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94795

**Emergency Support Project targeting Krajina Serb refugees in
Collective Centres and extremely vulnerable individuals in
Kosovo, Serbia.**

Grant ref: AOT-3045-G-00-6125-00

FINAL REPORT

Submitted to:

Office of US Foreign Disaster Assistance

Submitted by:

Children's Aid Direct

August 1997

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Mission Statement

To relieve those who are suffering need, hardship or distress anywhere in the world as a result of famine, drought, flood, war or any other calamity

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Limited Company Registration No. 2756918
Registered in England and Wales

**Emergency Support Project targeting Krajina Serb refugees in
Collective Centres and extremely vulnerable individuals in Kosovo,
Serbia.**

OFDA grant : AOT-3045-G-00-6125-00

Total Budget : US\$988,568

Submitted to : Office of US Foreign Disaster Assistance

Submitted by : Children's Aid Direct

Contract Duration: 24 July 1996 - 31 January 1997

No-cost extension amended to: 31 March 1997

Introduction

With the Office of US Foreign Disaster Assistance funding, Children's Aid Direct initiated an emergency relief programme in Kosovo in September 1996. As Children's Aid Direct were establishing a base in Kosovo for the first time, an office had to be established and national staff members recruited. In a short time, much information was gathered. Assessments of need were carried out of potential beneficiaries. Information was ascertained from other humanitarian organisations working in the region regarding current programmes and areas of implementation. Introductions were made to all official bodies, including the Yugoslav Red Cross and the Serbian Commission for Refugees and logistical support was established.

The original contract period had a commencement date of 24th July, 1996. Unfortunately, the project implementation was delayed until September due to delayed issuance of visas for the international team. In addition, changes in the tax laws delayed the procurement and supply of food and hygiene items until problems regarding the tax-free status of humanitarian aid were resolved.

Amendment - October 22nd 1996

In October 1996, an amendment was requested to the Office of US Foreign Disaster Assistance to request some budget reallocations. As more detailed assessments of need and beneficiary numbers were clarified, it became apparent that the number of family hygiene kits originally requested was quite over-estimated. Other agencies were also

involved in providing hygiene kits and reducing the number of hygiene kits was essential if duplication was to be avoided. It was requested that the number of kits be reduced from 72,000 to 34,000. It was also requested that additional items be added to the kits and that a slight price increase in the unit cost be borne.

Furthermore, from the savings made in the reduction in the number of hygiene kits, it was requested to increase the number of hygiene kits for disabled children from 1,000 to 1,500; to purchase an additional commodity - lice shampoo - and to undertake some small sanitation repairs. Furthermore, the substitution of flour for additional pasta required a budget reallocation from hygiene items to food items thus changing the scope of work, as specified in the original agreed proposal.

Unfortunately, as has now been ascertained, this amendment request was not received by the Office of US Foreign Disaster Assistance until January 1997. In the meantime, Children's Aid Direct had changed the 'scope of work', believing that approval had been granted. This assumption was mistakenly made, following receipt of approval for the purchase of a fourth vehicle, which had also been requested in this amendment (significant savings had been made in the costs of storage and a request was made to transfer this saving to the transport line to cover the cost of a fourth vehicle).

No-cost extension - January 1997

A two month no-cost extension was requested due to the late start of the project as discussed above. The project was due to finish on the 31st January but following confirmation of the no-cost extension, finished on the 31st March 1997.

Programme Objective 1:

To reduce food vulnerability and to enhance the calorific intake of both refugees living in collective centres and extremely vulnerable individuals.

This objective was achieved as follows:

Children's Aid Direct carried out a supplementary food distribution to refugees in collective centres and extremely vulnerable individuals as identified by implementing partners. The food supplement was based on the World Food Programme basic ration though not in the same quantities. As refugees were already receiving a basic ration from WFP/ECHO, the Children's Aid Direct ration was simply to supplement foods already available to them. For extremely vulnerable individuals among the local population, the ration provided by Children's Aid Direct was designed to provide some safety net. The ration was calculated to give a good nutritional balance.

The following foodstuffs were provided per family :

Milk powder	1 kg
Oil	1 litre
Pasta	2 kgs
Tinned meat/fish	2 kgs
Sugar	500g

Total energy 24,490 kilocalories and 653 grams of protein.

All foodstuffs were provided in the quantities specified in the original proposal, with the exception of flour which was substituted for additional pasta because it was understood that the World Food Programme were providing a full ration to each beneficiary. A total of five food commodities were provided.

Rationale for the food ration.

Milk powder was provided as it was requested by beneficiaries in early assessments. Culturally, parents believe it is vital for children to have milk in their diet. In addition it proved very successful in Bosnia, where it was used properly.

Oil, pasta and sugar are basic ration commodities which were not supplied in sufficient quantities by other sources. Tinned meat or fish as a good source of protein was supplied instead of pulses, as the beneficiaries requested to have some meat in their diet.

The food ration provided by Children's Aid Direct was intended as a temporary form of support to help beneficiaries while they are trying to find ways to survive independently.

Programme Objective 2:

To facilitate personal hygiene for both refugees living in collective centres and extremely vulnerable individuals identified.

This objective was achieved through the provision of 34,000 family hygiene kits and 1,500 hygiene kits for disabled children. Family hygiene kits were provided to all refugee families living in collective centres through the Yugoslav Red Cross and extremely vulnerable individuals as identified by local implementing partners. All 1,500 hygiene kits for disabled children were distributed to the Invalid Association of Kosovo for their social case-load.

The **family hygiene kit** consisted of : shampoo x1 litre, soap 5 x100 g, toothbrush x 5, toothpaste x 2, washing powder x 1kg, sanitary napkins 1x20. Unit cost: \$4.

The **hygiene kit for disabled children** consisted of : Toothbrush x 1, toothpaste x 1, towel x 1, shampoo x 500ml, toilet paper x1, soap 1 x 100g and antiseptic cream x1. Unit cost \$5.49.

Rationale for Intervention

Children's Aid Direct aimed to provide beneficiaries with the means to improve their own health through better hygiene practices. This intervention was considered imperative due to the unsanitary conditions prevailing and the lack of income available to beneficiaries to purchase basic hygiene items.

Programme Objective 3 :

To facilitate mothers' personal hygiene care for their newborns

This objective was achieved through the provision of 1,500 baby boxes to mothers of newborns. The baby boxes consisted of : nappy liners, baby wipes, muslin nappies, nappy pins, baby lotion, zinc and castor oil cream, baby soap, sponge, shampoo, towels, washing soap block, feeding cup with lid, spoons and feeding bowl all contained in a sturdy plastic box with a tight-fitting lid. Baby boxes were distributed through the following implementing partners:

Yugoslav Red Cross	620 Boxes
Mother Theresa Society	277 "
Centre for Protection of Women and children	150 "
Merhamet	30 "

In addition, the maternity hospital (Nena) and the premature hospital in Pristina received 270 and 150 baby boxes respectively. Three baby boxes were taken by sanitation inspectors.

Programme Objective 4 (as requested in amendment, October 1996)

To improve living conditions in collective centres by undertaking minor repairs to sanitation facilities.

This objective was not fulfilled for several reasons. At the outset, the full extent of work required was not totally comprehended. Upon investigation, the repairs required would have been much more substantial than anticipated, requiring larger funding and additional staff to supervise the work. It is hoped that such work can be undertaken in the near future with a new grant.

Beneficiaries

The programme provided assistance to a total of 49,548 people, both refugees and other extremely vulnerable individuals.

- Refugees : 2,887 families or 11,548 individuals
- Social Cases : 7,385 families or 38,000 individuals

Refugees:

Since the conflict in the former Yugoslavia broke out in 1991, the Federal Republic of Yugoslavia, comprising Serbia and Montenegro, has granted asylum to 566,275 refugees. Approximately 12,000 refugees are living in Kosovo. The majority of these refugees arrived from the Kraijina region of Croatia between May and August, 1995. These refugees living in Kosovo are undoubtedly among the poorest and most vulnerable in the region. Only the most vulnerable, poorest refugees have stayed in Kosovo. People with any means moved to other regions within the Federal Republic of Yugoslavia. Most of the refugees are living in collective centres such as dilapidated school buildings, hotels, gymnasiums, metal containers, warehousing and other public buildings. Sanitation and washing facilities are frequently in very poor condition. Many families have to share rooms with other families. Many people have had no privacy for almost two years. Most refugees in collective centres have no means to cook for themselves. Food is provided by central kitchens, where the refugees have no control over the type, quality or quantity of food prepared.

Refugees in Kosovo have no family ties to this region. They have no connection to the area where they are now forced to live. They do not have the support networks of relatives and friends. They feel alienated from the local communities both Serb and Albanian.

As of March 1997, the conditions under which the refugees live, in Kosovo, remains extremely vulnerable and is, in many cases, deteriorating. Durable solutions for these people appear very unlikely in the foreseeable future.

Social Cases - Local Population

Since the present political and economic turmoil commenced in 1991, the local population in Kosovo has experienced dramatic reductions in standards of living. Kosovo was one of the poorest regions of the former Yugoslavia but with the war and economic sanctions against Serbia, Kosovo has been very much affected.

With the subsequent closure of many industries and the decline in state finance to support education and health, unemployment has soared, and standards of living have reduced significantly. The political decision of the Albanian population to separate from state

control effectively meant that the majority population, namely the ethnic Albanian population, were without state support for health and education and other social services.

Separate systems including schools and hospitals were established and the present situation is one where the division and animosity between the two main ethnic groups continues. Compromise and reconciliation remain elusive.

For the local population, the political and economic situation means living in poverty, without an income and dependent on humanitarian aid. Families live in one or two crumbling rooms, with very poor sanitation conditions. They exist on a very limited diet.

Implementing partners - Brief description

Children's Aid Direct have, throughout this programme, been working with the following local implementing partners:

Caritas:

Caritas is a local branch of international Caritas. Children's Aid Direct distributed food and hygiene items for 1,200 families to three municipal branches - Pec, Prizren and Urosevac.

Centre for the Protection of Women and Children (CPWC)

A centre that provides gynaecology, pediatrics and preventive health care services to large families, single parent families, pregnant and lactating women and to families that have no member working. CPWC beneficiaries have been receiving medical assistance from MSF and PSF. Children's Aid Direct have been working with this group in Pristina only, providing food and hygiene kits to 454 beneficiary families. In addition, 150 baby boxes were provided.

Association for Invalids of Kosovo (IAK)

The IAK work with disabled children and adults and with families with disabled members. They have received support and equipment such as wheelchairs and crutches from Handicap International. Children's Aid Direct has been working with all twenty-two sub-branches of the organisation throughout Kosovo. Of the 1,666 families receiving assistance from the IAK, 614 families have a disabled child, and 1,052 are disabled adults. Children's Aid Direct provided a total of 1,500 disabled hygiene kits for this case-load.

Mother Theresa Society (MTS)

MTS is the most well-known and established local NGO in Kosovo. It has received much assistance from a number of international organisations, such as CRS and Mercy Corps, since its formation in 1990. As a result, they are very familiar with the workings of

international humanitarian agencies and they have very well developed networks of local volunteers and there are branches and sub-branches throughout Kosovo. In the interests of avoiding unnecessary duplication, it was decided that Children's Aid Direct would focus its aid to the twenty-eight MTS sub-branches in Mitrovica municipality only. It is widely acknowledged that this municipality is in a more difficult economic situation than other municipalities in the region and it has a greater number of social cases than other areas.

MTS provide assistance to a wide range of social cases. As an implementing partner for this programme, they distributed food and hygiene items to 3,284 families - of this group 1,958 families had no source of income and 1,326 families had a limited source of income (including pension).

Merhamet:

Merhamet's main area of work is with Muslim refugees from Bosnia and Herzegovina residing in private accommodation. Assistance was provided to 367 families in Prizren, Pec, Mitrovica, Djakovica and Pristina. We have been informed that some of this case-load has returned to Bosnia. Further information will be gained through subsequent monitoring.

Yugoslav Red Cross:

The Yugoslav Red Cross are the only local organisation providing assistance to the Kraijina refugees. They have a well-established network of warehouses and distribution routes throughout Serbia. Numerous international agencies have utilised this network to reach the refugee case-load. Children's Aid Direct distributed food and hygiene items to twenty-six municipal branches throughout Kosovo. Red Cross staff distributed the aid to refugees from collective centres in their municipality. In most cases, food items were delivered directly to collective kitchens, where food was prepared for the refugees. Hygiene items were collected by refugees from the municipal Red Cross warehouses.

In addition, assistance was provided for 400 families (social cases) in the municipalities of Mitrovica, Vucitrn and NovoBrdo.

Women of Vitina

These are two women's groups- one for Albanian women and another for Serbian women - that are working in Vitina Municipality. Both groups were established by OXFAM. They have been providing assistance to disabled persons, families that are without a member working as well as pregnant and lactating women. The Women of Vitina organise village meetings to encourage further education among women and to disseminate information on health topics. Children's Aid Direct provided these organisations with food and hygiene items for a total of 414 families.

Distribution:

Due to the direct nature and the area covered by the distribution plan, a large number of distribution points were necessary. (See Appendix 2 - Children's Aid Direct Distribution System) As a result, it was decided to do three distribution cycles, each with two months supply.

For the Pristina Red Cross branches, all commodities were taken to the central Red Cross warehouse and onward distribution was carried out by the Red Cross to each of the 30 collective centres within Pristina.

For all municipalities outside of Pristina, delivery was direct from Children's Aid Direct to either the Municipal Red Cross warehouse or to the implementing partner's warehouse.

This system was followed for each of the three distribution cycles (week 1-2 December, week 3-4 January and week 3-4 February).

Onward distribution was as follows :

Red Cross: Food items were, in most cases, delivered to the central kitchen of the collective centre, while in other cases together with the hygiene items they were picked up at the municipality warehouse by the beneficiaries.

Other Implementing Partners: In the majority of cases all the items were picked up at the warehouse by the beneficiaries. In some cases, the implementing partner was able to transport the items to the beneficiaries homes.

Monitoring:

Monitoring was carried out at the distribution stage for approximately 90% of all deliveries throughout the first cycle. Children's Aid Direct staff supervised the loading of the trucks and the unloading at the implementing partners warehouse. Subsequent delivery cycles were monitored on a random basis.

Extensive post-distribution monitoring of the beneficiaries began on the 15 January, initially of the collective centre caseload. 10% of the beneficiaries, selected on a random basis, have been monitored. A copy of the monitoring document used for the refugee case-load is attached. (Appendix 3)

Feedback from the first round of monitoring led to some modifications of the monitoring document that was used for social case monitoring. A copy of the modified form is attached. (Appendix 4)

Monitoring of the social cases began on the 14 March. 5% of the beneficiaries of the eight implementing partners have been monitored to-date. Our monitoring target is 10% of the total beneficiary case-load. (Due to the dispersed nature of the caseload, as well as the difficulty in locating some of the addresses, monitoring of the social cases has taken much longer than the monitoring that was carried out in the collective centres.)

All the data from the monitoring interviews has been analyzed and collated. The findings are displayed for the refugee caseload by Municipality and for the social cases by implementing partner. The formats of these reports are attached. (Appendices 5 and 6.) A summary of the monitoring findings are attached in Appendix 7.

Donated Aid

During the OFDA-funded programme, Children's Aid Direct provided additional support to the following groups and institutions with appropriate and well targeted donated aid.

Beneficiaries included: refugees in collective centres throughout Kosovo; an orphanage in Mitrovica; a psychiatric hospital in Stimlje; the Yugoslav Red Cross in Prizren and 'Shendetti', a health organisation based in Pristina. The aim of the donated aid programme is to provide immediate assistance to local groups/institutions and individuals in need. A full report on the donated aid programme is attached in Appendix 8.

Problems Encountered

Political situation

As Children's Aid Direct were new to Kosovo and its unique political environment, it took staff some time to become familiar with the situation and how best Children's Aid Direct could work within it. As a new agency, it was important to analyse fully the situation with an unbiased eye. As an international humanitarian organisation committed to the principle of impartiality, it was important to ensure that aid not be subverted for political purposes.

In addition, Children's Aid Direct did not want to support the unsustainable dual system which is currently in place in Kosovo. Efforts were made to work with as many different local organisations, who were committed to serving both communities. Furthermore, Children's Aid Direct made a conscious decision to ensure an equal representation of ethnicities within its local staff. After initial uncertainties, this policy has proved most successful. The team spirit within the organisation has proved that on an individual level, animosity towards 'difference' is not an issue.

Implementation

In order to support smaller, less developed local organisations, Children's Aid Direct accepted that much more time would be required to ensure that implementation was carried out to acceptable standards. Many of the local partners chosen did not have much

experience of working with an international agency. Building organisational capacity to respond to the needs of the community has been and continues to be, a slow, but challenging process.

Logistics

The importation of food stuffs and hygiene items has proved more difficult than originally anticipated. At the outset, customs and sanitary clearance officials were nervous of the tinned meat and milk powder commodities being imported, due to the scare regarding BSE in the U.K. Much time was devoted to clarifying the sources of these commodities and providing reassurance that such commodities were not from the U.K. In addition, rules and regulations regarding importation were frequently modified without prior notification.

As was stated earlier, changes in the tax laws delayed the procurement of aid. Children's Aid Direct and other agencies cannot import items on their own. An official government department, such as the Yugoslav Red Cross, must act as consignee for all commodities entering the country. While this has solved initial problems, it does not afford agencies with as much flexibility and independence as Children's Aid Direct would desire.

Recommendations for Future Interventions

As Children's Aid Direct have now established a firm base in Kosovo, with an experienced multi-ethnic team, the organisation is now in a good position to implement further programmes. The agency is now familiar with the needs and the major players in the region. It is very evident that major needs still exist for all communities, throughout the Federal Republic of Yugoslavia and that durable solutions are not forthcoming in the near future. In light of this, Children's Aid Direct cannot emphasize strongly enough, the need for continued funding for all vulnerable people.

Children's Aid Direct proposes to continue its current programme, focusing on the needs of the refugee population in particular and providing assistance to institutions and other organisations involved with creative child-centred initiatives. Addressing the basic needs of the refugee population including food, hygiene items and repairs to sanitation facilities in collective centres are a high priority. Furthermore, institutions require immediate basic assistance as these forgotten groups -disabled, mentally ill, and orphaned - will remain very low on the priority list for state funding. It is hoped that all efforts can be made to support local initiatives that endeavor to facilitate communication and understanding between children of different ethnic groups.

LIST OF APPENDICES

- Appendix 1** Final Financial Report
- Appendix 2** Children's Aid Direct distribution system
- Appendix 3** Monitoring document used for refugee caseload
- Appendix 4** Monitoring document used for 'social cases'
- Appendix 5** Collective centre monitoring report format
- Appendix 6** 'Social case' monitoring report format
- Appendix 7** Summary of monitoring findings
- Appendix 8** Report on donated aid programme

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David Grubb Executive Director
Registered Charity No. 803236
Limited Company Registration No. 2756918
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FINAL FINANCIAL REPORT

	Budget (\$)	Expenditure (\$)
Salaries	88,800	91,979
Fringe	9,600	3,957
Travel	2,412	4,276
Allowances	14,400	18,681
Commodities	583,540	559,719
Transportation	161,300	97,507
Storage	24,000	8,492
Other direct costs	28,610	33,717
Total direct costs	912,662	818,329
Indirect costs	75,906	69,067
Total	988,568	887,396

- Transportation** Actual costs of international transport proved lower than anticipated, partly due to the procurement of some commodities in countries closer to the area of operation. Local transport costs increased, however, with the operation of a fourth small vehicle.
- Storage** Substantial savings on the storage line were made over the extended contract period as CAD was able to share warehouse with IFRC.
- Other direct costs** Office rental, utility bills, basic equipment and general running costs are covered under this line. The extra expenditure on this line is due to the opening of an office in Pristina, along with the fact that communication and other costs have increased substantially over the period.
- Indirect costs** Calculated at 8.44% of direct costs on the basis of audited accounts 1995/96.

SUMMARY PROCUREMENT REPORT

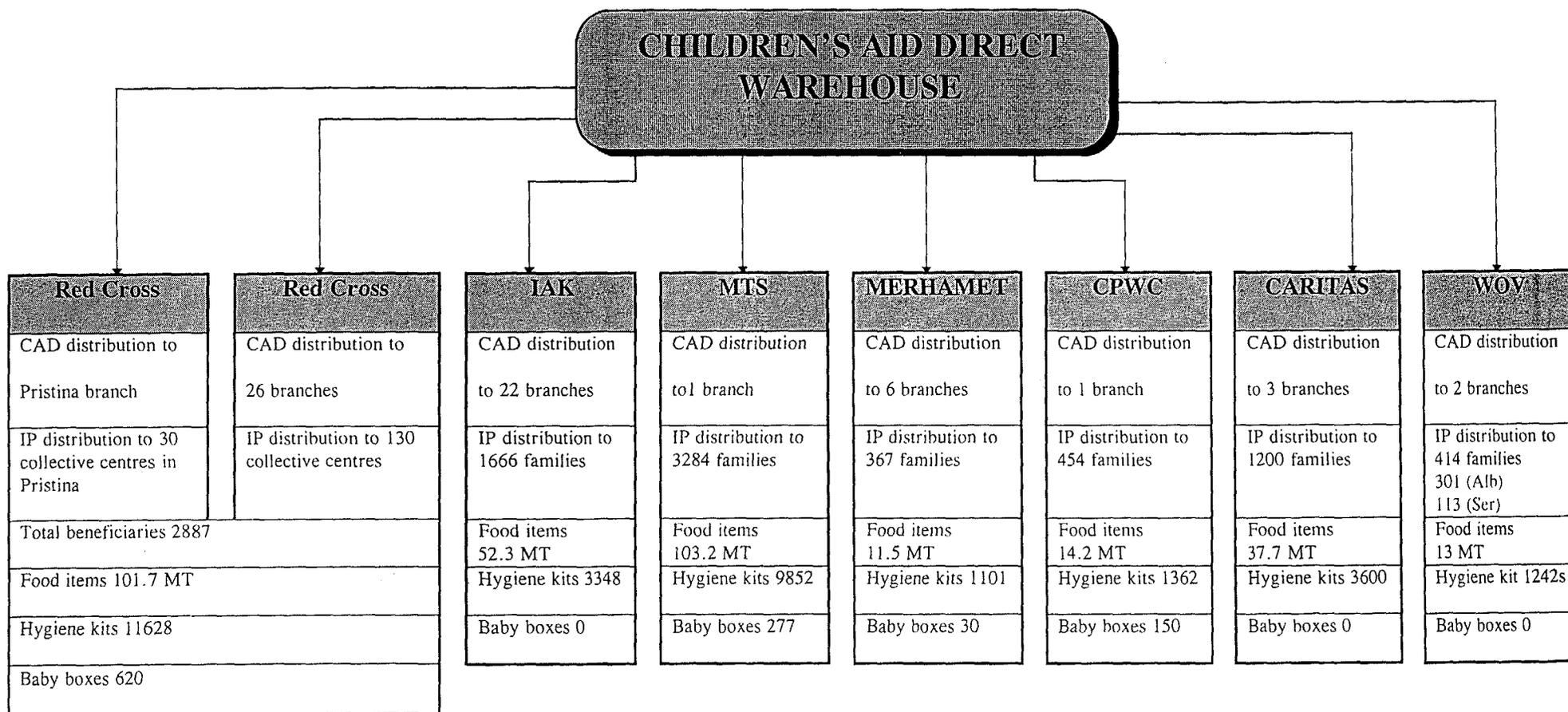
COMMODITY	Tonnage	Amount (\$)
FOOD		
Milk powder	66.004	170,215
Vegetable oil	67.764	59,923
Pasta	130.7	71,297
Tinned fish/meat	56.98	80,777
Sugar	32	13,219
Sub total (food):		395,430
HYGIENE		
Hygiene kits - families *	34,000 kits	115,843
Hygiene kits - disabled children	1500 kits	8,086
Baby boxes	1500 boxes	38,329
Lice shampoo	1008 bottles	2,031
Sub total (hygiene):		164,289
TOTAL		559,719

* One load of family hygiene kits was partially damaged in transit. It was decided that the goods were still of acceptable quality to distribute to the beneficiaries, but compensation for the faulty packaging was sought from the supplier. Subsequently, the sum of \$17,000 was refunded to the grant.

EXPATRIATE STAFF LIST

Staff member	Position	Dates
Eleanor Cupit	Monitoring Manager	Dec 1996 - Mar 1997
Thor Danielsson	Logistics Manager	Oct 1996 - Mar 1997
Sarah Dawson	Project Manager	Dec 1996 - Jan 1997
Angela O'Neill de Guilio	Country Director	Nov 1996 - Mar 1997
Stephen Peart	Country Director	Jul - Nov 1996
Daniela Prandi	Project Manager	Jul - Oct 1996
Edward Rogers	Project Manager (Logistics)	Mar 1997

Appendix 2: Children's Aid Direct distribution system



Appendix 3

CHILDREN'S AID DIRECT - KOSOVO
BENEFICIARY MONITORING/ASSESSMENT TOOL
JANUARY 1997

Beneficiary Address

Interviewer

Date of interview

1. How many people live in your household?

2. Does everyone live here permanently or do some move around, are some migrant workers for example?

3. How many members of your household are in each age group, are they males or females?

	Number	M or F
0-6 months		
6 months-1 year		
1-2 years		
2-3 years		
3-4 years		
5-7 years		
8-14 years		
15 - 25 years		
26 - 49 years		
50-64 years		
65 years +		

4. How many members of your household work in Kosovo or Serbia, are they males or females? What do they do?

5. What is their total monthly income from work in Kosovo or Serbia ?

6. Do members of your household work overseas and send money home?
Approximately how much and approximately how often?

7. Does any member of your household have a disability? What type?

8. Does your household have any land where they grow crops? What do they
grow? Who is responsible for this work?

9. Does your household have any livestock? What, how many? Who is
responsible for this?

10. Has your household received aid in the last three months? What? Do you
know from whom?

11. Did your household receive aid from CAD, what?

- **12. Interviewer-What should the household have recieved from CAD?**
13. Did you know in advance what you were supposed to receive? Who told you about the distribution?
14. Did you receive everything? If not, do you know why not?
15. How do you receive your aid?
16. Who in your household collects/recieves the aid male, female or children?
17. Did your household experience any problems receiving/collecting aid?
18. Was it necessary to queue to receive aid? For how long?
19. How would your household prefer to receive aid, location, time of day?
20. Is someone in your household used to cooking the food you received, do you all like this food?

Is your household familiar with the hygiene items you were given, do you like them?

21. Where do your household prepare food?

22. Do you have cooking facilities and utensils?

Do you have bathroom/toilet cleaning equipment?

23. Are your cooking and washing facilities shared or private?

Cooking?

Washing?

24. What are your facilities like new/old, dirty/clean?

25. What type of cooking stove and water heater is used, where does the fuel come from?

26. Was any part of your food or hygiene kit sold - why?

27. What did you think of the quality of the food and hygiene items?

28. What types of food and hygiene items would you like to receive?

29. Do you think it would be useful to receive different commodities at different times of year? What things when?

30. Which aid item has been most useful ?

31. Which aid item has been least useful?

32. Which household item do you need most and did not receive?

Appendix 4 :

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CHILDREN'S AID DIRECT-KOSOVO "SOCIAL CASE" POST DISTRIBUTION MONITORING FORMAT

Beneficiary Address:

Implementing partner:

Interviewer:

Date of interview:

1. BIODATA

Person	Age	Disability	Any health problem ?	Employment (indicate profession)	Monthly wages (include children)	Permanent or migrant	Money received from overseas (amount, from who)	Land available amount ha	Livestock Type, amount

Use this space to provide more detail on any at the above points

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2. ASSISTANCE RECEIVED

Commodity	Quantity	From who	Date	Distance to warehouse	Who collected	Major problems	Preference for delivery (location, time)
Other agencies							
CAD							

Describe details of any problems in getting the aid (include if it was thought that the full amount was not delivered and any comments on the attitude and behaviour of IP staff.

What impact did the above aid have?

3. FOOD & FOOD PREPARATION

Where is food prepared: KITCHEN / MAIN ROOM

Facilities are: SHARED / PRIVATE

Type of cooking stove: WOOD BURNING / ELECTRICAL / OTHER

Fuel supply: _____

Quality of received food (from any agency include information on that was exchanged)

What food aid is needed ?

4. HYGIENE & WASHING

Do you have: TOILET / BATHROOM

Bathroom is: PRIVATE / SHARED

Is there hot water _____

Cleaning equipment

have _____

need _____

Quality of hygiene kit received (include comments on any part of the kit that was exchanged)

What hygiene items they need ?

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Appendix 5: Post Distribution Collective Centre Monitoring Report.
District of....
Covering the Municipalities of

Dates of monitoring period :.....

Monitoring Officers :.....

(A) BASIC BIODATA.

Municipality	Total of collective centres	Number visited ?

No.	Collective centre	Total Families/Ind.	Families interviewed	%

Sizes of families interviewed:

No of members	No. interviewed
1	
2	
3	
4	
5	
6	

Age breakdown of interviewees:

Age range	Families					Individuals	
	M	F	G	S	D	Ms	Fs
0-6 m							
6-12 m							
1-2 y							
2-3							
3-4							
5-7							
8-14							
15-25							
26-49							
50-64							
65 +							

M=Mother, F=Father, G=Grandparent, S=Son, D=Daughter, Ms=Single male, Fs=Sing

(B) EMPLOYMENT SITUATION :

Salary (dinar)	WORK					CASUAL WORK					UNEMPLOYED	
	M	F	C	Ms	Fs	M	F	C	Ms	Fs	Individual	Family
200-400												
401-600												
601-800												
801-1000												

Comments

Professions represented	Number	As %

Number of families that receive money from overseas	Number	As %

Table of the average figures of money that is coming from overseas. (OPTIONAL)

(C) HEALTH & DISABILITY :

Health condition	Number	As %
Total		

Disability	Number	As %
Total		

Comments on the conditions as well as any problem that were raised:

(D) RECEIVED AID

(D1) OTHER AGENCIES.

Collective centre	When received	Commodities	From whom

If not clear write "not known"

(D2) CAD AID.

Municipality	Items, quantity, when delivered	Comments on quality & satisfaction

Any other comments:

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(D3) FOOD & MEALS

Type of facility ?	Number	As %
Central kitchen with 3 meals a day.		
Prepare own meals in room.		

Comments : (quality of food prepared etc..)

Cooking facilities	Number	As %
Electric		
Wood burning		
Nothing		

Cooking utensils	Number	As %
Have adequate supply		
Do not have enough or using old,damaged items.		

Other comments :

(D4) HYGIENE

Bathroom & toilet facilities

	Number	As %
Shared		
Private		

Do you have cleaning materials?

	Number	As %
Yes		
No		

(E) ITEMS REQUESTED.

Food and hygiene items still needed ?

	Item	Number requesting	As %
1			
2			
3			
4			
x	"Everything"		

Food and hygiene items needed BUT not recieved to date ?

	Item	Number requested	As %
--	------	------------------	------

1			
2			
3			
4			
x	"Everything"		

(F) SUMMARY FINDINGS:

Point by point format.

(G) RECOMMENDATIONS:

Point by point format.

Submitted by...

Date...

Appendix 6: Post Distribution "Social Case" Monitoring Report

Implementing Partner :
 Areas of operation :
 Number of beneficiaries : Families / Individuals
 Criteria of selection :
 Target number to monitor :
 Numbered monitored to date :

Monitoring done by(with IP staff or alone) over what days....

(A) BIODATA AND DOMESTIC SITUATION

___ families were interviewed, this represented...% of the total caseload.

Sizes of the interviewed families:

No. of members	No. interviewed
1	
2	
3	
4	
5	
6	
7	
8	
9	

Age break down:

Age range	Families					Individuals	
	M	F	G	S	D	Ms	Fs
0-6 m							
6-12 m							
1-2 y							
2-3							
3-4							
5-7							
8-14							
15-25							
26-49							
50-64							
65 +							

M=Mother, F=Father, G=Grandparent, S=Son, D=Daughter, Ms=Single male, Fs=Single female.

Where is food prepared ?

	Number	As %
In the kitchen		
In the main room		

Kitchen facilities?

	Number	As %
Shared		
Private		

Cooking facilities:

	Number	As %
Electric stove		
Wood stove		
Both		

How many have toilet?

	Number		As %
	Inside	Outside	
Yes			
No			

How many have bathroom?

	Number		As %
	Hot water	NoH	
Yes			
No			

Health

Condition	Number	As %
Total:		

Disability

Disability	Number	As %
Total:		

Comments on the conditions as well as any problems that were raised:

(B) ECONOMIC SITUATION :

Number of families that have a member employed.	Number		As %
	Children	Adult	
Yes			
No			

Monthly wages	Number	As %

Professions represented	Number	As %

Number of families that receive money from overseas	Number	As %

Table of the average figures of money that is coming from overseas. (OPTIONAL)

Families that have land	Number	As %
Yes		
No		

CROP	No. of families

Families that have livestock	Number	As %
Yes		
No		

Livestock	No. of families

(C) ASSISTANCE RECEIVED:

(C)i OTHER AGENCIES

Agency	Commodity	When?	No. Families	As %

(C)ii-CAD aid

METHOD OF DELIVERY	Number	As %
Delivered to house		
Picked up from warehouse		

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WHO COLLECTED ?		
PREFERENCE FOR DELIVERY ?		

Quality of the food items recieved:

Issue / comment	Number	As %

Quality of the hygiene kits received:

Issue / comment	Number	As %

Impact of the aid recieved ?

type here....

What is still needed ?

Food Item		Number requesting	As %
1			
2			
Hygiene Item			
1			
2			

(D) COMMENTS ON THE IMPLEMENTING PARTNER.

(narrative based on responses, include repondants suggestions as well as the monitors observations and comments / recommendations)

(E) SUMMARY FINDINGS.

Point by point format.

(F) RECOMMENDATIONS.

Point by point.

Appendix 7

A summary of the initial monitoring findings:

(a) Collective Centres:

The delivered items:

Pasta /spaghetti was not familiar to a lot of people, they would prefer flour in future. Prefer a fairer ration system, so that a family doesn't have the same quantity as an individual.

All the hygiene items were extremely useful as the majority of people had no access to such materials.

A number of complaints regarding the quality of the washing powder (too weak) that was provided.

Living Conditions:

Large numbers of people having to share a limited number of, often old, damaged washing and toilet facilities. Sanitation conditions as a result were poor.

People have difficulty in paying for medicines.

People were not happy with the quantity and the quality of the food that was being provided by the central kitchen. It was not appropriate (too spicy), very monotonous and people felt that they were not getting the full amount.

People prefer to be given the chance to cook for themselves, however the majority are lacking the necessary utensils. (for example the refugees in the technical school in Vucitrn and the Motel "Vicianum" both in Mitrovica Municipality, are cooking for themselves. Approximately two months ago representatives from the refugees visited the local Red Cross and asked that they be allowed to cook for themselves. As a result of this request, the collective kitchen was closed. The refugees were much happier with this arrangement, however many were lacking cooking utensils)

The distribution mechanism.

People wish to receive the rations directly rather than via the central kitchen or through the implementing partner's warehouse.

They would like to get advance notice of any delivery together with detailed knowledge of what the entitlements are.

There was wide variation in the level of satisfaction at the local Red Cross staff.

We are currently assessing the nature of any future working relationship with the Red Cross. Our monitoring has picked up significant differences in the performances from the different Red Cross municipalities. Our initial assumption is that this is a reflection of the Director of each municipality. We need to investigate further in order to establish how this might affect future work.

(b) For the Social Cases Monitoring:

Delivered Items:

Pasta /spaghetti was not familiar to a lot of people, they would prefer flour in future. (there were numerous cases of people ending up using the spaghetti in a kind of soup because they were not sure of how to use it)

Prefer a fairer ration system, so that a family doesn't have the same quantity as an individual.

All the hygiene items were extremely useful as the majority of people had no access to such materials.

A number of complaints regarding the quality of the washing powder that was provided. It was stated that it was too weak to get clothes, especially whites, really clean.

Living Conditions

Wide variation in the living conditions that were observed.

Numerous cases of large families living and cooking all in one room.

There were many cases of houses having very basic washing and toilet facilities (often the toilets are outside)

Families have access to electricity but as often they are in difficult financial position they don't use it.

There appears to be a widespread system of small scale support from extended family and local charity groups e.g. assistance with wood for the winter. We still need to get more detailed information on this aspect.

People have trouble affording the high prices of medicines.

The mechanism.

There has been great variation in the capacities and the performances of the implementing partners:

Some partners did not follow the listed beneficiaries and distributed the aid to larger numbers of people that they considered were in need.

The majority of them have relied on volunteer workers.

Warehouse space for the majority of them is limited, often parts of their houses or garages have been used on a temporary basis, however this hasn't presented any major problems.

Many of them have lacked transport and as a result the beneficiaries had to pick up the aid at the nearest warehouse. This has presented problems especially for the disabled, elderly or those without family support (for example beneficiaries of IAK in Prizren Municipality had to travel 7 km to collect aid items)

Appendix 8.

Children's Aid Direct - Donated Aid to Kosovo.

Donated aid was provided to the following groups and institutions:

1. **Refugees in Collective Centres throughout Kosovo** already beneficiaries of food, hygiene items, winter jackets and baby boxes from Children's Aid Direct. In addition to these commodities donated aid was distributed to 26 municipalities with the help of each districts municipal Red Cross. The aid was carefully divided amongst the most needy collective centres and distributed to the Refugees.

2. **Orphanage in district of Mitrovica.** Following an assessment visit to Mitrovica orphanage in early December it was decided to deliver appropriate donated aid. Conditions for the 70 children residing within the centre were found to be extremely basic and it was felt that many of Children's Aid Directs donated aid commodities could be immediately utilised by the orphanage and help to improve the lives of the children living within the institution.

3. **Psychiatric Hospital in Stimlje.** This hospital contains 340 residents who have both physical disabilities and mental illnesses. Children are also residents of this centre the youngest being 3 years old. The most basic of help is immediately needed within this institution, the situation for residents is extremely primitive. Clothing and footwear are priorities for all residents as they were inappropriately dressed and without protective footwear during the cold winter months.

4. **The Yugoslav Red Cross in Prizren** has started an activities group for both 7 to 14 year old refugee children living in collective centres and children from the local population who are in difficult circumstances. Children's Aid Direct has supported this group as it is bringing children of different ethnic groups together and fostering inter-ethnic communication.

The Yugoslav Red Cross in Prizren have also started a income generation project amongst unemployed refugee women living in collective centres. The project will initially revolve around a Knitting group. Women will come together and knit items to be sold to the local community with the help of the Yugoslav Red Cross. The generation of income will allow the group to purchase more wool and other essential items and therefore a business cycle will be created.

5. **Shendetti/Health organisation** is a local health organisation founded by four Psychologists who are employees of the government hospital in Pristina. Part of the work of the four Doctors is to run a play therapy session for children who are hospitalised. The sessions are open to all ethnic groups and are free of charge to individuals who are without a health card. Support to this group has been in the form of carpet for the floor of the Play therapy room and appropriate educational toys.

DISTRIBUTION OF DONATED AID

COMMODITIES	COLLECTIVE CENTRES	ORPHANAGE	PSYCHIATRIC HOSPITAL	PRIZREN RED CROSS	SHENDETT
SLIPPERS	77 BOXES		10 BOXES		
SHAMPOO	35 BOXES	18 BOXES	48 BOXES		
TOOTHPASTE			5 BOXES		
SOAP		4 BOXES	4 BOXES		
SANITARY NAPKINS		5 BOXES	4 BOXES		
TOILET ROLLS		6 BOXES	8 BOXES		
TOOTHBRUSH		5 BOXES	5 BOXES		
FACE FLANNELS		2 BOXES			
SHOWER GEL	62 BOXES	4 BOXES			
CHILD HATS	15 BOXES	3 BOXES	4 BOXES		
CHILD JACKETS AND COATS		4 BOXES	4 BOXES		
CHILD JUMPERS	31 BOXES	4 BOXES	4 BOXES		
CHILD TROUSERS, SHIRT SKIRTS	30 BOXES	8 BOXES			
CHILD SHIRTS, UNDERWEAR	14 BOXES	4 BOXES	2 BOXES		
CHILD NIGHT WEAR	7 BOXES	4 BOXES			
BABY CLOTHES	33 BOXES				
DISPOSABLE NAPPIES	11 BOXES		4 BOXES		
KNITTED TEDDIES	30 BOXES	1 BOX	5 BOXES		
KNITTED BLANKETS	41 BOXES	9 BOXES	30 BOXES		
MIXED TOYS	17 BOXES	7 BOXES	2 BOXES	11 BOXES	2 BOXES
CHILD SHOES/SLIPPERS	12 BOXES	6 BOXES	7 BOXES		
SOCKS	10 BOXES	5 BOXES			
ADULT CLOTHING			43 BOXES		
ADULT SHOES			12 BOXES		
LICE SHAMPOO	11 BOXES	4 BOXES			
KITCHEN SPONGES		2 BOXES			
TEA TOWELS		1 BOX			
KNIFE, FORK, SPOON SETS		1 BOX			
COLOURING BOOKS		1 BOX	1 BOX	2 BOXES	
PENCILS		1 BOX	1 BOX	4 BOXES	
PENS		1 BOX		1 BOX	
EXERCISE BOOKS		1 BOX	1 BOX	8 BOXES	
PUZZLES/GAMES			1 BOX		
WOOL			3 BOXES	6 BOXES	
SEWING MACHINE			1 MACHINE		
CARPET ROLLS				5 ROLLS	2 ROLLS
PAINT, RULER, CHALK				3 BOXES	

NB. Cubic capacity of each box = .6 mt³