones that affect them in a negative way. The groups will have the following tasks: psychosocial support within the group, combating social isolation of older persons and persons for disabilities, identifying problems common to older persons and persons with disabilities in the local community and providing volunteer-based assistance, identifying problems in the local community and the areas where older persons and persons with disabilities can contribute to solutions, organising meetings with local authorities and relevant institutions to advocate, lobby and promote solutions for identified issues.

Healthy ageing/ Community-based Health and First Aid: The support provided to groups of older persons and persons with disabilities will be further referring to the principles and methodologies of healthy ageing developed by World Health Organisation and International Federation of Red Cross and Red Crescent Societies. WHO has in 2020 declared the start of the decade of healthy ageing²⁸ with focus on thematic sets such as Healthy Ageing and functional ability, diversity, inequity and active aging. The CBHFA approach²⁹ seeks to create healthy and resilient communities by empowering volunteers and communities to take charge of their health. Using an integrated approach, volunteers are trained and mobilized to carry out activities within their communities.

2) **Relief/ Cash and Voucher Assistance:** CVA is a long-standing, scalable and acknowledged key modality, to cover these needs, complementing in-kind support (e.g. hygiene kit) and services (e.g. psychosocial support) if needed. It's well accepted by people in need, implementing partners, major donors and governments in the Balkans and globally. The UN Secretary General's Report for the World Humanitarian Summit, the Grand Bargain, the European Commission and the Red Cross as largest humanitarian organization, confirming the importance of CVA as standard tool in delivering support. The EC Director General of ECHO recently reiterated, that providing cash to the affected population is more efficient, safeguards dignity and ensures larger impact compared to in-kind assistance³⁰.

The modality (in-kind, cash & vouchers, services) and the respective delivery tool (for cash e.g. bank account, post man, mobile money, gift card, ATM card, cheque, cash in hand) are subject to a comprehensive assessment planned in the beginning of the intervention. For certain delivery tools, financial institutions are needed (e.g. bank account) to process the implementation of the e.g. cash grant (in Serbia). There are many different parameters for the identification of the proper modality and delivery tool to fit best to the needs of the population and the framework conditions – for example:

- People used to cash and voucher delivery tools (e.g. ATM cards, bank transfer, vouchers, cheques)
- People can access and use the provided assistance easily and in a dignified and safe way
- People can use assistance to procure needed items
- Low transaction costs in case of an intermediary
- Replicability for future interventions
- Capacity of Red Cross Society to support the respective modality and tool
- Timely delivery of assistance
- Services provided by a financial service provider (e.g. security, reporting, transparency, data protection)

It is proven, that if framework conditions allow, CVA is the more effective, safe and dignified approach compared to in-kind assistance. For supporting basic needs of affected populations, unrestricted tools will be preferred (e.g. bank transfer) over vouchers (restricted for certain good/markets/needs). Two decades

²⁸ <https://www.who.int/ageing/healthy-ageing/en/>

²⁹ <https://ifrc-ecbhfa.org/>

³⁰ EC 2019 - https://ec.europa.eu/echo/sites/echo-site/files/eu_cash_compendium_2019.pdf

of monitoring CVA activities, sustainably proof, that targeted households procure what is urgently needed for the most vulnerable in the household.

3) **Strengthening Local Communities:** The project will promote social participation of older persons and persons with disabilities through volunteering, peer support and by involving older persons and persons with disabilities in awareness raising activities and advocacy, thus encouraging them to participate in processes that affect their lives and their communities in general, especially with a view to better participation and representation in the emergency preparedness and response activities in all their phases. This will be done through training, support to initiatives at local level (policy influence, data collection) and support to grassroots participatory and empowerment initiatives through sub-granting.

4) **Public Policy:** CSO networks and project partners will strengthen ties with public authorities and decision-makers through policy working groups and panel discussions, to initiate policy changes and increase awareness about the importance of older persons and persons with disabilities being engaged as actors in the process of policy development and being empowered to influence it, particularly in regards to emergency preparedness and response. Since the CSO networks in the five regional countries built strong ties with select media representatives through the previous project (TASIOP) they will act as amplifiers of the crucial messages. In particular, the media will be engaged to promote the policy model proposals in each country, to participate public advocacy campaigns in each country and to promote the achievements of the microprojects implemented in all the target countries with a view of empowering older persons and persons with disabilities to participate in the life of local communities and increase their social inclusion. Regional training events will involve network members and active older people, building their capacity for monitoring and influencing policy development and implementation at local and national level as well as strengthening the work of CSO networks.

Ties with the previous action

The proposed action will strongly link to a previous EU-supported project, Taking Action on Social Inclusion of Older People (TASIOP) (IPA 2015 370-287), that over three years focused on social inclusion of older people in five countries of the Western Balkan region. It will build on its achievements and the lessons learned, Through national research studies³¹, a comprehensive situation analysis and information from other relevant findings/studies³² comprehensive evidence was collected.

Complementarity with other initiatives supported by the EU and by other donors

The project is not a part of a larger programme but will coordinate and make possible synergies with other similar initiatives that involve older persons and persons with disabilities as target groups. The project will be part of ongoing efforts by the partners on advocacy with and on behalf of older persons and persons with disabilities, under the umbrella of global initiatives that emphasise participation of older persons, through civil sector, in policy creation³³ and healthy and active ageing³⁴. This will also make an important contribution to the achievement of the Sustainable Development Goals.³⁵ Additionally, the partners in the action will be joining complementary campaigns organized by AGE Platform Europe and/or the European Disability Forum over the course of the project implementation. As a matter of fact, the two European networks together with the [European Federation of Public Service Unions](https://www.european-council.europa.eu/media/e40000/press-releases/16174_en.pdf) (EPSU) launched a joint call to the European Parliament for an investigation into the mismanagement of the COVID-19 pandemic in the long-term care sector³⁶. Partners in the action will also be invited to follow international debates such as the ones taking place within the UN Processes related to ageing (UNDESA:

³¹ Social inclusion of Older Persons (65+) in Serbia: <https://tinyurl.com/y4pxqmj5>; Research report: Assessment of Socioeconomic Conditions, Social participation and Health Status of Older People in Albania: <https://tinyurl.com/y5rgfja9>; Research analysis: Healthcare and social welfare services needs of older people: <https://tinyurl.com/y5fso8h4>; Research on the status of Older People in Montenegro: <https://tinyurl.com/y6td8yvd>; Social Inclusion of Older People in Bosnia and Herzegovina: <https://tinyurl.com/y4zbaku8>

³² <https://tinyurl.com/y4foty6m>, <https://tinyurl.com/y2betdma>, <https://tinyurl.com/y5lven7x>

³³ HelpAge International: Age Demands Action – global advocacy campaign in which older people speak directly to decision and policy makers on relevant issues: <https://www.helpage.org/tags/age+demands+action/>

³⁴ International Federation of Red Cross and Red Crescent Societies: Healthy Ageing: https://www.ifrc.org/Global/Documents/Secretariat/Health/Toolkit_MRC_092216.pdf

³⁵ <https://sustainabledevelopment.un.org/?menu=1300>

³⁶ <https://www.age-platform.eu/policy-work/news/wide-mep-support-our-joint-call-investigation-covid-19-mismanagement-long-term-care>

Open-Ended Working Group on Ageing and UNECE: Working Group on Ageing). The project is likewise aligned with the UN Agenda 2030, the Sustainable Development Goals and their underlying approach of leaving no one behind.

The project is coherent with the new EC IPA strategy 2014-2020 in which CSOs play a crucial role in delivering enlargement policy including social inclusion of vulnerable groups, social protection and promoting respect of principles of democracy and human rights. In Serbia, the Action will align with the processes envisioned under the Strategy of Social protection 2019-2025 and the Strategy for Development of Digital Skills. In Bosnia and Herzegovina, the government has initiated the process of policy framework for older people protection. In Albania, there are plans to develop local action plans on ageing based on the national one that was developed in previous actions and there is work on a new strategy on ageing which delegates powers to civil society for a number of actions. In Montenegro the action will feed into the strategy of Social protection of Older People 2018-2022 that was already influenced by civil society during the course of previous project. In North Macedonia the Action will feed into the Strategy for Older persons (2010-2020) that among others aims at (Priority 3) “Improving the quality of life of older persons”.

Since there is a large EU initiative in Albania at the moment with approximately 70 million Euro allocated for social inclusion and to strengthen social care services, improve inclusive education and broaden employment opportunities, the project will specifically pay attention to avoid overlapping and pursue synergies wherever possible. More specifically, the majority of local level activities will be discussed and agreed upon with local governments, in order to align them with local social inclusion plans and specific community needs.

For Kosovo, since the EO Kosovo is working on a large number of interventions via IOM, Save the Children, UNDP and local CSOs, Caritas Kosova will establish/refresh and maintain cooperation at project level with IOM, Save the Children and UNDP. Caritas Kosova is currently part of the Regional EU Project “SOCIETIES 2 - support Of CSOs In Empowering Technical skills, Inclusion of people with disabilities and EU Standards in Western Balkans, 2nd phase”. This project has recently conducted an overall regional Research on COVID -19 Impact on Local CSOs working in the field with Disabled Persons and with Mental Health problems. This Research will be a good and effective baseline and will serve to COVID-19 Project in its initial phase of implementation. Regarding older persons specifically, Caritas Kosova has rich experience in providing home and health care through its “Home Care “project which is active at national level and covers more than 14 municipalities in the country. The project itself focuses on providing health care services by professional staff and as well social and psychological support services for older persons. Additionally, Caritas Kosova has a programme of providing support with food and non-food items for most vulnerable families living in social assistance. The program covers a large part of Kosovo* and supports families which face day to day difficult situation and have low social income. In 2020 Caritas Kosova has distributed approximately 64 tons of food, drinks, food for children, furniture, clothes, etc.

Organisational Structure

Title	Function
Lead applicant: Red Cross of Serbia	
Regional project manager (RPM):	RPM is based in Red Cross of Serbia and maintains an overview of all projects and contract management processes in the region. RPM is responsible for monitoring and for communication with the EC, as well as for overseeing the overall implementation of the activities in Serbia and other project sites, including provision of psychosocial support, research, policy proposals, CVA and microprojects activities
Regional project assistant/ (RPA):	RPA is based in the Red Cross of Serbia and will support RPM with the above tasks.
Project financial officer in Serbia (PFO)	Ensures project expenditure is regularly monitored and accounted for across the six project sites. Provides support to partners’ PAs. Responsible for compilation of financial reports to contracting authority and internal audit in Serbia.
CVA/ Relief	The CVA/ relief coordinator will be responsible for doing needs assessment

Coordinator (NC): 20%	for and coordinating the relief assistance to vulnerable older persons and persons with disabilities, including distribution of cash and vouchers and distribution of parcels. Additionally, the CVA/ Relief coordinator in Serbia will serve as support to CVA/ relief coordinators in the rest of the project sites with training and expertise provided by Austrian Red Cross. This person will report to the project coordinator and will be active in the project for 18 months.
Co-applicants' staff:	
Project coordinator NOOIS Serbia	PM will be responsible for overall management of project activities on the ground, including contributing to provision of psychosocial support, research, policy proposals, CVA and microprojects activities, working together with the RPM. PM will also be responsible for compiling and sending project progress reports to RCS
Project coordinator Association of Blind Persons Montenegro	PM will be responsible for overall management of project activities on the ground. PM will also be responsible for compiling and sending project progress reports to RCS
5 National project managers (PMs): 50 %	Responsible for overall management of project activities on the ground. Responsible for compiling and sending project progress reports to RCS.
5 CVA/ Relief Coordinator (NCs)	The CVA/ relief coordinators will be responsible for doing needs assessment for and coordinating the relief assistance to vulnerable older persons and persons with disabilities, including distribution of cash and vouchers and distribution of parcels. These persons will report to the project coordinator and will be active in the project for 18 months.
10 Project Accountants (PAs)	Will work closely with the PMs on all financial processes in the project. This will include expenditure verification, internal audit, VAT exemption processes and on internal/external financial reporting processes.
8 Psychosocial Support coordinators	PSS coordinators will be responsible for management of training for and implementation of remote psychosocial support and peer assistance project activities on the ground. The PSS coordinators will be reporting to the national project coordinator
6 Small grants coordinator	The Small grants coordinators will be responsible for coordinating and monitoring the implementation of small grants activity: communication with and support to subgrantees, field visits, collection of data, coordination of reporting.
6 Research and public advocacy/ policy influence coordinators	The Research and public advocacy/ policy influence coordinators will be responsible for coordinating and monitoring the activities related to research on media representation of older persons and persons with disabilities during COVID-19 epidemic and coordinating the preparation of public policy proposal
Project assistant NOOIS Serbia	Administrative and programmatic support to the project coordinator in NOOIS
Consultant Austrian Red Cross (33.3%)	The Austrian Red Cross consultant will provide technical assistance on project management and subgranting throughout the project duration.
CVA coordinator Austrian Red Cross	The AutRC CVA coordinator will support the overall CVA process, consult the overall CVA coordinator of the RC of Serbia and provide specified, punctual support and Feedback to the CVA process as well as the CVA preparedness process of partners
AGE Platform Europe Secretary General	AGE Policy Coordinator leads on a specific theme/policy dossier and liaise with the rest of the policy team; s/he also supports the Secretary General in external representation of the network.
AGE Platform Europe Policy/Project Officer	AGE Policy/Project Officer participates in several advocacy and projects initiatives AGE is involved in to ensure that older people have their say in the process.

AGE Platform Europe Policy Officer	AGE Policy Officer participates in several advocacy and projects initiatives AGE is involved in to ensure that older people have their say in the process.
European Disability Forum expert	Consulting on strengthening CSO networks and developing policy models, Training preparation (compiling examples of good practices from EDF experience, contributing to the training curriculum, preparing material and hand-out documents)
SeConS	SeConS will work on research and development of policy proposals and provide consulting and advisory support to national partners on advocating for policy changes

Planned monitoring arrangements and subsequent follow-up

The overall project monitoring and evaluation will be the task of the Project Management Committee (PMC), which will be made up of project staff from Red Cross of Serbia and representatives of the other project partners in the project. A monitoring plan will be developed in the beginning of the project. The PCM will ensure the quality of project implementation and achievement of results with the participation of, and accountability to, beneficiaries and wider stakeholders. The committee will effectively incorporate evidence and learning into the project cycle and into wider policy development. The regional project manager will pay regular visits to project countries and together with the project partners locally monitor and evaluate project implementation. Again, during those visits various stakeholders will be consulted. Impacts need to be monitored on five different levels: (1) organisational level, (2) local level, (3) network level, (4) national level, and (5) regional level. This will be attained by the installation of a Participatory Impact Monitoring (PIM) system. Network member organisations and relevant stakeholders will be actively involved in continuously tracking changes in the sectors addressed by the project.

Planned internal/external evaluation processes

Evaluation of capacity building measures - Meeting/Training evaluations: Evaluation forms will be completed after trainings and meetings. They will assess the immediate impact of trainings/ meetings and how they have been perceived by participants and partners. Follow-up questionnaires and interviews will also be used at the end of the project to assess the long-term effectiveness of project trainings and the way learning has been applied by members of CSOs and older people.

Public campaigning evaluation: Public views and opinion will be evaluated by media reports, press clippings and project website accesses.

Small grant project evaluation: All microprojects supported through subgrants that will be implemented by CSOs in the five target countries will submit a narrative and financial report, including lessons learned. Ongoing monitoring will be done by the project partners.

Regular monthly financial monitoring: Financial spending will be monitored by Red Cross of Serbia against the approved EC budget to ensure that all expenditure is tracked and in line with approved budgets. These figures will then formally be reviewed by Red Cross finance department, with spending cross-referenced to activities to ensure value-for-money in project delivery. This regular oversight and review will enable project staff to identify and address variations at an early stage.

Final evaluation: The final evaluation will be conducted by an external consultant. This will be supported by project partners who will draw up terms of reference and provide information, evidence and logistical support to the consultant, including facilitating visits to network members and representatives of local and national authorities as appropriate.

The planned activities in order to ensure the visibility of the action and the EU funding: In the first project quarter a communication and visibility plan will be elaborated by the project team. With the help of this plan the project team will ensure that all communication (e.g. project newsletter, invitations, media releases), visibility materials (roll-up banners, posters) and project products (e.g. national research reports,) are in line with the EU visibility guidelines. In order to ensure information exchange and dissemination, the project team will coordinate project activities with the EU delegation in charge. This will be provided through bi-lateral meetings and invitations to bigger project events. The invitations to the

meetings, trainings, conferences as well as agendas and any written material or stationery will display the EU funding. Any public event, especially public campaigning events will display the logo of EU.

1.1.2 Indicative action plan for implementing the action (max 4 pages)

The action plan will be drawn up using the following format:

Year 1													
	Half-year 1						Half-year 2						
Activity	Month 1	2	3	4	5	6	7	8	9	10	11	12	Implementing body
Example	example												Example
1.1.1 Provision of timely, accurate and accessible information from verified trusted sources including on the epidemic, response progression and measures of protection and self-protection (e.g. gender-based violence) as well as individual rights through a telephone/ text message based service centres; provision of psychosocial support including evaluation of services and adjustments													Western Balkans Red Cross partners
1.1.2 Training for volunteers of telephone/ text and app-based information services in providing referrals to callers in need of legal advice, medical advice, mental health advice and social support advice													Western Balkans Red Cross partners
1.1.4. Reach out community activities to promote the remote													Western Balkans Red Cross partners

psychological first aid and psychosocial support activities (telephone helplines)													
1.3.1. Review of provided psychological first aid and psychosocial support during the first wave of COVID-19 epidemic and assessment of needs													Partners in the Western Balkans countries
1.2.1. Needs assessment for distribution of cash and voucher assistance and in kind relief items													Western Balkans Red Cross partners
1.2.2. Conduct Cash and Voucher (CVA) Self Assessment and establish a Plan of Action													All Red Cross partners
1.2.3. Incorporating CVA into M&E, Finance, HR and Communication systems													All Red Cross partners
1.2.4. Develop Standard Operative procedures (SOPs) and conduct Financial Service Provider negotiations													All Red Cross partners
1.2.5. Conduct 2 regional trainings on CVA (1 x cash training level 2 and 1 x markets trainings)													Austrian Red Cross
1.2.6. Distribution of cash assistance and in kind relief items including Post Distribution Monitoring (PDM)													Western Balkans Red Cross partners

3.1.1. Prepare and train National Red Cross Societies/ Civil Society Organisations in managing cash and voucher transfer support programmes													Austrian Red Cross
3.2.1. Training for peer support													Western Balkans Red Cross partners
3.2.2. Training for provision of remote and in person psychological first aid and psychosocial support													Western Balkans Red Cross partners
4.1.1. Research with older persons, persons with disabilities and informal caregivers on issues related to COVID-19 epidemic and previously existing but exacerbated by the epidemic.													SeConS, Red Cross of Serbia
4.2.1. Creation of recommendations/ policy models for policy creators to improve LTC services in regular times as well as in potential second wave of COVID-19 and other emergencies (heatwaves, floods, droughts, earthquakes, harsh winter conditions etc.)													SeConS, Red Cross of Serbia, Western Balkans partners
4.3.1. Regular annual meetings of civil society networks in the six project sites													Western Balkans partners
4.3.2. Participation of members													Western Balkans partners

of CSO Networks and representatives of older persons and persons with disabilities participate in official policy-related meetings and working groups at local level as well as in policy and strategy related meetings and working groups at national level													
4.4.1. Six research studies on media representation of older persons and persons with disabilities during the COVID-19 epidemic in all the project sites													Western Balkans partners
4.4.2. Media launches of research reports on media representation of older persons and persons with disabilities during the COVID-19 epidemic and research with older persons, persons with disabilities and informal caregivers on issues related to COVID-19 epidemic													Western Balkans partners
Etc.													

Year 2													
	Half-year 3						Half-year 4						
Activity	13	14	15	16	17	18	19	20	21	22	23	24	Implementing body
Example													Example
1.1.1 Provision of timely, accurate and accessible information from verified trusted sources including on the epidemic, response progression and measures of protection and self-protection (e.g. gender-based violence) as well as individual rights through a telephone/ text message based service centres; provision of psychosocial support including evaluation of services and adjustments													Western Balkans Red Cross partners
1.1.3 Evaluation to ensure the service is adapted as necessary to better meet the needs of users.													Western Balkans Red Cross partners
1.1.5. Provision of psychosocial support and support to older persons and persons with disabilities in organising ongoing local level activities in self-help,													Western Balkans Red Cross partners

peer support and healthy ageing													
2.1.1. Grass-roots microprojects to increase social inclusion and participation of older persons and persons with disabilities at community level													Western Balkans Red Cross partners
4.1.1. Research with older persons, persons with disabilities and informal caregivers on issues related to COVID-19 epidemic and previously existing but exacerbated by the epidemic.													SeConS, Red Cross of Serbia
4.2.1. Creation of recommendations/ policy models for policy creators to improve LTC services in regular times as well as in potential second wave of COVID-19 and other emergencies (heatwaves, floods, droughts, earthquakes, harsh winter conditions etc.) and support to national partners in framing advocacy initiatives related to long term policy													SeConS, Red Cross of Serbia, Western Balkans partners
4.3.1. Regular annual meetings of civil society networks in the six project sites													Western Balkans partners
4.3.2. Participation of members of CSO Networks and representatives of older persons and persons with disabilities participate in official policy-													Western Balkans partners

related meetings and working groups at local level as well as in policy and strategy related meetings and working groups at national level													
Etc.													

Year 3													
	Half-year 3						Half-year 4						
Activity	25	26	27	28	29	30	31	32	33	34	35	36	Implementing body
Example													Example
1.1.5. Provision of psychosocial support and support to older persons and persons with disabilities in organising ongoing local level activities in self-help, peer support and healthy ageing													Western Balkans Red Cross partners
2.1.2. Media presentation of achievements of microprojects													Western Balkans Red Cross partners
3.3.1. Training for CSO network members in the region provided by AGE Platform Europe and													AGE Platform Europe, European Disability Forum

European Disability Forum: Engaging with policy makers and advocating for policy change in the process of EU accession														
3.3.2. Training for CSO network members in the region provided by AGE Platform Europe and the European Disability Forum: Strengthening advocacy networks														AGE Platform Europe, European Disability Forum
4.2.1. Creation of recommendations/ policy models for policy creators to improve LTC services in regular times as well as in potential second wave of COVID-19 and other emergencies (heatwaves, floods, droughts, earthquakes, harsh winter conditions etc.) and support to national partners in framing advocacy initiatives related to long term policy														SeConS, Red Cross of Serbia, Western Balkans partners
4.2.2. Dissemination of recommendations: media launches in each of the project sites														Western Balkans partners
4.2.3. Dissemination of recommendations: final project conference														Red Cross of Serbia, partners
4.3.1. Regular annual meetings of civil society networks in the six project sites														Western Balkans partners

4.3.2. Participation of members of CSO Networks and representatives of older persons and persons with disabilities participate in official policy-related meetings and working groups at local level as well as in policy and strategy related meetings and working groups at national level													Western Balkans partners
4.4.3. Public campaigns in all project sites to inform the public about the findings of the research as well as the policy recommendations													Western Balkans partners
Etc.													

1.1.3 Sustainability of the action (max 3 pages)

Technical impact: The project will build technical capacity of staff and volunteers of the applicant, the co-applicants as well as of the civil society organisations in the national CSO networks of older persons and persons with disabilities. Technical skills will be improved in areas including strategic planning, advocacy, public (including media) campaigning, evidence-based policy influencing, involvement, volunteering of older persons and persons with disabilities and cash and voucher assistance (CVA). The impact upon the targeted members of national CSO networks of older persons and persons with disabilities will also include building synergies between them based on the shared priorities and interests, identifying opportunities for cooperation on a number of themes (such as long term care services, social inclusion...) both at national level (advocacy related to policy) as well as at local, operational level. The project will target various stakeholders (government and public institutions/ service provider institutions, local administrations, media, etc.) and the policy proposals will be complemented by targeted advocacy and public campaign actions. This will increase the technical knowledge of service providers and policy makers, thus increasing their understanding of the needs of older persons and persons with disabilities and the barriers they face. The CVA planning, implementation and monitoring process – jointly and in coordination with local social welfare/protection authorities – will use established assistance channels to support the most vulnerable and at the same time build up and strengthen CVA capacities of Red Cross staff and volunteers and local authorities. Thus, CVA can and will be used in future scenarios as well and again in coherence with local authorities.

Economic impact: The main impact of the proposed policy models that will be submitted to the authorities in each of the countries will be that the existing resources that are already available in the systems of social welfare and healthcare will be used in a more optimal way. This means that, without having to commit to increasing the budgets for healthcare and social welfare, the five target countries will have the opportunity to provide better accessible, more responsive, well targeted services for older persons and persons with disabilities, in line with the priorities that have been well researched and defined between the civil sector and older persons and persons with disabilities themselves. Any new services to be developed to address unmet need will be designed from the beginning to be cost effective and take into consideration both demographic and economic predictions in order to ensure they are in line with the estimated need in the long run and that they are realistic in terms of budgeting. More accessible and better targeted long-term services will also positively affect independent living and inclusion of both older persons and persons with disabilities. They will also improve functional ability of older persons and persons with disabilities, thus delaying the need for institutional care services and more intensive healthcare services utilisation. Furthermore, work of at least 60 local level projects implemented through sub-granting local and grassroots organisations and support to volunteer-run support groups such as telephone circles and self-help groups will increase social inclusion and participation of older persons and persons with disabilities and serve as examples of good practice for local governments, decision makers and other stakeholders. This will impact on the development of future policies and government programmes of support, which will again have a positive impact upon the economic well-being of targeted older persons and persons with disabilities.

Social impact: The action will contribute to better address the needs of both older persons and persons with disabilities as well as the members of their families (who in many cases serve as informal care givers) by making the services better targeted and more readily available. Furthermore, the synergies built between networks and organisations of older persons and persons with disabilities will be established on recognition of mutual interests and shared priorities, and the cooperation between them will be carried forward beyond the scope of the project. This will provide older persons and persons with disabilities with better leverage in future talks with policy creators and decision makers at different levels on all matters of importance to them. The action will focus on preserving mental health and building resilience of older persons and persons with disabilities in relation to the current pandemic as well as different future emergencies, especially those that affect these groups in population in a markedly different way than the rest of population (such as, for example, heatwaves). The capacities built to provide psychosocial support – remotely and face to face – in all the project sites will be designed to be sustainable with very modest investments going forward (based primarily on volunteer work and mutual support) and through addressing the “epidemic loneliness” and social exclusion of older persons and persons with disabilities will provide positive effects for this population in the non-emergency periods as well.

Policy level impact: The policy changes influenced by the project should improve the quality and availability of long-term care services in both regular and emergency circumstances. As the transition from regular functioning to emergency modes of functioning has not been smooth in the first wave of the epidemic, then the policy changes should address the identified gaps and ultimately lead to building integrated, comprehensive systems of long term care in each of the target countries. On a broader level, in all future emergencies older persons and persons with disabilities will, through improved policy be more visible – with recognition of their heterogeneousness – and receiving better targeted support that will address their real, specific needs.

Nationally and regionally the action will raise the profile of activities related to ageing and disability and promote the ways civil society and citizens themselves can influence development of public policies, especially those affecting the quality of life of groups in the population that are at risk of being marginalised. The policy development process will become more inclusive with participation of older persons and persons with disabilities taking part at every step of the policy creation, from evidence collection to writing concrete policy proposals. The action will also counter negative stereotypes of older persons and persons with disabilities as passive receivers of welfare support, showing them instead as active and capable volunteers and activists who understand the issues their peers are facing and are able to articulate formal proposals on how to address these issues..

Detailed risk analysis and contingency plan

Main assumptions and risks:

The assumption is that the manageability of the COVID-19 situation improves and that lessons learned are being applied and voices of older persons and persons with disabilities are better heard. Local level authorities and institutions will recognise the value of working with older persons and persons with disabilities in regard to the COVID-19 epidemic and be interested in good practices. Partners and external institutions and public authorities are strongly committed to addressing mental health components of COVID-19 and other potential crises and will recognise the importance of policy development not only in the framework of the COVID-19 epidemic but are also interested to prepare for future disasters.

A risk is that a potential new COVID-19 outbreaks and related measures taken by the governments in the region may influence project activities. However, this might be mitigated by a vaccine that will be available eventually and that project activities can also be done remotely if needed (e.g. psycho-social support);

Economic risk: *Exchange rate risk. Likelihood low, Impact moderate.* The project is denominated in Euros. If the euro falls significantly it will affect the affordability of various aspects of the project. In this case the project may, in coordination with EU Delegation staff, look to reforecast the budget and reduce spending. This risk is low due to the quite stable exchange rate over the previous several years in all of the project countries. *National/international economic pressures related to the epidemic or post-epidemic recession lead to reduced governmental budgetary commitment toward older persons and persons with disabilities: Likelihood moderate; Impact high.* Based on the growing recognition within government of the impact of demographic change in the region, a reduced commitment should not be expected. The project focuses on enabling civil society, especially older persons and persons with disabilities working through their organisations and national networks to contribute to existing momentum in this area, and ensuring that government are provided with compelling evidence and support, at both national and local levels, to ensure those policies and programmes of work are given sufficient budget support.

Preconditions and assumptions: The project is first and foremost designed with the possibility of future epidemic peaks, national or regional in mind. Majority of the activities are designed so that they can be implemented working remotely, or that they can be postponed until the safety assessment is positive and the activities may be implemented in the planned manner. The project at its core is about ensuring that response to emergencies – including epidemics but also other fast and slow onset emergencies that may affect older persons and persons with disabilities in specific ways – is improved, better targeted and adapted to the circumstances so that the population in need is assisted in ways that correspond to their expressed needs. The activities in this project, such as psychosocial support are designed to be provided both remotely and in person with the plan being to ensure in-persons support gradually takes over the remote means if the epidemiological situation subsides, however, if this does not happen, the activities can easily emphasise remote assistance for as long as it is needed. The budget of the action is designed to allow for both possibilities.

A relatively stable political and security situation in Western Balkan countries is a precondition for the project implementation, including an enabling environment for national and local civil society development. Further a commitment from governmental authorities at local, national and regional level to support an open and constructive dialogue and cooperation with CSOs and older people is assumed as one of the main preconditions of success is that the authorities and policy makers will commit to basing their policy decisions of data and verifiable evidence, thus responding to the real needs of the population of older persons and persons with disabilities. Relations between project partners and media shall remain positive. The project assumes further that older persons and persons with disabilities remain willing and keen to participate in project activities.

Cash and Voucher Assistance Risks & Mitigation

✓ CVA General

Cash and Voucher Assistance (CVA) has been accepted as global tool, to support people in need more swift, efficient, transparent and accountable as other tools in most interventions. It is also suggested as standard response tool by donors (e.g. [EC](#)) and other major stakeholders (e.g. Red Cross Red Crescent Movement). However, CVA has to be planned and implemented as carefully as other tools (e.g. in-kind support, services), to serve people in need best and to do no harm. For this, the Red Cross and Red Crescent Movement, has developed a globally accepted [preparedness process](#) including a [toolkit](#) to be used in emergencies and other crises situations.

The standardized CVA preparedness process including the use of the CVA toolkit, are the most important tools, 1) to act as professional and trusted partner in emergencies, pro-tracked crises and in development cooperation and 2) to minimize various risks (protection/gender/inclusion, environment, political, economic, reputation).

✓ CVA Segregation of duties

The close partnership with professional actors, reduces administrative overhead, ensures efficient planning and implementation, minimizes the risk of misuse of funds and sensitive data and prevents overlapping of assistance, respectively guarantees a coherent approach. The most important actors are

- Targeting: National and local/municipal social welfare authorities
- Targeting: National and local/municipal social protection authorities
- Cash Handling: Financial Service Providers (e.g. trusted banks, Post Office)

✓ CVA Targeting & Cooperation/Coordination/Coherence

The cash and voucher assistance (CVA) support and in-kind relief assistance need to be targeted precisely, in order to ensure optimum effectiveness for the support provided and aligned with national and local social safety/protection net programmes. All Red Cross partners in the Western Balkans are working in a coordinated and coherent way with and through their respective social protection and welfare authorities. This approach prevents duplication and guarantees the alignment of all services offered. The local, regional and national authorities are involved throughout the whole project cycle (planning, implementation and wrap-up/monitoring/evaluation). The local/municipal social welfare/protection service entity, jointly with the local Red Cross, has a crucial role in the identification of the most vulnerable people. Targeting and selection criteria are developed in partnership and communicated via municipal and Red Cross channels.

The Post Distribution Monitoring (PDM) activities will be in place to ensure, among other things, that this assistance benefits older persons and persons with disabilities directly and not only the members of their families (see activity 1.2.6). Non-proper use of in-kind assistance (selling of parcels to cover other needs) and cash and voucher assistance, will be minimised through tight monitoring and standard communication tools (CEA³⁷).

✓ CVA – Community Engagement and Accountability (CEA)

³⁷ <https://media.ifrc.org/ifrc/what-we-do/community-engagement/>

To do no harm and design the intervention best for the targeted population, the use of CEA as standard tool is mandatory in the IPA beneficiaries where it will be implemented. CEA puts the community in the center of the intervention and ensures

- 2-way-communication through the analysis and use of proper communication channels (can all read/write, mobile phone as info tool possible, etc.) and
- the provision of information to all stakeholders (targeted people, not targeted people, media, politicians, religious leaders, municipalities, etc.).

Risk: A negative development of the economic situation could lead to austerity measures throughout the region.

Mitigation measures: Partners and external institutions and public authorities understand the advantages of Cash and Voucher Assistance- CVA programming as default response and are thus willing to further engage in the CVA process.

Sustainability of the action after completion

Financial sustainability: The project creates few financial obligations for the applicant and co-applicants/ other partners in the project and regional network. The project will fund no significant infrastructure requiring future maintenance, with the majority of focused on training and capacity building. The biggest part of the activities will be volunteer-based with a view of ensuring they go forward, beyond the project implementation period through work of volunteers and the volunteer work of active older persons and persons with disabilities from the community. The project will aim to develop closer ties between civil society organisations/ networks of older persons and policymakers as well as to broker better understanding of the benefits that participation of civil society and citizens themselves – particularly from population of older persons and persons with disabilities – in the policy dialogue brings to the society. Small grant projects will be supported to demonstrate the importance of social inclusion and participation of older persons and persons with disabilities at community level, as well as the feasibility of such initiatives that can create real change on very modest budgets. With CSOs raising public awareness on issues facing older persons and persons with disabilities and offering models on how to practically address some of them in local context, there is space to negotiate with local authorities on providing financial support and/ or exploring areas for future collaboration. It is assumed that some of the small grant projects will continue either without further support or support by the local authorities. Apart from that the local authorities will be encouraged to further support these and/or new similar projects.

Institutional sustainability: Capacity building is a key methodology to ensure that skills and knowledge are sustained beyond the implementation phase. The project will build the capacities of national Red Cross societies in the region to manage and provide well targeted cash and voucher assistance to a range of groups in need in any future emergency, by working closely with the authorities and ensuring there is complementary, balanced effort between civil society and the government. The training and established structure in each of the national Red Cross societies in the region will going forward serve to efficiently work on identification of beneficiaries, needs assessment, selection of the appropriate assistance method, working with partners, disbursing the assistance, monitoring its effectiveness etc.

Policy level sustainability: Both during and beyond the project, the civil society partners in the project will engage in evidence-based communication to raise the awareness of policy makers of the critical and interconnected roles of service provision, pensions, disability pensions and adequate social benefits for older persons and persons with disabilities in achieving poverty reduction and reducing social marginalisation. It will put special emphasis on participation of older persons and persons with disabilities in policy development as key aspect of achieving tangible results in improving their quality of life and addressing the identified issues that prevent them from equitably accessing necessary services and other resources in the society. The project places major emphasis on establishing and strengthening quality communication and coordination between civil society, including organisations of older persons and persons with disabilities and policy makers, to ensure that information flows and advocacy are effective, both within and beyond the project.

Environmental sustainability: Unnecessary transportation by car will be avoided as much as possible. The project will apply an environmental approach when it comes to office materials and waste

Dissemination plan

National as well as regional meetings will involve relevant stakeholders and will be used as an opportunity to share information. Members of the national networks and organisations of older persons and persons with disabilities will be expected to disseminate further the information, learning and practice in their local communities where they are active, throughout the countries. Representatives of older persons and persons with disabilities will also be expected to and supported in sharing the information further among their peers in their localities or organisations. The project partners will be addressing the public through public panel discussions and media conferences as per project plan, to disseminate the details on public policy proposals as well as on the achievements of microprojects supported through sub-granting through public events. Additionally, public campaigns in all project sites will be organised to inform the public about the findings of the research as well as the policy recommendations. The partners will also use the websites developed for national CSO Networks of older persons during the TASIOP project to present the activities in the project to the public in addition to the usual social media channels and the websites of their organisations. Project staff will also seek to disseminate project learning through existing publications and other media in their respective countries and through participation in various related CSO and government network meetings as part of project activities.

1.1.4 Logical Framework

Please fill in Annex C to the guidelines for applicants.

1.1.5 Budget, amount requested from the contracting authority and other expected sources of funding

Please fill in Annex B to the guidelines for applicants

1.2 Experience

The below information will be used to assess whether you have sufficient and stable experience of managing actions in the same sector and of a comparable scale to the one for which a grant is being requested.

(i) Experience in similar actions in the past 3 years (Maximum 1 page per action)

Name of the organisation: Red Cross of Serbia

Lead applicant **Co-applicant** **Affiliated entity**

Project title: Taking Action on Social Inclusion of Older People			Sector (ref. list of sectors in Sectorial experience in PADOR): 16010		
Location of the action	Cost of the action (EUR)	Role: coordinator, co-beneficiary, affiliated entity	Donors to the action (name)³⁸	Amount contributed (by donor)	Dates (from..to) dd/mm/yyyy
Serbia, Albania, Bosnia and Herzegovina, Montenegro, North Macedonia	1,106,690	Coordinator	European Union (EuropeAid/150147/DH/A CT/Multi), Austrian Development Agency, Austrian Red Cross	995,801.51	1 February 2016-31 May 2019
Objectives and results of the action		<p>Overall objective Further improve the capacities of 5 already-existing national CSO networks and 50 CSOs in increasing public awareness and impacting on decision making processes on social inclusion of older people in Albania, Bosnia Herzegovina, Macedonia, Montenegro and Serbia, at national and regional level.</p> <p>Specific objectives 1. The capacities of CSO networks and individual CSO network members in evidence based advocacy will be strengthened through trainings, mentoring, peer exchange and national learning meetings. 2. National CSO networks will build on capacities gained in the first result and engage public and policy makers in a structured dialogue leading to better recognition of the rights of older people 3. The capacities of 5 CSO networks will be increased on a technical level also through regional networking and knowledge transfer on social inclusion of older people.</p> <p>Expected results: ER 1 – Capacities of 5 CSO networks to engage in evidence-based policy dialogue for older people increased ER 2 – CSOs have engaged public and policy makers in a structured dialogue leading to better recognition of rights of older people</p>			

Name of the organisation: Albanian Red Cross

³⁸ If the donor is the European Union or an EU Member State, please specify the EU budget line, EDF or EU Member State

Applicant		Co-applicant		Affiliated Entity	
Project title: Home Care Cross-Border: Montenegro -Albania				Sector (ref. list of sectors in Sectorial experience in PADOR):	
Location	Cost of the action (EUR)	Role: Coordinator, co-applicant, affiliated entity	Donors to the action (name) ³⁹	Amount contributed (by donor)	Dates
Lezhe, Librazhd, Berat, and Shkodër	34.220€	Implementing partner	Italian Red Cross	34.220€	January 2019-February 2020
Objectives and results of the action		<p>Overall Objective of this project is to improve living conditions of the vulnerable elderly population and contribute to the empowerment of elderly people make them capable to support themselves and each-other acting together.</p> <p>Results: Reduction of social isolation and improvement of self-confidence of beneficiaries: Improvement of elderly people health conditions providing regular medical check-up; The elderly people together with involved stakeholders define their main needs and priorities and take commitment to action for change; Trained RC staff and volunteers of both National societies for the execution of health and PSS in the field of assistance of elderly people; Raised awareness on elderly rights and on the importance of active ageing at international level and promoted the culture of dialogue and solidarity between different population</p>			

Name of the organisation: Red Cross of Montenegro					
Lead applicant		Co-applicant X		Affiliated entity	
Project title: Taking action on social inclusion of older people			Sector (ref. list of sectors in Sectorial experience in PADOR): 12220, 12230, 92030, 16010		
Location of the action	Cost of the action (EUR)	Role: coordinator, co-beneficiary, affiliated entity	Donors to the action (name)⁴⁰	Amount contributed (by donor)	Dates (from..to) dd/mm/yyyy
Serbia, Montenegro, Bosnia and Herzegovina, Macedonia and Albania	1,106,446	Co applicant	EU, European Commission (EuropeAid/150147/DH/ACT/Multi), Austrian Development Agency, Austrian Red Cross	182,333 for Montenegro	1/02/2016 – 1/02/2019
Objectives and results of the action		Specific objective: Capacities of CSO networks and CSO network members to increase public awareness and subsequent impact in decision making processes on social inclusion of older people in Western Balkan countries at national and regional level (Albania, BiH, Macedonia, Montenegro, Serbia) are improved. Results: 5 CSO networks and their strategic work plans on advocacy for social inclusion of older people are established, mobilised and refined, Capacities of 5 CSO networks to engage in evidence-based policy dialogue for older people increased, CSOs have engaged public and policy makers in a structured dialogue leading to better recognition of rights of older people,			

⁴⁰ If the donor is the European Union or an EU Member State, please specify the EU budget line, EDF or EU Member State

Name of the organisation: AGE Platform Europe

Lead applicant Co-applicant Affiliated entity

Project title: Long-term and outstanding engagement to promote and facilitate engagement of civil society in shaping and impacting policy making at all levels

Sector (ref. list of sectors in Sectorial experience in PADOR):

15000

Location of the action	Cost of the action (EUR)	Role: coordinator, co-beneficiary, affiliated entity	Donors to the action (name) ⁴¹	Amount contributed (by donor)	Dates (from..to) dd/mm/yyyy
European Union	N/A <i>(this action is funded by the REC operational grant AGE receives)</i>	Co-beneficiary	European Commission DG JUST (REC programme)	The grant received in the frame of the REC programme funds 80% of the costs incurred by the activity.	Ongoing action since the creation of AGE Platform Europe in 2001

Objectives and results of the action

Our action helps improve understanding among older people of the benefits they can draw from European Union, United Nations, and Council of Europe's instruments; and increase AGE Platform Europe members' capacity to influence the development of EU non-discrimination/equality law and socio-economic policies, as well as international processes, more specifically:

- Improved capacity of AGE members and stakeholders to influence collectively the development of EU non-discrimination and equality law and policies and ensure that the rights of older people in their country are equally respected in the implementation of EU law at national and grass root level;
- Improved capacity of AGE members and other NGOs and stakeholders to influence the on-going debates in the UN Open-Ended Working Group on Ageing on the international framework of the human rights of older persons, including identifying gaps and possible normative solutions;
- Improved capacity of AGE members to influence the development of EU socio-economic policies around the European Pillar of Social Rights, and ensure that the rights of older people in their country are equally respected in the implementation of EU socio-economic policies at national and grass root level. ⁴¹the above builds on the long-term experience of AGE in relation to strengthening civil society at local, regional and national levels. ([INCLUSage Debating older people's needs](#) and [Active Senior Citizens for Europe \(ASCE\)](#)).

⁴¹ If the donor is the European Union or an EU Member State, please specify the EU budget line, EDF or EU Member State

Name of the organisation: Association Humanost

Lead applicant

Co-applicant

Affiliated entity

Project title: Inclusive Labour Markets For Sustainable Community Development			Sector (ref. list of sectors in Sectorial experience in PADOR):15/151		
Location of the action	Cost of the action (EUR)	Role: coordinator, co-beneficiary, affiliated entity	Donors to the action (name)⁴²	Amount contributed (by donor)	Dates (from..to) dd/mm/yyyy
North Macedonia	134,287	Co-beneficiary	European Union EuropeAid/ 138660/ID/ACT/M K	50,000	19.12.2017- 19.06.2019
Objectives and results of the action		<p>Overall goal: Improving the state guidelines and policies related to youth unemployment, social services and entrepreneurship, and giving directions for their approximation to the current related EU guidelines and policies, through the realization of key dialogue with political actors, civil society organizations, business community and others.</p> <p>Specific objectives:</p> <p>Goal 1: Involving civil society organizations in the process of creating guidelines and policies, as well as improving and proposing reforms in priority sectors of topics of non-institutional care and social services for older people, as well as sustainability and the environment.</p> <p>Goal 2: Harmonize the skills of young people with the needs of the labour market, in line with the best practices available in the EU.</p> <p>Goal 3: Launch a key dialogue with political actors, the business community and civil society organizations to determine their role in enabling sustainability and inclusion through an innovative and participatory approach.</p> <p>Goal 4: Provide more attractive education and training programs by creating and using ICT-based methodologies that will lead to improvement of the processes of recognition and validation of competences and skills. Results :</p>			
Name of the organisation: Association for Help and Development HAJDE					

⁴² If the donor is the European Union or an EU Member State, please specify the EU budget line, EDF or EU Member State

Lead applicant <input type="checkbox"/>		Co-applicant <input checked="" type="checkbox"/>		Affiliated entity <input type="checkbox"/>	
Project title: AAA- Action Against Ageism			Sector (ref. list of sectors in Sectorial experience in PADOR): 15160 - Human Rights		
Location of the action	Cost of the action (EUR)	Role: coordinator, co-beneficiary, affiliated entity	Donors to the action (name) ⁴³	Amount contributed (by donor)	Dates (from..to) dd/mm/yyyy
Bosnia and Herzegovina (Sarajevo, Mostar, Banjaluka, Brčko District)	194.369,00	Co-beneficiary	European Union EIDHR/2018/15973 8/25	EU- EUR 157.032,89 Partners and other donors – EUR 37.335,82	01/01/2019 30/06/2020
Objectives and results of the action		<p><u>Overall objective:</u> Support the EU human right priorities in BH set in the EIDHR Regulation 2014-2020, combating ageism and discrimination of older people</p> <p><u>Specific objective:</u> To enhance social and institutional capacities to recognize and confront ageism and other discrimination of older people, in line with priorities of FBiH and RS Strategies of improvement of the position of older people</p> <p><u>Results:</u> <u>1.</u> Raised institutional capacity to actively promote and protect human rights of senior citizens, in provision of social care and other services; <u>2.</u> Enhanced capacities of large pool of direct service providers of care for older people to introduce anti-ageism approach in the delivery of services and inform the older people and the public about available support scheme and rights; <u>3.</u> Promoted and encouraged active participation of older people in local community life; <u>4.</u> Publicly promoted anti-ageist media discourse and social responsibility to ensure social environment enabling dignified aging</p>			

⁴³ If the donor is the European Union or an EU Member State, please specify the EU budget line, EDF or EU Member State

Name of the organisation: CARITAS KOSOVA

Lead applicant Co-applicant Affiliated entity

Project title: SOCIETIES - Support Of CSOs In Empowering Technical skills, Inclusion of people with disabilities and Eu standards in South east Europe"(2015/370-229)

Sector (ref. list of sectors in Sectorial experience in PADOR):
15150

Location of the action	Cost of the action (EUR)	Role: coordinator, co-beneficiary, affiliated entity	Donors to the action (name) ⁴⁴	Amount contributed (by donor)	Dates (from..to) dd/mm/yyyy
Serbia, Albania, Bosnia and Herzegovina, Montenegro, Kosovo,	1.192.531,00	Local Coordinator	EU (Budget line: BGUE-B2015-22.020401) Caritas Italiana	1.073.278,00 91.753,00	1 January 2016-31 December 2019

Objectives and results of the action

Specific objective 1: to strengthen the CSOs' skills in promoting the social inclusion of people with disabilities and mental disorders: capacity building, exchange of knowledge, regional networking, managing of social inclusion initiatives and services, monitoring and evaluating of the social impact.
Specific objective 2: to foster the CSOs' capacities in the dialogue with the Pubic Authorities responsible for social inclusion: strategic and communication planning, advocacy, local networking, participation to decision making processes.
Results: 1.1 CSOs empowered in promoting social inclusion processes for people with disabilities and mental disorders;**1.2** Efficiency of CSOs initiatives for social inclusion increased, being based on proper evaluation of the social impact of the initiatives. **1.3** Regional CSOs network for social inclusion regularly fostering exchange of practices & experiences.
2.1 CSOs empowered in: participation on decision-making processes, advocating for social inclusion process, fund-raising strategies, and communication. **2.2** The quality and the efficiency of the dialogue on social policies between CSOs and Public authorities is increased.

⁴⁴ If the donor is the European Union or an EU Member State, please specify the EU budget line, EDF or EU Member State

Name of the organisation: Red Cross of the Republic of North Macedonia

Lead applicant

Co-applicant

Affiliated entity

Project title: Taking action on social inclusion of older people

Sector (ref. list of sectors in Sectorial experience in PADOR):
16010

Location of the action	Cost of the action (EUR)	Role: coordinator, co-beneficiary, affiliated entity	Donors to the action (name) ⁴⁵	Amount contributed (by donor)	Dates (from..to) dd/mm/yyyy
North Macedonia	161,756	Co-beneficiary	European Union (EuropeAid/150147/ DH/ACT/Multi), Austrian Development Agency, Austrian Red Cross	159,627	01.02.2016 - 31.01.2019

Objectives and results of the action

Overall objective

- Further improve the capacities of 5 already-existing national CSO networks and 50 CSOs in increasing public awareness and impacting on decision making processes on social inclusion of older people in Albania, Bosnia Herzegovina, Macedonia, Montenegro and Serbia, at national and regional level.

Specific objectives

- The capacities of CSO networks and individual CSO network members in evidence based advocacy will be strengthened through trainings, mentoring, peer exchange and national learning meetings.
- National CSO networks will build on capacities gained in the first result and engage public and policy makers in a structured dialogue leading to better recognition of the rights of older people

⁴⁵ If the donor is the European Union or an EU Member State, please specify the EU budget line, EDF or EU Member State

Name of the organisation: The Red Cross Society of Bosnia and Herzegovina					
Lead applicant <input type="checkbox"/>		Co-applicant <input checked="" type="checkbox"/>		Affiliated entity <input type="checkbox"/>	
Project title: AAA- Action Against Ageism			Sector (ref. list of sectors in Sectorial experience in PADOR): 15160 - Human Rights		
Location of the	Cost of the	Role: coordinator,	Donors to the	Amount	Dates (from..to)

action	action (EUR)	co-beneficiary, affiliated entity	action (name) ⁴⁶	contributed (by donor)	dd/mm/yyyy
Bosnia and Herzegovina (Sarajevo, Mostar, Banjaluka, Brčko District)	194.369,00	Co-beneficiary	European Union EIDHR/2018/15973 8/25	EU- EUR 157.032,89 Partners and other donors – EUR 37.335,82	01/01/2019 30/06/2020
Objectives and results of the action		<p><u>Overall objective:</u> Support the EU human right priorities in BH set in the EIDHR Regulation 2014-2020, combating ageism and discrimination of older people</p> <p><u>Specific objective:</u> To enhance social and institutional capacities to recognize and confront ageism and other discrimination of older people, in line with priorities of FBiH and RS Strategies of improvement of the position of older people</p> <p><u>Results:</u> <u>1.</u> Raised institutional capacity to actively promote and protect human rights of senior citizens, in provision of social care and other services; <u>2.</u> Enhanced capacities of large pool of direct service providers of care for older people to introduce anti-ageism approach in the delivery of services and inform the older people and the public about available support scheme and rights; <u>3.</u> Promoted and encouraged active participation of older people in local community life; <u>4.</u> Publicly promoted anti-ageist media discourse and social responsibility to ensure social environment enabling dignified aging</p>			

(ii) Experience in other actions in the past 3 years (Max. 1 page per action and max. 10 actions)

⁴⁶ If the donor is the European Union or an EU Member State, please specify the EU budget line, EDF or EU Member State

Name of the organisation: Red Cross of Montenegro					
Applicant Co-applicant <input checked="" type="checkbox"/> Affiliated Entity					
Project title: Addressing specific needs of persons of concern to UNHCR			Sector (ref. list of sectors in Sectorial experience in PADOR): 12220, 16010, 93010		
Location	Cost of the action (EUR)	Role: Coordinator, co-applicant, affiliated entity	Donors to the action (name) ⁴⁷	Amount contributed (by donor)	Dates (from..to) dd/mm/yyyy
Danilovgrad and Podgorica	177,805.04	Implementing partner	UNHCR	177,805.04	1/1/2018 to 31/12/2018
Objectives and results of the action		<p>Objective: Extent reception conditions meet minimum standards; Potential for integration realized; Access to the territory improved and risk of refolement reduced; Community mobilization strengthened and expanded; Peaceful co-existence with local communities promoted.</p> <p>Results: Individual/family material and psychosocial support provided; situation of persons of concern monitored; Systematic and independent border monitoring established or conducted; Participatory approach implemented; Project benefiting host and displaced communities implemented.</p>			

Name of the organisation: AGE Platform Europe					
Lead applicant <input type="checkbox"/> Co-applicant <input checked="" type="checkbox"/> Affiliated entity <input type="checkbox"/>					
Project title: Development of a toolkit on the dignity and wellbeing of older persons in need of care			Sector (ref. list of sectors in Sectorial experience in PADOR):		
Location of the action	Cost of the action (EUR)	Role: coordinator, co-beneficiary, affiliated entity	Donors to the action (name)⁴⁸	Amount contributed (by donor)	Dates (from..to) dd/mm/yyyy
European Union	7.601,83	Co-beneficiary	European Commission DG JUST (REC programme)	The grant received in the frame of the REC programme funds 80% of the costs incurred by the activity.	From 2015 to 2018; additional costs in upcoming years if new updates required.

⁴⁸ If the donor is the European Union or an EU Member State, please specify the EU budget line, EDF or EU Member State

Location of the action	Cost of the action (EUR)	Role: coordinator, co-beneficiary, affiliated entity	Donors to the action (name) ⁴⁹	Amount contributed (by donor)	Dates (from..to) dd/mm/yyyy
European Union	7,601.83	Co-beneficiary	European Commission DG JUST (REC programme)	The grant received in the frame of the REC programme funds 80% of the costs incurred by the activity.	From 2015 to 2018; additional costs in upcoming years if new updates required.
Objectives and results of the action		<p>In 2015 AGE published an online 'Older Persons' Self-Advocacy Handbook aiming to support the involvement of older persons in all processes that affect their human rights. This publication describes concrete ways on how older people can refer to human rights to influence government policies and measures, so as to be empowered, as self-advocates and through their representative organisations, to voice their concerns and expectations and drive positive change in their everyday lives.</p> <p>The first edition of this online training handbook was launched on 1st October 2015 to mark the UN Day of Older People. It is used to build the capacity of national organisations to advocate on the rights of older people. This handbook, which can also be used by different stakeholders, promotes a human-rights based approach in ageing policy at all levels.</p>			

⁴⁹ If the donor is the European Union or an EU Member State, please specify the EU budget line, EDF or EU Member State

Name of the organisation: Association Humanost

Lead applicant

Co-applicant

Affiliated entity

Project title: Creating new job opportunities for women

Sector (ref. list of sectors in Sectorial experience in PADOR):
16/16010

Location of the action	Cost of the action (EUR)	Role: coordinator, co-beneficiary, affiliated entity	Donors to the action (name) ⁵⁰	Amount contributed (by donor)	Dates (from..to) dd/mm/yyyy
North Macedonia, Municipality Centre, Skopje	237,000	Coordinator	European Union EuropeAid/136315/ ID/ACT/MK	237,000	01.04.2017- 30.04.2020
Objectives and results of the action	Providing care for 90 beneficiaries (older people) on the territory of the municipality of Centre Results: Professional care for older people on the territory of the Municipality of Centre by certified caregivers for older people				

⁵⁰ If the donor is the European Union or an EU Member State, please specify the EU budget line, EDF or EU Member State

Name of the organisation: Association for Help and Development Hajde

Ref. xx

Lead applicant

Co-applicant

Affiliated entity

Project title: Hand to Hand (III & IV) - Strengthening of Interethnic Cooperation through common Education and Practice in Cultivation of Various Crops in Greenhouses in two Neighbouring Municipalities of Both Entities - Foča (RS) and Foča-Ustikolina (FBiH)

Sector: 15160 - Human Rights, 31150 - Agricultural inputs, 11120 - Education facilities and training

Location	Cost of the action (EUR)	Role: Coordinator, co-beneficiary, affiliated entity	Donors to the action (name)	Amount contributed (by donor)	Dates (from..to) dd/mm/yyyy
Bosnia and Herzegovina	38.064	Coordinator	Embassy of USA and Municipalities Foca RS and Foca-Ustikolina (FBiH)	USA - EUR 34.485 LA (Local administrations) – EUR 3.579	25/08/2014 to 25/03/2016 01/09/2016 to 31/12/2017

Objectives and results of the action

The main project goal was to further promote and strengthen interethnic cooperation in two neighbouring communities from both entities in Eastern Bosnia, bringing young people together and establishing stronger people to people cooperation to reduce the distrust as a war consequence.

Specific project goals was to: 1/ To bring together farmers from both entities who produce vegetable/fruit/medicinal herbs in greenhouses in Foča RS and Foča FBiH and to improve their production and approach to the market through education and practical implementation of recognized EU market requirements, 2/ To bring together young unemployed people from both entities in Foča region who are interested in learning, work and income generation in agriculture through training, production and placement of fruit seedlings to the market.

The beneficiaries are spending more and more time together, even after the completion of the planned activities. Beneficiaries from Foca RS and Foca FBiH arrange joint transport to fairs, they exchange recipes etc. Through workshop trainings (46 participants) they obtained and/or improved their knowledge on greenhouse production. In each session, lecturers reflect to previous “learned” topics and it is visible that beneficiaries have the command of the topics and are accepting novelties that are being served to them.

Successfully organized 13 educations (theoretical and practical), for 67 participants, created 3 publications etc.

Name of the organisation: SeCons Development Initiative Group

Lead applicant Co-applicant Affiliated entity

Project title: Social protection in rural areas in Western Balkan countries

Sector (ref. list of sectors in Sectorial experience in PADOR):

Location of the action	Cost of the action (EUR)	Role: coordinator, co-beneficiary, affiliated entity	Donors to the action (name) ⁵¹	Amount contributed (by donor)	Dates (from..to) dd/mm/yyyy
Albania, Bosnia and Herzegovina, FYR Macedonia, Kosovo UNSC1244, Montenegro and Serbia	21 700	coordinator	FAO	21 700	December 2017 - November 2018

Objectives and results of the action

The main aim of the research was to explore social protection in rural settings in the Western Balkan countries (Albania, Bosnia and Herzegovina, FYR Macedonia, Kosovo UNSC1244, Montenegro and Serbia), with specific focus on three dimensions of social protection in rural areas: (1) the spread and characteristics of poverty and social exclusion with particular focus on rural areas from the gender perspective, (2) social insurance schemes (pensions and unemployment benefits as well as maternity and child care benefits) and (3) social assistance programs including social services from gender perspective.

The research is part of the FAO regional program 'Social Protection for Food Security, Nutrition and Rural Development in Southern Europe'.

⁵¹ If the donor is the European Union or an EU Member State, please specify the EU budget line, EDF or EU Member State

Name of the organisation: Red Cross of the Republic of North Macedonia

Lead applicant

Co-applicant

Affiliated entity

Project title: Developing Home Care in North Macedonia

Sector (ref. list of sectors in Sectorial experience in PADOR):
12220, 12230, 92030, 16010

Location of the action	Cost of the action (EUR)	Location of the action	Cost of the action (EUR)	Amount contributed (by donor)	Dates (from..to) dd/mm/yyyy
Skopje, Kriva Palanka, Veles (North Macedonia)	200,000	Skopje, Kriva Palanka, Veles (North Macedonia)	200,000		

Objectives and results of the action

Objectives:

Contribution to improved living conditions of vulnerable older people and strengthened health and social system for older people in the Republic of North Macedonia
The capacity of the Red Cross of the Republic of North Macedonia (MaRC) to provide sustainable home care to older people, piloted in three municipalities of the Republic of North Macedonia, is developed.

Results:

1. A sustainable home care pilot project for older people in three municipalities developed and implemented.
2. Knowledge and skills of volunteers and staff to provide health and social care services to older people enhanced.
3. The partnership between MaRC local branches and local self government to promote home care services improved.
4. Awareness about the needs of older people and their rights raised, and a positive social climate towards older people