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

THIRD INTERIM REPORT

1 June 2022 – 14 November 2022

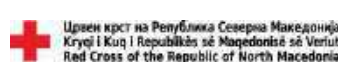


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List of acronyms used in the report

AAGG – Albanian Association of Geriatrics and Gerontology
BiH – Bosnia and Herzegovina
CSO – Civil Society Organisation(s)
CVA – Cash and Voucher Assistance
FSP – Financial Service Provider
IFRC – International Federation of Red Cross and Red Crescent Societies
MHPSS – Mental Health and Psychosocial Support services
NOOIS – National Organisation of Persons with Disabilities (Serbia)
NS – National Red Cross Society
PFA – Psychological First Aid
PSS – Psychosocial Support
RC – Red Cross
RCSBIH – Red Cross Society of Bosnia and Herzegovina
SOP - Standard Operative procedures

1. Description

1.1. Name of coordinator of the grant contract: Natasa Todorovic

1.2. Name and title of the contact person: Natasa Todorovic

1.3. Name of beneficiary(ies) and affiliated entity(ies) in the action:

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Kryqi Kuq Shqiptar Association (Albanian Red Cross), Private/ public law body with legal form, Registration number 5622, Address: Rruga Pjeter Budi, Ndertesa 19, Hyrja 10, 1000, Tirana Albania, VAT Number J62103001W

Udruzenja za pomoc i razvoj Hajde (Association for Help and Development HAJDE), NGO, Registration number 4201508740000, Address: Dervisa Numica 6, 71000 Sarajevo, Bosnia and Herzegovina, VAT number N/A

Association for support and development Humanost, Non profit and non governmental organisation, Registration number 5260507, Address: Branislav Nushic 13-1/17, 1000 Skopje, Republic of North Macedonia

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European Disability Forum, AISBL, Registration number 459 641 626, Address: Avenue des Arts 7-8, 1210, Brussels, Belgium, VAT number: BE0459641626

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Kosovar Catholic Church Caritas, NGO, Registration number 5200022-0, Address: Shën Nënë Tereza Nr. 3/Kisha Katolike 70000 Ferizaj, Kosovë, VAT number 330242206

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Red Cross Society of Bosnia and Herzegovina, Legal entity, Registration number 4200443490004, Address Kranjčevićeva 2, 71000 Sarajevo, Bosnia and Herzegovina, VAT number 200443490004

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1.4. Title of the action: Strengthening resilience of older persons and persons with disabilities during COVID-19 and future disasters

1.5. Contract number: CN 2020/ 420-503

1.6. Start date and end date of the reporting period: 15 November 2021 – 31 May 2022

1.7. Target country(ies) or region(s): Serbia, Albania, Bosnia and Herzegovina, Montenegro, North Macedonia, Kosovo*¹

1.8. Final beneficiaries &/or target groups (if different) (including numbers of women and men):

The COVID-19 crisis, the response to the crisis and its aftermath exposed and amplified many vulnerabilities that a significant part of the populations of older persons and persons with disabilities face and used to face prior to COVID-19 crisis. These vulnerabilities range from access to long-term care services, risks of facing discrimination and being exposed to ageist and ableist stereotypes, which all ultimately leads to increased risk of social exclusion. The intervention envisioned by the project therefore addresses these risks on multiple levels. The situation is further complicated by the effects of war in Ukraine, increased energy and food prices as well as inflation which has a significant impact on their quality of life. Older persons and persons with disabilities are the direct beneficiaries supported through the intervention.

The civil society organisations and their networks in each of the project sites were engaged in the project activities through the project partner organisations, providing support in the research activities implemented in the first year of the project. This had a positive effect to their capacities to engage in data collection and research activities in the future but also provided them with important project-related information that provides additional boost to their ongoing advocacy and policy influencing activities. This project has enabled the civil society actors to gather evidence through comprehensive long-term care studies that would not be possible otherwise. Furthermore, the participation of Age Platform Europe and European Disability Forum provided EU perspectives and practices that will keep informing future advocacy activities of the civil society actors across the six project sites regarding the future development of long-term care systems in the Western Balkans Region.

The continuing effects of the pandemic crisis in the region that particularly impact older persons' and persons with disabilities' socio-economic status include the lasting unavailability of many regular healthcare services due to the effects of the pandemic on the public health systems in each of the project sites. For many older persons and persons with disabilities the access to regular health check-ups is still

¹ Hereinafter: 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.

significantly reduced as the services struggle to cope with the significantly increased post-pandemic demand which means that their existing health conditions are not adequately taken care of, and that any new conditions are not diagnosed on time and therefore not treated. The other issue is the general economic situation which, despite the economies in the region generally recovering faster than originally expected² there are concerns related to inflation that may, through increase in the prices of food, energy and other essential goods negate the effects of regular pension delivery.

1.9. Country(ies) in which the activities take place (if different from 1.7): N/A

² <https://www.ebrd.com/news/2021/western-balkans-economies-recover-faster-than-expected-.html>

2. Assessment of the implementation of the action activities and its results

2.1. Executive summary of the action

Mental health: As envisioned in the original project plan, the transition from remote support activities into face to face support to older persons and persons with disabilities has been fully completed in this period, following the changed epidemiological circumstances and using the established telephone centres as bases for organising face to face support. The activities under this heading are organised through groups of older persons/ persons with disabilities that meet once per week in the regional centre and do agreed activities in between the meetings. The group work provides regular activity for persons who are able to come to meetings and have interest in being engaged in more structured activity at meetings and between meetings. The activities at the group meetings are now the main form of support and they follow the healthy ageing methodology developed by WHO and IFRC and include structured activities such as physical exercise, discussions, workshops etc. Based on the healthy ageing methodology, the concrete activities with each group are determined based on the assessment and on the interests and preferences of the members. Every regional centre manages the work of five groups. In the reporting period there were 424 sessions organised with the average number of participants per session being 16.

The telephone centres for remote support were the exclusive form of service in the first half of the project implementation and their functionality is preserved in a reduced scope, due to the still existing demand among some of the beneficiaries and the opportunities for the partners to run them on voluntary basis/ using their own funds.

The provision of Remote Psychological First Aid and Psychosocial Support was continued on voluntary basis and/ or funded from the partners' own funds in a reduced scope in all project sites except for Kosovo* where it was discontinued due to a very low number of calls in the preceding period and the impossibility of funding the service from own funds. The existing telephone centres in other five project had in the reporting period the total number of 2.536 calls.

The evaluation of the telephone services has been finalised in the reporting period by the University of Innsbruck team and the final evaluation report submitted. The findings of the evaluation highlight that the positive aspects in planning and implementation of the activity included awareness campaigns through radio, internet, and telephone as well promotion during home visits. Trained volunteers at the helplines were successful in assessing the needs of the target group and reacted to informational and psychosocial needs as well as referred to other institutions when needed. The evaluation also highlighted some of the barriers and difficulties: the stigma of help-seeking and mental health issues is still a topic in all project sites and was an initial barrier.

The Red Cross Society of Bosnia and Herzegovina has faced difficulties in smooth transitioning to the face-to-face support through healthy ageing sessions due to the unavailability of adequate space in the communities of Banja Luka, Ljubuški and Brčko District. In all three cases the adequate premises were promised to be provided to the local Red Cross branches by local administration but this has not happened in the reporting period. The branches are negotiating for adequate premises with their local administrations as the call centre services continue during this period, however it is agreed that as of February 2023 the Red Cross Society of Bosnia and Herzegovina will replace these three branches with other branches if no progress has been made, and that the activities will be implemented by branches that have no issues with adequate space.

Cash and Voucher Assistance: In the reporting period the action has completed the remaining distribution of relief support via Cash and Voucher Assistance to reach the final number of 5,000 beneficiaries belonging to populations of older persons and persons with disabilities affected by the ongoing COVID-19 crisis.

Additionally the post-distribution monitoring activities have been completed. The post-distribution monitoring activities covered 10% of the recipients of CVA to provide the data on beneficiary satisfaction, feedback and cash grant use. It showed a high relevance of this form of assistance to the recipients. For example, COVID-19 Pandemic had significant effect on increase of expenditures with the main categories in which beneficiaries have increased expenses including medical expenses (90.76%), food (83.62%), household utility bills (39.92%) and protective items (38.06%). Therefore, main categories that beneficiaries have used the funds for were medical expenses (81.73%), food (81.21%) and household bills (43.67%). Asked about future similar interventions, the majority of beneficiaries, 75.91% on the average, prefers cash assistance over goods. Beneficiaries have primarily identified the flexibility of use, especially for purchasing of medicines and paying household bills. Some 20.16% thinks that combination of goods and cash would be a better modality, and a valuable input received here is that combination of modalities may be effective in cases where there is a significant distance between beneficiaries and the shops or where beneficiaries have limited mobility. Around 90% of beneficiaries on the average have reported that they are satisfied with the amount received. This amount has helped them to cover a portion of their living costs. Around 99% of respondents have expressed satisfaction with overall organization of the cash grant intervention. Around 97% of respondents on the average have expressed satisfaction with overall behaviour of Red Cross staff and volunteers in the process. As for the distribution of food and hygiene parcels in Kosovo* the telephone poll with beneficiaries showed that 98.4% are satisfied with the food parcel contents, 93.5 % of the respondents are satisfied with the contents of the hygiene parcel, 98.4% agree that the distribution location was easily accessible, 91.9% are satisfied with the quality and selection of goods and 69.4% consider this form of assistance adequate and would not have preferred cash as a form of assistance.

Key achievements in this implementation period also include development and testing of Standard Operating Procedures for Cash and Voucher Assistance in the five project sites (excluding Kosovo* where this activity was not planned) which are at the moment in the process of adoption in the five national Red Cross societies. In the Red Cross of Serbia the Standard Operative Procedures were successfully used in two more CVA interventions in the reporting period, in projects supported by UNICEF and UNFPA.

Strengthening local communities: In all project sites except for Kosovo, the tendering and selection process for sub-granting has been successfully completed and the implementation of micro-projects has started. Out of 103 received project proposals in the five project sites (discounting Kosovo where 13 proposals are still to be evaluated) 52 have been selected for support by the commissions organised by national partners and involving representatives of public institutions in order to ensure transparency. There 11 micro-projects in Serbia, 10 in Albania, 11 in Bosnia and Herzegovina, 10 in Montenegro, and 10 in North Macedonia. The implementation of micro-projects started in early to late November in all project sites except Kosovo and will be finished in August or September 2023. Due to the both political and security situation in Kosovo* in November and onwards, with the blocked roads and tensions involving armed forces, the review and decision on the financing of the proposed projects has been postponed to January 2023 with the idea that the activities will be carried out in the period February-October 2023.

Public Policy: The development of research reports on long-term care in the six project sites is nearly finished. Final versions of studies have been produced following the partners' feedback for all the project sites. The SeConS team has prepared summaries of key findings for each project site as well as

instructions for advocacy activities for the project partners. The project partners are currently preparing their advocacy plans for the final year of the project implementation and beyond.

The civil society networks' meetings planned for the second year were organised in Albania and Bosnia and Herzegovina where the preliminary findings of the studies were shared with the stakeholders. The rest of the partners decided to move the meetings into the third year in order to capitalise on the finalised studies as well as to reach a period of political (Kosovo) and institutional (Montenegro, Serbia) stability.

The advocacy activity of the partners has continued with the key events in which the project representatives took part including high level international events such as Ministerial Conference on ageing in Rome. However, the prolonged periods of political instability in Kosovo* and long periods of governments in technical mandate in Serbia and Montenegro affected the advocacy activity aimed at national-level policy creators and most of the major activities will be done in the third year of the project implementation, as the studies are finalised and the advocacy plans adapted to new institutional environment. The training for CSO network members in the region provided by AGE Platform Europe and the European Disability Forum: Strengthening advocacy networks has for the same reason been moved into the early period of the third year of project implementation.

The activity **4.1.2. Training for CSO network members in the region provided by AGE Platform Europe and the European Disability Forum: Strengthening advocacy networks** has been moved back to the third year into in order to harmonise it with the other advocacy activities being run in parallel. The Red Cross of Serbia, AGE Platform Europe and the European Disability Forum have discussed the curriculum and prepared the draft agenda for the training which will be implemented in January 2023.

The activity **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** has been postponed for the first half of the third year due to the intensity of activities in the reporting period, particularly in relation to finalisation of research studies related to long term-care services.

2.2. Results and activities

Specific Objective: 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

Outcome 1 (Mental health)

Mental health of older persons and persons with disabilities across six project sites is preserved and their resilience enhanced

Indicator: 60,000 older persons and persons with disabilities that receive psychosocial support remotely and face to face

As envisioned in the original project plan, the transition from remote support activities into face to face support to older persons and persons with disabilities has been fully completed in this period, following the changed epidemiological circumstances and using the established telephone centres as bases for organising face to face support.

The activities under this heading are organised through groups of older persons/ persons with disabilities that meet once per week in the regional centre and do agreed activities in between the meetings. The group work provides regular activity for persons who are able to come to meetings and have interest in being engaged in more structured activity at meetings and between meetings.



Healthy ageing session in Niš, Serbia, November 2022

The activities at group meetings follow the healthy ageing methodology developed by WHO and IFRC and include structured activities such as physical exercise, discussions, workshops etc. Based on the healthy ageing methodology, the concrete activities with each group are determined based on the assessment and on the interests and preferences of the members. Every regional centre manages the work of five groups, formed so that their members share some common features: interests, all living in the same

neighbourhood etc. with their frequency of meeting generally being once per week. In the reporting period there were 424 sessions organised with the average number of participants per session being 16.

The provision of Remote Psychological First Aid and Psychosocial Support was continued on voluntary basis and/ or funded from the partners' own funds in a reduced scope in all project sites except for Kosovo* where it was discontinued due to a very low number of calls in the preceding period and the impossibility of funding the service from own funds. The existing telephone centres in other five project had in the reporting period the total number of 2.536 calls.

The **evaluation of the telephone services** has been finalised in the reporting period by the University of Innsbruck team and the final evaluation report submitted. The findings of the evaluation highlight that the positive aspects in planning and implementation of the activity included awareness campaigns through radio, internet, and telephone as well promotion during home visits. Trained volunteers at the helplines were successful in assessing the needs of the target group and reacted to informational and psychosocial needs as well as referred to other institutions when needed. The evaluation also highlighted some of the barriers and difficulties: the stigma of help-seeking and mental health issues is still a topic in all project sites and was an initial barrier.

Activity 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

In the reporting period the transition to face to face support activities has been completed in all the project sites and will be the focus of the mental health portion of the project until the end. These activities are described in more detail under Activity 1.1.8. The remote support activity continued with the existing telephone centres providing remote services using trained volunteers. The services used established times during the day and callers called in with the issues ranging from needs for different information, to needs for psychological first aid and psychosocial support.

Serbia

The Red Cross of Serbia continued the service on voluntary basis through centres in Kragujevac, Niš, Čukarica and Subotica, focusing on older persons while the National Organisation of Persons with Disabilities (NOOIS) continued running its one centre with focus on persons with disabilities. Total number of calls in Serbia in the reporting period was 1,913. NOOIS also continued its Facebook page platform for deaf persons using a sign language interpreter. The largest number of calls were from persons with invisible disabilities (sensory or slight motor) who inquired about the availability of medical care and scheduling appointments with doctors. There were no calls for acute crisis intervention (involving psychotic or anxiety decompensation or suicide risk). There were two calls related to counselling for occupational therapy and employment of people from the spectrum of psychotic personality disorders.

Albania:

The service was continued in two Albanian Red Cross centres on voluntary basis and it is merging with some ongoing programmes of the Albanian Red Cross to continue providing meaningful ongoing support to older persons living alone. In the reporting period the total number of 290 calls are made in two project sites (Shkodra, Durrës). Integration with other programmes helps identify persons in immediate material need so some of the beneficiaries of the telephone services were provided with relief assistance and other support activities (such as soup kitchen, distribution of food and hygiene parcels, home visits).

Bosnia and Herzegovina:

The partners in Bosnia and Herzegovina estimated that call centres are still needed in their communities, so the provision of this service continues. Continuation of these activities is recognized as a good

practice example since the project implementation was tailored to the particular needs of beneficiaries met in the field. In the period from June to October 2022, 89 calls were registered. The main topics discussed during these calls were: the need for additional information about health and social services (e.g. the fourth dose of the COVID-19 vaccine; the distribution of monetary assistance or in kind assistance to those who are in need; necessary documents to be eligible for additional health/social assistance). Finally, calls were frequently simply about expressing gratitude for such kind of assistance and sharing some personal stories and experiences.

Montenegro

Montenegro partners continued the provision of service through telephone call centres as it was estimated that this is a well received, still in demand kind of assistance that fills the gap in the accessibility of services offered by other providers. In total, 132 calls were registered in the reporting period. The main topics of the calls were: humanitarian aid, seeking information and the need to have social support and to talk to someone. A prototypical example of a call comes from an older person living alone and feeling lonely. The calls helped build relationship of trust and with older persons expressing that they feel are not left on their own.

North Macedonia

The partners in North Macedonia had estimated that the support through call centres is still needed in their communities, deciding to continue with provision of this service. Continuation of these activities is recognized as a good practice example since the project implementation was tailored to the particular needs of beneficiaries met on the field. In total, 112 calls were registered. The main topics that were discussed during these calls were: health in general and concerns about it, COVID-19 and mental health (mostly feeling of anxiety). Some beneficiaries highlighted their loneliness and the need to talk to someone. Moreover, stressful situations at home were sometimes identified in beneficiaries.

Kosovo*

Caritas Kosova decided to discontinue this service due to the impossibility of funding it from own funds and a very small number of callers in the preceding period that suggested significantly decreased interest in the population

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

The evaluation process has been finalised in the reporting period. As envisioned by the action design, the evaluation team led by prof. Dr. Barbara Juen of the University of Innsbruck, Austria and her team that also includes Priya Lena Riedel and Alica Beckel developed the methodology and performed the data collection and analysis.

The evaluation process involved collecting the data from the partners, including narrative and financial reports produced during the course of project implementation as well as the quantitative and qualitative data already collected in all the six project sites. Additionally, the evaluators collected data using interviews with beneficiaries of the services, developed by the University Innsbruck and created standardized questionnaires for the volunteers working in the telephone centres.

The findings of the evaluation highlight that the positive aspects in planning and implementation of the activity included awareness campaigns through radio, internet, and telephone as well promotion during home visits. To reach out for people in rural areas a collaboration with gerontocarers and local trusted first aid personnel helped to reduce stigma and prejudices of mental health services in the beneficiaries.

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

Project Number: CN 2020/ 420-503

Evaluation report

Evaluation of the efficiency and effectiveness of remote services and the beneficiaries' satisfaction

University of Innsbruck

universität
innsbruck

July 2022

Trained volunteers at the helplines were successful in assessing the needs of the target group and reacted to informational and psychosocial needs as well as referred to other institutions when needed. Pre-established cooperation with healthcare and social welfare services at community, regional and national level facilitated promotion and enhanced outreach of the helplines.

The evaluation also highlighted some of the barriers and difficulties: the stigma of help-seeking and mental health issues is still a topic in all project sites and was an initial barrier. Lack of financial means was stated with reference to the promotion of the remote service to older people in rural areas and the lack of site-specific adaption including working spaces and other unforeseen expenses for

volunteers (travelling costs). Challenges in the addressing the needs of the beneficiaries became obvious when the volunteers were confronted with severe mental problems of the beneficiaries, repeating callers or in cases of material demands of the beneficiaries.

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

This activity has been emphasised in the first year of the project, especially at the beginning of the telephone helpline services. In the reporting period, most of the promotion of the telephone helpline services has been done through regular activities of the Red Cross branches and other partners in the project, informing and reminding the community members of the existence and function of the telephone helplines.

Activity 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

The transition from remote support activities into face to face support to older persons and persons with disabilities has been fully completed in this period, using the established telephone centres as bases for organising face to face support. The activities under this heading are organised through groups of older persons/ persons with disabilities that meet once per week in the regional centre and do agreed activities in between the meetings. The group work provides regular activity for persons who are able to come to meetings and have interest in being engaged in more structured activity at meetings and between meetings. As detailed above, most of the partners have preserved the remote telephone services for those beneficiaries who still need some sort of support, mostly information. There was interest during the lockdown periods in organising telephone circle activities for older persons in isolation however, with the relaxation of the epidemiological measures the interest for this particular activity has declined significantly and there have been only sporadic telephone circle activities in Serbia.

The activities at meetings follow the **healthy ageing methodology** developed by WHO and IFRC and include structured activities such as physical exercise, discussions, workshops etc. Based on the healthy ageing methodology, the concrete activities with each group are determined based on the assessment and on the interests and preferences of the members.

Every regional centre manages the work of five groups, formed so that their members share some common features: interests, all living in the same neighbourhood etc. with their frequency of meeting generally being once per week. In between the meetings every individual group has its own activities between members depending on what their interests and capacities are, supported by the Regional Centre Coordinator.

In the reporting period there were 424 sessions organised with the average number of participants per session being 16.

Healthy aging activities focused on improving physical health, mental health, activities enhancing lifelong learning and recreational activities. Also, the beneficiaries could collaborate with people outside their usual environment, such as guest lecturers and specific groups with whom they had joint workshops.

Activities aimed at improving **physical health** focused on age-appropriate light physical exercise (including fall prevention, stretching, strength exercise for specific muscle groups and breathing exercises) as well as lectures and workshops focusing on prevention of various diseases, discussing various specific topics related to health (e.g. harm of tobacco use), but also assessing personal healthy lifestyles. One of the essential topics that emerged is taking responsibility for one's own health, which was aimed to encourage and remind the beneficiaries what is within their power, and to enhance their autonomy and proactivity.

Mental health and psychosocial activities focused prevention of loneliness and social isolation, understanding prejudices and misconceptions on aging that could shape behaviour and expectations from older adults, including beneficiaries themselves. Topics such as belonging to a group, loneliness, prevention of discrimination, and abuse of older persons and persons with disabilities were also covered. Beneficiaries discussed preventing social isolation, and how they can rebuild their social network and improve their quality of life. Workshops on healthy communication styles were also organised, focusing mostly on empowering the beneficiaries to adequately approach conflict situations in their households. The beneficiaries had breathing exercises and progressive muscle relaxation sessions.

Activities fostering **lifelong learning**:

The beneficiaries had the opportunity to undergo a series of sessions aimed at mastering new technologies so that older persons can keep up with the times and the changes they bring, use new technologies and communication platforms for their own needs and prevent digital exclusion. These sessions were recognized as impactful and valuable because they increased beneficiaries' feelings of autonomy and control.

Recreational activities included different creative ideas, such as cooking painting but also walks in



Healthy ageing session, Subotica, Serbia, October 2022

nature, cinema nights and playing different games that contributed to both social inclusion and cognitive stimulation of the beneficiaries.

Beneficiary Assessments

In order to ensure adequate activities for every participant in the healthy ageing group work, periodic assessments are being done with the participants in order to establish priority activities and measure progress over the longer period. In the six project sites the assessments were done twice except in Serbia where they have been done three times in the reporting period. The highest scores on the first assessment were reported on the factors of Preventing non-communicable diseases, Preventing social isolation, and Lifelong learning, meaning that activities aimed at targeting these factors were highlighted as of the highest priority. In those beneficiaries who completed two assessment time points, a slight improvement was made in each factor: Preventing NCDs (M1-M2=0.20), Preventing falls (M1-M2=0.10), Physical activity (M1-M2=0.12), Healthy eating (M1-M2=0.23), Preventing social isolation (M1-M2=0.18), Lifelong learning (M1-M2=0.23) and the need to see a doctor (M1-M2=0.14). When considering the beneficiaries who completed three assessments, it can be noted that a slight deterioration has happened from the first to third assessment on factors of: Preventing NCDs (M1-M2=-0.10), Physical activity (M1-M2=-0.05), Healthy eating (M1-M2=-0.10), Preventing social isolation (M1-M2=-0.25), Lifelong learning (M1-M2=-0.20) and the need to see a doctor (M1-M2=-0.10). On the factor of Preventing falls change hasn't been recorded (M1-M2=0.00).

Serbia

The total number of sessions in Serbia in the reporting period was **99**. On average, **8** beneficiaries participated per session. The age range of beneficiaries participating in the sessions was between **51** and **90**, while the average age was **74** years of age. The demographic structure of the beneficiaries in Serbia is shown in the table below. The data represent the average number of beneficiaries per session.

	The average number of beneficiaries per session
Gender	
males	2
females	6
Persons with disabilities	1 (mostly females with a physical disability)
Volunteers	1 (mostly females)

At a number of sessions in Serbia, gender equality, specifically the position of older women was discussed. The main goal was to educate the beneficiaries about the very phenomenon of gender inequality, but also to collectively list all the ways in which someone going through these experiences can be encouraged and empowered, especially for an older woman who may be exposed to prejudice and discrimination on multiple bases.

As an example of lifelong learning, volunteers coached users in Niš in use of e-services in everyday life, such as e-banking, scheduling health care appointments, or using applications for scheduling an appointment for issuing personal documents. Users were encouraged and coached on using the Internet to make it easier for them to complete their daily tasks.

Albania

The total number of sessions in Albania in the reporting period is **134**. On average, **13** beneficiaries participated per session. The age range of beneficiaries participating in the sessions was between **48** and **96**, while the average age was **73** years of age. The demographic structure of the beneficiaries in Albania is shown in the table below. The data represent the average number of beneficiaries per session.

	The average number of beneficiaries per session
Gender	
males	9
females	4
Persons with disabilities	6
males	4
females	2
Physical	3
Sensory	2
Intellectual/cognitive	1
Volunteers	1 (mostly female)

The topic of abandonment emerged in several groups since many beneficiaries live alone and far from their family. Different group exercises were conducted to encourage behavioural change, such as



Healthy ageing session in Shijal, Albania

exploring personal interests that bring pleasure and could simultaneously enhance the social life of beneficiaries, or learning how to manage stress in everyday life.

Among the recreational activities in Albania was a cooking session where each beneficiary was engaged in some way, and the atmosphere was warm and cheerful, while the menus were in accordance with healthy eating habits.

Bosnia and Herzegovina

The total number of sessions in Bosnia and Herzegovina is **22**. On average, **9** beneficiaries participated per session. The age range of beneficiaries participating in the sessions was

between **43** and **89**, while the average age was **73** years of age. The demographic structure of the beneficiaries in Bosnia and Herzegovina is shown in the table below. The data represent the average number of beneficiaries per session.

	The average number of beneficiaries per session
Gender	
males	2
females	7
Persons with disabilities	1 (more often females and sensory disability)
Volunteers	2
males	0
females	2
minors	/

One of the most popular activities in Bosnia and Herzegovina included learning about psychological first aid. In this session, the volunteers talked about assertive listening and ways to help vulnerable persons. The beneficiaries had the opportunity to actively participate and exchange experiences.

In terms of lifelong learning and reducing the digital gap the beneficiaries learned about using tablet devices, creating a Google account and using various Google services (e.g. Google Maps), using different apps for online reading, as well as creating and using Zoom platform to join the calls. Special attention was made to gaining some skills on how to prevent internet scams and frauds.

The three branches of the Red Cross Society of Bosnia and Herzegovina that have continued running the remote support services via telephone centres (Banja Luka, Ljubuški and Brčko) have encountered problems with transition to the face-to-face support through healthy ageing sessions related to the unavailability of adequate space. In all three cases the adequate premises were promised to be provided by local administration but this has not happened in the reporting period. In the case of the Red Cross Brčko, the barrier is related to the amendments to the Law on Neighbourhood Communities in Brčko District of Bosnia and Herzegovina that will allow to Neighbourhood communities to make decisions related to managing real estate by granting them legal entity status. These amendments have not yet been adopted and as a result despite several requests by the Red Cross of Brčko District BiH, this Red Cross organization could not obtain the premises in local community to perform the planned activities related to healthy aging. The other two organisations are still negotiating for adequate premises with their local administrations as the call centre services continue during this period, however it is agreed that as of February 2023 the Red Cross Society of Bosnia and Herzegovina will replace these three branches with other branches if no progress has been made, and that the activities will be implemented by branches that have no issues with adequate space.

Montenegro

The total number of sessions in Montenegro was **71** in the reporting period. On average, **15** beneficiaries participated per session. The age range of beneficiaries participating in the sessions was between **45** and **90**, while the average age was **72** years of age. The demographic structure of the beneficiaries in Montenegro is shown in the table below. The data represent the average number of beneficiaries per session.

	The average number of beneficiaries per session
Gender	
males	6
females	9
Persons with disabilities	4
males	2
females	2
Physical	3
Sensory	1
Intellectual/cognitive	/
Volunteers	6
males	3
females	3
minors	2

As the group in Budva had female beneficiaries exclusively, the volunteers organised a visit to the opening event of the exhibition “Dignity and degradation: two faces of a Montenegrin woman”.

The recreational activities included a film night in Podgorica with beneficiaries visiting the local cinema and discussing the film afterwards. Some of the beneficiaries were emotional because they went to the cinema for the first time after a long period of time and remembered some special moments from their youth. In Budva the beneficiaries had the opportunity to go to an opera performance together, where the group met a group of refugees from Ukraine, with whom they had the opportunity to meet and exchange personal impressions from the event.

North Macedonia

The total number of sessions in Macedonia was **48** in the reporting period. On average, **49** beneficiaries participated per session. The age range of beneficiaries participating in the sessions was between **59** and **99**, while the average age was **78** years of age. The demographic structure of the beneficiaries in North Macedonia is shown in the table below. The data represent the average number of beneficiaries per session.

	The average number of beneficiaries per session
Gender	
males	15
females	34

Persons with disabilities	17
males	8
females	9
Physical	7
Sensory	6
Intellectual/cognitive	4
Volunteers	13
males	3
females	10
minors	/

The recreational activities in North Macedonia engaged the beneficiaries in painting and knitting workshops, sessions of playing chess and dominoes, as well as walks in nature (according to each individual's capacities), offering them a range of opportunities to express their creativity and be engaged in social activities.

Specific activities aimed to help people with disabilities included morning exercises in a daycare centre and mathematical and logical tasks, as well as some specific exercises such as driving a static bus in a daycare centre for persons with disabilities.

Kosovo*

The total number of sessions in Kosovo in the reporting period was **50**. On average, **6** beneficiaries participated per session. The age range of beneficiaries participating in the sessions was between **30** and **89**, while the average age was **60** years of age. The demographic structure of the beneficiaries in Kosovo is shown in the table below. The data represent the average number of beneficiaries per session.

	The average number of beneficiaries per session
Gender	
males	3
females	3
Persons with disabilities	4
males	2
females	2
Physical	2
Sensory	1
Intellectual/cognitive	1

Volunteers	3
males	1
females	2
minors	1

One of the specific activities in Kosovo* was tasking the beneficiaries with tracking their emotions through weekly diaries, writing them down along with the situations they believe impacted those emotions. This helped improve their understanding of their emotional states, and their connection to their immediate environment. In this process, some valuable questions emerged – such as how to manage negative emotions. In addition, an important topic was raised: bullying and violence in general as well as in older age, and the beneficiaries were interested to know more about how to approach and treat a person that is a victim of violence, and how impactful the role of a mental health professional is.

Outcome 2 (Relief/ Cash and Voucher Assistance)

Physical health and social welfare of older persons and persons with disabilities across six project sites is preserved and enhanced while capacities of National Red Cross Societies to provide Cash and Voucher Assistance are strengthened

Indicator: a) 6,000 of older persons and persons with disabilities that are reached with relief provision including cash transfers and where appropriate relief items

In the reporting period the action has completed the remaining distribution of relief support via Cash and Voucher Assistance to reach the final number of 5,000 beneficiaries belonging to populations of older persons and persons with disabilities affected by the ongoing COVID-19 crisis.

Additionally the post-distribution monitoring activities have been completed. The post-distribution monitoring activities covered 10% of the recipients of CVA to provide the data on beneficiary satisfaction, feedback and cash grant use. It showed a high relevance of this form of assistance to the recipients. For example, COVID-19 Pandemic had significant effect on increase of expenditures with the main categories in which beneficiaries have increased expenses including medical expenses (90.76%), food (83.62%), household utility bills (39.92%) and protective items (38.06%). Therefore, main categories that beneficiaries have used the funds for were medical expenses (81.73%), food (81.21%) and household bills (43.67%). Asked about future similar interventions, the majority of beneficiaries, 75.91% on the average, prefers cash assistance over goods. Beneficiaries have primarily identified the flexibility of use, especially for purchasing of medicines and paying household bills. Some 20.16% thinks that combination of goods and cash would be a better modality, and a valuable input received here is that combination of modalities may be effective in cases where there is a significant distance between beneficiaries and the shops or where beneficiaries have limited mobility. Around 90% of beneficiaries on the average have reported that they are satisfied with the amount received. This amount has helped them to cover a portion of their living costs. Around 99% of respondents have expressed satisfaction with overall organization of the cash grant intervention. Around 97% of respondents on the average have expressed satisfaction with overall behaviour of Red Cross staff and volunteers in the process. As for the distribution of food and hygiene parcels in Kosovo* the telephone poll with beneficiaries showed that 98.4% are satisfied with the food parcel contents, 93.5 % of the respondents are satisfied with the contents of the hygiene parcel, 98.4% agree that the distribution

location was easily accessible, 91.9% are satisfied with the quality and selection of goods and 69.4% consider this form of assistance adequate and would not have preferred cash as a form of assistance.

Key achievements in this implementation period also include development of Standard Operating Procedures for Cash and Voucher Assistance in the five project sites (excluding Kosovo* where this activity was not planned) which are at the moment in the process of adoption in the five national Red Cross societies. In the Red Cross of Serbia the Standard Operative Procedures were successfully used in two more CVA interventions in the reporting period, in projects supported by UNICEF and UNFPA.

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

Following the actions from the previous implementation period, the partners have defined detailed selection criteria for cash grants recipients – older persons and persons with disabilities, set geographical targeting accordingly, and defined delivery mechanism for the cash grant distribution.

All partners have decided to use the multipurpose cash grant with no restrictions in terms of use and no special conditions to be fulfilled by the beneficiaries in order to obtain it (unconditional and unrestricted cash grant), other than fulfilling the qualifying criteria.

Serbia:

The original criteria for beneficiary selection included persons of age over 70 and/or persons with disabilities who applied for social assistance, but have not obtained this social right due to income or land census that was just above the criteria set by the Law on social protection. However, it was established that there is no official data on persons in this situation as most of them do not apply for social welfare cash assistance once it is clear that they will not pass the criteria prescribed by law. This was confirmed by liaising with the Ministry of Labour, Employment, Veteran and Social Affairs who asked for this kind of data from local centres for social welfare and there was very little feedback. In the absence of official data, the decision was made with the Ministry's approval to include: beneficiaries of the Red Cross Soup kitchen programme of age 70 and over (born in 1952, or earlier), beneficiaries of the Red Cross Soup kitchen programme with confirmed status of disability. In both categories the selected beneficiaries are those who do not receive any other form of cash assistance. Geographical targeting was carried out taking into account high ageing index of municipalities, as well as development group rank, and has included 40 municipalities.

Albania:

The selection of beneficiaries was done through coordination with NGOs/ partners working with older persons or persons with disabilities, municipal Social Welfare Offices, and the Red Cross branches.

Bosnia and Herzegovina:

The selection of beneficiaries was done through coordination with centres for social welfare, health centres and local NGOs.

Montenegro:

The selection of beneficiaries was done through coordination with centres for social welfare and local NGOs.

North Macedonia:

The selection of beneficiaries was done through coordination with the Ministry of Labour and Social Policy.

Kosovo*

The selection of beneficiaries was done through coordination with international partners.

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

All partners have drafted multiyear Cash preparedness plans of action following these workshops in the previous implementation period. Detailed description of the activities under this heading is in the first interim report.

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

This set of activities was incorporated into the partners' Cash preparedness Plans of Action, so each Red Cross Society will complete them in line with the relevant developments that are also taking place outside the project scope, bearing in mind their close connection with overall processes and procedures of the partners' organizations.

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

A Blueprint for the Standard Operating Procedures (SOP) to support partners in establishing their own SOP for the Cash and Vouchers assistance was prepared by the Red Cross of Serbia.

The blueprint SOP for partners includes a complete sequence of tasks to be performed in order to carry out cash based intervention, responsibility for their implementation, related outputs, tools, and further instructions aligned with the CVA methodology of the Red Cross Movement.

Each partner was able to adapt the blueprint to specific organizational requirements and develop appropriate Standard Operative Procedures to be used in the framework of this project, as well as in all future CVA interventions. Partners have fine-tuned and revised their draft Standard Operative Procedures as needed upon completion of the cash grant distribution on the basis of experience gained through the cash grant distribution.

All partners have completed negotiations with financial service providers for the cash grant distribution within the project and appropriate agreements were in place where needed.

Serbia: The Red Cross of Serbia has developed the Blueprint Standard Operative Procedures for partners in this implementation period. The draft Standard Operative Procedure was followed and tested in the implementation of the cash grant distribution. It was mainly adapted in the part of cooperation with the financial service providers in the cash grant distribution to correctly document all necessary steps in details for two banks, as the process of cash grant distribution to end beneficiaries has certain differences depending on the bank internal procedures. In addition, the procedure was supplemented to include two additional delivery mechanisms – Prepaid and Gift cards besides one-off accounts that were elaborated earlier. It will be presented to the CVA Technical working group of the Red Cross of Serbia in early 2023, so to be used for establishing the Standard Operative Procedure for the Red Cross of Serbia to be approved afterwards by the Secretary General. The Governing board of the Red Cross of Serbia has adopted the “Strategic Orientation for institutionalisation of Cash and Voucher Assistance in the Red Cross of Serbia”. This document sets the Standard Operative Procedure for Cash and Voucher Assistance as one of major priorities for the effective CVA programming in the Red Cross of Serbia.

Albania: Even though certain Standard Operative Procedures were in place in Albanian Red Cross, and have been used during previous CVA interventions, CVA working group was working with project experts to finalize the up-to-date CVA Standard Operating Procedures by securing inputs from all relevant departments where the specific roles and responsibilities of all support service functions have been reflected. To develop the Standard Operating Procedure, Albanian Red Cross initiated documenting its cash transfer practices in emergencies since earthquake operation in 2019 and it is enriched and adapted in the framework of the project “Strengthening resilience of Older Persons and Persons with Disabilities during COVID-19 and future disasters”. The Standard Operating Procedures

in the Albanian Red Cross is considered to be a living document, which can be updated as deemed necessary by the Albanian Red Cross and its Partners and for a range of different contexts for implementation of the Cash and Voucher assistance.

Mapping of financial service providers was completed including banks, remittance companies and post offices.

Bosnia and Herzegovina: The draft Standard Operative Procedures were followed and tested in the implementation of the cash grant distribution. It has been revised and finalised upon completion of the cash grant distribution on the basis of experience gained through the cash grant distribution. In addition, the Swiss Red Cross, being a valuable partner supporting cash and voucher assistance interventions of the Red Cross Society of Bosnia and Herzegovina, has provided assistance in finalization of the Standard Operative Procedures. A series of round tables in early 2023 will be used to disseminate the procedure in all entities of the Red Cross. The adoption of the procedure will be on the agenda for the next Governing Board meeting in the first quarter of 2023.

Montenegro: The Standard Operative Procedures were finalized upon completion of the cash grant distribution and aligned with a range of other procedures of the Red Cross of Montenegro. Its adoption is pending at the moment as the financial procedures of the Red Cross of Montenegro need revision in certain parts in order to fully enable smooth implementation of the Cash and Voucher distribution process.

The negotiations with different financial service providers were completed. The Agreement with the Post office was reached for this project.

North Macedonia: The draft Standard Operative Procedures were followed and tested in the implementation of the cash grant distribution. It has been revised and finalised upon completion of the cash grant distribution on the basis of experience gained through the cash grant distribution. Its adoption was postponed for early 2023. The Red Cross HQ has completed negotiations with the Financial Service Provider – Komercijalna Banka AD Skopje and the agreement for the project was signed.

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

No regional trainings took place in this implementation period as the focus of the project was on post distribution monitoring. Market training will be implemented in the third project year.

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

All partners have completed distribution of cash grants for older persons and persons with disabilities in this period.

All partners have decided to use the multipurpose cash grant with no restrictions in terms of use and no special conditions to be fulfilled by the beneficiaries in order to obtain it (unconditional and unrestricted cash grant), other than fulfilling the qualifying criteria.

Each partner has defined detailed beneficiary selection criteria in close cooperation with the relevant national institutions in line with the local needs and operational context.

A total of 5.000 older persons and persons with disabilities have received the cash grant of ~85 EUR in local currency as planned.

The following table shows the data on the structure of beneficiaries segregated by target groups and gender:

	Number of beneficiaries
Older persons	
males	
females	
Older persons with disabilities	1.154
males	409
females	745
Persons with disabilities	
males	
females	
Total	5.000

Key challenges in implementation as reported by the partners were specifics of both target groups – most vulnerable citizens in the population of older persons and persons with disabilities in terms of health status, mobility, personal documentation and physical access to financial service providers (banks). This required additional actions, support and resources from the Red Cross branches to ensure proper receipt of the cash grant by the beneficiaries.

Post-distribution monitoring has been completed and provided the data on beneficiary satisfaction, feedback and cash grant use.

Bearing in mind differences in implementation of the cash grant delivery among partners (in terms of selection of beneficiaries, that cash grant delivery mechanism, financial service providers etc.) one common post distribution monitoring questionnaire could not be applied by all partners. A template questionnaire has been developed by the Red Cross of Serbia in consultation with the Austrian Red Cross outlining key common questions for all partners for comparative analysis, and example questions covering six main themes relevant to the cash disbursement: (1) COVID-19 pandemic effects, (2) Selection of beneficiaries, (3) Beneficiary/Community engagement and accountability, (4) Cash grant distribution, (5) Cash assistance utilisation and effects, and (6) General satisfaction of beneficiaries. In addition, as an example of effective practices, the Albanian Red Cross has previously developed and integrated their post distribution monitoring tool into standard cash delivery working process.

The sample of beneficiaries that were interviewed in the process of the post distribution monitoring was 10% as per Red Cross Movement standards.

Key findings from the post distribution monitoring may be summarized in the following way:

Accountability matters

Two main accountability matters includes the aspect of the cash grant amount and misuse of power.

- All interviewed beneficiaries have confirmed that they have received the intended amount of the cash grant from the financial service provider
- Nearly all interviewed beneficiaries have confirmed that no services, favours or payment have been demanded by anybody from them in order to get on the list of recipients.

Number of beneficiaries confirming through PDM that they have received the	Albania	Bosnia and	Montenegro	North Macedonia	Serbia	Average

intended amount of the Cash grant		Herzegovina				
Number of beneficiaries confirming that they have received the intended amount	100,00	100,00	100,00	100,00	100,00	100,00

The assistance was not connected to any conditions. To make sure, we would like to ask you if anybody demanded any services, favours or payment from you in order to put your name on the list of recipients?	Albania	Bosnia and Herzegovina	Montenegro	North Macedonia	Serbia	Average
Yes	0,00	0,00	0,00	5,90	0,00	1,18
No	100,00	100,00	100,00	94,10	100,00	98,82
Total	100,00	100,00	100,00	100,00	100,00	100,00

A very small number of beneficiaries who reported that they have been requested services, favours or payment in the Republic of North Macedonia relates to the newly introduced practice in some banks to charge fees for withdrawal if done from a bank teller rather than from an ATM. This however has happened outside the Red Cross range of influence and is related to the beneficiaries not being aware that this way of withdrawal comes with a charge.

With this, it can be concluded that the Red Cross have high accountability standards over the whole process of the cash grant distribution as intended amount was receipt by the beneficiaries and no misuse took place in the process of cash grant delivery.

COVID-19 Pandemic effects

COVID-19 Pandemic had significant effect on increase of expenditures of targeted beneficiaries. Although some differences exist among countries, it may be concluded that three main group of expenditures that has increased for the beneficiaries during the crisis were medical expenses (90.76%), food (83.62%), household bills (39.92%) and protective items (38.06%).

On the other hand, majority of beneficiaries have reported that the pandemic had no significant influence on their income (some 86% on the average). This is not surprising, as older persons involved are receiving pensions and social support which remained constant in all countries during the crisis.

Data are not available for Albania as the Albanian Red Cross has adapted, standardised and integrated the post distribution monitoring into its operational routine in cash distribution, related templates and data analysis system in KoBo prior to implementation of this action. In addition, the model applied assumes that some of the common questions are collected through exit interview with beneficiaries at the distribution point while others are collected through post distribution interviews.

Could you explain to us how COVID-19 pandemic financially influenced you	Albania	Bosnia and	Montenegro	North Macedonia	Serbia	Average
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and your household members in terms of costs? (for example, did you have increased expenditures for food, medical costs etc.)		Herzegovina				
Food	N/A	90,48	100,00	88,00	56,00	83,62
Medical expenses (checkups, diagnostics, treatments, procedures, medicines)	N/A	97,14	99,22	86,70	80,00	90,76
Protective items (masks, gloves, disinfectants)	N/A	0,00	93,75	32,50	26,00	38,06
Clothing	N/A	1,90	0,00	7,20	0,00	2,28
Personal hygiene items	N/A	10,48	4,69	41,00	10,00	16,54
Basic household items (such as utensils, cooking supplies, blankets, etc.)	N/A	0,95	0,00	4,80	0,00	1,44
Larger household items (such as table, stove, etc.)	N/A	0,00	0,00	0,00	0,00	0,00
Household bills (electricity, communal services etc.)	N/A	8,57	100,00	30,10	21,00	39,92
Education	N/A	0,95	0,00	1,20	0,00	0,54
Other	N/A	0,00	0,00	0,00	17,00	4,25

Was your income significantly reduced during COVID-19 pandemic?	Albania	Bosnia and Herzegovina	Montenegro	North Macedonia	Serbia	Average
Reduced income	N/A	9,52	100,00	66,70	12,00	47,06
Increased income	N/A	0,96	0,00	0,00	2,00	0,74
No influence on income	N/A	89,52	0,00	33,30	84,00	51,71
No response	N/A	0,00	0,00	0,00	2,00	0,50
Total	N/A	100,00	100,00	100,00	100,00	100,00

It can be concluded that the cash grant have adequately targeted the population of older persons and persons with disabilities whose expenditures during the COVID-19 crises has increased for medical services and products as this was a major assumption during the planning phase for the action and cash grant intervention.

Cash assistance utilisation and effects

The multipurpose cash grant is not restrictive in any way and all decisions on utilisation of the grant rests with beneficiaries. Three main categories that beneficiaries have used the funds for were food (71.69%), medical expenses (70.16%) and household bills (35.82%).

Of all the money you have spent, what were your top three categories you spent your money on?	Albania	Bosnia and Herzegovina	Montenegro	North Macedonia	Serbia	Average
Food	33,63	77,14	100,00	86,70	61,00	71,69
Medical expenses (checkups, diagnostics, treatments, procedures, medicines)	23,89	80,00	100,00	75,90	71,00	70,16
Clothing	0,00	0,00	0,00	4,80	0,00	0,96
Personal hygiene items	17,70	9,52	0,00	43,40	17,00	17,52
Basic household items (such as utensils, cooking supplies, blankets, etc.)	0,00	0,95	0,00	2,40	0,00	0,67
Larger household items (such as table, stove, etc.)	0,00	0,00	0,00	0,00	0,00	0,00
Household bills (electricity, communal services etc.)	4,42	24,76	100,00	34,90	15,00	35,82
Education	0,00	1,90	0,00	0,00	0,00	0,38
Gave money to relatives/friends	0,00	0,00	0,00	1,20	0,00	0,24
Paying debts	8,85	0,00	1,56	3,60	8,00	4,40
Savings	0,00	0,00	0,00	2,40	0,00	0,48
Other	11,51	0,95	0,00	0,00	18,00	6,09

General satisfaction of beneficiaries

The general satisfaction of beneficiaries have been evaluated through their preference in modality of humanitarian aid, the amount of the cash grant, overall satisfaction of organization of the intervention, behaviour and support of the Red Cross staff and volunteers, and opportunity to provide feedback and complaints.

Majority of beneficiaries, 75.91% on the average, prefers cash assistance over goods. Beneficiaries have primarily identified the flexibility of use, especially for purchasing of medicines and paying household bills. Some 20.16% thinks that combination of goods and cash would be a better modality, and a valuable input received here is that combination of modalities may be effective in cases where there is a significant distance between beneficiaries and the shops or where beneficiaries have limited mobility.

Data are not available for Albania as the Albanian Red Cross has adapted, standardised and integrated the post distribution monitoring into its operational routine in cash distribution, related templates and data analysis system in KoBo prior to implementation of this action. In addition, the model applied assumes that some of the common questions are collected through exit interview with beneficiaries at the distribution point while others are collected through post distribution interviews.

If the assistance could have been done over again, would you have preferred to receive goods rather than cash, or the combination of the two?	Albania	Bosnia and Herzegovina	Montenegro	North Macedonia	Serbia	Average
Prefers goods	N/A	1,90	0,00	10,80	1,00	3,43
Prefers cash	N/A	77,15	100,00	55,50	71,00	75,91
Prefers combination of goods and cash	N/A	20,95	0,00	33,70	26,00	20,16
No preference	N/A	0,00	0,00	0,00	2,00	0,50
Total	N/A	100,00	100,00	100,00	100,00	100,00

Approximately 80% of beneficiaries on the average have reported that they are satisfied with the amount received. This amount has helped them to cover a portion of their living costs.

Approximately 92% of respondents have expressed satisfaction with overall organization of the cash grant intervention.

Approximately 95% of respondents on the average have expressed satisfaction with overall behaviour of Red Cross staff and volunteers in the process.

Are you satisfied with the amount of assistance you received?	Albania	Bosnia and Herzegovina	Montenegro	North Macedonia	Serbia	Average
Satisfied	83,19	92,38	100,00	38,60	87,00	80,23
Somewhat satisfied	16,81	7,62	0,00	56,60	11,00	18,41
Not satisfied	0,00	0,00	0,00	4,80	1,00	1,16
No response	0,00	0,00	0,00	0,00	1,00	0,20
Total	100,00	100,00	100,00	100,00	100,00	100,00

How satisfied are you with the overall organization of this cash intervention?	Albania	Bosnia and Herzegovina	Montenegro	North Macedonia	Serbia	Average
Satisfied	98,23	100,00	100,00	65,50	97,00	92,15
Somewhat satisfied	1,77	0,00	0,00	32,10	2,00	7,17
Not satisfied	0,00	0,00	0,00	2,40	1,00	0,68
Total	100,00	100,00	100,00	100,00	100,00	100,00

How satisfied are you with the overall behavior and support of Red Cross volunteers and staff?	Albania	Bosnia and Herzegovina	Montenegro	North Macedonia	Serbia	Average
Satisfied	98,23	100,00	100,00	83,30	93,00	94,91
Somewhat satisfied	1,77	0,00	0,00	15,50	4,00	4,25
Not satisfied	0,00	0,00	0,00	1,20	3,00	0,84
Total	100,00	100,00	100,00	100,00	100,00	100,00

Although all beneficiaries have received a written information on the cash grant that included a phone number of the call centre for feedback and complaints, only approximately half of the respondents on the average can recall this opportunity. Except for Montenegro, where all recipients of the cash grant can recall this feature, the figures are lower in other countries (78% in Albania, 44.70% in North Macedonia, 32% in Serbia, and 23.81% in Bosnia and Herzegovina). On the other hand, almost all beneficiaries have identified Red Cross staff in the branches as a key reference for questions and support.

Were you aware of any options for providing feedback or complaint to the Red Cross?	Albania	Bosnia and Herzegovina	Montenegro	North Macedonia	Serbia	Average
Yes	78,57	23,81	100,00	44,70	32,00	55,82
No	21,43	76,19	0,00	55,30	66,00	43,78
No response	0,00	0,00	0,00	0,00	2,00	0,40
Total	100,00	100,00	100,00	100,00	100,00	100,00

It can be concluded that the satisfaction of respondents with this cash grant intervention was very high as all scores were over 80%. This confirms that the chosen modalities and organization of this cash grant intervention were relevant, adequate, appropriate and effective.

Nevertheless, more effort is needed to promote the use of call centre services among beneficiaries in future interventions. This may be important not only for complaints and feedback, but might also reduce the pressure on the staff in the Red Cross branches in providing the basic information to beneficiaries in the process of cash disbursement.

Serbia:

As previously agreed with the Ministry of Labour and Social Affairs, majority of beneficiaries in Serbia were selected by the Red Cross branches in close cooperation with the local Social welfare centres from the agreed lists of beneficiaries of the Soup kitchen programme. Beneficiaries of the Red Cross Soup kitchen programme in Serbia are selected in close cooperation and mutual agreement of the Red Cross branches and Social welfare centres, as well as local Self Governments and local NGOs. This ensures selection of the most vulnerable citizens for the programme, and includes institutional screening and verification of various vulnerability criteria.

In addition, also in agreement with the Ministry of Labour and Social Affairs, a total of 30 beneficiaries were selected among the persons who applied for social assistance, but have not obtained this social right due to income or land census that was just above the criteria set by the Law on social protection. Out of 27 municipal Social welfare centres who responded, only eight municipalities had beneficiaries

who qualified for the cash grant within this project. The delivery mechanism included cash grant payment over bank accounts and Prepaid debit cards.

Cash grants have been delivered to 1.000 older persons and persons with disabilities. The following table shows the data on the structure of beneficiaries segregated by target groups and gender:

Serbia	Number of beneficiaries
Older persons	505
males	208
females	297
Older persons with disabilities	154
males	50
females	104
Persons with disabilities	341
males	200
females	141
Total	1.000

The final report from the banks has revealed that

- Eleven persons have passed away during the process of encashment – this information was also received from the Red Cross branches during the encashment monitoring,
- Two persons were out of reach of both the Red Cross and Social welfare centre after signing of the agreement and information on encashment, and
- Five persons could not collect the cash grant due to various health conditions.

Five persons with health conditions, more precisely their custodians, were entitled afterwards to receive the Prepaid ATM Cards in the very same amount, together with the additionally included beneficiaries from two municipalities to replace the deceased ones and reach the target of 1,000 beneficiaries.

A Post Distribution Monitoring (PDM) was conducted after four weeks after the cash distribution was over. The monitoring team interviewed 100 persons (10%) via telephone, selected at random from the list of beneficiaries.

The focus of this monitoring included: basic information of the target beneficiaries; effectiveness and quality of the cash distribution; the vulnerability level of beneficiaries, the satisfaction of target beneficiaries on quantity of cash; Transparency of selection process. The questionnaire involved a combination of qualitative and quantitative questions to collect information.

The main findings show that the main categories for expenditure of received cash were medical expenses (71%), food (61%), and personal hygiene items (17%), followed by household electricity and utility bills (15%). As for regular income, 84% of the beneficiaries reported that their income was not significantly reduced since the start of the pandemic but cash assistance still proved its worth, helping expand their opportunities in some key areas of expenditure. To the question of whether in a future similar assistance intervention they would prefer cash or goods, 71% answered that they preferred cash, demonstrating a satisfaction with the flexibility this form of assistance provides, 26% would prefer a combination of cash and goods while only 1% would prefer goods. 93% were completely satisfied with the Red Cross behaviour and support and 97% with the overall organisation of the intervention.

Could you explain to us how COVID-19 pandemic financially influenced you and your household members in terms of costs? (for example, did you have increased expenditures for food, medical costs etc.)	% of responses
Food	56,00
Medical expenses (checkups, diagnostics, treatments, procedures, medicines)	80,00
Protective items (masks, gloves, disinfectants)	26,00
Clothing	0,00
Personal hygiene items	10,00
Basic household items (such as utensils, cooking supplies, blankets, etc.)	0,00
Larger household items (such as table, stove, etc.)	0,00
Household bills (electricity, communal services etc.)	21,00
Education	0,00
Other	17,00
Was your income significantly reduced during COVID-19 pandemic?	% of responses
Reduced income	12,00
Increased income	2,00
No influence on income	84,00
No response	2,00
Total	100,00
Of all the money you have spent, what were your top three categories you spent your money on?	% of responses
Food	61,00
Medical expenses (checkups, diagnostics, treatments, procedures, medicines)	71,00
Clothing	0,00
Personal hygiene items	17,00
Basic household items (such as utensils, cooking supplies, blankets, etc.)	0,00
Larger household items (such as table, stove, etc.)	0,00
Household bills (electricity, communal services etc.)	15,00
Education	0,00
Gave money to relatives/friends	0,00
Paying debts	8,00
Savings	0,00
Other	18,00
If the assistance could have been done over again, would you have preferred to receive goods rather than cash, or the combination of the two?	% of responses
Prefers goods	1,00
Prefers cash	71,00

Prefers combination of goods and cash	26,00
No preference	2,00
Total	100,00
Are you satisfied with the amount of assistance you received?	
	% of responses
Satisfied	87,00
Somewhat satisfied	11,00
Not satisfied	1,00
No response	1,00
Total	100,00
How satisfied are you with the overall organization of this cash intervention?	
	% of responses
Satisfied	97,00
Somewhat satisfied	2,00
Not satisfied	1,00
Total	100,00
How satisfied are you with the overall behavior and support of Red Cross volunteers and staff?	
	% of responses
Satisfied	93,00
Somewhat satisfied	4,00
Not satisfied	3,00
Total	100,00

Albania:

Beneficiaries have been selected according to the scoring scheme that was developed to create a ranking list through the KoBO platform. The list of beneficiaries was prepared by using data on beneficiaries gathered during provision of PSS, data provided by NGO-s/partners working with older persons or persons with disabilities, municipal Social Welfare Offices, and the Red Cross branches. The preliminary list with 1,500 identified potential beneficiaries has been cross checked and verified by Red Cross staff and volunteers through home visits. The delivery mechanism was a personalized bank cheque. Cash grants have been delivered to 1,000 older persons and persons with disabilities in this implementation period. The following table shows the data on the structure of beneficiaries segregated by target groups and gender:

Albania	Number of beneficiaries
Older persons	637
males	278
females	359

Persons with disabilities	363
males	174
females	189
Total	1.000

During the distribution, the exit survey conducted with 18.2% of the recipients showed that beneficiaries' satisfaction level with regards to the CVA process, procedure, selection, distribution was 97.2%.

A Post Distribution Monitoring (PDM) was conducted four weeks after the cash distribution was over. The monitoring team interviewed 113 persons (11%) via telephone, selected at random from all the affected areas entered in KoBo system.

The focus of this monitoring included: basic information of the target beneficiaries; effectiveness and quality of the cash distribution; the vulnerability level of beneficiaries, the satisfaction of target beneficiaries on quantity of cash; Transparency of selection process. The questionnaire involved a combination of qualitative and quantitative questions to collect information.

Based on the answers received from PDM responders, 99 % of them responded they have been very satisfied with assistance received by Albanian Red Cross, and 73% of responders answered that they have been supported by Albanian Red Cross before. To the question if the received amount of money was helpful, 94% of responders answered yes, while 6 % of them answered somewhat helpful.

Related to the source of income, 72% of respondents confirmed that the only source of their income is the age pension; while 25% of them receive disability pension and 5% of them receive the social support. Regarding the spending of received cash, the top priorities were buying food (38%), health and medicine (27.2%); paying debts (11%); paying electricity bills and utilities (11%); buying hygiene items (5.4%) and other (1%).

More than 150 phone calls were received by the Albanian Red Cross through the hotline and callers showed their satisfaction or had complaints, asked questions, or formulated queries or requests for information or additional support.

Of all the money you have spent, what were your top three categories you spent your money on?	% of responses
Food	33,63
Medical expenses (checkups, diagnostics, treatments, procedures, medicines)	23,89
Clothing	0,00
Personal hygiene items	17,70
Basic household items (such as utensils, cooking supplies, blankets, etc.)	0,00
Larger household items (such as table, stove, etc.)	0,00
Household bills (electricity, communal services etc.)	4,42
Education	0,00
Gave money to relatives/friends	0,00
Paying debts	8,85
Savings	0,00
Other	11,51

If the assistance could have been done over again, would you have preferred to receive goods rather than cash, or the combination of the two?	% of responses
Prefers goods	N/A
Prefers cash	N/A
Prefers combination of goods and cash	N/A
No preference	N/A
Total	N/A
Are you satisfied with the amount of assistance you received?	% of responses
Satisfied	83,19
Somewhat satisfied	16,81
Not satisfied	0,00
No response	0,00
Total	100,00
How satisfied are you with the overall organization of this cash intervention?	% of responses
Satisfied	98,23
Somewhat satisfied	1,77
Not satisfied	0,00
Total	100,00
How satisfied are you with the overall behavior and support of Red Cross volunteers and staff?	% of responses
Satisfied	98,23
Somewhat satisfied	1,77
Not satisfied	0,00
Total	100,00
Were you aware of any options for providing feedback or complaint to the Red Cross?	% of responses
Yes	78,57
No	21,43
No response	0,00
Total	100,00

Bosnia and Herzegovina:

The selection of beneficiaries has been conducted by the Red Cross branches by comparing data of the beneficiary registry of the Red Cross branches, and clearing it through the system of social protection by liaising with centres for social welfare and as well as getting additional support by health centres and local NGOs. The preliminary list with potential beneficiaries has been cross checked and verified by Red Cross staff and volunteers through baseline survey.

The delivery mechanism was a bank transfer to personal bank accounts of beneficiaries, executed by the Red Cross branches.

Cash grants have been delivered to 1,000 older persons and persons with disabilities in this implementation period. The following table shows the data on the structure of beneficiaries segregated by target groups and gender:

Bosnia and Herzegovina	Number of beneficiaries
Older persons	
males	253
females	401
Older persons with disabilities	
males	52
females	74
Persons with disabilities	
males	115
females	105
Total	1.000

A Post Distribution Monitoring (PDM) was conducted after four weeks after the cash distribution was over. The monitoring team interviewed 105 persons (10%) via telephone, selected at random from the list of beneficiaries.

The focus of this monitoring included: basic information of the target beneficiaries; effectiveness and quality of the cash distribution; the vulnerability level of beneficiaries, the satisfaction of target beneficiaries on quantity of cash; Transparency of selection process. The questionnaire involved a combination of qualitative and quantitative questions to collect information.

The main findings show that the main categories for expenditure of received cash were medical expenses (80%), food (77.14%), and household electricity and utility bills (24.76%). 89.52% of the beneficiaries reported that their income was not significantly reduced since the start of the pandemic but cash assistance still proved helpful providing opportunities for relief in relevant expenditure categories. To the question of whether in a future similar assistance intervention they would prefer cash or goods, 77.15% answered that they preferred cash, 20.95% would prefer a combination of goods and cash and 1.90% would prefer goods only. 100% were completely satisfied with the Red Cross behaviour and support and the overall organisation of the intervention.

Could you explain to us how COVID-19 pandemic financially influenced you and your household members in terms of costs? (for example, did you have increased expenditures for food, medical costs etc.)	% of responses
Food	90,48

Medical expenses (checkups, diagnostics, treatments, procedures, medicines)	97,14
Protective items (masks, gloves, disinfectants)	0,00
Clothing	1,90
Personal hygiene items	10,48
Basic household items (such as utensils, cooking supplies, blankets, etc.)	0,95
Larger household items (such as table, stove, etc.)	0,00
Household bills (electricity, communal services etc.)	8,57
Education	0,95
Other	0,00
Was your income significantly reduced during COVID-19 pandemic?	% of responses
Reduced income	9,52
Increased income	0,96
No influence on income	89,52
No response	0,00
Total	100,00
Of all the money you have spent, what were your top three categories you spent your money on?	% of responses
Food	77,14
Medical expenses (checkups, diagnostics, treatments, procedures, medicines)	80,00
Clothing	0,00
Personal hygiene items	9,52
Basic household items (such as utensils, cooking supplies, blankets, etc.)	0,95
Larger household items (such as table, stove, etc.)	0,00
Household bills (electricity, communal services etc.)	24,76
Education	1,90
Gave money to relatives/friends	0,00
Paying debts	0,00
Savings	0,00
Other	0,95
If the assistance could have been done over again, would you have preferred to receive goods rather than cash, or the combination of the two?	% of responses
Prefers goods	1,90
Prefers cash	77,15
Prefers combination of goods and cash	20,95
No preference	0,00
Total	100,00

Are you satisfied with the amount of assistance you received?	% of responses
Satisfied	92,38
Somewhat satisfied	7,62
Not satisfied	0,00
No response	0,00
Total	100,00
How satisfied are you with the overall organization of this cash intervention?	% of responses
Satisfied	100,00
Somewhat satisfied	0,00
Not satisfied	0,00
Total	100,00
How satisfied are you with the overall behavior and support of Red Cross volunteers and staff?	% of responses
Satisfied	100,00
Somewhat satisfied	0,00
Not satisfied	0,00
Total	100,00

Montenegro:

The selection of beneficiaries has been conducted by the Red Cross branches using the data of the beneficiary registry of the Red Cross branches, local social welfare centres and local NGOs.

The delivery mechanism was direct cash delivery by the Post Office of Montenegro.

Cash grants have been delivered to 1.000 older persons and persons with disabilities. The following table shows the data on the structure of beneficiaries segregated by target groups and gender:

Montenegro	Number of beneficiaries
Older persons	596
males	209
females	387
Persons with disabilities	404
males	182
females	222
Total	1,000

A Post Distribution Monitoring (PDM) was conducted after four weeks after the cash distribution was over. The monitoring team interviewed 100 persons (10%) via telephone, selected at random from the list of beneficiaries.

The focus of this monitoring included: basic information of the target beneficiaries; effectiveness and quality of the cash distribution; the vulnerability level of beneficiaries, the satisfaction of target beneficiaries on quantity of cash; Transparency of selection process. The questionnaire involved a combination of qualitative and quantitative questions to collect information.

The main findings show that the main categories for expenditure of received cash were food (100%), medical expenses (100%), and household electricity and utility bills (100%) while 1.56% used the cash to pay existing debts. 100% of the beneficiaries reported that their income was significantly reduced since the start of the pandemic which shows that cash assistance was helpful. To the question of whether in a future similar assistance intervention they would prefer cash or goods, 100% answered that they preferred cash, demonstrating a satisfaction with the flexibility this form of assistance provides. 100% were completely satisfied with the Red Cross behaviour and support as well as the overall organisation of the intervention.

Could you explain to us how COVID-19 pandemic financially influenced you and your household members in terms of costs? (for example, did you have increased expenditures for food, medical costs etc.)	% of responses
Food	100,00
Medical expenses (checkups, diagnostics, treatments, procedures, medicines)	99,22
Protective items (masks, gloves, disinfectants)	93,75
Clothing	0,00
Personal hygiene items	4,69
Basic household items (such as utensils, cooking supplies, blankets, etc.)	0,00
Larger household items (such as table, stove, etc.)	0,00
Household bills (electricity, communal services etc.)	100,00
Education	0,00
Other	0,00
Was your income significantly reduced during COVID-19 pandemic?	% of responses
Reduced income	100,00
Increased income	0,00
No influence on income	0,00
No response	0,00
Total	100,00
Of all the money you have spent, what were your top three categories you spent your money on?	% of responses
Food	100,00
Medical expenses (checkups, diagnostics, treatments, procedures, medicines)	100,00
Clothing	0,00

Personal hygiene items	0,00
Basic household items (such as utensils, cooking supplies, blankets, etc.)	0,00
Larger household items (such as table, stove, etc.)	0,00
Household bills (electricity, communal services etc.)	100,00
Education	0,00
Gave money to relatives/friends	0,00
Paying debts	1,56
Savings	0,00
Other	0,00
If the assistance could have been done over again, would you have preferred to receive goods rather than cash, or the combination of the two?	% of responses
Prefers goods	0,00
Prefers cash	100,00
Prefers combination of goods and cash	0,00
No preference	0,00
Total	100,00
Are you satisfied with the amount of assistance you received?	% of responses
Satisfied	100,00
Somewhat satisfied	0,00
Not satisfied	0,00
No response	0,00
Total	100,00
How satisfied are you with the overall organization of this cash intervention?	% of responses
Satisfied	100,00
Somewhat satisfied	0,00
Not satisfied	0,00
Total	100,00
How satisfied are you with the overall behavior and support of Red Cross volunteers and staff?	% of responses
Satisfied	100,00
Somewhat satisfied	0,00
Not satisfied	0,00
Total	100,00

North Macedonia:

Beneficiaries were selected using the national database kept and regularly updated by the Ministry of Labour and Social Policy, which also was used for geographical targeting.

The delivery mechanism was a bank transfer to personal bank accounts of beneficiaries, executed by the Red Cross of the Republic of North Macedonia HQ.

Cash grants have been delivered to 1,000 older persons and persons with disabilities. The following table shows the data on the structure of beneficiaries segregated by target groups and gender:

North Macedonia	Number of beneficiaries
Older persons with disabilities	1.000
males	359
females	641
Total	1.000

A Post Distribution Monitoring (PDM) was conducted after four weeks after the cash distribution was over. The monitoring team interviewed 100 persons (10%) via telephone, selected at random from the list of beneficiaries.

The focus of this monitoring included: basic information of the target beneficiaries; effectiveness and quality of the cash distribution; the vulnerability level of beneficiaries, the satisfaction of target beneficiaries on quantity of cash; Transparency of selection process. The questionnaire involved a combination of qualitative and quantitative questions to collect information.

The main findings show that the main categories for expenditure of received cash were food (86.70%), medical expenses (75.90%), and personal hygiene items (43.40%), household electricity and utility bills (34.90%). 66.70% of the beneficiaries reported that their income was significantly reduced since the start of the pandemic which shows that cash assistance was helpful. To the question of whether in a future similar assistance intervention they would prefer cash or goods, 55.50% answered that they preferred cash, 33.70% would prefer a combination of goods and cash and 10.80% would prefer goods only. 83.30% were completely satisfied and 15.50% somewhat satisfied with the Red Cross behaviour and support.

Could you explain to us how COVID-19 pandemic financially influenced you and your household members in terms of costs? (for example, did you have increased expenditures for food, medical costs etc.)	% of responses
Food	88,00
Medical expenses (checkups, diagnostics, treatments, procedures, medicines)	86,70
Protective items (masks, gloves, disinfectants)	32,50
Clothing	7,20
Personal hygiene items	41,00
Basic household items (such as utensils, cooking supplies, blankets, etc.)	4,80
Larger household items (such as table, stove, etc.)	0,00
Household bills (electricity, communal services etc.)	30,10
Education	1,20
Other	0,00

Was your income significantly reduced during COVID-19 pandemic?	% of responses
Reduced income	66,70
Increased income	0,00
No influence on income	33,30
No response	0,00
Total	100,00
Of all the money you have spent, what were your top three categories you spent your money on?	% of responses
Food	86,70
Medical expenses (checkups, diagnostics, treatments, procedures, medicines)	75,90
Clothing	4,80
Personal hygiene items	43,40
Basic household items (such as utensils, cooking supplies, blankets, etc.)	2,40
Larger household items (such as table, stove, etc.)	0,00
Household bills (electricity, communal services etc.)	34,90
Education	0,00
Gave money to relatives/friends	1,20
Paying debts	3,60
Savings	2,40
Other	0,00
If the assistance could have been done over again, would you have preferred to receive goods rather than cash, or the combination of the two?	% of responses
Prefers goods	10,80
Prefers cash	55,50
Prefers combination of goods and cash	33,70
No preference	0,00
Total	100,00
Are you satisfied with the amount of assistance you received?	% of responses
Satisfied	38,60
Somewhat satisfied	56,60
Not satisfied	4,80
No response	0,00
Total	100,00

How satisfied are you with the overall organization of this cash intervention?	% of responses
Satisfied	65,50
Somewhat satisfied	32,10
Not satisfied	2,40
Total	100,00
How satisfied are you with the overall behavior and support of Red Cross volunteers and staff?	% of responses
Satisfied	83,30
Somewhat satisfied	15,50
Not satisfied	1,20
Total	100,00

Kosovo*:

As detailed in the previous report, Caritas Kosova focused on in-kind relief distribution. The list of basic packages was compiled with assistance of project partners and in accordance with the prescribed standards of the World Health Organization and the Red Cross. Prior to the activity Caritas presented the project and project factsheet, main objectives, planned activities and target groups/beneficiaries at online quarterly coordination meetings organized by European Union Office Kosovo, Ministry of Finance, Labour and Transfers and UNDP. The following international and local actors were also present at these meetings: UNICEF, WHO, Ministry of Health, various associations and local non-governmental organizations.

The basic criteria included being over 65 or registered as a person with disabilities, regardless of age. The users of the Caritas Kosova telephone centres' services in the project were assessed and approximately 450 users were selected along with 550 other persons who fit the other criteria: economic situation, (pension level, beneficiaries of social support programmes), number of family members, general living conditions (access to basic necessities, water, electricity, health care). The final lists were cleared with the institutions of the social support system such as Centre for Labour and Social Policy and Department for Family and Social Affairs to avoid overlapping with other similar support programmes. The five selected regions were chosen based on the economic and social criteria as well as based on the presence of different ethnic and religious communities.

Out of a total of 1,000 parcels planned for the five regions of Pristina, Prizren, Mitrovica, Vitina and Urosevac, 928 parcels were successfully distributed by the end of May with the remaining 72 distributed in June. The distribution was disseminated through Caritas premises and with assistance of local associations and organizations (the Blind and Visually Impaired Association, the association of children with special needs Podrzi Me, the Deaf Association and Blind Association, HandiKOS, municipal Centres for Social Work, and pensioners' associations at municipal level). The majority of recipients in the distribution were over the age of 65 (app 62 %), and the remainder (app 38 %) were persons with disabilities. 56% of the recipients are male and 44% are female.

A post-distribution telephone poll was done to evaluate the level of satisfaction of the beneficiaries with this intervention and collect suggestions for future interventions. The questionnaire contained the following questions:

- Gender
- Are you:
 - Older person (65+)
 - Older person with disabilities (65+)
 - A person with a disability under the age of 65
- Are you satisfied with the food parcel you received? Are you satisfied with the hygiene parcel you received?
- Was the location of parcels distribution easily accessible?
- How satisfied are you with the quantity and selection of goods that were in the parcel? Did the parcel adequately meet your needs?
- How long did the goods in the parcel last?
- Do you have any suggestions for future distributions of this type, in terms of parcel content, quantity of goods, communication on distribution and location accessibility?
- Do you think cash assistance would have been more adequate?

Out of 100 persons randomly selected from the list of beneficiaries, 51.6% were male and 48.4% female. 27.4% are older persons over 65 years of age, 25.8% are over 65 and live with disabilities while 46.8% are persons with disabilities below 65.

98.4% are satisfied with the food parcel contents while the rest responded “I don’t know”. 93.5 % of the respondents are satisfied with the contents of the hygiene parcel, and the rest responded no (5%) and “I don’t know”. 98.4% agree that the distribution location was easily accessible and the rest disagreed with it. 91.9% are satisfied with the quality and selection of goods while the rest of the respondents were not satisfied. For most of the respondents the parcels lasted one month. 69.4% consider this form of assistance adequate, 22.6% would have preferred cash and 8.1% could not decide.

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

Indicators: a) 20 local level grass- roots policy initiatives across six project sites b) 60 local level grass-roots micro-projects across six project sites carried out via sub-granting engaging with service provision c) 1,200 older persons and persons with disabilities engaged with services (such as direct support, inclusion, lifelong learning...) and policy initiatives

The implementation of micro-projects was started in all the project sites except in Kosovo* where the continuing political tensions and threat of armed incidents were blocking a large part of the work in the reporting period. The partners in Kosovo managed to complete the tendering process but the selection of project proposals for the support is planned for January 2023.

In the other project sites, the tendering and selection process has been successfully completed. Out of 103 received project proposals in the five project sites (discounting Kosovo where 13 proposals are still to be evaluated) 52 have been selected for support by the commissions organised by national partners and involving representatives of public institutions in order to ensure transparency.

Evaluation process was set in two tiers, evaluation different aspects of the proposed projects:

- Administrative Evaluation which reviewed the following:
 - the documents certifying the legal status of the applicants and
 - the documents certifying the financial capacity of the applicants

- Technical evaluation which reviewed the following:
 - Financial and operational capacity of the applicant organization that assessed the available financial and operational capacity to run regular activities throughout the project implementation period
 - The relevance of project proposals that assessed whether the project proposals are in accordance with the priorities defined in the call for the proposal
 - Effectiveness and feasibility of the action that assessed the feasibility of plan of activities and if the proposed activities are presented in a logical and practical manner with the expected goals and results and have clear and measurable indicators
 - Sustainability of the action that assessed capability of the organization to continue the project running after the finish of the funding, and as well as the impact of the project after its termination
 - Budget and cost-effectiveness of the action that assessed whether the activities were properly reflected in the budget and whether the relationship between the anticipated expenses and the results is at a satisfactory level.

The implementation of micro-projects started in early to late November in all project sites except Kosovo* and will be finished in August or September 2023.

Serbia

In Serbia this activity is coordinated by the Red Cross of Serbia. On 8 August 2022 the call for project proposals was launched via the website of the Red Cross of Serbia as well as the website of the CSO network HumanaS and the TASIOP project website. The information about the tender was also shared through the TACSO office in Serbia's channels as well as the channels of the European Union Delegation in Belgrade.

The response to the tender was strong, especially with the possibility to ask questions up to five days before the 10 September deadline and in the end 38 project proposals were delivered to the Red Cross of Serbia on time. The Red Cross of Serbia formed the evaluation commission comprising of two experts from the Red Cross of Serbia (including the project coordinator), a representative of the project partner National Organisation of Persons with Disabilities (NOOIS) a representative of the Ministry of Labour, Employment, Veteran and Social Policy and a representative of the Institute for Social Protection.

Out of 38 received proposals, ten were missing key documentation or had unclear budget and these applicants were invited to correct their applications but in the end five of them did not pass administrative evaluation due to lacking documents or unclear budgets. Out of the remaining proposals, 11 were finally selected for support, ten of which will have ten months for implementation while the eleventh will be implemented for five months only due to a specific nature of its activities relating to provision of psychosocial support to older persons in the community. The implementation started in November and will be finalised in August 2023. The Red Cross of Serbia organised a consultative Q&A session with the implementing organisations in late November to clarify any dilemmas related to implementation, visibility and reporting.

Albania

In Albania Albanian Red Cross is in charge of coordinating this activity. On August 10th 2022, the call for proposals (including application's documentation) has been published on Albanian Red Cross communication channels such as national website, Facebook (including branches' Facebook pages), Twitter and LinkedIn. Furthermore, the information on the tender requiring to be shared with relevant actors was sent to project donors EU delegation and ADA, project partner AAGG- Partner (launched in MOSHA website), UNFPA (sent to its partners) and it was sent to local civil society organisations in the three project sites.

Evaluation commission composed by five members of Albanian RC experts in the relevant fields was set to assess the submitted proposals in accordance with established evaluation criteria. One of the principle followed during the projects evaluation process was equal treatment, hence all applicants who submitted their project proposal within the announced deadline have been treated equally using the same the terms and requirements set in the tender documents and by applying the same award criteria.

The overall result of the tender evaluation are as follows: 18 Civil society Organizations have submitted their project proposals within the set deadline, September 15, and have gone through the administrative evaluation. Two applicants were disqualified due to the lack of some of the required documents. 16 applications were compliant and met the administrative requirements set out in the tender documentation and went through technical evaluation. The 16 project proposals have been evaluated based on Evaluation Grid and have been granted with the respective scores. 10 applications have passed the technical evaluation and have been accepted for the contract award. Once the award approval has been given by the evaluation commission, the successful organisations have been notified in writing that its project proposals have been accepted for the contract award. In the same time, the organizations that have not been awarded have been notified in writing with the short explanation on the reason of the rejection of their applications.

Individual consultative meetings were organised with the awarded organisations to discuss/ review the projects, provide clarifications and ask/respond to the questions. This was done prior to the signing of contracts and beginning of implementation that started in late November. The implementation will be finished in September 2023.

Bosnia and Herzegovina

In Bosnia and Herzegovina the Red Cross Society of Bosnia and Herzegovina is in charge of coordinating this activity, and this partner published the open call for sub-granting on its website and Facebook profile, as well as on "Mreža mira" and "Lonac.pro" networks on 08 August 2022. The RCSBiH open call for sub-granting was also channelled through the EU Country Coordinator for Bosnia and Herzegovina Technical Assistance to Civil Society Organisations (EU TACSO 3) in the Western Balkans and Turkey.

The Red Cross Society of Bosnia and Herzegovina Commission for evaluation and rating of project proposals held its evaluation session on 07 October 2022 at the Red Cross Society of Bosnia and Herzegovina HQs in Sarajevo. The commission, in addition to two representatives of the Red Cross Society of Bosnia and Herzegovina included a representative of the Technical Assistance to Civil Society Organisations (EU TACSO 3) in the Western Balkans and Turkey as well as two representatives of the Bosnia and Herzegovina Ministry for Human Rights and Refugees.

The Commission for evaluation and rating of the project proposals evaluated the 23 received project proposals, however, out of 23 project proposals only 6 project proposals contained complete documentation and 17 project proposals received were missing some necessary documentation or had inconsistent budget. Therefore, the Commission members agreed to allow some more time to those CSOs whose projects proposals were lacking documentation required but had very comprehensive and promising proposed activities. The deadline set for delivery of the required documentation was 24 October 2022. Based on the complete required documentation received by the deadline given, on 14 November 2022 the Red Cross Society of Bosnia and Herzegovina Commission finalized the evaluation and rating of project proposals and the total of 11 project proposals were selected for support in implementation. The results of the open call for sub-granting were published on the web site of the Red Cross Society of Bosnia and Herzegovina on 16 November 2022. And on 17 November 2022, the Red Cross Society of Bosnia and Herzegovina organized the signing ceremony of Contracts with representatives of Civil Society Organisations whose project proposals were selected for support. The implementation period of micro-projects is from 18 November 2022-18 September 2023.

Montenegro

In Montenegro the Red Cross of Montenegro is in charge of coordinating this activity and the call for proposals for micro-projects was published on August 8, 2022 with deadline for submission being September 15, 2022. The call was published on the Red Cross of Montenegro website as well as other channels of communication (Facebook, Instagram and Twitter), and on the website of the European Union Delegation in Montenegro and the website of the CSO Centre for development of NGOs. The Red Cross provided two applicants with clarifications prior to the deadline in the end 14 applications were submitted. However, as nine of them were proposing activities shorter than the set ten month timeframe, upon consultation with the Red Cross of Serbia, they were sent back for corrections.

The evaluation commission had three members (a Red Cross of Montenegro representative, a representative of Union of the Blind, and a director of a Nursing Home for Older Persons in Podgorica,). The commission evaluated the proposals and selected ten of them for grant support, establishing that they satisfy all the required criteria and that they are focused on meaningful activities and goals.

Red Cross of Montenegro has conducted official ceremony of agreement signing for awarded projects on 14 November followed by the workshop on procedures, reporting, visibility, and other project requirements. The implementation of the micro-projects started in second half of November and will be finished in September 2023. One issue encountered by the implementing organisations in Montenegro is the very long process of VAT exemption for their expenses which demands them to obtain pro forma invoices from vendors and then send them to the European Commission in Brussels for greenlighting. The first batch of pro forma invoices sent to Brussels in mid-November has not been processed yet.

North Macedonia

In North Macedonia the Red Cross Society of the Republic of North Macedonia is in charge of coordinating this activity. The call for proposals was launched on 9 August via the Red Cross website and associated social media channels. InkluzivaM network, the CSO network established by the Red Cross in the course of implementation of a previous EU-supported project “Taking Action on Social Inclusion of Older Persons” also published the call on its website and the EU Delegation in Skopje’s as well as TACSO office in Skopje’s channels were also used. The deadline was set on 15 September.

There were 10 application sent to the tender by the set deadline and the five member commission evaluated the. The commission was comprised of two persons from the Red Cross Society of the Republic of North Macedonia, two persons from the partner on the project Association Humanity and one representative of the Institute for Social Protection. Considering that there were ten applicants, all ten were evaluated and accepted as satisfying the criteria for support.

The public signing of contracts for the implementation with the Red Cross Society of the Republic of North Macedonia was organised on October 6, 2022, with event being attended by the Secretary General of the Red Cross of the Republic of North Macedonia, Dr. Sait Saiti. This event was also used to present the implementing CSOs with the guidelines for the implementation of the projects as well as all the necessary formats for dealing recording the activities, reporting and satisfying visibility requirements. The micro-projects will be implemented until August 2023.

Kosovo*

Caritas Kosova was in charge of coordinating this activity but the increasingly difficult political situation slowed down the process significantly. The first tender was announced in the first week of September using the Caritas Kosova website as well as the Kosova Job website, but only three applications were received at the deadline. Therefore the tender was repeated on October 25 with new deadlines (see links) using the same web channels. In the meantime, 5 info sessions were organized for which invitations and application links were sent to various civil society and international partners with presence in Kosovo, collaborators and potential applicants. The response was to the repeated tender was still very poor, so Caritas Kosova directly contacted potential applicants via email and telephones. By the deadline, the response was numerically better with 13 applications submitted, but most of them were still technically incomplete (duration of activities, allocation of budget, required confirmation of guarantees...). All applicants were asked for corrections of and additions to proposals.

Due to the both political and security situation in November and onwards, with the blocked roads and tensions involving armed forces, the review and decision on the financing of the proposed projects has been postponed to January 2023 with the idea that the activities will be carried out in the period February-October 2023.

Outcome 4 (Public Policy)

Public policy creators in the six project sites are assisted in improving public policy in the wake of the COVID-19 epidemic

Indicators: a) 6 Policy models addressing the identified gaps in service delivery and support to vulnerable groups during emergencies developed and submitted to the representatives of public administration in each of the six project sites.

b) 18 policy creators at national level reached

The development of research reports on long-term care in the six project sites is nearly finished. Final versions of studies have been produced following the partners' feedback for all the project sites. The SeConS team has prepared summaries of key findings for each project site as well as instructions for advocacy activities for the project partners. The project partners are currently preparing their advocacy plans for the final year of the project implementation and beyond. The public launches of research reports of long-term care will be organised in February in Serbia, in late March in Bosnia and

Herzegovina and in late January in North Macedonia with the rest of the partners still discussing the best dates in order to ensure presence of SeConS partners at the events.

The civil society networks' meetings planned for the second year were organised in Albania and Bosnia and Herzegovina where the preliminary findings of the studies were shared with the stakeholders. The rest of the partners decided to move the meetings into the third year in order to capitalise on the finalised studies as well as to reach a period of political (Kosovo) and institutional stability.

The advocacy activity of the partners has continued with the key events in which the project representatives took part including high level international events such as Ministerial Conference on ageing in Rome. However, the prolonged periods of political instability in Kosovo* and long periods of governments in technical mandate in Serbia and Montenegro affected the advocacy activity aimed at national-level policy creators and most of the major activities will be done in the third year of the project implementation, as the studies are finalised and the advocacy plans adapted to new institutional environment. The training for CSO network members in the region provided by AGE Platform Europe and the European Disability Forum: Strengthening advocacy networks has for the same reason been moved into the early period of the third year of project implementation.

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

This training has been moved to the beginning of the third year due to the longer process of finalising the studies and the advocacy plans in each of the project sites. The Red Cross of Serbia, AGE Platform Europe and the European Disability Forum have established the curriculum and the agenda for the training which will be implemented in the 3rd month of the third project year.

Activity 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.).

Finalization of the studies for two project sites

Studies for North Macedonia and Kosovo were finalised during the reporting period upon collecting the feedback of partners in these project sites. The design and prepress for these studies are being finalised as the rest of the partners are providing their final feedback. The final layout of the studies and summaries was adopted and all will have the same design taking into consideration visibility of the project and EC rules and procedures. All the studies will be published in the first or second quarter of the third project year, followed by media launches and intense advocacy activities. Every study will be catalogued at the National Library of its respective project site.

Development of the regional report

Based on all collected material and reports from each project site, SeConS has started and is in the process of developing a regional study. The main objective of this study is to present long-term care systems across the region from a comparative perspective, point out the similar issues, barriers and gaps, as well as examples of good solutions and recommendations that can be applied across the region in order to achieve better integrated, better targeted, more efficient, more accessible and more adequate

systems of long-term services. The study will be finalised in the first quarter of the third year of the project.

Preparation of advocacy plans in each of the project sites

SeConS team in cooperation with Red Cross of Serbia has prepared instructions and timeline for all project partners in order to prepare advocacy plan for future activities in the project and beyond. Instruction to partners were sent in two waves in July and November, as timeline for advocacy activities was modified in the meantime. Instruction presents a detailed description of necessary steps in order to organize the planned CSO network meetings and collect all relevant information for development of advocacy plan. Partners from each project site suggested that SeConS team members should participate in their CSO network meetings to present the key findings from the each national research.

SeConS team also provided has outline/template for the advocacy plan with indicators for monitoring of the activities and shared it with all the partners. The advocacy plans are at the moment being developed by partners with SeConS assistance and support with plans for Serbia and Albania already finished. It is expected that the rest of the advocacy plans will be finalised by partners advocacy training of CSOs that will be implemented by Age Platform Europe and European Disability Forum in January 2023.

Finalisation of the MONS magazine issue on long-term care

During this the previous reporting period new issue of the MONS magazine dedicated to long-term care in Serbia was developed, launched and promoted through Facebook and LinkedIn pages of SeConS. During this period project team designed two infographics that illustrate long term care from comparative perspective.

Monitoring social situation in Serbia (MONS) is an online platform, launched jointly by the Foundation for the Advancement of Economics FREN and SeConS Development Initiative Group, in order to better present results of socioeconomic research and increase its significance an impact on processes of adopting public policies. Project MONS was started and supported up until the 9th issue by PERFORM, a project of Swiss Agency for Development and Cooperation (SDC) implemented by HELVETAS Swiss Intercooperation and University of Fribourg. The 16th issue of MONS online magazine covers the topic of long-term care services and features articles and research by the project partners (Red Cross of Serbia, NOOIS, SeConS) as well as the partners from the HumanaS CSO Network that is one of the beneficiaries of the project (NGO Amity). The articles in this issue can be viewed in English language here:

<https://mons.rs/long-term-care-services-the-legislative-framework>

<https://mons.rs/social-protection-for-people-with-long-term-care-needs-and-social-inclusion-of-persons-with-disabilities>

<https://mons.rs/the-in-availability-of-long-term-care-services-in-serbia>

<https://mons.rs/the-role-importance-and-treatment-of-formal-and-informal-carers>

<https://mons.rs/support-for-informal-carers-of-the-elderly-in-serbia-the-six-public-policy-issues>

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

Serbia

All members of the HumanaS network have taken part in the MIPAA consultation process that has been led by the Red Cross of Serbia, as the resident coordinator of the network. This process was a structured discussion using a questionnaire developed by the Red Cross of Serbia who also collected the replies and prepared a report that was presented at the Ministerial Conference on ageing in Rome in June. The meeting of the HumanaS network was organised on 15 July, hosted by the Serbian Alzheimer's Association. The topic of the meeting was long-term care and specifically a segment of long-term care services targeting persons with diagnosed dementia. The network members discussed the concrete recommendations to the policy makers and one of the results of the meeting was the creation of a petition for the City of Belgrade to create and maintain a day care centre for persons with diagnosed dementia. This petition was further promoted in the civil society and in the public, ending with submission to the Ministry of Labour, Employment, Veteran and Social Affairs on 21 September, World Alzheimer's Day.

Albania

The meeting of MOSHA network of organisations of older persons was organized as planned on 1st October 2022, the International Day of Older Persons. Three national organisations of pensioners, two clubs of older persons of Tirana and five non-governmental associations, all MOSHA members, participated. The focal point for ageing at Ministry of Health and Social Protection was also present. The meeting was organized by the project partner AAGG who coordinates the work of MOSHA



MOSHA Network meeting

network. The main issues on the meeting agenda were implementation of national plan of ageing, the rapid ageing crisis in the country, integrated care and long-term care for older persons, and better organization of MOSHA network. The participants agreed that the strategic plan of the network needs to be reviewed and adapted to the new circumstances during

2023. The preliminary data from the long-term care study conducted in the project were shared with members of the network and with the media representatives. Albanian Public Television covered the event and through a reportage along with interviews with participants about personal experiences and positive examples. Another national TV (KLAN TV) inquired about the data shared during the meeting and aired a story and an interview about ageing issues that Albania is facing as well as long-term care needs of the older population.

The meeting with the network of CSOs representing persons with disabilities was moved to January from the planned date in November due to very bad weather and complicated logistics. AAGG works closely with the National Association of Paraplegics on the preparation of this event.

Bosnia and Herzegovina

Due to budget limitations for the organisation of the annual meeting (inflation increased all prices), synergy was created with the project “Sustainable strengthening of local health systems in the Western Balkans: Improving the health of older persons affected by the COVID-19 pandemic and transferring mobile care and support knowledge from Austria to the Western Balkans region” (or the shortened version: “Virtual is vital, too!”) to organise a meeting under the name “We celebrate life”, which is an annual event held by Hilfswerk International and HAJDE on the occasion of the International day for older persons (this year on 30th of September due to elections on 2nd October 2022). Since this meeting gathers stakeholders relevant for this project as well, it was logical to use this forum to present the study to relevant actors. HAJDE also invited other relevant such as CSO networks for older persons and persons with disabilities. In the end, the study was presented and the event was successful. HAJDE plans to organise the second annual meeting in 2023.

This was a good synergy accomplished especially since the “Virtual is vital, too!” project advocates for professional caregivers and includes activities such as education of caregivers in Bosnia and Herzegovina and North Macedonia, as well as advocacy with stakeholders for the recognition of caregivers as an officially recognised profession. Future activities on both projects will also provide the opportunity to achieve further synergies.

Montenegro

There was no meeting of the Dignitas network in the second year of the project due to prolonged unstable political situation. However, this network of humanitarian organizations formed on the initiative of the Red Cross of Montenegro in April 2016 as part of the EU-supported project “Taking Action on Social Inclusion of Older Persons” had its members apply for micro-grants within the tender organised by the Red Cross of Montenegro as part of the current project and the Red Cross of Montenegro held telephone/ online consultations with these organizations. Also the Red Cross of Montenegro, as the coordinator of the network had ongoing cooperative activities with its members such as Union of the Blind, NGO “Naše doba”, Caritas, Association of Pensioners, NGO Impuls etc. It is planned to have the next network meeting as soon as the political situation is more stable in early 2023.

Network of organisations of persons with disabilities has not met in the reporting period. Firstly, the meeting was scheduled for September, but due to the impossibility of everyone attending, it was postponed. Due to the situation in which many organizations found themselves in Montenegro, the struggle for survival in the uncertain political climate related to prolonged technical mandate of the government, the members of the network asked that meetings be organized in 2023, when it will be necessary to meet more often, due to issues related to continuous financing of services, adoption of laws on organizations of persons with disabilities, urgency for the return of the Directorate for Human Rights within the Ministry of Human and Minority Rights and the final functionality of the Council for the Rights of Persons with Disabilities within the Government of Montenegro.

North Macedonia

This annual meeting of InkluzivaM CSO network, established by the Red Cross Society of the republic of North Macedonia in the previous EU-related project, “Taking Action on Social Inclusion of Older Persons” will be organised in early 2023 in order to capitalise on the publication on long-term care study that will be published within this project and present its findings and recommendations with the civil society networks, and discuss the next steps. This will aid in the coordination of project activities

and cooperation between organizations in the long run. The focus on this meeting will be on the publication and its benefits for older persons and organisations of persons with disabilities.

Kosovo*

Due to the both political and security situation in November and onwards, with the blocked roads and tensions involving armed forces, it was decided to postpone the network meeting to January 2023.

Activity 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

Serbia:

Red Cross of Serbia

Participation of the representatives of the Red Cross of Serbia at the Ministerial Conference on Ageing, Rome, Italy

The Fifth Ministerial Conference on Ageing, entitled “A Sustainable Society for All Ages: Joining Forces for Solidarity and Equal Opportunities for Life”, was held in Rome from 15 to 17 June 2022, organized by the United Nations Economic Commission for Europe (UNECE). The first day of the conference, June 15, was organized as a Forum of Civil Society Organizations and Researchers, at which the Red Cross of Serbia participated and contributed to the adopted declaration:

<https://unece.org/sites/default/files/2022-06/2022-Joint%20declaration%20of%20civil%20society%20and%20scientific%20research.pdf>

The Red Cross of Serbia representatives participated in special side-events as well. Natasa Todorovic from the Red Cross of Serbia participated as a panelist in an event organized by the International Network for the Prevention of Elder Abuse, INPEA, on June 17, where she spoke about the results of a recent research study in the countries of the Western Balkans region, Moldova and Ukraine on violence against older women. In her speech, she particularly stressed the need to observe the entire life course of older persons and older women in order to identify the specific accumulated risks of specific types of violence and prevent them at different stages of life. The programme of this even can be seen here:

https://unece.org/sites/default/files/2022-06/Side%20event%20Concept%20note%20-%20Combatting%20Elder%20Abuse%2017%20June_0.pdf

Representatives of the Red Cross of Serbia also met with Susan Somers, President of the International Network for Prevention of Elder Abuse, Justin Derbyshire, CEO of HelpAge International, Claudia Mahler, Independent Expert on the enjoyment of all human rights by older persons, and Maciej Kucharczyk, Secretary General of AGE Platform Europe.

In addition, the Red Cross of Serbia had a poster presentation of the project “Strengthening the resilience of older persons and persons with disabilities during the COVID-19 crisis and future crises” at the conference, providing this action with visibility at this high-level international event:

https://unece.org/sites/default/files/2022-06/Posters-Older-Persons_Emergencies.pdf



Western Balkans (Serbia, Albania, Bosnia and Herzegovina, Montenegro, North Macedonia, Kosovo*)

November 2020 – November 2023

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Poster exhibition on Older Persons in Emergency Situations



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

Emergency to which the project/activity responded
COVID-19 crisis

Project description

The project "Strengthening resilience of older persons and persons with disabilities during COVID-19 and future disasters" is a three-year initiative in the region of the Western Balkans, coordinated by the Red Cross of Serbia and supported by the EU, Austrian Development Agency and Austrian Red Cross. It connects CSOs from Serbia, Albania, Bosnia and Herzegovina, Montenegro, North Macedonia and Kosovo*, and civil society networks representing older persons and persons with disabilities at EU level.

Older persons and persons with disabilities even in ordinary times face significant constraints in participating in society and having their needs met, with cumulative effect on their health. The COVID-19 crisis amplified these issues and increased the risks for their physical and mental health and social exclusion. The project addresses these on multiple levels:

Mental health component aims to preserve mental health and enhance resilience of 60,000 older persons and persons with disabilities across six project sites through: Provision of information from verified sources including on the pandemic, self-protection (e.g. elder abuse or abuse of a person with disabilities in family context) as well as individual rights; Provision of psychosocial support services to ensure preservation of mental health and building of resilience.

Relief/ cash and voucher assistance component aims to preserve and enhance the health and welfare of 6000 recipients in six project sites while strengthening capacities of National Red Cross Societies to provide Cash and Voucher Assistance.

Strengthening local communities component includes work on supporting and strengthening CSOs across the region to create local initiatives fostering social inclusion and direct support, as well as to engage with local policy makers.

Research/ public policy/ advocacy component aims to assist public policy makers in the six project sites in improving public policy in the wake of the COVID-19 epidemic, by providing evidence-based recommendations.

How the activity contributes to protecting or engaging older persons in responding to emergency situations

30 telephone-based centres have been established coordinated by trained staff and operated by trained volunteers. The centres have been operational each working day in widely publicised timeslots and the number of callers has exceeded 7,000 older persons and persons with disabilities. This activity additionally empowers older persons as many of the volunteers working on the telephones are themselves older persons and are providing support to their peers.

From April 2022 the project has provided psychosocial support and support in organising local level activities in self-help, peer support and healthy ageing. The activities will be following the healthy ageing methodology developed by WHO and IFRC and include structured activities such as physical exercise, discussions, workshops etc. Self-help groups have been a proven way to activate older persons, increase their social inclusion and contribute to better mental and physical health.

Providing cash and voucher assistance helped address immediate needs related to health and social issues, especially in the context where the regular functioning of systems of healthcare and social welfare has been disrupted.

Lessons learned

- Cash and voucher assistance has proven to be highly effective in responding to the welfare needs of the target group, including covering out-of-pocket expenses for healthcare due to pandemic pressure on the public health systems.
- The services and research activities implemented in the project show the importance of long-term care as an essential service to ageing populations. Crises that disrupt the delivery of health and social services expose the gaps already present in those systems and should be used as rallying call to ensure integration and tight coordination of long-term care services so that they can be provided more effectively and better target a wider scope of needs of the ageing population.

* This declaration is without prejudice to positions on status, and is in line with UNHCR/1284/1659 and the ICJ Opinion on the Kosovo declaration of Independence

Poster presentation of the project at the Fifth Ministerial Conference on Ageing, Rome, Italy

Participation of the Red Cross of Serbia in the meetings of the working group for the development of the Action Plan for the Strategy of Deinstitutionalization and Development of Social Protection Services in the Community 2022-2026.

Between 29 June and 1 July and then between 19 and 21 September the project coordinator participated in the meetings of the working group for the development of the Action Plan for the Strategy of Deinstitutionalization and Development of Social Protection Services in the Community 2022-2026. These meetings were attended by all relevant stakeholders including Ministry of health, Ministry of Labour, Employment, veteran and Social Affairs, Ministry of Education as well as major civil society organisations. The action plan will provide a road map for the implementation of this process during 2022 and 2023. In addition, it foresees legal and financial conditions, provides guidance for the coordinated development of services throughout the country, and the transformation of accommodation facilities into community service providers. The final provisions envisage the empowerment of professionals in social protection, but also of the beneficiaries/ clients themselves for inclusion in the community.

Participation in the XI International Gerontological Congress in Serbia

The project has been presented at the XI Gerontological Congress organised by the Gerontological Society of Serbia on 12 and 13 October in Belgrade, Palace Serbia. This was an international hybrid event with participation of Claudia Mahler, Independent Expert on the enjoyment of all human rights by older persons, Susan Somers, President of the International Network for Prevention of Elder Abuse,

John Kennedy Mosoti, UNFPA Serbia Country Director, Prof. Dr. Darija Kisic, Minister of Labour, Employment, Veteran and Social Affairs in the Government of Serbia, Prof. Dr. José R. Jauregui, President of the International Association of Gerontology and Geriatrics, Brankica Jankovic, Commissioner for the Protection of Equality in the Republic of Serbia, as well as more than 50 scientific presentations from the fields of gerontology and geriatrics by more than 160 participants from 12 countries. The project activities were presented through a summary of the studies of long-term care services in the Western Balkans presented by the project partner SeConS, as well as the presentation of the evaluation of the psychosocial support and psychological first aid services provided remotely in this project, by by prof. Dr. Barbara Juen and Priya Lena Riedel of the University of Innsbruck, Austria. Furthermore, project partner Age Platform Europe participated with a presentation on the EU Care strategy and a rights based approach to providing long-term care.

National Organisation of persons with Disabilities (NOOIS)

Action Plan for Implementation of the National disability strategy of Serbia

NOOIS experts continued successful participation in the work of the Working group of Ministry of Labour, Employment, Veteran and Social Policy, drafting the second bi-annual Action Plan for Implementation of the National disability strategy of Serbia, starting in August. The working group is currently working on the financial framework for the budget of the Action Plan. The Action Plan should be presented for public debate in the following weeks.

Action Plan for Implementation of National De-institutionalization Strategy

NOOIS expert continued successful participation in the work of the Working Group of Ministry of Labour, Employment, Veteran and Social Policy, drafting Action Plan for Implementation of National De-institutionalization Strategy. The working group held two sessions in August and September and the third session was planned for late November, to discuss the financial framework for implementation. The finalization of the draft that should be presented for public debate is expected in the following weeks.

Proposed amendments to the Law on Prevention of Discrimination against Persons with Disabilities

NOOIS experts prepared an initiative for amendments to the Law on Prevention of Discrimination against Persons with Disabilities and submitted it to the Ministry of Labour, Employment, Veteran and Social Policy in October. The proposed amendments aim to introduce “reasonable accommodation” as a mandatory measure against discrimination in all areas (so far it is only introduced in the area of employment), and to fully harmonize the definition of persons with disabilities with the definition from Convention on the Rights of Persons with Disabilities.

NOOIS experts continued cooperation with National Health Insurance Fund on the amendments to the regulation on medical aids funded from the health insurance. Expert of NOOIS was included in National Health Insurance’s working group that was drafting the amendments to the regulation. It has been agreed that due to limited financial resources the amendments will be adopted and implemented in stages, first amendments to provisions on prosthetics to be carried out in 2022.

Albania

Albanian Association of Geriatrics and Gerontology

AAGG and members of the MOSHA network have been actively engaged in dialogues with public administration about the implementation of National Plan of Ageing. More specifically:

Focal point for ageing at the Ministry of Health and Social Protection

The communication and dialogue with the Ministry of Health and Social Protection started last year are providing some tangible results. A full time specialist on ageing Valbona Tolli, a former collaborator of MOSHA network at the time when she worked for Tirana Municipality is positioned as a focal point at the Ministry.

World Elder Abuse Awareness Day

On 15th of June, World Elder Abuse Awareness Day, MOSHA Network member, General Union of Pensioners of Albania organized a meeting with deputy Minister for Health and Social Protection Ms. Vjollca Braho and focal point on ageing at the Ministry Ms. Valbona Tolli. AAGG has over months built a systematic dialogue and collaboration with Ms. Tolli. They have participated in round tables and activities with other stakeholders together (including municipalities of Tirana, Durrës, Gjirokastra and Rrogozhinë, UNFPA and ILO) during implementation of the national plan of ageing. A process of building a new model of integrated care for older persons has been initiated.

Ministerial Conference on Ageing, Rome, Italy

Alban Ylli from AAGG was invited to represent MOSHA network at the Ministerial Conference organized by UN in Rome, 16-17 June (“A Sustainable World For All Ages” Joining Forces For Solidarity and Equal Opportunities Throughout Life). He used the opportunity to start a dialogue with the deputy minister and focal point for ageing who were representing Albania in the forum.

Bosnia and Herzegovina

Association HAJDE

Cooperation with the Commission for the Third Age in Sarajevo

Association HAJDE presented its activities in the healthy ageing portion of the project to the representatives of the municipality Centre in Sarajevo who are at the same time running the municipal Commission for the Third Age. The Commission members showed interest in the project activities and the meeting was organised to hear about the details and look for ways of cooperation between HAJDE and the municipal administration on issues of ageing and older age going forward. The Commission members agreed to use their channels to raise the visibility of the activities of healthy ageing HAJDE is implementing as part of this action and have showed interest in the issue of mobile care. HAJDE presented to the Commission the summary of the study on long-term care in Bosnia and Herzegovina done as part of this action and it was agreed to continue cooperation.

Study and policy proposal for the recognition of caregivers as a profession developed

Association HAJDE is implementing a regional project “Sustainable strengthening of local health systems in the Western Balkans: Improving the health of older people affected by the COVID-19 pandemic and transferring the knowledge of mobile care and support from Austria to the Western Balkans”, supported by the Austrian Ministry of Social Affairs. This project includes a significant advocacy component in addition to direct services and education and has included a development of a country-specific study on caregivers accompanied with the policy proposal to decision makers for recognition of caregiver profession.

Montenegro:

Red Cross of Montenegro and Union of the Blind

Current political situation in Montenegro is far from stable with the prolonged period of the government being in technical mandate, which has implications in institutional structures. Many representatives are not appointed yet and it is difficult to have any kind of policy dialogue with the ministries and other public bodies. Red Cross of Montenegro organised a panel discussion on International Humanitarian Law in November, with representatives of different public institutions who all stated that they do not know for sure whether they will be at the same positions in the next period nor who will be appointed.

Therefore, meetings with stakeholders are postponed for the early 2023 in order to have a more stable political situation and an environment supportive of the dialogue with the civil society.

North Macedonia

Study and policy proposal for the recognition of caregivers as a profession developed

Association Humanity is implementing a regional project “Sustainable strengthening of local health systems in the Western Balkans: Improving the health of older people affected by the COVID-19 pandemic and transferring the knowledge of mobile care and support from Austria to the Western Balkans”, supported by the Austrian Ministry of Social Affairs. This project includes a significant advocacy component in addition to direct services and education and has included a development of a country-specific study on caregivers accompanied with the policy proposal to decision makers for recognition of caregiver profession.

As for this action’s planned advocacy activities: after the press conference in which the major decision makers and policy creators will be informed about the study on long-term care in North Macedonia, members of CSO Networks and representatives of older persons and persons with disabilities will participate in meetings to debate on the policy changes. 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. Therefore, the meetings will come after the media launch for the publication.

Kosovo*

Caritas Kosova

Caritas Kosova has had regular participation at online quarterly coordination meetings organized by European Union Office Kosovo, Ministry of Finance, Labour and Transfers and UNDP. The other international and local actors were also present at these meetings: UNICEF, WHO, Ministry of Health, various associations and local non-governmental organizations. These meetings were used by Caritas

Kosova to familiarise other stakeholders with the activities in the project however due to the both political and security situation in the period, with the blocked roads and tensions involving armed forces, there were no further efforts involving relevant stakeholders. It is hoped that the activities can be resumed in early 2023 as tensions subside.

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

This activity has been postponed for the first half of the third year due to the intensity of activities in the reporting period, particularly in relation to finalisation of research studies related to long term-care services. The research will look into pre-epidemic period, the period of the intense epidemic and the post-epidemic period.

2.3. Logframe matrix updated

<p><i>Outcome 2 (Relief/ Cash and Voucher Assistance)</i></p>	<p>2. Physical health and social welfare of 6000 older persons and persons with disabilities across six project sites is preserved and enhanced while capacities of National Red Cross Societies to provide Cash and Voucher Assistance are strengthened</p>	<p>a) # of older persons and persons with disabilities that are reached with relief provision including cash transfers and where appropriate relief items</p> <p>b) # of staff/ volunteers enhancing their capacities through training participation</p>		<p>a) 6,000 (2022)</p> <p>b)</p> <p>CVA 10 (2022)</p> <p>PSS 150 (2021)</p> <p>Advocacy 150 (2023)</p>	<p>6,000 (2022)</p> <p>CVA 24 (2022)</p> <p>156 (2022)</p> <p>N/A</p>	<p>a1) Signed receipts/ distribution lists (for cash transfers and relief distribution).</p> <p>b) Partner reports</p> <p>Training records (lists of participants)</p>	<p>Manageability of COVID_19 situation improves</p> <p>Partners and external institutions and public authorities understand the advantages of CVA programming as default response and are thus willing to further engage in the CVA process</p>
<p><i>Outcome 3 (Strengthening Local Communities)</i></p>	<p>3. Grassroots civil society organisations are supported to create local initiatives fostering social inclusion and direct support and engage with local policy makers.</p>	<p>a) # of older persons and persons with disabilities whose resilience is built through social inclusion activities and contribution to local level planning</p> <p>b) # case studies with list of good practices and recommendations related to coping strategies and inclusion of older persons and persons with disabilities contributing to emergency planning and response</p>		<p>6000 (2023)</p> <p>15 (2022)</p>	<p>N/A</p> <p>N/A</p>	<p>a) Reports of grassroots civil society organisations</p> <p>b) Project coordinator reports/ collection of good practice models</p>	<p>Local level authorities and institutions will recognise the value of working with older people in regard to the COVID-19 epidemic and be interested in good practices</p>

Outcome 4 (Public Policy)	<p>4. Public policy creators in the six project sites are assisted in improving public policy in the wake of the COVID-19 epidemic</p>	<p>a) # Policy models addressing the identified gaps in service delivery and support to vulnerable groups during emergencies developed and submitted to the representatives of public administration in each of the six project sites.</p> <p>b) # of policy creators at national level reached</p>		<p>a) 6 (2022)</p> <p>b) 18 (2023)</p>	<p>5 (2022)</p> <p>30 (2022)</p>	<p>a) Project reports</p> <p>b) Project reports</p>	<p>Six regional governments in the six project sites will recognise the importance of policy development in the framework of the COVID-19 epidemic.</p> <p>Risk: Negative development of economic situation leading to austerity measures throughout the region</p>
Output 1	<p>1.1. Provision of accurate, timely and accessible information from verified trusted sources including on the epidemic, response progression and measures of protection and self-protection (e.g. elder abuse or abuse of a person with disabilities in family context) as well as individual rights</p> <p>1.2. Psychosocial Support services are provided to ensure preservation of mental health and building of resilience</p>	<p># of persons that received information</p> <p># of people PSS services are provided to</p>	<p>0</p> <p>0</p>	<p>30,000 (2023)</p> <p>30,000 (2023)</p>	<p>18,027 (2022)</p> <p>18,027 (2022)</p>	<p>Reports</p> <p>Documentation / interviews</p>	<p>see above</p>

Output 2	<p>2.1. Relief assistance/basic needs assistance through a combination of Cash and Voucher and in kind activities based on needs, epidemiological situation, capacity and movement restrictions</p>	<p># of people CVA is provided to</p>	<p>0</p>	<p>12,000 (2022)</p>	<p>6,000 (2022)</p>	<p>Post-distribution monitoring</p>	
	<p>2.2. Cash preparedness of Red Cross National Societies in the Western Balkans strengthened in order to provide sustainable CVA assistance</p>	<p>Cash and Voucher SOPs established and tested/reviewed</p>	<p>0</p>	<p>5 (2022)</p>	<p>5 (2022)</p>	<p>Training reports, partner reports Partner reports</p>	
Output 3	<p>3.1 Engagement of CSOs and grassroots organisations with local level public policy and decision makers, with increased participation of older persons and persons with disabilities, is supported through microprojects (60 in total)</p> <p>3.2. Support of a variety of social inclusion activities (including direct support and services) at community level for older persons and persons with disabilities</p>	<p># local level grass- roots policy initiatives across six project sites</p>		<p>20 (2023)</p>	<p>N/A</p>	<p>Documentation</p>	<p>See above</p>
		<p># local level grass- roots microprojects across six project sites carried out via sub-granting engaging with service provision</p>		<p>60 (2023)</p>	<p>52</p>	<p>Reports</p>	
		<p># of older persons and persons with disabilities engaged with services (such as direct support, inclusion, lifelong learning...)and policy initiatives</p>		<p>1,200 (2023)</p>	<p>N/A</p>		

Output 4	4.1. Research conducted on long term care services and provisions in the six project sites	Research study with # participants conducted		6,000 (2022)	6,000 (2022)	Research report	see above
	4.2. Recommendations developed and disseminated on how to improve public policy and increase funding to ensure better access long term care services and provisions for older persons and persons with disabilities	Document with recommendations # of meetings Campaign with ## people reached		6 recommendations documents (2022)	6 (2022)	Recommendations document Agenda, Minutes Campaign statistics	
	4.3 CSO networks engage in policy dialogue on improving access to rights of older persons and persons with disabilities, with focus on accessibility and provision of long term services			70 meetings (2023)	30 (2022)		
	4.4. Media and dissemination activities created			60,000 people reached (2023)	35,000 (2022)		

2.5. Please provide an updated action plan for the future activities of the project

Note: The activity **4.1.2. Training for CSO network members in the region provided by AGE Platform Europe and the European Disability Forum: Strengthening advocacy networks** has been moved back to the third year into in order to harmonise it with the other advocacy activities being run in parallel. The Red Cross of Serbia, AGE Platform Europe and the European Disability Forum have discussed the curriculum and prepared the draft agenda for the training which will be implemented in January 2023.

Note: regarding the activity **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**, while the activities in Sarajevo went according to plan and recorded significant results, the activities in Jablanica were not implemented in the planned way due to the lack of interested citizens and the lack of volunteers. The psychosocial coordinator for Jablanica made efforts by visiting the association of pensioners, contacting the association of volunteers even from the neighbouring city of Mostar, but with no response. According to the report of the coordinator, Jablanica is facing a significant decrease in the number of inhabitants, and it is a growing problem to find interested people

and people willing to attend such workshops. The association of pensioners said to contact them if interested members came forward, and the coordinator found them in a very small number (2 members, a secretary and a user), who showed no interest on both occasions.

In consultation with the overall project coordinator in the red Cross of Serbia it was decided to replace the Jablanica location with another location (Sarajevo) in the future, with additional activities where there is no risk of not having interested citizens. Despite good contacts with associations and somewhat safer users for project activities in the city of Goražde (which was the second choice), the selected coordinator for that city has since given up the engagement so the activity will be implemented in Sarajevo, in a different municipality from the one where such activities are already run.

Note: regarding the activity **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**, the partners in Bosnia and Herzegovina are running into issues with local businesses who decline to issue VAT-exempt invoices despite the existing VAT exemption certificate granted by the tax authorities. This may impact the budget expenditure in the future although has not as yet.

Year 1													
	Half-year 1						Half-year 2						
Activity	Month 1	2	3	4	5	6	7	8	9	10	11	12	Implementing body
1.1.1. Review of provided psychological first aid and psychosocial support during the first wave of COVID-19 epidemic and assessment of needs													
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

1.1.3. Training for peer support													Western Balkans partners
1.1.4. Training for provision of remote and in person psychological first aid and psychosocial support													Western Balkans partners
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													Western Balkans Red Cross partners
1.1.7. Reach out community activities to promote the remote psychological first aid and psychosocial support activities (telephone helplines)													1.1.4. Reach out community activities to promote the remote psychological first aid and psychosocial support

													activities (telephone helplines)
2.1.1. Needs assessment for distribution of cash and voucher assistance and in kind relief items													Western Balkans Red Cross partners
2.1.2. Conduct Cash and Voucher (CVA) Self Assessment and establish a Plan of Action													All Red Cross partners
2.1.3. Incorporating CVA into M&E, Finance, HR and Communication systems													All Red Cross partners
2.1.4. Develop Standard Operative procedures (SOPs) and conduct Financial Service Provider negotiations													All Red Cross partners
2.1.5. Conduct 2 regional trainings on CVA (1 x cash training level 2 and 1 x markets trainings)													Austrian Red Cross
3.2.1. Training for peer support													Western Balkans Red Cross partners
4.2.1. Research with older persons, persons with disabilities and informal caregivers on issues related to													SeConS, Red Cross of Serbia

<p>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.).</p>													
<p>4.2.5 Regular annual meetings of civil society networks in the six project sites</p>													<p>Western Balkans partners</p>
<p>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</p>													<p>Western Balkans partners</p>
<p>4.2.8. Media launches of research reports on media representation of older persons and persons with disabilities during</p>													<p>Western Balkans partners</p>

the COVID-19 epidemic and research with older persons, persons with disabilities and informal caregivers on issues related to COVID-19 epidemic													
Etc.													

Year 2													
	Half-year 3						Half-year 4						
Activity	13	14	15	16	17	18	19	20	21	22	23	24	Implementing body
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													Western Balkans Red Cross partners

services and adjustments													
1.1.6 Evaluation to ensure the service is adapted as necessary to better meet the needs of users.													Western Balkans Red Cross partners
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													Western Balkans Red Cross partners
2.1.1. Needs assessment for distribution of cash and voucher assistance and in kind relief items													Western Balkans Red Cross partners
2.1.3. Incorporating CVA into M&E, Finance, HR and Communication systems													All Red Cross partners
2.1.4. Develop Standard Operative procedures (SOPs) and conduct Financial Service Provider negotiations													All Red Cross partners
2.1.5. Conduct 2 regional trainings on CVA (1 x cash training level 2 and 1 x markets trainings)													Austrian Red Cross

2.1.6. Distribution of cash assistance and in kind relief items including Post Distribution Monitoring (PDM)	█	█	█	█	█						Western Balkans Red Cross partners
3.1.1. Grass-roots microprojects to increase social inclusion and participation of older persons and persons with disabilities at community level						█	█	█	█	█	Western Balkans Red Cross partners
4.2.1. 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.).	█	█	█	█	█						SeConS, Red Cross of Serbia
4.2.2. Support to national partners in framing advocacy initiatives related to long term policy						█	█	█	█	█	SeConS

<p>4.2.5. Regular annual meetings of civil society networks in the six project sites</p>														<p>Western Balkans partners</p>
<p>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</p>														<p>Western Balkans partners</p>
<p>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</p>														<p>Western Balkans partners</p>
<p>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</p>														<p>Western Balkans partners</p>

COVID-19 epidemic													
Etc.													

Year 3													
	Half-year 3						Half-year 4						
Activity	25	26	27	28	29	30	31	32	33	34	35	36	Implementing body
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													Western Balkans Red Cross partners
3.1.1. Grass-roots microprojects to increase social inclusion and participation of older persons and persons with disabilities at community level													Western Balkans Red Cross partners

3.1.2. Media presentation of achievements of microprojects													Western Balkans Red Cross partners
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													AGE Platform Europe, European Disability Forum
4.1.2. 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
4.2.2. Support to national partners in framing advocacy initiatives related to long term policy													SeConS
4.2.3. 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
4.2.5. Regular annual meetings of civil society													Western Balkans partners

networks in the six project sites													
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													Western Balkans partners
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													Western Balkans partners
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													Western Balkans partners

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													Western Balkans partners
Etc.													

3. Beneficiaries/affiliated entities, trainees and other cooperation

3.1. How do you assess the relationship between the beneficiaries/affiliated entities of this grant contract (i.e. those having signed the mandate for the coordinator or the affiliated entity statement)? Please provide specific information for each beneficiary/affiliated entity.

The relationship between the beneficiaries in the action was in good. The communication between the partners is constant between the coordinators in the Red Cross of Serbia and the coordinators in each of the partner organisations. In this period the communication between coordinators of the specific project areas has been increased especially in connection with the sub-granting, and policy and advocacy parts of the action. The updates form partners were provided in time, with the issues in implementation being communicated to the project coordinator as needed and resolved in due time.

In the period from November 2 to 4 representatives of the Red Cross of Serbia were on a monitoring visit to Caritas Kosova, which carries out its activities in Kosovo*. During the first day of the visit they had a meeting with the project coordinator Boban Mirković, the executive director Alfred Pjetri, the psychosocial support coordinator Arben Keka and Don Viktor Sopi, general director of the organization Caritas Kosova. During the visit, they discussed all segments of the project, the humanitarian aid, but also the importance of improving the mental health of older persons and persons with disabilities through psychosocial support activities, as well as advocating for the recognition of long-term care in the context of dignified aging.



Coordinator’s visit to Caritas Kosova, Uroševac

During the first day of the visit, the activities of healthy aging in Uroševac and Prizren were shown, where older persons talked about their activities and self-help groups and how important they are for them both in order to improve physical and mental health and in order to be included in society and the community.

On the second day of the visit, representatives of the Red Cross of Serbia visited older persons and their activities that are carried out in Zvečan. The main conclusion is that older persons are motivated for this type of activity and support provided in person through healthy aging activities.

3.2. How would you assess the relationship between your organisation and State authorities in the action countries? How has this relationship affected the action?

The relationship has so far been good. As reported before, the implementation of the action brought the partner organisations in the project sites to the focus of media attention and this has contributed to the good relationship with the authorities. With the continuation of the COVID-19 crisis it was recognised that the civil society organisations providing psychosocial support to specific population is an important step up from the “usual” relief support. The population of older persons and persons with disabilities is served not only through psychological first aid and psychosocial support but also through provision of relevant and reliable information, ensuring that the telephone centres act as resource centres for this population, providing both information and referral to relevant services that can meet the expressed needs of the caller.

Providing information and support in immunisation has been recognised as an important effort in the countries in the region where the vaccination rate is stalling partly due to the perception that the pandemic is declining.

3.3. Where applicable, describe your relationship with any other organisations involved in implementing the action:

- Associate(s) (if any)
- Contractor(s) (if any))
- Final beneficiaries and target groups
- Other third parties involved (including other donors, other government agencies or local government units, NGOs, etc.)

3.4. Where applicable, outline any links and synergies you have developed with other actions.

Serbia:

Public debate “Poverty of older persons and Agenda 2030”

At the invitation of the Center for Democracy Foundation, a representative of the Red Cross of Serbia on July 13, 2022 participated in a public debate entitled “Poverty of older persons and Agenda 2030”. The public debate was organized within the Platform “Sustainable Development for All”.

Nataša Todorović from the Red Cross of Serbia pointed out that the poverty of older persons has two main forms that must be kept in mind when investigating this phenomenon and when thinking about public policies that should reduce the risk of poverty for this population. The video recording of the debate can be seen here: <https://youtu.be/p5lyugNQC4w>

Representatives of the Red Cross of Serbia at the meeting “Emerging knowledge on lifetime abuse in old age: An intersectional perspective”, University of Haifa, Israel

On September 5 and 6, representatives of the Red Cross of Serbia, Nataša Todorović and Milutin Vračević, participated in the work of a working group focusing on violence against women during the entire life cycle at Haifa University in Israel. This international working group is composed of experts at the global level, mostly academic professors who have been dealing with this topic for many years, whose focus is violence against older women/ older persons and its prevention. The meeting was organized under the title “Emerging knowledge on lifetime abuse in old age: An intersectional perspective”.

The Red Cross of Serbia representatives presented the results of the recent research study “Violence against older women in the Western Balkans, Moldova and Ukraine” as part of the group's work. The study included Serbia, Albania, Bosnia and Herzegovina, Montenegro, North Macedonia, Moldova, Ukraine, as well as Kosovo.* The research shows that 16.7% of women over 65 have experienced violence in the last 12 months. For many of them, this is a continuation of the violence they have suffered throughout their lives, as the study also shows that 56.2% of women over 65 have experienced some form of violence since they were age 15.

* This designation does not prejudice positions on status and is in accordance with UN Security Council Resolution 1244/1999 and the Opinion of the International Court of Justice on the Declaration of Independence of Kosovo

World Alzheimer's Day Observed

The Red Cross of Serbia, together with the Serbian Association for Alzheimer's Disease, marked September 21, 2022, the World Alzheimer's Day on the Republic Square in Belgrade.



This year's slogan was “Know Dementia, Know Alzheimer's” as a significant step in helping a person after diagnosis. In addition to the Commissioner for Protection of Equality, Nataša Todorović from the Red Cross of Serbia addressed those present on the square, who pointed out that dementia does not affect only the individual, but also the family, that it is not only a matter of memory loss, but that the person diagnosed with dementia and the family lose much more, both in the social and economic sense. After the speaker's address, a “Dance to remember” was organized, in which

members of the Historical Dance Fans' Club danced with young dancers.

The Red Cross of Serbia also implemented a campaign on 15 billboards in Belgrade, aimed at sensitizing the public on the topic in the period from September 10 to 21. This campaign was possible

thanks to the project “Addressing and Preventing Care Needs Through Innovative Community Care Centres” financed by the European Union and the Austrian Development Agency, but also thanks to the socially responsible company DPC Networks from Belgrade.

The final conference of the project “Strengthening intergenerational ties”

On Thursday, 22 September, the final conference of the project “Strengthening intergenerational ties” was held in the ceremonial hall of the Red Cross of Serbia, organized by the Red Cross of Serbia and the Centre for Support and Inclusion Help Net. At the conference, the results of the project were presented and the short film of the same name was premiered.



Brankica Janković, Commissioner for Protection of Equality, Monika Podsklanova Šuhajdova, Second Secretary of the Slovak Embassy in Serbia, Nataša Todorović, Red Cross of Serbia, Gordana Milovanović, President of Centre for Support and Inclusion Help Net and other participants and project implementers spoke at the conference.

World Mental Health Day: Mental health of older persons

On the occasion of World Mental Health Day, the Red Cross of Serbia and PIN (Psychosocial Innovation Network) organized a panel discussion Caring for mental health as an integral part of healthy aging on Thursday, October 20, 2022, in the Ceremonial Hall of the Red Cross of Serbia.

The following speakers participated in the panel discussion: Nataša Todorović, Red Cross of Serbia, Borka Jeremić, UNFPA Serbia, Dr. Aleksandra Milićević Kalašić, Institute for Geriatrics and Palliative Care; Faculty of Media and Communications, Singidunum University, Vice President of the Commission for Health Activities of the Red Cross of Serbia, Irena Stojadinović, Department of Psychology, Faculty of Philosophy, University of Belgrade; PIN - Psychosocial Innovation Network, Jana Dimoski, PIN - Psychosocial Innovation Network; Laboratory for Research on Individual Differences, Faculty of Philosophy, University of Belgrade, Jovana Uglješić, Centre for Social Welfare Sremska Mitrovica and Nevenka Bogdanović, Red Cross Kragujevac. This panel discussion was the final event of the 2nd Belgrade Mental Health Festival organized by the Movement for Mental Health.

6th Global Symposium on Low Fertility and Population Ageing, Seoul, Republic of Korea

Representatives of the Red Cross of Serbia Dr. Milutin Vračević and Nataša Todorović participated in the sixth global symposium “Low fertility and population aging: building demographic resilience” organized by the United Nations Population Fund (UNFPA) and the National Bureau of Statistics of the Republic of Korea (KOSTAT). The symposium took place in Seoul, Republic of Korea from November 8 to 10, 2022.



The Global Symposium puts the concept of demographic resilience at the centre of highly changing demographic trends, building on the Sofia Ministerial Conference on Demographic Resilience 2021 “Shaping Europe's Demographic Future”. Demographic resilience requires a shift from fundamentally negative, reactive

and fragmented responses to anticipatory and integrated approaches that focus on building institutions and societies that can thrive in the face of new demographic realities. Certainly today's world is more demographically diverse than ever before. The symposium featured the participation of around 120 ministers and policy makers, representatives of the United Nations, the academic community and civil society organizations.

Project Sustainable strengthening of local health systems in the Western Balkans: Improving the health of older people affected by the COVID-19 pandemic and transferring the knowledge of mobile care and support from Austria to the Western Balkans

Two consortium partners from this action are also active together in another regional project entitled Sustainable strengthening of local health systems in the Western Balkans: Improving the health of older people affected by the COVID-19 pandemic and transferring the knowledge of mobile care and support from Austria to the Western Balkans. This initiative is supported by the Austrian Ministry of Social Affairs and is being implemented in Bosnia and Herzegovina, North Macedonia and Serbia. Association HAJDE is the implementing partner in Bosnia and Herzegovina, while Association Humanity is the implementing partner in North Macedonia. The project aims to strengthen local health systems in Bosnia and Herzegovina, Serbia and North Macedonia by contributing to reducing the health and social consequences of the COVID-19 pandemic for older persons and strengthening the capacity for mobile home care in those countries. In the reporting period the project focused on providing more than 100 older persons in the three countries with online lectures, counselling and physical exercise through online, “virtual” clubs, as well as on training 27 caregivers for home care and 360 volunteers for provision of psychosocial support and digital literacy support to older persons in their homes. In each of the implementing countries a study and a policy proposal for the recognition of caregivers as a profession was also developed.

4. Visibility

How is the visibility of the EU contribution being ensured in the action?

All project communication is always making sure that the visibility requirements are satisfied. All the official communication, including reports, presentations, etc. feature prominently the European Union logo and the information on funding of the action.

In line with the communication plan, the communication with the different stakeholders, including decision makers at local and national level, civil society organisations, as well as the international organisations and agencies has focused on the concrete activities and themes of the action, such as mental health of older persons and persons with disabilities, the importance of cash and voucher assistance as a way to ensure older persons and persons with disabilities can customise the assistance to their immediate needs, the strengths of the civil society as a partner in reaching the older persons and persons with disabilities that are at risk of being overlooked by the existing systems of support.

The websites of the project partners, as well as the HumanaS network website and the regional project website, as well as the social media feeds of the partners have regularly published the news on the project activities, ensuring that the European Union is always prominently referenced as the key provider of support to the action.

The communication activities will be entering a new phase with the finalisation of long-term care policy recommendations as the period of intensified advocacy with the decision makers in all of the project