

Capacity and Training Needs Assessment for Civil Society Organisations (CSO) Working in the Area of Disabilities

APRIL 2018

TIRANA, ALBANIA



**Leave
No One
Behind**

Disclaimer

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Acronyms

CRPD	Convention on the Rights of Persons with Disabilities
CSO	Civil Society Organisation
EU	European Union
EUD	European Union Delegation
GoA	Government of Albania
INSTAT	Institute of Statistic
LGBTI	Lesbian Gay, Bisexual, Transgender/Transsexual and Intersexed
LGU	Local Government Unit
M&E	Monitoring and Evaluation,
MoE	Ministry of Education
MoSWY	Ministry of Social Welfare and Youth (former)
NCCS	National Council of Civil Society
NCPD	National Council on Disability
PwD	Persons with Disabilities
SSS	State Social Service
SWOT	Strengths, Weaknesses, Opportunities, Threats
ACSO	Technical Assistance for Civil Society Organizations
UN	United Nations
UNDP	United Nations Development Programme

Executive summary

Social inclusion of vulnerable groups and of persons with disabilities is one of the strategic priorities of Government of Albania, addressed also in the Social Inclusion Policy Document 2016-2020. A clear orientation of the social protection policies, is outlined in the National Strategy for Social Protection, 2015-2020, aiming to create a system of social protection composed by policies and mechanisms to protect all those excluded or in need for protection through preventative and social reintegration programs at local and national level. These government priorities are aligned with the requirements set in the perspective of EU integration.

In this context, the program 'Leave no one behind', implemented by UNDP, UNICEF, UN Women and UNFPA, in cooperation with state actors, civil society organisations and the target groups, aims to empower vulnerable persons and groups in Albania for equal access to public services, to have a voice in public decision-making to influence their lives, while holding accountable the responsible actors in this regard. Empowerment of civil society organisations (CSOs) of and for persons with disabilities is one important step for the achievement of this goal.

In this context, UNDP has commissioned an assessment of CSOs of and for persons with disabilities in Albania with the aim of examining their capacities and training needs. The assessment was developed based on qualitative and quantitative data gathered from interviews and discussions with organizations working in the area of disabilities in the regions of Shkodra, Dibra, Tirana, Elbasan, Durrës, Fier, Vlora, Korça and Gjirokastra. A semi-structured questionnaire and guide notes for the focus group discussion were developed. Interviews were conducted with 28 CSO representatives and the focus group gathered 9 representatives of organisations of and for persons with disabilities and international organisations. Data collection and analysis was conducted during the period February-March 2018.

The findings of the assessment outline a number of issues such as inadequate capacities in program development and planning also driven by availability of funding and donor priorities; lack of financial sustainability; insufficient financial support by government and a decline in donor funding; challenges to access EU funds and insufficient information regarding available funding opportunities; adequate capacities in managing current activities, but poor capacities to diversify their services. Interviewed CSOs were aware of the importance of advocacy and lobbying, but they considered it time consuming and not efficient in terms of results – this particularly relevant for CSOs who were also involved in service delivery. With regards to cooperation and partnerships, they stated to have limited cooperation with central and local government (respectively 11% and 37%). The expectation is that local government should take fully the responsibility for ensuring local service provision for persons with disabilities, and at the same time engages CSOs in decision-making. Furthermore, cooperation among CSOs was deemed as weak, evolving mostly around the exchange of information. About 29% of organizations stated to have good knowledge on the policy and legal framework on persons with disabilities and nearly half of them (40.7%) expressed a strong need to increase their level of knowledge on the Convention on the Rights of Persons with Disabilities (CRPD). The training topics

of most interest for CSOs include fundraising, writing proposals, advocacy and lobbying, strategic planning as well as knowledge on the national policy and legal framework for persons with disabilities.

The current challenge of scarce and inaccurate information on the active CSOs of and for persons with disabilities in Albania should be addressed through a mapping of these organisations and establishing an accessible database, which could support the policy participation processes at national and local level as well as networking between organizations. In order to strengthen the capacities of the CSOs of and for persons with disabilities and contribute to their financial sustainability, it is recommended to support the social care reform steps and processes at local level related to contracting service providers.

Actions to address building the technical capacities of relevant actors are recommended, such as: engagement with relevant actors in a holistic approach of service delivery; strengthen the cooperation with patient associations; and improve the functioning and transparency of NCD. Furthermore, capacities for policy implementation monitoring and resource allocations for this category are important elements that need to be addressed through capacity building. The CSOs need to be supported for engaging in periodic drafting of shadow reports, monitoring the policy implementation and holding the government accountable of its commitment to address the needs and rights of persons with disabilities.

Strengthening the cooperation between CSOs and with central/local government, it is recommended to further empower the CSOs in advocacy and lobbying techniques and developing mechanisms for including persons with disabilities in policy-making processes, as well as strengthening partnerships and networking. It is recommended that a future capacity building plan address in parallel the needs of CSOs of and for persons with disabilities and key public actors, especially at local level.

Finally, the training topics should be tailored according the priorities reported by the CSOs, such as: fundraising and writing proposals; advocacy, lobbying and strategic planning; knowledge on national policy and legal framework for persons with disabilities; as well as delivering specialised therapeutic services.

1. Context

1.1. Disability in Albania - Policy framework and context

Albania has ratified the UN Convention on the Rights of Persons with Disabilities (CRPD) in 2012¹. The latest policy document, following the ratification of CRPD, is the National Action Plan for Persons with Disabilities 2016-2020². This document is based on CRPD and emphasises the harmonisation of national legislation with the standards and principles foreseen in CRPD, focusing on deinstitutionalization, improvement of participation, decentralization of services and the fight against discrimination. In this context, the plan was fully code signed (for the first time) with the relevant stakeholders. Furthermore, priority areas have been defined in line with the European Disability Strategy³, such as accessibility, equality, employment and vocational education and training, education, social care, health care, participation in political and public life, and encouragement of cooperation, coordination, monitoring and evaluation.

Albania adheres to the CRPD definition on persons with disabilities, which 'includes those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others'.⁴

The first report on the conformity of the Albanian legislation with CRPD, conducted after its ratification, in 2016, presents a general evaluation of the compatibility of most of the laws and by-laws related directly or indirectly with the rights of persons with disabilities⁵. It shows, that though, after the ratification of CRPD, Albania has undertaken important steps in this regard, main changes or improvements in many areas of the legislation are needed. The latest EU progress reports for Albania (2017 and 2018), assesses the relevant legislation as partially compliant with CRPD with a number of articles, in particular Article 12 of the CPRD, yet to be transposed into the national legislation. Albania has yet to ratify the Protocol to the Convention on the Rights of Persons with Disabilities and the Optional Protocol to the International Convention on Economic, Social and Cultural Rights. Moreover, the secondary legislation related to the law on inclusion and accessibility from 2014 needs to be adopted and implementation of such instruments should be improved.⁶

¹ Convention on the Rights of Persons with Disabilities, article 1, http://www.al.undp.org/content/albania/en/home/operations/projects/poverty_reduction/disability.html

² National Action Plan for Persons with Disabilities, 2016-2020, http://www.qbz.gov.al/botime/fletore_zyrtare/2016/PDF-2016/124-2016.pdf

³ European Disability Strategy 2010-2020, <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=LEGISSUM%3Aem0047>

⁴ <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-1-purpose.html>

⁵ Report on the conformity of the Albanian legislation with CRPD, <http://www.al.undp.org/content/albania/en/home/library/poverty/raporti-i-perputhshmerise-se-legjislacionit-shqiptar-me-konvente.html>

⁶ EU Albania progress report 2017, https://ec.europa.eu/neighbourhood-enlargement/sites/near/files/pdf/key_documents/2016/20161109_report_albania.pdf

The EU Progress Report for Albania (2017) also acknowledges the progress achieved so far by the Albanian government on the rights of the persons with disabilities such as, the decision to remove environmental and infrastructural barriers in public services (in December 2015) and adoption of the action plan (2016-2020) on persons with disabilities. At the same time, reports (EU, 2017, 2018) identify some specific challenges related to implementing structures, monitoring and law enforcement, such as: appointing an official in charge of disability issues at municipal level and some of the line ministries; lack of available data which jeopardise the monitoring of the implementation of disability-related measures; and the insufficient number of adjunct teachers in schools to assist children with disabilities.

As stated in country reports (EU Albania progress report for 2017,2018), persons with disabilities continue to face difficulties in accessing education, employment, healthcare, social services and decision-making, including obstacles preventing them from freely exercising the right to vote.

A first attempt to identify persons with disabilities was done by INSTAT and UNDP in 2015,⁷ using the data from Census 2011. The findings of the report indicate that 6.2 percent of the adult population in Albania has some type of disability. The figure refers to persons who identify themselves as having severe or extreme difficulty in at least one of the following: seeing, hearing, mobility, cognition, self-care, communication, or some other category of disability. The report also describes some of the main difficulties that persons with disabilities face in relation to school attendance and educational attainment, participation in the labor market, employment of the informal caregiver and health expenditures.

Preliminary data⁸ from a recent study (World Vision in Albania and Kosovo, 2017) related to the prevalence of disability on children in Albania and the quality of services offered to them, indicated that 10.7% of children in Albania have disabilities and that 92% of them do not access the services they need.⁹

Further data are needed in order to have a more complete picture on the persons with disabilities, including children. This is especially relevant for the cases more difficult to be identified, (those who do not benefit from disability payments), such as learning disabilities etc., thus underlining the need for developing a fully functional and updated system of mapping the persons with disabilities. However, the existing data are sufficient to confirm the need for more support and diversified services, pointing out the need for a stronger engagement of the central and local government addressing the needs of the persons with disabilities and enabling them to fully enjoy their rights.

1.2. Civil Society in Albania

⁷ The profile of the disabled population in Albania, https://ec.europa.eu/epale/sites/epale/files/census_2011_profile_of_pwd_final_0.pdf

⁸ The publication of the study is in process.

⁹ <https://www.wvi.org/albania/video/children-disability-albania-prevalence-and-quality-services>

The Law on Non-Profit Organizations (No. 8788, dated May 7, 2001, revised) sets out rules for the establishment, functioning and activity of non-profit organizations. Aligned with this law, non-profit organizations, namely, associations (non-profit organizations with membership), foundations and centres (non-profit organizations without membership) base their activity on the principles of protection of human rights and independence from the state.

Data on the size of the civil society sector are very different and not fully reliable. There are around 12,000 CSOs— including associations, foundations, and centres — registered in the Tirana Court of First Instance. However, the total number of active CSOs registered with the tax authorities is just 3,724 (USAID 2017).

Despite these figures, civil society in Albania is reportedly weak, mainly concentrated in urban areas and dependent on external funding (USAID 2016). Indeed, few CSOs have the ability to retain permanent, salaried staff. Organizations typically have small staff and are not financially sustainable. According to TACSO, insufficiently diversified sources of financing and high percentage of CSOs mentioning foreign bodies, such as embassies, as sources of financing, are the main problems in the domain of CSO financing in Albania¹⁰. Considerable resources in terms of training in project cycle management, communications, advocacy and lobbying have been dedicated to increasing the capacities and maximizing the impact of civic work in Albania. Yet, the lack of funding continues to be the main reason for the low sustainability of civil society in Albania (USAID 2016). Financial support from the private sector continues to be sporadic and limited.

With regards to service provision, CSOs mainly provide basic social services, such as health, education, relief, and housing (USAID 2016). CSO supported services are funded by international organisations and are usually project based without a solid sustainability. Service standards are insufficient as is monitoring from the government – the State Social Service can monitor only licensed service providers (around 180).

Data from the former MoSWY highlight that civil society organizations (CSOs) are providing most of the social care services, with 266 centres versus 27 public centres throughout the country (19 centres under the LGUs and about 8 national centres financed by state budget)¹¹, where 48 centres provide services for persons with disabilities (8 public providers and 40 nonpublic providers)¹². Moreover, it can be noted that about 60% of services fall under the child protection or child rights category; about 90% of services are provided in urban areas, and almost 75% of services are provided in the western and central areas of the country. There are different sources providing information on the CSOs working in the area of disabilities, but the information is not consolidated and updated. On CSOs involved in service provision, data from SSS (2017), indicate 19 public institutions offering social services for persons with disabilities and 24 non-public providers. While, different databases list between 28 and 45 organizations working in this area, including international organizations such as World Vision, Save the Children and Caritas.

¹⁰ http://www.tacso.org/data/dokumenti/pdf/ipsos_report_al.pdf

¹¹ data from State Social Service

¹² UNICEF (2013), Mapping of Social Care Services in Albania

The existing social services in Albania are primarily provided to vulnerable social groups, including Roma, and Egyptian communities, women and other marginalized groups (USAID 2016). Services address capacity building, research and policy analysis, environmental protection, business management, financial management, and project proposal writing. Certain CSOs also offer specialized services related to women's issues and domestic violence, children's rights, LGBTI issues, persons with disabilities and social integration (USAID 2016). Although the services offered by CSOs reflect the needs of their constituencies, identified through assessments, they remain highly dependent on donors and as such also adjust their focus and activities to meet their priorities (USAID 2016).

There is a gap in expertise and experience between CSOs in Tirana and those outside the capital. Indeed, findings from a mapping of social care services (UNICEF, 2013) indicate a concentration of services in the central and western areas of the country. Most of the services (public and private) are located in big cities such as Tirana, Durrës, Shkodra, Korça and Elbasan, while in others such as Delvina, Përmet, Patos, Erseka, and Kruja, services are completely missing.

Most of the research done on the CSOs working in the area of disability is related to service provision. A study commissioned by Save the Children (2016)¹³ states that non-governmental organizations working in the area of disabilities rely mainly on non-public funding and volunteer work. This study pointed out that grants from projects, donations and private sponsorship were the most important sources of funding for this category. Among the most urgent financial needs sustainability of service, improvement of infrastructure and employee remuneration were singled out – which highlights the fragile stability of the organizations working in the area of disability.

Furthermore, the International Federation of Persons with Physical Disability underlines that associations of persons with disabilities in Albania are not state-financed, and they struggle to be financially self-sustained to survive. Very often they experience critical situations of extreme financial difficulty, whilst they cannot even ask their members (in financial need) to pay the required membership fee. Most of them do not have offices and the address is that of the association's president¹⁴.

Other publications highlight that discrimination based on gender, disability, sexual orientation or gender identity, nationality, and ethnicity do exist in Albania (Albanian 2016 Human Rights Report).¹⁵ In this context, another research (Cani, Flagler 2014), divulges that the disability advocacy organizations play an important role by providing information but are not seen as leaders of the process of the engagement of persons with disabilities in shared governance. Furthermore, the findings from the same study (Cani, Flagler 2014) reveal that although there is significant interest for direct involvement by persons with disabilities and family caregivers, their pattern of participation in the policy making process is rather inconsistent and more exclusionary than inclusionary. There is a poor engagement pattern of persons with

¹³ Save the Children, 2016, Situation Analyses of the Children with Disabilities in Albania

¹⁴ <https://www.fimitic.org/content/description-disability-situation-albania>

¹⁵ <https://www.state.gov/documents/organization/265600.pdf>

disabilities and their family members in the policy making process and various structural and attitudinal barriers.¹⁶

To contribute to a participatory policy making process, the Government has established the **National Council on Disability (NCD)**, a consultative mechanism to assist in the process of drafting policies with an impact on disability issues in order to ensure a better cooperation among state institutions and interest groups. The establishment of the council as an advisory body is regulated in the law on Inclusion of and Accessibility for Persons with Disabilities (No. 93/2014, dated 24.7.2014). The National Council on Disability is chaired by the Minister covering disability issues and consists of 17 members, where 10 representatives are at the ministerial level and 7 representing organisations of persons with disabilities. In selecting the representatives of organizations attention are paid also to the diversity of impairments, age as well as gender representation. The council has held several meetings, but results or minutes of these meetings have not been published. Nonetheless, no independent monitoring reports of the council's functioning have been produced up to now.

The establishment of the National Council of Civil Society (NCCS), which is comprised of thirteen civil society and thirteen government representatives and one from the private sector – chaired by the Minister of Health and Social Protection is expected to lay the foundation for institutionalized CSO-government cooperation. The NCCS is established in the attempt to create an organized structure that includes the voice of civil society in the policy-making processes in Albania.

Despite these efforts to improve participatory mechanisms, the engagement of CSOs in policy-making processes remains a challenge. The latest CSOs capacity assessment report (USAID 2016) states that cooperation remains limited, both because of a lack of capacity among local CSOs and limited capacity and willingness of local administrations. Yet, in a recently launched Trust in Governance Opinion Poll for 2017, Civil Society Organisations are among the top domestic reputable institutions enjoying 57% of trust (following religious Institutions - 76%, armed forces - 63%, and education institutions (63%). The sector registers an increase of 11 percentage points for 2017 and continues to be on the rise, since its trust rating of 34% in 2014. In addition, with regard to vertical accountability mechanisms, civil society are perceived as having a great role in holding the government accountable (51%), coming second only after media (65%)¹⁷.

16 Journal of Social Science for Policy Implications March 2014, Vol. 2, No. 1, pp. 151-161 ISSN: 2334-2900 (Print), 2334-2919 (Online) Copyright © The Author(s). 2014, authored by Blerta Cani and Marita Flagler
http://jsspi.com/journals/jsspi/Vol_2_No_1_March_2014/9.pdf

¹⁷ <http://www.al.undp.org/content/albania/en/home/presscenter/pressreleases/2018/03/16/-findings-of-trust-in-governance-opinion-poll-presented-in-tirana.html>

2. Scope of Work

The empowerment of persons with disabilities for their capacity to request social inclusion and access social services is a precondition for improving their social situation and their livelihoods. The project **“Leave no one behind”** is being implemented by four UN agencies UNDP, UNICEF, UN Women and UNFPA, in cooperation with state actors, civil society organisations and the target groups. The project, among other interventions, will reach this target group through civil society organisations working in the area of disabilities, which will be supported to strengthen their constituencies and build their capacities, so that they duly fulfil their role of representatives of the project’s beneficiaries, advocating their interests.

The project emphasizes the need to **strengthen the capacities of vulnerable groups and ensure that they request and receive adequate social services from responsible local authorities**. The project intends to **empower the vulnerable groups and their civil society organisations to become drivers of change for social inclusion**.

The strengthening of civil society actors, active in advocating and lobbying will also contribute to improved social inclusion and develop and deliver innovative services at local level.

UNDP considers CSOs as important actors in their role as providers of social services and in that of representatives of the project’s beneficiaries, advocating their interests. They are interlocutors of authorities at central and at local level for a policy dialogue on social services. This assessment will serve as a tool to plan the capacity building of the targeted CSOs aiming to strengthen their organizational development aspects and become proactive and influential in policy and decision-making processes related to the rights and services for persons with disabilities.

To this end, UNDP has commissioned a capacity and training needs assessment for CSOs working in the area of disabilities in all regions.

3. Methodology

The objective of this assignment was to assess the capacities of CSOs working in the area of disabilities in Albania. The methodological approach was developed based on the following elements: **desk review** of existing relevant documentation, preparation of a selection of the CSOs for interviews and designing and consulting the assessment instruments with the project team; **field work** – to carry out the field missions for the assessment of CSO capacities; and **data analysis and reporting**. The main instruments used for collecting primary data for this capacity needs assessment were: (i) **interviews (28)** with the top management level (executive director or presidents) using semi-structured questionnaires tailored around a list of main indicators assessing their capacities, existing gaps and potential training needs; and one **focus group discussion (with 5 local and 4 international organizations working in the area of disabilities)** – to gather the perceptions of CSOs and challenges they face in providing better services, advocacy and representation of their communities as well as to validate the findings from the interviews.

The methodology was developed around a set of indicators for the assessment of internal capacities of a selected sample of active CSOs working with PwD. The methodological approach of this assessment is tailored based on three main pillars: (i) **organizational capacity** (ii) their **knowledge on human rights and disability policy framework**; as well as (iii) **networking and lobbying**.

On “**organizational capacity**” some of the indicators included were logistical, human and financial structures, sustainability, management, strategic planning, project formulation and implementation, partnerships/coalitions¹⁸ as well as project monitoring, evaluation and reporting strategies. Additionally, where relevant, CSOs were also asked about their service delivery capacities. Some of the indicators included under this section were type and categories of services provided, number of clients, number of staff focused on the service provision and capacities, management capacities and financial sustainability, needs and challenges regarding service provision, accessibility and performance.

On “**knowledge on human rights and disability policy framework**” indicators were: CSOs general knowledge on human rights issues, as well as their knowledge on CRPD’s provisions, national policy and legal frameworks.

On “**networking and lobbying**” attention was paid to leadership and advocacy, community engagement and outreach strategies and involvement in local decision-making initiatives.

¹⁸ UNDP/CDG (2005): Resource Guide: Measuring Capacities: An Illustrative Guide to Benchmarks and Indicators.

Selection of CSOs for the purpose of this assessment

From the various consulted lists¹⁹ it results that there are nearly 45 active organizations with the majority of them being located in Tirana and central areas. The selection of interviewed CSOs was guided by the following criteria:

- type of organization – based on membership status (with/without/ membership) and focus of work (organizations of and for persons with disabilities²⁰);
- type of activity - advocacy and/or service provision for persons with disabilities;
- geographical location - covering all regions of the country;
- active organization (CSOs that at time of fieldwork were operational and implementing their activities in line with their mission and objectives)
- by category of persons with disability they work with – aiming target CSOs that work with all main categories of disabilities;

The first selection was based on the available information from the various consulted lists, including also all national organizations of persons with disabilities with branches in different regions. The initial sample included 17 CSOs and was extended to 32 organizations based on the information gathered during the fieldwork and further verifications. National organizations of persons with disabilities (organizations with membership and branches) have been counted only once in the analysis and are registered based on the region where head organization is located – which in all cases interviewed was Tirana. Although, the sample size is less relevant in qualitative research, the number of the interviewed CSOs is nearly covering all the active CSOs relevant for this assessment.

- **Limitations and constraints of the assessment**

Although the assessment and analysis met the objective of this assignment, a number of limitations were encountered during its implementation, as listed below:

Lack of reliable data on the active CSOs in the area of disabilities: Data regarding active CSOs working in the area of disabilities are scarce and there is no updated information. Therefore, some of the information could only be traced under the various mappings conducted on institutions providing social care services and through organizations working in the area of disabilities. As such, the preliminary sampling was extended to the fieldwork phase.

¹⁹ Mapping of Social Care Services by State Social Service (2017) and UNICEF (2013); Lists of NGOs registered at the Agency for Support of Civil Society (available at <http://www.amshc.gov.al>); Database of NGOs shared by ADRF and UNDP (2018) and other information sources consulted during the fieldwork.

²⁰ As specified in the Law (Law 93/2014, Article 3) “**organisation of persons with disabilities**” are any not-for-profit organisations, where persons with disabilities or their parents have the qualified majority in decision-making. This type of organisation represents the rights and interests of persons with disabilities. Whereas “**organisation for persons with disabilities**” means any not-for-profit organisation which provides services to persons with disabilities and/or carries out advocacy activities for the protection of the interests of these persons and their families.

Furthermore, **inaccuracy of contact information of the CSOs** was another element of this limitation. The challenge was in reaching the appropriate stakeholders to be interviewed mainly due to outdated contact information of CSOs; some of the CSOs selected had changed addresses or were no longer active. In the final section of the report, this limitation has been presented as one of the main findings addressed by a specific recommendation.

Lack of prior assessments and research on capacities and the work of CSOs in the area of disabilities – one of the challenges faced during the desk research phase was the vacuum in focused research and assessments related to the advocacy efforts and capacities of the CSOs working in the area of disabilities. In this context, this assessment is providing a baseline for future work with this group of CSOs. Some of the findings already highlight the future direction of work both with relevant CSOs and public officials at central and local level.

Self-reported data – the capacity assessment was based on information provided through face-to-face interviews and a focus group discussion, as such the self-reported data is limited by the fact that rarely can be independently verified. Typically, self-reported data can contain potential sources of bias, which cannot be entirely verifiable through other sources, such as selective memory²¹ of the interviewed, telescoping²², attribution²³ and, sometimes also exaggeration²⁴. The questionnaire included also a number of control questions.

²¹ Remembering or not remembering experiences or events that occurred at some point in the past

²² Recalling events that occurred at one time as if they occurred at another time

²³ Attributing positive events and outcomes to one's own organisation but attributing negative events and outcomes to external forces

²⁴ Representing outcomes or embellishing events as more significant than is actually suggested from other data

4. Main findings

4.1. General Information about the interviewed CSOs

Although this was not a statistical sampling of the CSOs, for the purpose of the assessment, authors tried to cover all the regions of Albania and interviewed those active and available. Figure 1 presents a clustering of the CSOs interviewed by 3 regions, northern, central and southern regions and the national ones (typically the associations with membership). Most of the CSOs interviewed were based in the central areas, home also of the largest share of civil society in Albania. (The list of the CSOs interviewed can be consulted in Annex 7.1).

Figure 1: Regional distribution of interviewed CSOs

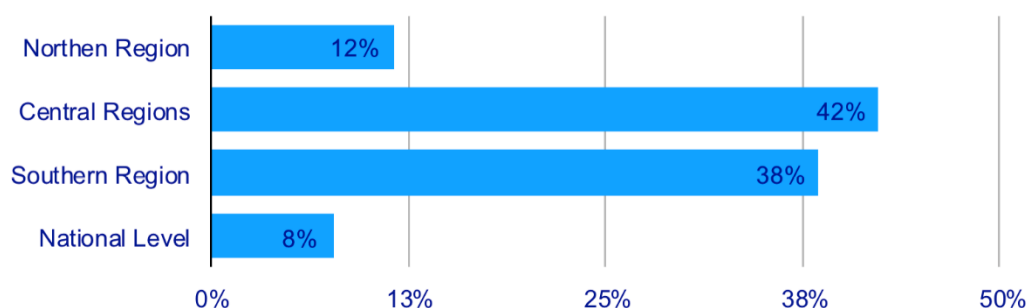
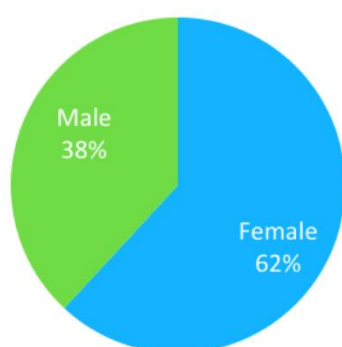
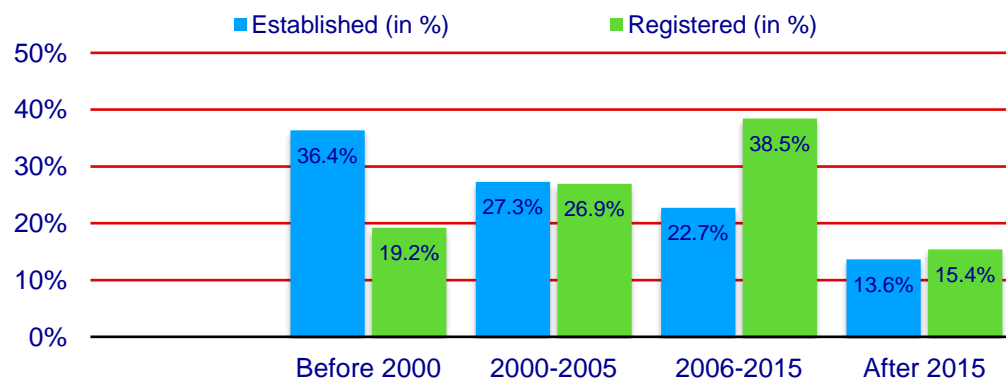


Figure 2: Distribution of respondents per Gender



About 62% of the respondents were women, reflecting also the general trend of the social sector being mainly female dominated (Figure 2). All the respondents were heads of the organizations namely, executive directors or presidents, depending on the respective organizational structure.

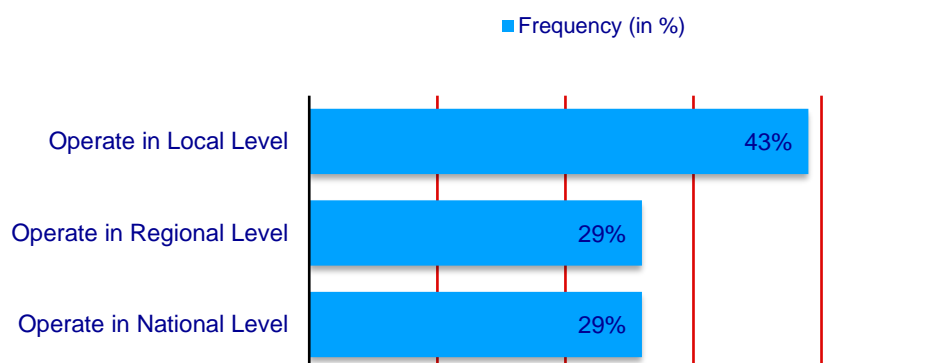
Figure 3: Distribution of CSOs as per establishment/registering year



When looking at their year of establishment and registration in the courts, it appears that after establishment, on average 2.5 years elapse prior to the organisation being formalized and registered. As it was explained by CSOs, they wanted to test first whether they could survive before registration. After 2000, this gap gets smaller, also due of stricter requirements from the government and the donors' requirements for proof of registration when applying for funds.

As illustrated in the figure below (Figure 4), most of the interviewed CSOs, about 43% (or 12 organizations) of them operate at the local level, while 29% conduct their activities at regional or national level (respectively 8 organizations at each level).

Figure 4: Areas of operation of CSOs

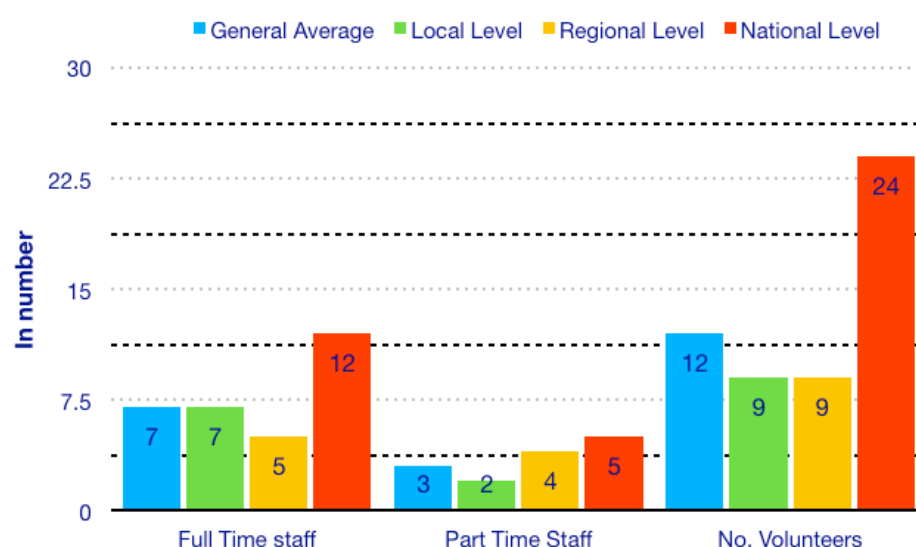


All the interviewed CSOs had formulated a mission statement and objectives. Only 25%, or 7 organizations have reviewed their objectives, from the time of establishment, while the mission statement has remained the same. This is also because mission statements are very generally formulated and leave sufficient space for them to diversify their focus and activities. While in few cases it was mentioned that objectives were reformulated over time.

Target groups consisted of all age groups from the category of persons with disabilities, as well as professionals (teachers and medical staff), parents, children and youth and vulnerable families.

In terms of size of the organizations, the average number of full time staff is 7 people. As seen in Figure 5, below, organizations operating at the national level have a higher number of staff in average compared to regional or locally focused ones. This is related not only to the bigger size of national CSOs, but as they report, to the available funding. Some of the national CSOs receive some funding also from membership fees (which is bigger in case of national memberships, compared to local memberships) and therefore can afford to hire more staff.

Figure 5: Average number of staff



The more consolidated organizations stated that they have a clear division of tasks and have job descriptions for their staff, which are amended on project basis.

Organizations that operate at the national level were the ones with membership and/or associations representing particular groups under the category of persons with disabilities. About 43% (or 12 in frequency) of the interviewed organizations fall under the category of associations with membership, while half of them (50% or 14 CSOs) are part of a national or international network. Almost all the organizations (89%, or 25 CSOs) were well equipped with offices and means for communicating with the public (Figure 6).

Figure 6: Share of CSOs reporting to have and use assets and networks

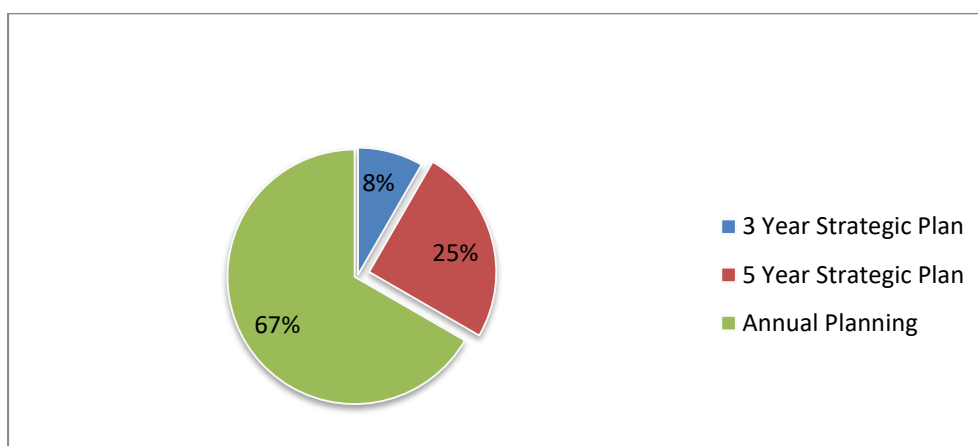


4.2. Management and Financial Capacities

- **Programming and Planning**

Only 12 organizations (43% of the total sample) have a strategic plan. About 67% of them reported that they have an annual strategic plan (see Figure 7), with 33% of them having 3 to 5 years strategic plans. Some also referred to the statute of their organizations as a long-term programme with no ending date.

Figure 7: Duration of strategic plans



Yet, they refer as strategic plans also to simple programmes of activities that they develop and review annually. 13% of them have proper strategic plans and the capacities and systems in place to develop and monitor them properly. The work of most organisations interviewed was mainly linked to their mission, and overall program design was derived from there. Apart

from CSOs that had been receiving support from international partners including for the drafting of strategic plans, others had mainly broad annual programmes tailored around the mission and potential funding available. As such, the value and clarity of programs implemented today was dependent on the clarity by which the mission was laid out at time of CSO establishment. As a result, most of the organizations had broad or vague mission statements, in which any program could fit.

Programs and/or strategic plans are mostly initiated in one of three ways: **by the board**, the case of a CSO with some longer term secured funding and technical support from international networks; **by the management** of the organization based on the overall perception of the needs of the communities they work with or a basic scoping when some projects are available and without any follow-up later on. In the cases of CSOs with membership, they organize periodic meetings with their constituents and members and also review the plan. Yet this process is rather pure formality then evolving around technical in-depth analysis of needs with clear methodology on processes and steps. Furthermore, the process of strategic planning has also been initiated or stimulated **by donors**, when the CSO management is approached by a funding agency that already has its own set agenda or plan and looking for an implementing partner, or when during the auditing processes of their implementing partners, they also seek to see whether partners have a strategic plan in place. In the latter case, CSOs prepare it just as a formality, without going through a process of consultation, needs assessment and planning and as such, do not follow or update it regularly.

Overall, CSOs described that there is little need for planning and prioritisation, claiming that they would be ready to provide whatever needs for services would emerge by their target groups. 96 % of the interviewed organizations stated that they consult regularly with their stakeholders and 38% of them were planning to increase their membership.

The planning process develops around projects and is generally guided by the availability of funding and priorities set by the donors. Each project may have different planning, monitoring and evaluation instruments in place, compliant with the donor requirements and mainly implemented for that sake (not by necessity to improve project or organizational performance). Thus, the planning process remains limited to the projects and if different donors fund projects, there is little space for synergy between implemented projects. Yet, this also reflects the existing environment in the country, where synergies are limited and generally not sufficiently channelled.

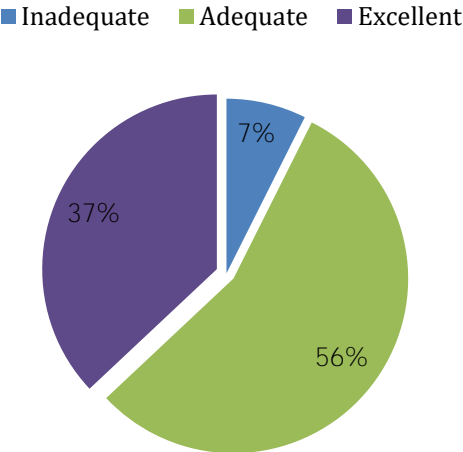
Fundraising is a continuous struggle for civil society due to limited available funds and competition. It was noticed that was common to have the top management involved directly in proposal writing and fundraising (71%, high management and executive staff, or 6 and 14 respectively, Figure 8) and some support from the staff. The management mentioned that in the main office, in Tirana although the capacities are stronger, the fundraising efforts including proposal writing needed the full involvement of the directors. While, when asked about their local offices (branches), the directors stated that they could not rely on their support and the capacities of staff are weaker in this regard, despite staff's education level and qualifications. Overall 56% (or 16 in numbers) of the CSOs assess their capacities as

adequate in proposal writing, with 37% of them (or 10 CSOs) considering their capacities as excellent and only 7% (or 2 CSOs) admitting having inadequate capacities needed for writing successful project proposals (Figure 9).

Figure 8: Distribution of responsibilities



Figure 9: Self-reported adequacy of institutional capacity in proposal preparation



• **Monitoring and Impact Evaluation**

The source of funding was reported as crucial for shaping project activities, their implementation and evaluation. With regards to social care service provision CSOs, there is a relative high presence of the different religious communities that support their operational costs and activities. There are also few CSOs, supported by international organizations for running services for persons with disabilities at different regions of the country. Nevertheless, when it comes to service provision, CSOs supported by religious communities seem to have been more sustainable in the longer run. This is related to the fact that some of the international organizations contributing in through financing of local CSOs or direct involvement is service provision for the persons with disabilities, also have to apply for funding themselves, so their scope and focus might also differ based on the donor’s priorities. As a consequence, wider donor driven agendas (for local and international organizations involved)

pose a threat to the sustainability of provided services. This becomes even more important at a time when government's contracting of the CSOs as service providers is yet to be in place. CSOs that have secured longer term international funding, are more likely to follow project-based implementation, systemic planning and conduct periodic monitoring and evaluation. Most CSOs (71%, or 20 in numbers) reported that they have a systemic monitoring and evaluation system in place, while when asked to describe it they referred to the set of indicators included in their project documents or logframes.

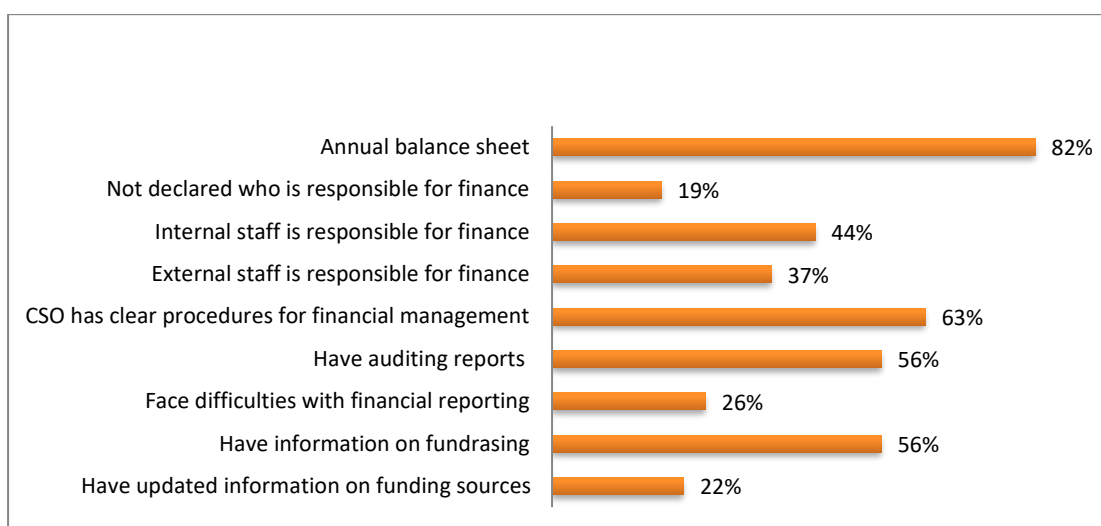
In terms of measuring the impact of their activities, it was noticed that methodologies for measuring impact were lacking and the impact assessment was driven mainly by ad hoc initiatives. Almost all the CSOs considered that their activities had a positive impact and the objectives have been met. About 90% CSOs (or 25 in total) stated that they question informally the beneficiaries on their activities and their perceived impact, while only a few of them (11% or 3 organizations) used questionnaires to gather feedback, and in these cases the feedback is mainly linked to satisfaction with a certain provided service.

10% CSOs have mentioned that they see a value in trying and going through a monitoring and impact evaluation process and these were the most consolidated ones. Even in their case, they reported that that the process requires more time and resources to be done properly. They report to use it internally, rather than guided by project-based donor reporting requests. However, monitoring and evaluation is generally not seen in broad terms so it can include the overall CSO implementation process and achievements. For several others this was considered as a good approach in theory, but it was viewed in practice as a time-consuming exercise, especially in times when survival is a pressing factor.

- **Financial management**

As illustrated in the figure below (Figure 11), most of organizations (63%) have internal regulations for the institutional organization and functioning. They also keep regular annual budgets (82%, about 23 CSOs) and about 56 % (or 16 CSOs) were also audited. Only few CSOs (3) acquired a financial audit by themselves. Although they recognise the benefits to keeping finances in shape, financial constraints made it impossible for CSOs to pay for such procedures, (which was considered a luxury). In most CSOs, finances are managed by internal staff (44%, or 12 organizations), while smaller ones and with less funding, hire external staff to prepare their financial reports (about 10 CSOs, or 37%). Their recruitment is project based and is also utilized for the preparation of periodic declarations for the taxation office. About 26%, or 7 of the respondent organisations stated that they face difficulties with the financial reporting requested either by tax authorities or donors (Figure 10). These are smaller CSOs with external staff, which is less inclined or available to get familiar with complicated donor reporting procedures.

Figure 10: Financial management capacities



54%, or 15 of organizations consider last year's overall performance of their organization as a successful one, 39 % (or 11 CSOs) as partly successful and only 7% (or 2 CSOs) as not successful. There was a correlation between the not successful evaluation and the scarce funds available for their activities and operations. Nearly 39% (or 11 in number) of the respondents assessed the financial situation of their organization as satisfactory, 29% (or 8 organizations) assessed it as good and 32 % (or 9 organizations) as weak and unstable.

However, during the interviews, even the better performing ones mentioned that financial sustainability is at serious risk, as the support they had had been able to receive from international organizations and networks is not going to last. This becomes even more pertinent, in the absence of commitment from the government to start support and contract CSOs as service providers, or as key partners in policy making and advocacy for vulnerable groups, especially for the persons with disabilities category. Based on the law for local governance (2015)²⁵ and the new law for social services (2016)²⁶, local government has been given the responsibility of being the main service provider of social services at local level, while the central government has taken upon new responsibilities with regard to the development of new social services. In this context, it is important for the government to take over this role, along with introduction of secondary legislation on public procurement of social care services; the operationalisation of the Social Fund; and proper budgetary allocations for social services, which would enable CSOs to be subcontracted as services providers, thus ensuring sustainability of services. Similarly, municipalities can support CSOs focused on advocacy, not only by ensuring transparency and full participation of CSOs in relevant decision-making

²⁵ Law no. 139/2015 for Local Self-governance

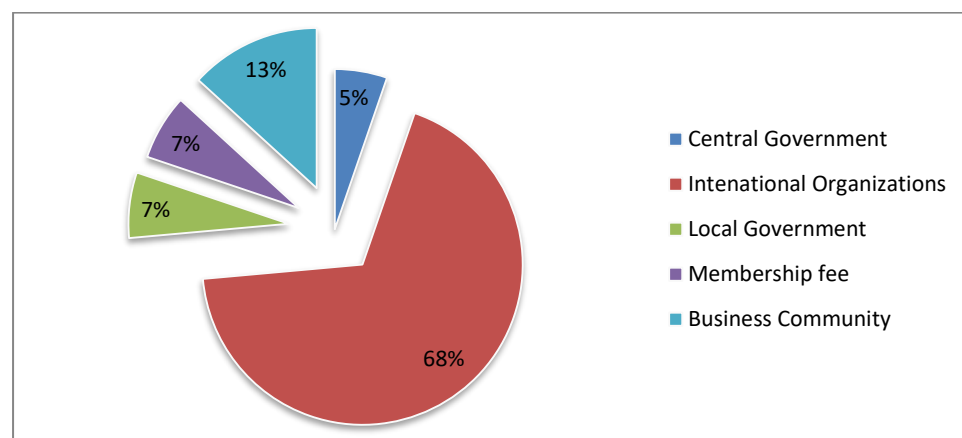
²⁶ Law no Nr. 121/2016 for Social Care Services in the Republic of Albania

processes, but also through direct and indirect cost support (such as offering low-rent or no-rent offices out of municipality's properties, as a few good practices show).

- **Sources of financing and fundraising**

Nearly 68% of the CSOs funding comes from the international community and the rest is covered through membership fees (where applicable), about 7%, and government (respectively 5 % from the central government and 7% from the LGUs) and business community (13%).

Figure 11: Main sources of funding

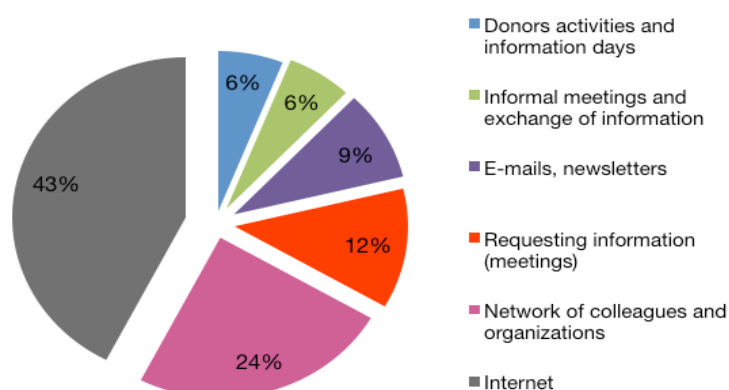


During the last three years, the main donor organizations that have been supporting the organizations working in the area of disabilities, as reported by the interviewed organizations, seem to have been EUD, UN organizations, Embassies, Churches/religious organizations, business community and public funding. CSOs also mentioned that access to EU funds was a challenge, especially for the smaller organizations or the older ones operating with membership, which had not resources (staff or capabilities) to engage with proposal writing. It was also mentioned that donors seem to prefer applications submitted in consortium with other organizations while not all of the interviewed CSOs were clear on how the partnerships should be established and function. While, the weaker CSOs would have to wait to be approached by more experienced and consolidated organizations for joining an application process, since they do not have the capacities nor they comply with all the requirements of the calls to be able to initiate or lead a medium to big scale project initiative.

About 56% of the respondents reported that they were well informed about the potential donors relevant for the activities they implement (Figure 12). They described that the main source of information on new funding opportunities is the internet (43 %) and informal exchange between the network of colleagues and organizations (24%). The CSOs outside Tirana report that they face more challenges in this regard, since there have been eventually no informative activities in the regions/cities where they are based. Even in cases when they

are informed about such activities taking place in Tirana, difficulties related to transportation or funding makes it difficult for them to attend. See Figure 12 below.

Figure 12: Information on funding opportunities



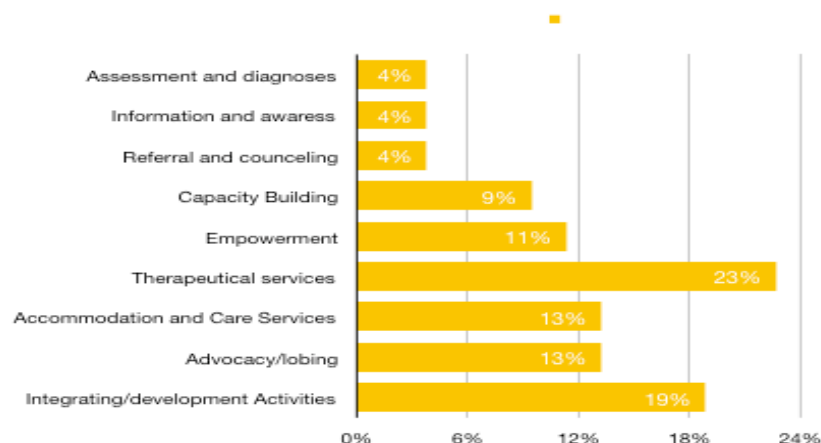
4.3. Technical Capacities - service provision and relevant knowledge

As summarized in Figure 13, the main services and activities conducted by organizations are therapeutic services (23%, 12 CSOs), integrating/development activities²⁷ (19%, 10 CSOs), advocacy and lobbying (13%, or 7 CSO), accommodation and care (13%, or 7 CSOs), empowerment²⁸ (11%, or 6 CSOs), capacity building (9%, 5 CSOs) diagnosis and assessment of individual cases of persons with disabilities in need of treatment and therapy, information and awareness, and counselling and referral (with only 4% each category, or 2 CSOs in each category).

²⁷ Under this category have been grouped activities as reading through assistive technology; development therapy; psycho-social support activities; early intervention and independent living; support for education;

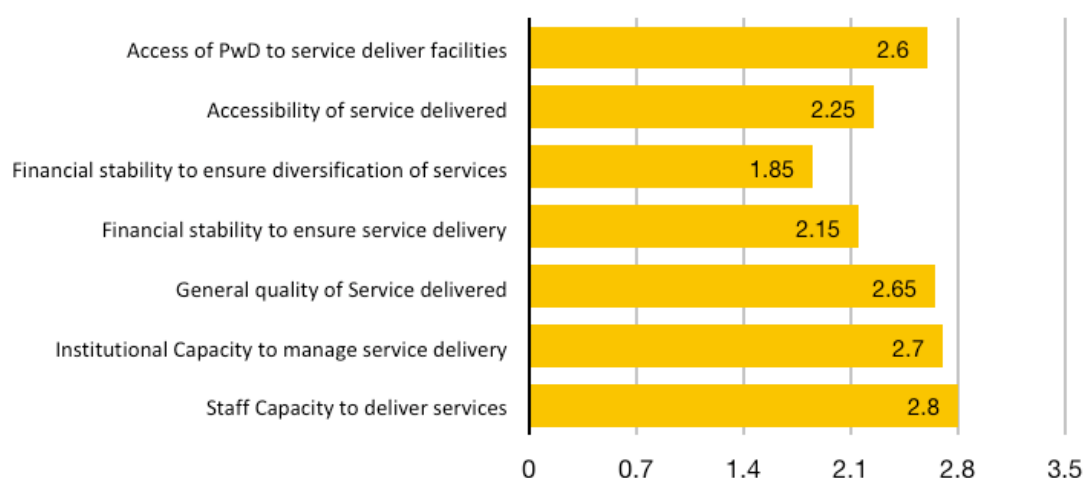
²⁸ Under empowerment have been grouped the following categories: empowerment of families, teachers and multidisciplinary groups; support with equipment and materials.

Figure 13: Main typologies of activities and services



Based on the self-assessment, 70% of them (14 CSOs) believe that they have adequate capacities to manage the services and run their typical activities (2.8) relying on the current staff and resources (Figure 14). Furthermore, 80 %, or 16 CSOs assess their institutional capacities to manage service delivery (2.6) and the quality of services delivered as adequate. The access of the persons with disabilities to the facilities where the services are delivered is also considered as adequate (2.6).

Figure 14: Self –assessed capacities for delivering services



Note: the scale used for this assessment is 1 for inadequate, 2 for somewhat adequate and 3 for adequate.

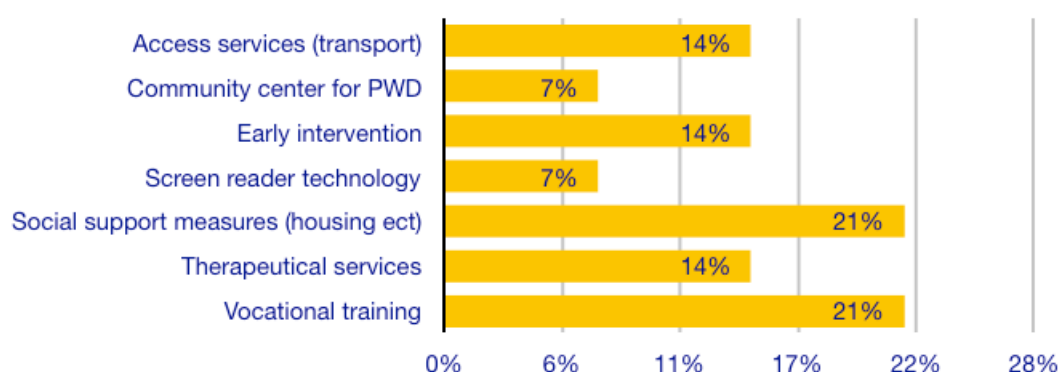
In the figure above (Figure 14), it can be noticed a deviation when participants were asked about their capacities to ensure diversification of services (1.8 average adequacy) and report financial stability as a key constraint to achieve this goal.

Furthermore, respondents underlined that there are huge needs for services, which are accessible and affordable to all individuals in need, whereas they are far more pressing for the persons with disabilities.

Access to services was identified as a problem by the organizations. This was mainly linked with the need to improve accessibility to services, need for interpreters in public institutions for the persons with hearing and speech disability, diversification of the existing services and better coverage. Some of respondents with disabilities also mentioned that cash benefits are only one element to support the persons with disabilities, but what they really need are the services accessible and affordable for all.

The main services prioritised by CSOs (Figure 15) to be introduced in the future once they guarantee financial support are: provision of professional qualifications for persons with disabilities to empower them for independent living (21%), accessibility services (14%), social support measures²⁹(21%), therapeutic services (14%), early interventions (14%, screen reader technology (7%) and community centres dedicated to persons with disabilities (7%).

Figure 15: Immediate needs reported in relation to types of services in the future



Respondent organizations argued that they mainly combine services and advocacy in their work (63%, or 17 CSO), only 11% of the respondents (or 3 CSOs) focus on services only, about 26% of them (7 CSOs) focus mainly on advocacy. Yet, the average share of time spent on service delivery is higher (70%) compared to advocacy related work (30%). This is also an illustration of the limited capacities of the organizations that provide services to engage equally in advocacy, as service delivery takes most of their time. Advocacy was often assessed as time consuming and not always efficient in term of results, due to a number of reasons. More specifically, the CSOs engaged in both activities (advocacy and services) do not have sufficient resources to allocate equally in both and as service provision is a high need becomes a priority for them. While, there seemed to also be a lack of trust in the government to properly engage in participatory activities. CSOs interviewed stated that although advocacy efforts at times have achieved some positive results (i.e. participation for preparing the legal framework for the sign language, assistant teacher for persons with disabilities, cash benefits, etc.), they considered that the engagement of CSOs and groups of interest in policy making processes by the government is not sufficiently strong.

²⁹ For the purposes of the analyses under social support measures have been groups categories such as social housing, empowering activities for independet living and social business/economic empowerment.

Table 1: Advocacy versus services

Indicators on technical capacity	Scale of measurement	Frequency (in %)
Proportion of time/efforts per activities at organization level	Advocacy	26 %
	Services	11%
	Both	63%
	Value (in%)	
Average share of time spent on advocacy		30%
Average share of time spent on service delivery		70%

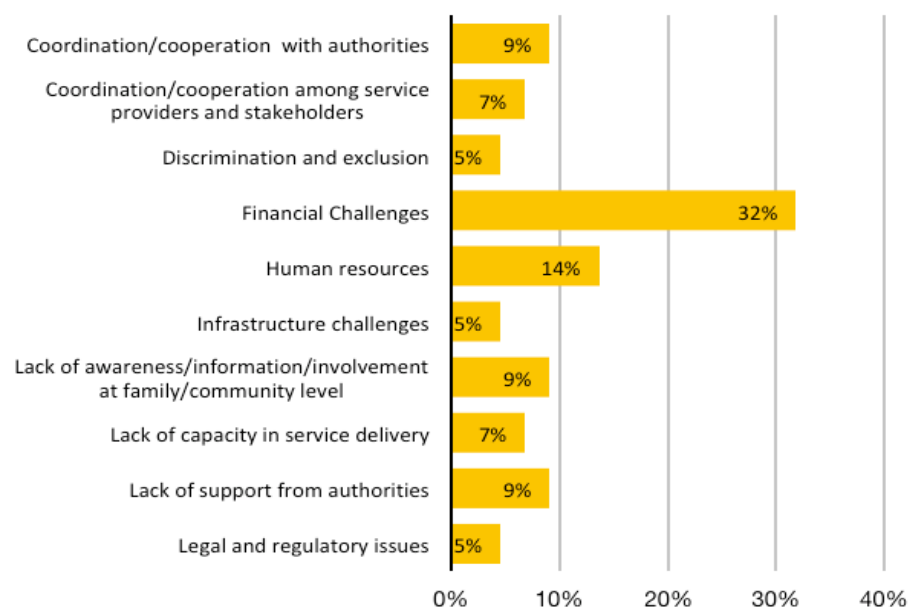
Overall, organizations stated that their level of knowledge on human rights issues is adequate (90% of respondents), while 67% of respondents assessed their level of knowledge on the policy and legal framework for persons with disabilities as adequate, with 30% assessing it as somewhat adequate and needing to learn more (see Table 2). Similar findings were produced about their level of knowledge on the Convention on the Rights of Persons with Disabilities (59% as adequate, 30% as somewhat adequate and 11% as poor).

Table 2: Level of technical knowledge on relevant policies (in no and %)

Indicators on technical capacity	Scale of measurement	Frequency (in no)	Frequency (in %)
Level of knowledge on human rights issues	Weak	0	0.0%
	Somewhat adequate	3	11%
	Adequate	24	89%
Level of knowledge on national legal and policy framework for PwD	Weak	1	4%
	Somewhat adequate	8	30%
	Adequate	18	67%
Level of knowledge on CRPD	Weak	3	11%
	Somewhat adequate	8	30%
	Adequate	16	59.3%

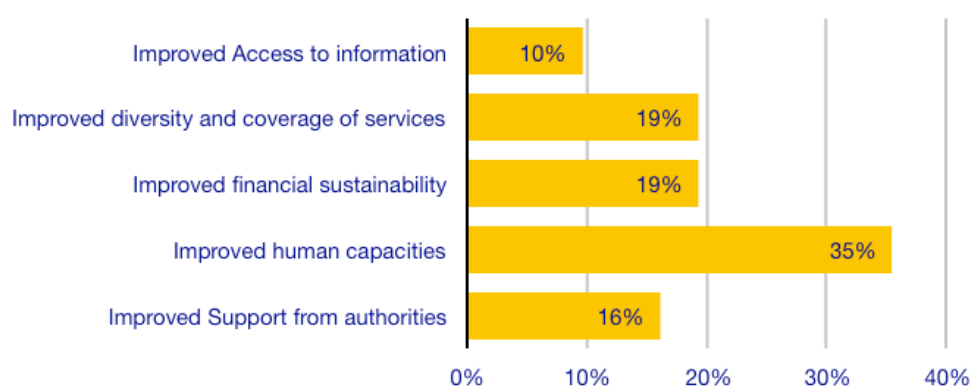
When asked about the main challenges identified by the organizations, financial challenge stands out (Figure 16) with the highest frequency.

Figure 16: Main challenges related to service provision



Improving human capacities has frequently (35%) been mentioned as a need by the interviewed organizations, along with financial sustainability and the need for improving the diversity and coverage of services (19%). Furthermore, greater support from the government in relation to service provision and ensuring participation of CSOs as key partners in policy making processes (16%) and improved access to information (10%) are also underlined.

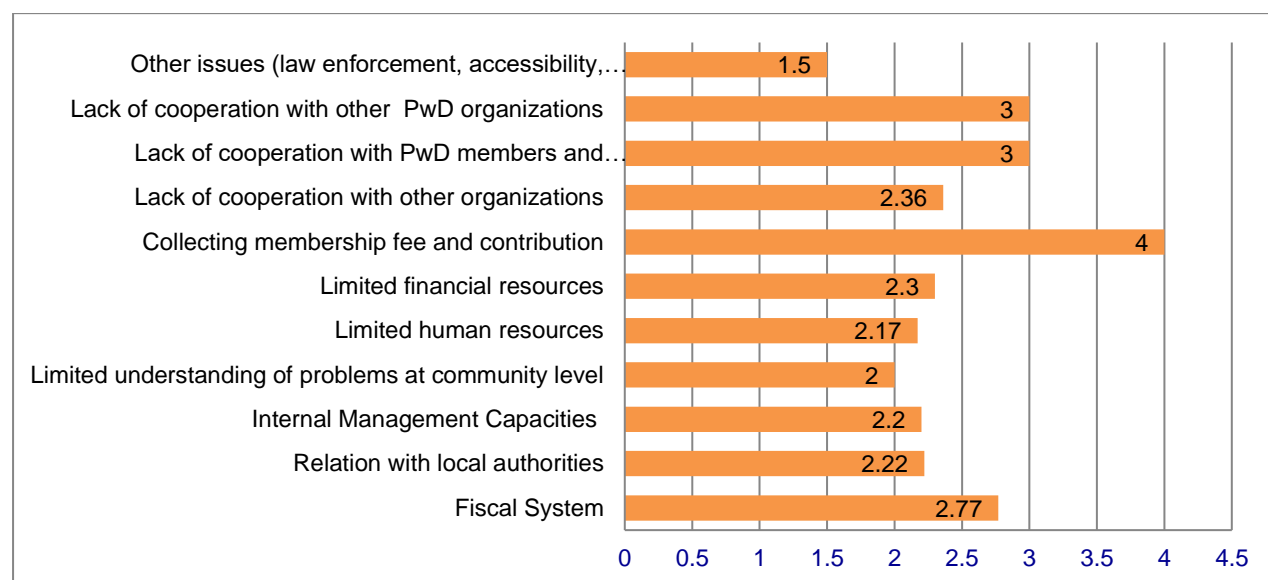
Figure 17: Main needs reported related to service provision



Collecting membership fees is mentioned as one of the important challenges (for organisations with membership, with an average score 4 out 5), followed by lack of cooperation with other organisations, fiscal system, cooperation with other organizations and limited financial resources. The understanding of problems of communities they work with and other general issues result less problematic. Challenge is measured in a scale of 1 -less

difficult problem to overpass, 5- very difficult problems) and the graph summaries the average level of difficulty as per reported score reported by each organization

Figure 18: Perception on challenges faced by CSOs of and for persons with disabilities



4. 4. Partnering and lobbying

- **Cooperation with government**

When asked to specify the types of relations with the central and local government, most of the CSO representatives stated that they had limited cooperation with the central government, nearly 60% of the respondents stated that there was no cooperation with this level of governance and only 11% of them mentioned that they have engaged in partnerships referring to policy initiatives, where the organizations were invited to contribute technically or consultation groups (see Table 3). Seven of the organizations participating in the assessment were members in the National Council for Persons with Disabilities. Nevertheless, they were all very critical about the efficiency of the council and working approach, which to their opinion did not fully reflect a fully-fledged participatory process with civil society and view it as a formality. On the other hand, few positive cases of cooperation were also mentioned such as the joint efforts for the legal framework on the sign language, work done jointly with the Ministry of Education, and on participating as stakeholders and giving feedback on policy initiatives.

The level of engagement with the local government seems to some extent more positive, as 37% of the organizations mentioned that they have been engaged in partnership in implementing joint projects and activities with local authorities and exchange of information (37%).

Representatives from the most consolidated organizations mentioned that local government officials are always invited in meetings with the community, as this is often a practice of their work in the areas that they operate. Some organizations enjoy better access to local and central government structures. Even so, the most reported cases of cooperation (within the 37%) are in relation to the organization of awareness raising activities on international days related to persons with disabilities.

Overall, organisations report a lack of satisfaction about their relationship with the local government. They report that much stronger efforts are needed by the local government to implement its role as the main provider of services related to persons with disabilities, and taking the role of the coordinator of all relevant local actors for the achievement of this goal. Although this role has been legally taken since 2015, with the new law on local governance, the time needed for other relevant laws and bylaws to be approved, legal constraints in relation to procurement of services by CSOs, and lack of focus of local governments in social services in general are factors hindering the implementation of this role, according to CSO reports.

Lack of transparency in local government processes in relation to persons with disabilities was also mentioned as a concern by CSOs. They refer that communication with municipalities is usually one-sided, with CSOs making continuous efforts to get in contact with relevant actors in municipality in order to get information, necessary data and to build cooperation. Some CSOs report that have lack of information regarding some important processes on such as the preparation of Local Social Plans and Local Plans for Persons with Disabilities in their municipality. In this context, they emphasized the need for institutionalized communications with the municipalities, with the local government taking a proactive role in mapping the CSOs and services offered in their area, sharing periodically relevant information and making CSOs part of the decision-making in relation to persons with disabilities within municipality. A clear profiling of organisations is necessary to establish service-provider information for the community and to distribute CSO support according to areas of CSO expertise.

Table 3: Frequency of cooperation, and partnership with central and local government levels (in no and %)

Organisation Type	Category	Frequency (in no)	Frequency (in %)
Central Government	No Cooperation	17	59%
	Exchange of information	8	30%
	Partnership	3	11%
Local Government	No Cooperation	7	26%
	Exchange of information	10	37%
	Partnership	10	37%

- **Cooperation with other organizations**

Respondents stated that they have partnered (about 20%) with international organizations working in the area of disability either as part of networking initiatives or implementing projects together (see Table 4). Cooperation and partnership among organizations of and for persons with disabilities at the local level is weak (20%) and most of them only exchange information (60%). Results from the fieldwork indicate nearly similar patterns regarding the cooperation level with organizations of and for persons with disabilities. Only 19% of respondents mentioned that they have partnered within their group of organizations, while 35% mentioned that there is no cooperation and in most of the cases this cooperation is limited to exchange of information. Respondents also stated that there is some degree of segmentation between organizations of and for persons with disabilities and competition seems to prevail, especially in the case of organizations with membership. Whereas partnership with other civil society organizations is poor, only 10% of the respondents mention that they have had few cases of partnership when implementing joint activities, projects, or during joint lobbying efforts. CSOs stated that the reason for segmentation and weak cooperation is mainly due to scarce financial resources available, the small amounts of budgets they submit proposals for, while they also mentioned the difficulties to access larger scale grant programmes, such as EUD grants, due to the high requirements and capacities needed. Additionally, the segmentation is also a result of a general poor culture of cooperation between CSOs and other key relevant actors in the country. Respondents acknowledged the need for networking and better coordination among the CSOs, especially among the ones sharing the same focus of work and target the same groups of interest.

Table 4: Cooperation level between non-governmental organizations (in no and %)

Organisation Type	Category	Frequency (in no)	Frequency (in %)
Local organization for PwD	No Cooperation	6	20%
	Exchange of information	17	60%
	Partnership	6	20%
National organizations of PwD	No Cooperation	10	35%
	Exchange of information	13	46%
	Partnership	5	19%
International organizations in the area of PwD	No Cooperation	10	36%
	Exchange of information	6	20%

	Partnership	12	44%
Other Civil Society Organizations	No Cooperation	12	43%
	Exchange of information	13	48%
	Partnership	3	10%

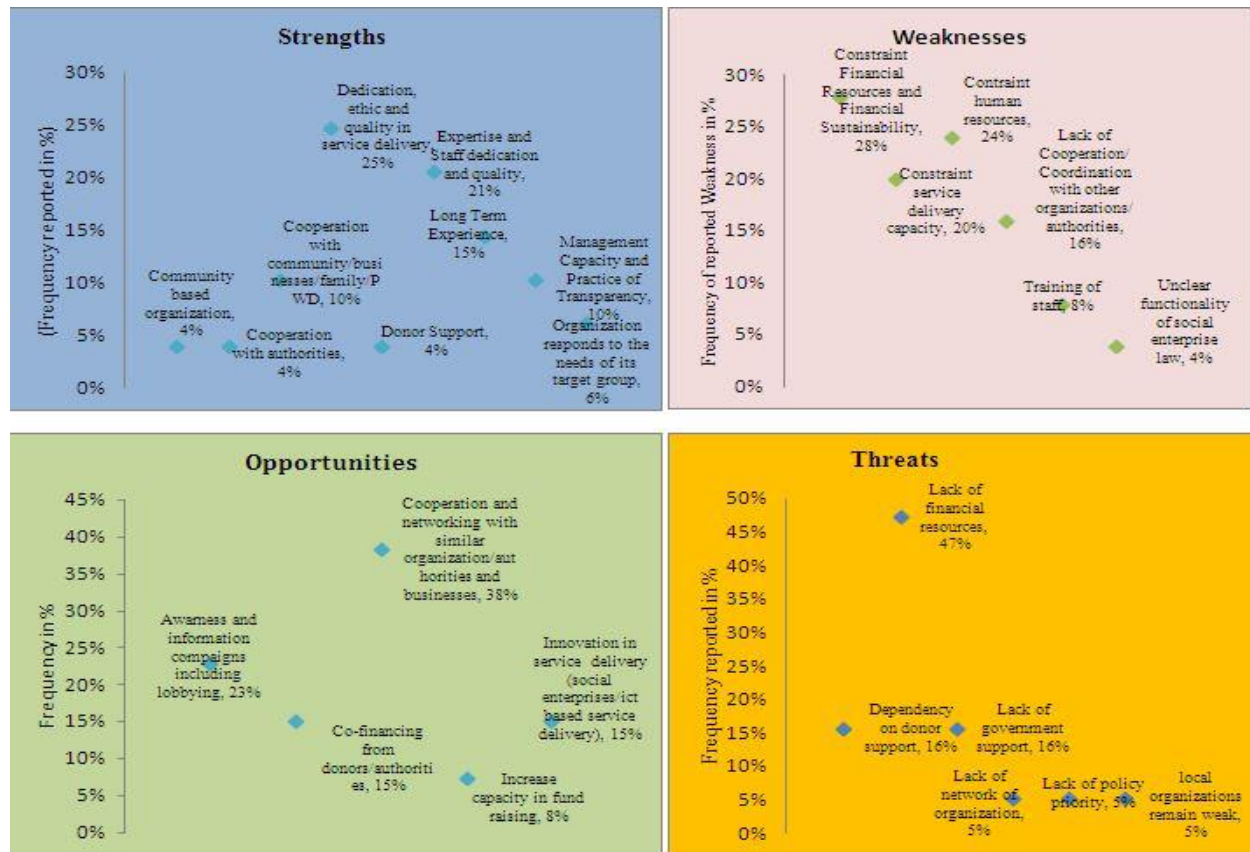
4.5. SWOT Analysis

The results from fieldwork data highlight to a set of problems that organizations working in the area of disabilities are currently facing. They include:

- Limited financial resources and risked sustainability;
- Limited human resources;
- Limited capacities to deliver and diversify the services;
- Lack of cooperation and coordination among organization;
- Lack of cooperation and coordination with public bodies;
- Lack of capacities to engage in lobbying and advocacy;
- Needs for capacity development of staff;
- Limited financial support from the business community;
- Lack of financial support from the local government;

The figure below (Figure 19) captures the main findings from the SWOT analysis. The vertical axe in each category indicates the frequency of the statements. The higher placed statements are more frequently mentioned by the interviewed CSOs.

Figure 19: SWOT analysis –key findings from the interviews



4.6. Training Needs

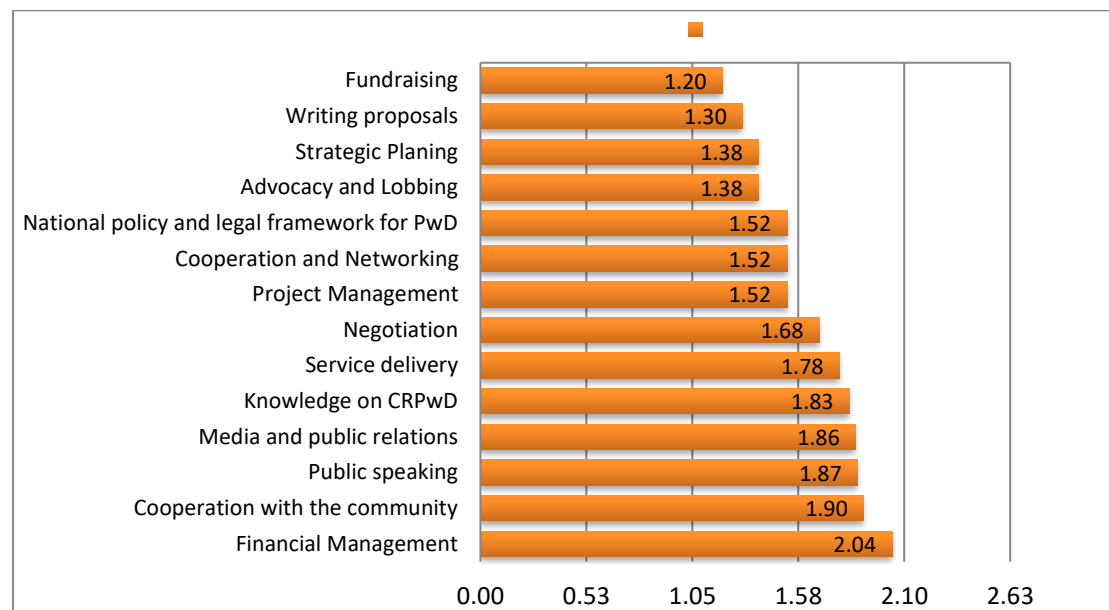
Overall, the CSOs consider the checklist of topics of interest for training as relevant and the continuation of training as important, as shown in (Figure 20), where all the topics range from very needed to somehow needed (besides financial management), thus showing awareness of their needs in this regard. The top listed training topics presented, match with the areas CSOs struggle with, in terms of technical capacities, and weaknesses mentioned in SWOT analysis, discussed in the previous section.

Through the prioritisation, the participants reconfirmed the fact mentioned in the previous section, that *fundraising* is a topic of high interest for them, in which they report they need further training, in order to be proactive and to explore better existing opportunities for funding and ensuring financial stability. *Writing proposals* is another topic of high interest under this first group, as an important tool in this regard, therefore although (as mentioned in the previous section) overall CSOs rate their capacities in this regard as adequate, on the other hand they are interested into further developing them, especially in relation to EUD funding.

Advocacy and lobbying, and *strategic planning* are the second group of high interest. Although the CSOs mention the advocacy activities as time-consuming and not very efficient in terms of results, on the other hand, they recognize the strong need for these activities, accompanied with the need to increase their capacities in this regard. Furthermore, among the third group of top selected topics they mention the national policy and legal framework for persons with disabilities (although the CSOs report their level of knowledge as adequate in this regard, there are aiming for more than adequate knowledge), cooperation and networking and project management. The need to train organizations on human rights issues and relevant policies has become apparent, as they need to be better informed in order to design and implement effective advocacy and lobbying activities, as well as to develop the spirit of cooperation among organisations.

Gaining more skills in service provision was a topic frequently selected by the respondents, yet they mentioned that they need specialised trainings by well-known experts on the field (international, in cases when national expertise is scarce) on topics of relevance for their work and social care services for the communities in focus and emphasized the lack of need for introductory training on services. Also, in relation to each topic, they mention the need for full-cycle trainings, which are continuous and include (besides theoretical knowledge) on the job training and impact evaluation.

Figure 200: Training needs



Note: Average need score, scale of measurement 1- very much needed, 2. Somewhat needed; 3- least needed

Understanding and getting to work with institutions and forge a sense of partnership with local authorities and business organisations is also a prerogative of success. As emphasized by respondents, trainings should also be provided in a parallel way for the local government units so they can understand the community issues and needs, their responsibilities in this regard, and be able to support them better.

4.7. Main findings from the focus group

- **Technical knowledge**

Focus group participants agreed that CSOs have the relevant technical and legal knowledge especially when comparing to public employees. More support is needed regarding the relevant legal interpretations. In the case of CSOs they seek the advice and technical assistance of those CSOs that have in-house capacities. Along with the capacity gap, there are also other challenges that impact the performance of the key actors such as law enforcement, unstable structures, limited financial allocations for services and accountability of the LGUs as mentioned in the focus group discussion.

As raised by the participants, public providers offer only one third of the services provided for the persons with disabilities and all the rest are offered by CSOs, this statement was quoted based on by Save the Children in 2015. Additionally, public centres operate under their capacities, which raise a question mark on their efficiency, accessibility and quality. It was discussed that CSOs are one step ahead and it is crucial to strengthen more their technical capacities as service providers. In the same time, was stated that is needed to work simultaneously to build the capacities of other relevant stakeholders, such as local authorities, health and education staff. In particular participants raised the need for capacity building of the assessment commissions.

“The assessment commissions need a lot of training and capacity building.” - participant

Currently, commissions seem to be working on two parallel standards – there is no standardised process based on the bio-psycho-social model. The assessment protocols for the commission are missing. The role of the commission is crucial for establishing the building blocks of the individual development programmes and approaches.

LGUs have insufficient knowledge regarding the legal framework for persons with disabilities. This limited knowledge has been documented in various monitoring reports drafted by CSOs. Rather than general knowledge, which as stated by the participants, is easily found more frequently with CSOs, all relevant actors involved in the area of disabilities need practical skills and knowledge based on the type of disability.

- **Service provision and coverage**

Participants agreed that coverage with services for persons with disabilities is very poor and there are regions, which lack any kind of service, whereas also in the regions where services exist they are insufficient, and their sustainability is at risk. Representatives from Save the Children mentioned the cases of Durres and Vlora regions, where they are currently working.

No services for this category were available prior to their intervention in supporting two centres providing services for children with disabilities. Overall, services are fragmented and a holistic approach in planning and delivery of services is missing. Services are mainly concentrated in Tirana and nearby cities – which impacts the accessibility and increases their costs for the persons with disabilities and their families.

CSOs listed several challenges impacting the quality and coverage of services provided and inclusion of persons with disabilities. One of these challenges mentioned was the need for accurate information and data at national and regional levels on what kind of services that each category can access and general information about the categories of persons with disabilities. Another concern raised was related to the assessment of disability, misdiagnosing by medical staff. This, in participants' opinion, is particularly relevant in cases of children as there is a limited level of awareness of the personnel starting from early identification of disability to a diagnose. Teachers, were also mentioned by the participants, as having limited knowledge and capacities to identify and work with persons with disabilities. Despite the fact that a law providing for assistant teachers for persons with disabilities are in place, its implementation is poor and there is a lot to be done in this regard.

“As long as initiatives are not accompanied with a financial package, we have not achieved anything” – participant.

Schools are not responding yet to the requirements for the inclusion of children with disabilities in education. The support teachers are often taking the role without any preparation, while teachers complain that having a support teacher takes more time to conduct the lessons – which is partly due also to the inadequate classroom facilities. Furthermore, parents are unwilling to disclose any information related to the disability of their child due to stigma. Often they do not even go through the applications for the disability benefit just to avoid the stigma. While services have a very poor coverage, there is a need for more medical staff involved in the processes as participants stated that often decisions of the commission are issued without the clearance of the medical doctor.

The scarce financing for the services seems to have created a vacuum. Furthermore, the central government has not set any monitoring instrument in place for the delivered services, their quality and in order to hold providers accountable.

- **Advocacy and networking**

Participants agreed that outside Tirana the CSOs do not have sufficient capacities to engage in advocacy and the organizations are mainly focused on service provision. Yet, although Tirana offers a different reality, persons with disabilities still face a number of obstacles and the relation with the LGUs was reported to be as not an easy one. This refers not only to services which have costs associated. The lack of cooperation even for interventions, which are not necessary linked to budgets, is also highlighted.

“The focus is no longer to follow a rights-based approach, we feel that division is dominating among us. The law might have to be partly blamed for it, the current challenging picture shows issues, which are beyond the medical or social spectrum. We need to be represented and to establish networks” – participant.

Service providers cannot keep with the standards. Advocacy needs to go hand in hand with the services. However, the lack of attention is also a discouragement for the CSOs, which are struggling with a variety of issues and bottlenecks of the system.

The CSOs of persons with disabilities are more active, but they may lack technical knowledge and expertise. The best approach in today’s discussions is the expertise. Yet the networking is recommended to happen simultaneously with the awareness raising of the public structures.

Participants were of the opinion that financing the CSOs through the state budget is crucial, not only for the sustainability and efficiency of services provided, but would also impact positively their activities and networking on the rights of persons with disabilities.

“What we are seeing today is how financing changes the objectives and focus of the CSOs” – participant.

Cooperation and exchange of information with patients’ associations is very important. Participants felt that there is a tendency to work in distance. CSOs, which have been established by persons with disabilities, continue to operate without projects, without funding, as they have understood that organizing themselves in formal structures helps their access.

Participants in the focus group discussion stated that the participatory processes guiding the policy initiatives are weak and not producing real impact. To illustrate this, they mentioned the case of the National Council for Persons with Disabilities. According to their opinion this structure functions formally and although the meetings are periodically organized, there is no follow up and feedback. This might also be due to the limited capacities in the lead structure while they also argued that the technical secretariat to support the proceedings of the council has not been established yet and add to the current picture.

Other issues mentioned were: the lack of information of the medical staff on legislative changes that impact the access to services of persons with disabilities; access of persons with disabilities to the labour market and the need to implement the employment quotas for persons with disabilities as well as other obligations which would help the job prospects for this category.

5. Conclusions and Recommendations

Based on the findings of the CSOs capacity assessment, this section summarizes the conclusions of the assessment and related recommendations for all relevant actors working in the area of disabilities:

5.1 Management and financial capacities

Program and planning

The management level (executive directors or presidents of CSOs) is usually involved directly in program and planning, while staff capacities are stronger only in Tirana. More than a third of CSOs report **inadequate capacities** in this area. Most CSOs, refer to planning only in relation to **annual programmes directly linked to funding available**. Therefore, **planning process is mainly guided by availability of funding and donor priorities, with little space for synergy between projects** implemented.

Monitoring and Impact Evaluation

The funding source shapes strongly these processes, too. CSOs that depend on international funding are more likely to follow project-based systemic planning, implementation and M&E. Overall, CSOs consider monitoring and evaluation processes of a **theoretical value**, but in practice, **very consuming in terms of time and resources**.

Financial management

Most of the CSOs report to **have internal regulations and keeping regular annual budgets**. One fourth of the CSOs report **difficulties with financial reporting** for tax authorities/donors. Nearly half of CSOs assess their financial situation as satisfactory, while others assess it as good or weak and unstable. **Even the better performing one's report lack of financial sustainability as a serious risk**, with the **reduction of funds by international donors, if there will be no concrete commitment from the government** in supporting and contracting CSOs as service providers.

Sources of financing and fundraising

CSOs show **lack of financial sustainability**, since **depending on donor funding** (68%), in a context of reduced donor funds, **insufficient financial support by government** and lack of information on founding sources. Also, they report **challenges in access to EU funding**, in terms of project proposal writing skills and information on how partnerships function. While more than half of CSOs reported being well informed for potential donors, this information comes from **internet or informal exchanges between organizations**, with lack of informative activities by the local government or donors outside Tirana, which makes CSOs located there **having to fully rely on their own means**.

Recommendations (6.1)

- It is recommended to **further support the processes related to contracting of social care services already delivered by CSOs**.

- It is recommended for relevant public and nonpublic actors to **contribute in strengthening the capacities of CSOs in fundraising, proposal writing, project management and monitoring and impact assessment.**

5.2 Technical Capacities

Most of CSOs show **adequate capacities to manage services** and run their typical activities, but **poor capacities to diversify services**, because of limited funding, while they emphasize the need for several new services to be developed. Twice of the time is spent in service delivery, compared to advocacy, also because **advocacy and lobbying activities**, although are considered very important, **are found time consuming and not efficient** in terms of results. NCD workings result as non-transparent and undocumented. **Financial challenges** stand out, as the main one identified by CSOs, followed by cooperation and support by authorities and human resources. In terms of main problems, collecting membership fees is mentioned as an important one (for organisations with membership), followed by lack of cooperation with other organisations, and issues related to the fiscal system. Overall CSOs stated that their level of knowledge on human rights issues is adequate, while nearly a third assessed their **level of knowledge on the policy and legal framework for persons with disabilities somewhat adequate** and needing to learn more, and nearly half of the them expressed a strong need to increase their level of knowledge on the **Convention on the Rights of Persons with Disabilities.**

Recommendations (6.2)

- It is recommended for relevant public and nonpublic actors to **strengthen the capacities of CSOs on building a holistic approach in service delivery** at local or regional level and on following the standards of CRPD in service delivery.
- It is recommended for CSOs and public service providers to **strengthen the cooperation and exchange with patient associations** contributing also to improving the needs assessment and service delivery capacities.
- It is recommended for central government and other relevant actors to **review the internal procedures for improving the functioning and transparency of the National Council for Disability.**
- It is recommended for training providers to **strengthen the capacities of CSOs in: monitoring policymaking and budget allocations/ spending** related to the rights of persons with disabilities; legal and policy framework on persons with disabilities; recent legislation related to social services for persons with disabilities; delivering therapeutic services .
- It is recommended for training providers to **conduct an in-depth assessment of training needs assessment of CSOs in delivering therapeutic services.**

5.3 Partnership and networking

Cooperation with government

Most of the CSO representatives stated that they had **limited cooperation with the central government**, with more than a half reporting no cooperation. Also, CSO members of National Council for Persons with Disabilities reported limited participatory processes of NC and evaluated its work as mostly a formality. On the other, hand few positive cases of cooperation were also mentioned. The level of **engagement with the local government** seems **to some extent more positive**, as more than one third of CSOs reported engagement in partnerships and exchange of information. Still, overall CSOs report a **lack of satisfaction about their relationship with the local government**. Time for approval of relevant legislation, especially in relation to procurement of services, lack of focus of local government in social services in general, of coordination of actors, of service provider profiles and mapping, and of transparency of processes in relation to persons with disabilities, are **hindering the role of local government as main social services provider**. They expect the local government to get proactive in this regard, while making CSOs part of the decision-making processes in developing support and services for persons with disabilities.

Cooperation with other organizations

Overall **cooperation between organizations is not strong**, resulting mostly in exchange of information, in the case of organisations of persons with disabilities at local level, national level, and even more so in the case of other CSOs, not working for persons with disabilities. Information on CSOs is scares and not updated, jeopardising the access to information on organizations working in their area and establishing contacts for potential cooperation. Partnership reports are low, being higher only in the case of international organisations, which is related to funding of projects. CSOs report some **degree of segmentation and competition** among them, (especially for CSOs with membership) and stressed the need for better cooperation and networking, especially in the cases when working with the same groups of interest.

Recommendations (6.3)

- It is recommended to **empower the CSOs and services users on advocacy and lobbying**, to contribute in awareness raising and actions for improving services for persons with disabilities and participation in policy-making processes at central and local level, while following the standards of CRPD in doing advocacy.
- It is recommended to support the development and operationalization of **participatory mechanisms at national and local level for engaging the persons with disabilities in the policy-making processes**, as valuable stakeholders in shared governance and community building.
- It is recommended to **support the CSOs in drafting periodic shadow reports** on the implementation of rights of persons with disabilities, their participation in policy making and society, as well as their access in adequate services tailored to their needs.
- It is recommended for CSOs to further develop networks and coalitions, in order to improve cooperation, strengthen advocacy efforts and increase coordination in

implementations of activities and projects, in parallel with improvement of donor coordination efforts.

- It is recommended for the government to implement the necessary improvements of the law on CSOs, in order to make possible the formal registration of networks and coalitions.
- It is recommended to encourage the local government, CSOs and other relevant actors to **strengthen their cooperation and improve service delivery at local level**.
- It is recommended that **awareness raising and capacities building activities addressing advocacy and lobbying should have a special focus on CSOs for and of persons with disabilities operating outside Tirana**.
- It is recommended to conduct a **mapping of CSOs working in the area of disabilities**, which could feed in to an accessible and updated national database. These efforts could include establishing an online platform for sharing information on disability issues and activities of CSOs of and for persons with disabilities. The database and platform, in order for CSOs to have regular and formal access to it and to update their data.
- It is recommended to **strengthen the cooperation mechanisms at local level** between municipalities and CSOs delivering services to engage in maximising the use of available resources through a dynamic planning, process addressing the needs of persons with disabilities.

5.4 Training needs for Capacity Development

The CSOs identify the **need for training** in various topics related to disabilities, with topics of highest interest including: fundraising and writing proposals; advocacy, lobbying and strategic planning; and national policy and legal framework for persons with disabilities. Besides the identification of these needs, CSOs emphasized that **for trainings to be effective it is crucial for them to be tailored to their needs, to be offered in full training cycles** and also **to address the capacity needs for local government officials**, in order to be on the same line of understanding and also to build a sense of partnership.

Recommendations (6.4)

- It is recommended to design training plans not only based on the identified training needs, but also in close consultation with CSOs to be able to **tailor the programme close to their needs**. Training needs **to be continuous and to be offered in full cycles**, including theoretical basis, on the job training and impact evaluation.
- It is recommended to **strengthen the capacities of local government, in parallel with the capacity building efforts addressing CSOs**, in order to maximise the impact and establish a common level of knowledge of the key actors involved.

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- GoA, Profile of the Disabled Population in Albania (accessible at: <http://www.al.undp.org/content/albania/en/home/library/profile-of-the-disabled-population-in-albania.html>)
- Journal of Social Science for Policy Implications March 2014, Vol. 2, No. 1, pp. 151-161 ISSN: 2334-2900 (Print), 2334-2919 (Online) Copyright © The Author(s). 2014, authored by Blerta Cani and Marita Flagler.
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8. Annexes

Annex 8.1: List of interviewed CSOs

No.	Name	Geographical coverage	Representative Contacted	Contacts	Remarks
Tirana (and National)					
1	National Association of Para- and Tetraplegics of Albania (Shprese dhe Dashuri)	Tirana Nationwide	Ndrek Ismaili	Adresa: Ish-Uzina, Laprakë para_tetra@yahoo.com	Membership Association Advocacy
2	National Association of Blind of Albania	Tirana Nationwide	Sinan Tafaj	Rruga Nikolla Lena Nr.62, Tiranë Tel: 355 4225 96 35 shvsh@shvsh.org.al	Membership Association Advocacy, education/rehabilitation services, library
3	Albanian National Association of Deaf (ANAD)	Tirana Nationwide connections	Florjan Rojba	Bulevardi Gjergji Fishta, Kulla. 4, Sh.1, Ap. 9 anad.coordinator@gmail.com anad@abissnet.com.al nikoleta_itp@yahoo.com Web: www.anad.al	Membership Association Advocacy, sign language services, training centre for sign language
4	National Association of Work Invalids	Tirana Nationwide	Abdulla Omuri	Adresa: Bulevardi Deshmoret e Kombit nr. 3, Tirane Tel/ Fax: + 355 4 22 50 325 abdulla.omuri@yahoo.com abdulla.omuri@gmail.com ship@abissnet.com.al	Membership Association Advocacy
5	Down Syndrome Albania DSA	Tirana Nationwide	Emanuela Zajmi	Rr. "Xhon Kenedi", Kodra e Diellit, Selita 5 info@dsalbania.org e.zajmi@dsalbania.org	Parents organization – Foundation; Advocacy, awareness- raising, rehabilitation & development services

6	Help the Life Association	Tirana	Afërdita Seiti	info@helphthelife.org.al	Parents association, Advocacy, social care services
7	Albanian Disability Rights Foundation	Tirana	Blerta Cani	adrf@albmail.com bcani009@gmail.com	Information and awareness raising, research and studies, free legal aid services, employment programmes, wheelchairs' workshop
8	Albanian Thalassaemic and Onko Hemoglobinopatie Association (AT & OHA)	Tirane	Anduela Pinguli	elapinguli@gmail.com Rruga Idriz Dollaku, Pallati Domus 1, shkalla 1, ap.24, 1011, Tirane	Assistance for persons with thalassemia and onko hemoglobinopatie
9	Albanian Disabled Youth Forum/VISUM	Tirana	Emiliano Lule	emiliano.lule@gmail.com	There is a network of youth in at least 7 regions that needs to be maintained; institute Visum
ELBASAN					
10	Center Future for you/ Qendra Future for You	Elbasan	Lindita Senia	Blv Aqif Pasha, Lgj 28 Nentori Pal 22 Kati 1 Elbasan, web: www.futureforyou.al email: futureforyou@gmail.com	
11	Albanian Center for Integration of Persons with Special Needs	Elbasan	Fatma Spahiu	Lagj V Xhuvani Rr Rinia nr 6, Elbasan; web: www.qendrashinjn.org email: info@qendrashinjn.org albaniancenter5@gmail.com	Development therapy for children and parenting classes
12	"Protection of the rights of persons with disabilities" Organization MEDPAK	Librazhd	Zela Koka	info@medpak.org	Advocacy, education projects, networking
SHKODER					

13	The Door Shkoder	Shkoder	Kastriot Faci Bujane Topalli	Lagjia Naim Gjylbegu Rr Bujar Bishanaku Nr 799 Shkoder; http://infothedoor.com ; thedoor@infothedoor.com	Daily care center for PWD and services for children 3-6 years old
14	Project Hope/Projekti Shpresa	Shkoder	Luigj Mila Suela Ndoja	Lagj: 3 Heroj, Rr: Pal ëngjëlli, Nr 5, Shkodër Tel: 00355 222452-57 progetto.speranza@gmail.com	Project Hope/ Shpresa residential and daily services for PWD
FIER					
15	Parents' movement for protection and lobbing of the rights of PAK	Fier	Edi Kodheli	edi_kodheli@yahoo.com	Association of parents with disabled children for advocacy, awareness and protection of rights for PWD
VLORE					
16	Organization Hope for us/Shprese per ne	Vlore	Majlinda Driza	majlindadriza@gmail.com	Paraplegic and tetraplegic
KORCE/POGRADEDEC					
17	Organization for Physical Benefit/ Shoqata e Përfitimit Fizik (SHPF)	Korce	Isuf Salice	Rr. 6 Dëshmorët e Cifligut No 38, L7, Korçë, isufsalice@gmail.com ;	Integration of persons with physical disabilities, through prevention and treatment
18	Center "Drita e Shpresës"	Pogradec	Johannes Goldammer	Rr e Drilonit, Pogradec 083226941 Qendra@drita-al.org.br . www.drita-e-shpreses-al.org	Daily care center for PWD and physiotherapy for persons in need.
19	Kennedy Foundation/ Fondacioni Kenedi	Pogradec	Miranda Kalemi	mrndkalemi@gmail.com Kenedifoundation@gmail.com Rr. Niko Dodona 6, Lagjia 12, Korce.	Provides education for PWD, adopted individual teaching and physiotherapy

20	Center KIDC"	Korcë	Ciljeta Simaku	Tel. 082 248 260 ciliolli@yahoo.com	Individual assessments, diagnoses; provides treatment for the cases with development problems for the group age 1-18 years; trainings for parents, teachers, medical staff and schools psychologists
DURRES					
21	Center for Mental Helath/ Qendra e Shendetit Mendor "Drejt Zhvillimit"	Durrës	Eriona Kola	L.13 stacioni Apollonia, kompleksi i pallateve Idi, kati 2 Plazh, Durres qdrejtzhvillimit@yahoo.com	Counselling for parents and children, brothers and sisters; children's therapy, ABA, of the art, floor, music and psychomotor games; Group therapy with children and parents; training of assistant teachers for individual children
22	Center for Services and psychosocial treatment/ Qendra e Shërbimeve dhe e Trajtimit Psikosocial TISS, Durrës	Durrës	Dorina Xhani	Lagja nr. 3, Rruga "Migjeni" perballe Ambulances Qendrore Durrës 2001 dxhani@yahoo.com	The services are focused on children with Autism Spectrum Disorders and other developmental problems such as: Psychological assessments by qualified multidisciplinary teams; ABA therapy; Development Therapy; Logopedic Therapies
GJIROKASTER					
23	Center Dora e Ngrohte	Tepelenë	Gjon Dervishi	<u>E-mail.gjondervishi@yahoo.com</u> <u>doraengrohte@gmail.com</u>	The organization aims to integrate persons with disabilities into society, equality, education, and employment, social and health care; works in advocacy and awareness raising. There is a particular focus on improving local access to information and services to PWDs.
24	Estia Dreopolis	Vanister Bashkia Dropull	Olga Paguna Evjeni Dedi	<u>devjeni@yahoo.com</u> ; <u>info@estiaderopolis.org</u>	Advocacy and awareness raising for protection of the rights of persons with disabilities; therapeutic and counseling services.
25	Shoqata e të sëmurëve me	Gjirokaster	Vjollca Koko	vjollca.koko@hotmail.com	Advocacy and protection of the interests of the persons with wide spread sclerosis.

	sklerozën e përhapur/Organizati on of persons with widespread sclerosis				Informing the affected persons about the disease and providing support and information on self-care. Encouraging public institutions, health, and social organizations to engage in solving curative and social problems related to the disease. Informing the public opinion on widespread sclerosis condition.
26	Organization “Syri I medias së re”	Gjirokaster	Lindita Luzo	e-mail. luzolindita@yahoo.com	Advocacy and awareness related to the rights of PWD
DIBER					
27	Foundation OAZ – Burrel	Burrel	Sajmir Neziri	Lagjia "Pjetër Budi", rruga "Ahmet Xhetani" nr 14, Burrel 021722177/021722805 c.neziri@gmail.com / sajmirneziri@hotmail.com	Daily care center for PWD, from 6 years old and up
28	Organisation Partnere per femije		Nevila Manga/Diber Email: kabanevila@yahoo.com Ingrid Jones	Phone & Fax: +355 4 2320 476 email: infopartnerereperfemijet@yahoo.com; Web: http://www.partnerereperfemijet.org	Partnerë për Fëmijët implements programmes on early childhood, care and development, education, children with disabilities and child protection. Note: Two interviews were conducted in Tirana and Diber and results have been merged in one questionnaire for the purposes of the analysis

Annex 8.2. List of participants in the FG

No	NGO	Name and contacts	Description
1	Save the Children	Irena Celaj, Dhurata Nixha	Promotes the rights of children and adolescents to education, protection and survival to a life that protects them from all forms of exploitation and violence.
2	Terres des hommes	Blerta Mano blerta.mano@tdhalbania.org	Promote a vision and understanding of the child protection system and to improve the skills, capacities and knowledge of child protection professionals to effectively address child abuse through training.
3	Albanian Caritas	Elona Memetaj, elonamemetaj@gmail.com	Albanian Caritas, implements activities supporting integration of persons with disabilities.
4	Shoqata Shqiptare për Psikoterapi	Sonila Mecaj, sonilamecaj@hotmail.com	Albanian Association for Psychotherapy
6	Shoqata Për Jetesë të Pavarur	Suela Lala, lalasuel@gmail.com	Protection of the rights of children with disabilities and provision of social services in the daily center and community for this category
7	Organization of Children and Youth with diabetes	Asim Toro, Dea Shanto toroasim@gmail.com	Advocacy and support for the children and youth with diabetes
8	FSHDPK	Narbis Ballhysa ballhysa.narbis@gmail.com	Integration of persons with disability in the social and economic life, through promoting and protecting their rights.
10	Shoqata per personat me HIV/AIDS	Olimbi Hoxha hoxhajolimbi@gmail.com	Association supporting the rights of persons affected with HIV and AIDS

Annex 8.3. The questionnaire used for the semi structured interviews with CSOs

Kapacitetet dhe Nevojat e OJF-ve PAK

Data: _____/2018
Emri i Organizates: _____ Qyeti/Qarku: _____
Emri i te intervistuarit: _____
Informacionet e kontaktit: _____

I. Informacione te Pergjithshme mbi Organizaten

1. A eshte e regjistruar organizata juaj ne gjykate? _____ (Nese jo, pse?)	
2. Kur eshte regjistruar? _____	
4. Ne cilat nivele operon kryesisht organizata juaj:	a. Kryesisht ne nivel lokal (ku eshte bazuar) b. Ne nivel rajonal (pjesa te vendit). Lutemi specifikoni: c. Ne nivel kombetar Lutemi specifikoni:
5. Cili eshte misioni i organizates suaj	
6. Cilat jane objektivat e punes se organizates suaj? A kane ndryshuar ato gjate viteve? Nese po si?	
7. Me cilat grupe punoni kryesisht?	
8. Cila eshte struktura e organizates suaj?	a. Nr i stafit me kohe te plote _____ b. Nr. i stafit me kohe te pjesshme _____ c. Nr i vullnetareve _____
9. A ka organizata juaj:	a. Zyre, nese po a eshte e mjaftueshme per nr e stafit b. telefon b. fax c. printer c. fotokopje d. email d. faqe internet
10. A e perditesoni rregullisht faqen tuaj te internetit	
11. A eshte organizata juaj anetare e ndonje rrjeti organizatash?	a. Po, specifiko b. Jo
12. A keni te antaresuar ne organizaten tuaj? Specifiko	

II. Kapacitetet Menaxheriale dhe Financiare

1.Kush eshte pergjegjes per hartimin e propozimeve per projekte dhe programe?	
2. Lutem vleresoni me shkallen nga 1 ne 3 kapacitetet e organizates suaj per hartimin e propozimeve per projekte dhe programe: 1= te pamjaftueshme; 2 = te mjaftueshme; 3 = te mira	
3. A keni nje program (te shkruar, afatshkurter apo afatgjate) te organizates suaj? Nese po, cilen periudhe mbulon?	1. Po 2. Jo
4. A mbani balance vjetore per organizaten tuaj?	2. Po 2. Jo
5. Kush e mban buxhetin e organizates suaj (staf i brendshem/i jashtem)?	
6. A keni procedura per organizimin dhe funksionimin e organizates dhe buxhetit te saj?	1. Po (specifiko) 2. Jo
7. A eshte audituar ndonjehere organizata juaj (qofte nepermjet nje auditori te kontraktuar prej jush, qofte prej donatoreve)?	1. Po (specifiko) 2. Jo
8. Cilet kane qene burimet tuaja kryesore te financimit te aktiviteve te organizates? Permend donoret/buxhetet perafersisht per te pakten 3 vitet e fundit. 2017: 2016: 2015:	
8. A hasni probleme ne lidhje me raportimin financiar per donoret me te cilet punoni?	1. Po (specifiko) 2. Jo
9. A keni informacion se cilat institucione kane interes e mbeshtesin financiarisht aktivite te ngjashme me ato qe zbaton organizata juaj?	1. Po 2. Jo
10. A keni nje liste te perditesuar te ketyre institucioneve?	1. Po 2. Jo
11. Si informoheni mbi mundesite e reja per fonde/thirrje per projekt propozime?	
12. A keni plan strategjik per zhvillimin e organizates suaj?	1. Po (specifiko) 2. Jo
13. Si eshte organizimi i brendshem (sektore, njesi etj?)	
14. A ka i gjithë stafi rol e detyra/pershkrim pune te qarta, perfshire vullnetaret?	1.Po (specifiko) 2. Jo
15. Bazuar ne strukturen organizacionale qe keni, a ka mjaftueshem supervizim per te gjithë anetaret e organizates?	
16. A keni mjaftueshem kapacitete njerezore per te zbatuar aktivitetet tuaja?	
17. A kryeni vleresim vjetor te performances individuale dhe institucionale?	1. Po 2. Jo
18. Si do ta vleresonit nivelin e anglishtes se stafit dhe perfaqesuesit te organizates	1= i pamjaftueshem; 2 = i mjaftueshem; 3 = i mire

19. Si e masni suksesin tuaj? Si e vleresoni nese organizata ka permbushur misionin dhe objektivat e saj dhe ndikimin qe kane aktivitet e zbatuara prej jush?	
20. A keni nje sistem monitorimi dhe vleresimi ne organizaten tuaj? Si funksionon? 1. Po (specifiko) 2. Jo	
21. A i mblidhni mendimet e grupeve me te cilet punoni ne lidhje me performancen dhe ndikimin e aktiviteteve qe keni zbatuar per ta?	1. Po (si) 2. Jo
22.. A keni ndonje plan /strategji zgjerimi te rrjetit te antareve? Specifikoni	
23. Si do ta vleresonit performancen e organizates suaj gjate vitit te fundit?	1. Performance e pasukseshme 2. Pjeserisht e sukseshme 3. Performance e sukseshme 4. Tjeter
24. Si do ta vleresonit gjendjen financiare te organizates suaj?	1. shume te mire; 2. te mire; 3. te pagendrueshme 4. tjeter

III. Kapacitetet Teknike

III.a. Kapacitetet e organizates ne ofrim sherbimesh te perkujdesit social			
1. Pershkruani aktivitetet qe po zhvillon organizata juaj aktualisht			
2. A ofroni sherbime per PAK?		1. Po, specifiko nr e klienteve ____ dhe llojin e sherbimit (listo sherbimet) (me pas VAZHDO ME PYETJEN 3) 2. Jo (KALO TE PYETJA 6)	
3. Nese Po, si do t'i vleresonit permes nje shkalle nga 1 ne 3 aspektet ne vijim.			
		1. te dobeta; 2 te pamjaftueshme; 3. te mira	
a)	Kapacitetin e stafit qe angazhohet ne ofrim sherbimi	<input type="radio"/>	<input type="radio"/>
b)	Kapacitetet e organizates per te menaxhuar sherbimet e ofruara	<input type="radio"/>	<input type="radio"/>
c)	Qendrueshmerine financiare per te siguruar vazhdimesine e sherbimit	<input type="radio"/>	<input type="radio"/>
d)	Qendrueshmerine financiare per te diversifikuar e zgjeruar sherbimin	<input type="radio"/>	<input type="radio"/>
e)	Aksesueshmerine e klienteve per te marre sherbimin	<input type="radio"/>	<input type="radio"/>
f)	Aksesueshmerine e klienteve ne mjediset e qendres ku ofrohet sherbimi	<input type="radio"/>	<input type="radio"/>
g)	Nivelin e sherbimit te ofruar	<input type="radio"/>	<input type="radio"/>
4. Nese po, sipas jush cilat jane disa nga nevojat dhe sfidat qe ndesh organizata juaj ne lidhje me ofrimin e sherbimeve:			
a) Sfidat:			
b) Nevojat:			
5. Cilin aktivitet keni me te rendesishem ne organizaten tuaj: a. avokacine; b. sherbimet; c. te dyja			
5.1. Sa kohe shpenzoni per secilin prej tyre? a) ____% e kohes ne avokaci dhe b) ____% te kohes ne ofrimin e sherbimeve te perkujdesit social.			
6. A keni nje plan per ofrim sherbimesh te reja? Nese po, lutem specifikoni			
7. Bazuar ne njohjen tuaj te problematikave dhe nevojave PAK – a ka ndonje sherbim qe mbetet i pambuluar? Per shembull?			

III.b. Kapacitetet dhe njohurite teknike te organizates																			
<p>1. Si do t'i cilesoni njohurite e organizates ne lidhje me ceshtjet e meposhtme, sipas shkalles nga 1 ne 3</p> <p style="text-align: right;">1.te dobta; 2 te pamjaftueshme; 3. te mira</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">a. Njohurite teknike te organizates ne lidhje me ceshtjet e te drejtave te njeriut</td> <td style="width: 10%; text-align: center;">○</td> <td style="width: 10%; text-align: center;">○</td> <td style="width: 10%; text-align: center;">○</td> </tr> <tr> <td>b. Njohurite ne lidhje me KDPAK</td> <td style="text-align: center;">○</td> <td style="text-align: center;">○</td> <td style="text-align: center;">○</td> </tr> <tr> <td>c. Njohurite ne lidhje me kuadrin kombetar te politikave (strategjike e ligjore)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>ne lidhje me PAK</td> <td style="text-align: center;">○</td> <td style="text-align: center;">○</td> <td style="text-align: center;">○</td> </tr> </table>				a. Njohurite teknike te organizates ne lidhje me ceshtjet e te drejtave te njeriut	○	○	○	b. Njohurite ne lidhje me KDPAK	○	○	○	c. Njohurite ne lidhje me kuadrin kombetar te politikave (strategjike e ligjore)				ne lidhje me PAK	○	○	○
a. Njohurite teknike te organizates ne lidhje me ceshtjet e te drejtave te njeriut	○	○	○																
b. Njohurite ne lidhje me KDPAK	○	○	○																
c. Njohurite ne lidhje me kuadrin kombetar te politikave (strategjike e ligjore)																			
ne lidhje me PAK	○	○	○																
<p>2.Kush eshte pergjegjes per gjetjen dhe eksplorimin e mundesive te reja?</p>																			
<p>3.Analiza SWOT</p> <p>a.Cilat jane <u>pikat e forta</u> te organizates suaj?</p> <p>b.Cilat jane <u>pikat e dobeta</u> qe duhet te korrighoni?</p> <p>d.Cfare <u>mundesish</u> mund te shfrytetoje organizata qe te rrishe shanset per burime te mjaftueshme dhe sukses?</p> <p>e.Cilat jane <u>risqet</u> me shqetesuese?</p>																			
<p>4. Cilat jane problemet me te medha me te cilat po perballat organizata juaj? (Listoni 3 deri ne 5 me kryesoret, duke vendosur numrat ne krah te cdo konstatimi nga 1 te 5)</p> <p>_ Sistemi tatimor</p> <p>_ Marredheniet me pushtetin vendor ne zonen tuaj</p> <p>_ Kapacitetet menaxhuese te organizates</p> <p>_ Njohuri te limituara te problemeve te komunitetit me te cilin punohet</p> <p>_ Kapacitete te limituara te stafit te organizates</p> <p>_ Burime financiare te limituara</p> <p>_ Mbledhjen e kuoatave te antaresimit</p> <p>_ Mungese bashkepunimi mes organizatave te tjera qe punojne/perfaqesojne PAK</p> <p>_ Mungese bashkepunimi mes komunitetit PAK dhe kujdestareve/familjareve te tyre</p> <p>_ Mungese bashkepunime me organizatat e tjera (jo PAK)</p> <p>_ Problem te tjeter (specifiko)</p>																			
<p>5. Lutem me jepni nje shembull te nje iniciative te suksesshme qe keni zbatuar dhe cilat ishin arsyet e ketij suksesi, sipas jush.</p>																			
<p>6. Cilat jane prioritetet qe keni vendosur per vitin e ardhshem. Cilat jane planet per te ardhmen?</p>																			

IV. Partneriteti dhe Lobimi

1.Cilet kane qene partneret me te cilet punoni kryesisht?			
2.Cilet jane donatoret te te cilet aplikoni me shpesh per projekte?			
3.Cilet jane donatoret qe kane financuar me shpesh projektet tuaja?			
4.Nga se perbehen burimet financiare te organizates suaj? (me %) 1-3 vitet e fundit	___% burime te organizates ___% pagesat e anetareve ___% donacione kombetare nga sektori privat ___% grante nga pushteti vendor ___% grante nga institucione/agjenci te pushtetit qendror ___% grante nga donatore/organizata nderkombetare ___% tjeter (specifiko) _____		
5.Cilat jane marredheniet e punes me organizata te tjera? Lutem specifikoni			
	1.Nuk kemi asnje marredhenie pune	2.Shkembejme informacion	3.organizojme projekte te perbashketa
a) Organizata PAK lokale apo rajonale	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Organizata PAK me shtrirje kombetare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Organizata PAK ne vende te tjera (specifiko)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Organizata te tjera (jo PAK), specifiko	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Si do t'i vleresonit marredheniet tuaja me pushtetin vendor dhe ate qendror?			
	Bashkepunim i ngushte	Bashkepunim okazional	Nuk ka ende bashkepunim
a. Pushteti qendror	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Pushteti vendor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.Ne cilat raste keni bashkepunuar?			

V. Nevojat per trajnim

1.Nese do t'ju ofroreshin kurse trajnimi, cilat nga sa me poshte do t'i konsideronit me te vlefshme per organizaten tuaj?

	Shume te vlefshme	Disi te vlefshme	Jo te vlefshme
Kuadri ligjor dhe strategjik PAK	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Njohuri mbi Konventen e PAK	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Menaxhim financiar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kerkim dhe mbledhje fondesh	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planifikim strategjik	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ofrim sherbimesh	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bashkepunim dhe rrjetezim	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advokaci dhe lobim	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aftesi prezantuese	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marredheniet me mediat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Menaxhim projekti	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shkrim projekti	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Negocim	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bashkepunimi me komunitetin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tjeter, specifiko	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Shenime dhe komente te tjera:

Annex 8.4. Guide notes for moderating the focus group discussion

Guidë për moderimin e Fokus Grupit

Vlerësimi i Nevojave dhe Kapaciteteve për Trajnim të OJFve që punojnë në fushën e AK

1. Informacion i Përgjithshëm

Rreth dokumentit:

Ky material është përgatitur si guidë udhëzuese për të orientuar e nxitur diskutimet gjatë fokus grupit.

Struktura e propozuar më poshtë është një guidë orientuese për lehtësimin e moderimit dhe është vetëm një nga mundësitë e pafundme se si mund të zhvillohet debati. Moderatori mund t'i ndryshojë pyetjet apo t'i zbërthejë ato në mënyrë që të jenë edhe më të qarta për pjesëmarrësit, për sa kohë që çështjet mbulohen dhe objektivi i fokus grupit të përmbushet.

Pas këtij seksioni me informacion të përgjithshëm, vijojnë çështjet për diskutim. Çdo çështje ka një listë pyetjesh dhe nën-pyetjesh për t'u ngritur gjatë konsultimit dhe që shërbejnë si shembuj për nxitjen e diskutimit.

Diskutimi do të regjistrohet për efekt raportimit dhe parashikohet të zgjasë rreth 1:30 -2 orë.

2. Objektivi i Fokus Grupit

UNDP, nën programin “*Leave No One Behind*”, po synon fuqizimin e personave vulnerabël në Shqipëri për akses të barabartë ndaj shërbimeve publike dhe mundësive, për të pasur një zë në vendimmarrjen publike që ndikon në jetën e tyre dhe për të kërkuar llogaridhënie ndaj aktorëve përgjegjës. Në këtë kuadër, programi synon edhe fuqizimin e organizatave të shoqërisë civile për realizimin e këtij qëllimi.

Për këtë arsye, UNDP po realizon një vlerësim të kapaciteteve dhe të nevojave për trajnim për organizatat e shoqërisë civile që punojnë në fushën e aftësisë së kufizuar, në advokaci dhe shërbime.

Në këtë kuadër, fokus grupi do të shërbejë për mbledhjen e të dhënave cilësore dhe validimin e gjetjeve paraprake të punës në terren **lidhur me kapacitetin, nevojat dhe sfidat që hasin organizatat në mblështje të PAK, qoftë përmes shërbimeve direkte apo përmes advokacisë e lobimit për të drejtat e PAK.**

Diskutimi është konceptuar në 3 pjesë kryesore, si më poshtë:

1. **Njohuritë e organizatave** në lidhje me kuadrin strategjik e të drejtave të njeriut e të PAK në vacanti; si dhe mbi KDPAK;
2. **Kapacitetet e OJFve** - si struktura, si ofrues shërbimesh dhe si advokues;
3. **Nevojat** për fuqizimin e OJFve për të luajtur një rol më aktiv në drejtim të AK;

3. Pjesëmarrësit

Përpara takimit, duhet të jenë përzgjedhur idealisht rreth 12 pjesëmarrës (në çdo rast jo më pak se 5 e jo më shumë se 12). Pjesëmarrësit në fokus grup duhet të kenë profile relativisht të ndryshme, për të përfaqësuar një spektër të gjerë pikëpamjesh.

Profili i pjesëmarrësve të propozuar sugjerohet të bazohet në kategori të mëposhtme:

- ***OJF ndërkombëtare që punojnë në fushën e AK** – si ofures shërbimesh, si kontraktues i OJFve që ofrojnë shërbime, dhe si aktorë që ndikojnë në kuadrin e politikave kombëtare;*
- ***OJF lokale** – të bazuara në Tiranë (mundësisht të mos jenë përfshirë gjatë intervistave në terren);*
- ***OJF që punojnë ne advokasi ose ofrojnë shërbime për PAK;***
- ***OJF që janë antare të Komitetit Kombëtar për AK;***
- ***Ekspertë të pavarur që punojnë në fushën e mbrojtjes sociale dhe AK;***

Shënim i përgjithshëm mbi pjesëmarrjen: është e preferueshme që të paktën 50% e pjesëmarrësve të jenë gra.

Tema 1: Njohuritë teknike dhe perfaqësimi (rreth 30 min)

Në këtë seksion do të mblidhen mendimet e pjesëmarrësve në lidhje me njohuritë teknike të OJFve

- Sipas jush si janë **njohuritë teknike** te OJFve ne lidhje me kuadrin ligjor dhe strategjik te AK?
- A janë të mire informuara OJFtë mbi **nevojat e PAK dhe sitemin e mbrojtjes sociale** në vend?
- A perfshihen mjaftueshëm OJFtë në **mbledhjen e mendimeve dhe nevojave të PAK** në nivel qendror e vendor?
- A reflektojnë **aktivitetet që zbatohen** në përgjithësi nga OJFtë nevojat reale te PAK? Cilet jane faktoret që ndikojnë axhenden e nderhyrjeve të zbatuar nga OJFtë?
- Si është **perfaqësimi i PAK në nivel organizatash (rrjetet e ndryshme) dhe pjesëmarrje në grupe konsultimi** mbi prioritetet e çështjet që prekin AK qoftë në nivel vendor apo në nivel qendror?

Tema 2: Kapacitetet e OJFve - si ofrues shërbimesh dhe si advokues; (rreth 30 min)

2.1. Kapacitet e brendshme te organizatave:

- Cili eshte perceptimi juaj ne lidhje me **kapacitete manaxheriale te organizatave** që punojnë në fushën e AK?
- **Perceptimi juaj në lidhje me burimet njerëzore të OJFve, mobilizimin e burimeve e thithjen e fondeve?**
- **Si jane aftesite e tyre në monitorim te aktiviteteve dhe raportimin e tyre?**

2.2. Kapacitete e OJFve ne lidhje me ofrimi e shërbimeve për PAK:

- Si janë shërbimet që ofrojnë OJFte për PAK? Cili është mendimi juaj mbi cilësinë e shërbimeve dhe profesioalizmin e stafit në këtë drejtim?
- Cilat janë disa nga shërbimet që mungojnë për PAK?

- Cilat janë disa nga sfidat që lidhen me ofrimin e shërbimeve për PAK nga sektori i shoqërisë civile?

2.3. Advokasi:

- Cili është perceptimi juaj në lidhje me bashkëpuimin, përfaqësimin e PAK dhe mobilizimin e komunitetit?
- Si janë kapacitetet e OJFve në lidhje me **monitorimin e kuadrit të politikave kombëtare dhe lokale dhe advokimin e lobimit mbi gjetjet?**
- A ka grupe të AK që mbeten të pa përfshira e të pa përfaqësuara?
- Cilat janë **3 sfidat kryesore që OJFte ndeshin në rolin e tyre si advokues** për të drejtat e PAK;

Tema 3: Nevojat për fuqizimin e OJFve (rreth 30 min)

Në këtë sesion do të diskutojmë mbi nevojat e OJFve për të luajtur një rol më aktiv në drejtim të AK;

- Cili është perceptimi juaj në lidhje me **aftësitë e OJFve në shkrim dhe zbatim projektesh?**
- Cili është perceptimi juaj në lidhje me **aftësitë e OJFve në lidhje me raportimin financiar** për donatorë të ndryshëm?
- Cilat janë disa nga **sfidat më të mëdha që ndeshin OJFtë që punojnë në fushën e AK?**
- Sipas jush **çfareë iniciativash duhet të ndërmerren** për të nxitur advikimin e OJFve që punojnë në fushën e AK? Ndoshta nuk ka receta magjike, por ndoshta mund të ketë qasje që nxisin iniciativën dhe përgjegjshmërinë e këtyre organizatave që kanë një rol e mision të rëndësishëm – duke i apeluar kështu dhe qëllimit për të cilin janë themeluar këto OJF?

Faleminderit për pjesëmarrjen!