



Mercy Corps Albania

ALBANIAN SOCIAL SECTOR REHABILITATION AND SUPPORT PROGRAM (SSRP/A)

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External Evaluation Report

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Albanian Social Sector Rehabilitation and Support Program (SSRP/A)
Mercy Corps International - USAID
External Evaluation

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EXECUTIVE SUMMARY

The Albanian Social Sector Rehabilitation and Support Program (SSRP/A) aimed to improve Albanian Social Services through improving quality of health and education services and strengthening local NGOs' responsiveness to priority community needs. These intermediate results were pursued through provision of targeted support to Local and International Partner NGOs for projects that addressed three sub-objectives (sub-IRs):

1. Improvement of the infrastructure and resources of health and education facilities
2. Strengthening of community involvement and capacity through participation and leadership development
3. Improvement of knowledge and practices

SSRP/A was evaluated in August – September 2001. The primary methodologies included interviews and structured informal group discussions. The evaluation was divided into three parts: Local NGO Grants Program, the Education and Health Sector Rehabilitation and Support Program, and Mercy Corps Management Role. The evaluation focused primarily on the community participation aspect and impact of program support and activities. A total of 77 individuals took part in evaluation interviews, including a variety of stakeholders, including: Local or International Partner representatives, local community members, representatives of local communes, village and health / education authorities, teachers, parents, school directors, doctors, nurses, clinic directors, social workers, and students.

The report encompasses experiences with community involvement, skills development and improvement of services, and to a lesser extent, the experiences and results of the rehabilitation activities. Constraints, factors in success and concrete successes are detailed for community involvement and training, and program results and impacts are cited for the Local NGO Grants and Education & Health Sector Rehabilitation and Support Programs.

Results indicated successes in achieving all three sub-intermediate results (noted above). Infrastructure was significantly improved by rehabilitation activities and additional resources are now available at all targeted sites. It is significant to note that improvements to physical infrastructure allow education and health staff to begin to focus on other issues, such as service provision and quality of services. Community involvement was stimulated in all projects, although the extent and types of involvement varied between NGO partners. Effects of training cannot be fully evaluated at this time, although those interviewed indicated that they found training useful, especially in refreshing knowledge and skills. Most indicated that they use or plan to use skills learned in training and continue to use training materials for reference purposes. Also, local NGOs received intensive technical assistance and reflected clear improvements in organizational capacity and ability to efficiently and transparently manage donor funds. Both Local and International Partner projects achieved visible results.

Overall results at the end of this report examine overall trends and continuing needs and constraints, observations about differences in rural versus urban settings for projects like SSRP/A, and observations about local NGO experiences versus those of International Partners.

CHAPTER I: Evaluation Methodology

1. Methodology

The SSRP/A evaluation methodology was designed to provide a sufficient amount of information to accurately evaluate the following areas:

- Mercy Corps management (focusing on relationship with IPs, TA, monitoring and overall support)
- Program design and methodology (focusing on short-term relief to development as a viable structure for support)
- Program impact / outputs

The following methodology was utilized in evaluating the above areas:

1. Office review of project documentation and indicator data
2. Interviews with key Mercy Corps and Implementing Partner / Local Partner staff
3. Interviews with community members and other local stakeholders / beneficiaries (local authorities, teachers, school directors, health workers, etc.)
4. Site visits to selected IP / LP project locations

Evaluation tools employed:

1. International Partner (IP) Questionnaire
2. International Partner Site visit outline
3. Local Partner Site visit outline

Slightly different approaches were employed for International Partners and Local Partners. International Partner interviews were conducted with representatives of seven of the eight IPs, using a standard questionnaire.* In addition, site visits were scheduled to at least one site for each of the seven IPs (with two sites selected for International Rescue Committee [IRC], because of its position as a grantee in both health and education sectors). At each site, interviews were conducted with key stakeholders, based on availability. Interviews followed a standard outline, but were purposely kept informal, in order to permit free discussion. More specific questions were then generated from the discussion in each of the outline areas. Site selection was conducted based on location and availability, given the tight timeframe.

Local Partners were evaluated based on site interviews with 5 LPs, selected for their different focuses (training impact, local government cooperation, full community involvement, business involvement, organizational development). The main reason for this type of selection was to examine the range of different program impacts and models for community involvement among the SSRP/A local NGO partners.

* Merlin and its project sites were excluded from the scope of this evaluation, based on the unique technical nature of its program, which involved rehabilitation of regional health labs without a significant community involvement component. The Merlin program impact will be evaluated separately by a health specialist, as agreed in meetings with USAID representatives.

Interviews were conducted with key leaders of the local NGOs and when applicable and available, other stakeholders. Due to the much more varied nature of LP programs and need to incorporate cultural norms, all interviews were conducted in an informal style, using an outline of categories to guide questions and discussion, with at least one section of questions dedicated to exploring the specific focus of or model represented by the examined project.

1. Constraints

Several constraints had to be taken into consideration, including the August vacation season, recent staff changes within International Partner organizations, and the closure of Albanian operations by several IPs.

First, given the August vacation season, many key informants were unavailable for interviews, including the ADRA, IRC, and World Vision Country Directors, as well as school representatives (teachers and School Director) at the IRC Pentar school site.

Also, there were cases of recent changes in key staff, which meant that new upper management had little firsthand experience with the evaluated projects. This occurred with the International Catholic Migration Commission (ICMC), where both the Country Director and Community Development Coordinator recently have changed.

In both of the aforementioned cases, the IP questionnaire was administered to informed local staff and/or regional office staff. In some cases, different parts of the questionnaire were administered to several different informants in separate interviews. Some holes in data occurred in the section of questions related to IP-Mercy Corps interaction and relationship, because regional office staff often didn't have a direct relationship with Mercy Corps outside of monitoring, and did not take part in organized TA events (such as the indicators or USAID rules and regulations workshops).

In addition, one of the IP organizations (International Medical Corps) is no longer present in Albania and Solidarites is in the process of closing out its operations. Fortunately, the former IMC Country Director and key staff are still in-country and made themselves available for the questionnaire and site visit. Solidarites key staff were also available for last minute interviews and field staff was very helpful in organizing the field visits. Additional time was required to work around this constraint.

2. Evaluation pool

The IP questionnaire was administered to all IPs covered within the scope of this evaluation. At least one project site interview was conducted for each IP (2 for IRC due to its position as a grantee in both the health and education sectors), and 5 LPs (out of the total of 19) were chosen for site interviews. Two additional site visits (one each) were scheduled by IMC and Solidarites. The total number and locations of site interviews for both Local and International Partners is summarized in the chart on the next page.

Summary Table of site visits for Local and International Partners

Partner name	Type of partner (IP or LP)	Sector	# site interviews	Location
Adventist Development Relief (ADRA)	IP	Health	1	Drenovice (Berat)
Catholic Relief Services (CRS)	IP	Education	1	Durres (Durres)
International Catholic Migration Commission (ICMC)	IP	Education	1	Novi Durres (Durres)
International Medical Corps (IMC)	IP	Health	2	Golem (Kavaja) Helmas (Kavaja)
International Rescue Committee (IRC) / education	IP	Education	1	Pentar (Shkoder)
International Rescue Committee (IRC)	IP	Health	1	Durres (Durres)
Solidarites	IP	Education	2	Berat (Berat) Ottlak (Berat)
World Vision (WV)	IP	Education	1	Gjinar (Elbasan)
Albanian Disability Rights Foundation (ADRF)	LP	Rehab + training on disability rights (high school) and technical issues of handicap accessibility (university) + independent living camp	1	Tirana
Dairy Entrepreneurs National Association (DENA)	LP	Rehab – voc. Education	1	Tirana
Education Development	LP	Rehab – education + training	1	Baldushk (Tirana)
Prophylaxis for Every Body	LP	Rehab – education	1	Tirana
Regional Development Agency (RDA-Fier)	LP	Rehab – education	1	Zhupan (Fier)
Totals		6 educ, 4 health, 5 local NGO	15	7 Districts

Statistics:

Total # IP interviews (including partial interviews): 12

Total # site interviews/discussions: 15

Total # of individuals taking part in site interviews/discussions: 61

Breakdown of site interviews: 5 LP sites, 6 IP Education sites, 4 IP Health sites

Total # districts covered by the evaluation: 7

(Tirana, Durres, Kavaja, Elbasan, Berat, Shkoder, Fier)

CHAPTER II: Local NGO Grants Component

Strategic Objective: Improved Social Services

Intermediate Result #4: Strengthened Local NGOs Responsiveness to Priority Needs

1. Background

Mercy Corps International and American ORT implemented the SSRP/A's Local NGO Grants Program. USAID designed the SSRP/A Program to support local communities directly affected by the influx of refugees. Based on a review of where refugees were located, the overall program intended to benefit all areas of Albania.

Nineteen grants were issued to eighteen Albanian NGOs between October 2000 and January 2001, supporting health, education, and social service sectors. A total of \$468,078 in grant funding was issued for the projects of six-month duration, with an average funding per grantee of \$30,000 each.

Using the modules and trainers previously created and trained under the ORT-USAID Democracy Network Program in Albania, grantees were provided in-depth training, and follow-up technical assistance in a number of different areas to ensure sustainability once project funding ended. Four training events, including 6 different modules, were provided to grantees in the following areas:

- Financial management / Fund-raising
- USAID Compliance and Procurement Procedures
- Proposal Writing
- Program Development / Needs Assessment
- Media and Public Relations
- Report-writing / Internal Monitoring and Evaluation

Not all grantees took part in training for each topic, and additional, targeted TA was provided to grantee NGOs based on an initial needs assessment.

2. Evaluation methods

The SSRP/A Local NGO Grants Component was evaluated using site interviews with the Local Partner NGO (LP) key staff and other relevant stakeholders (when available), and review of Mercy Corps / ORT indicators and other documentation.

Mercy Corps / ORT Local Grants Department staff provided information about the programs and performance of each of the LPs, which was then used to select the evaluation sample. Five LPs were chosen for the evaluation, given the unique cases that each represented. The reason for this type of selection was to show a wide range of different models or types of impacts represented by the SSRP/A LPs.

The site interview outline (see Appendix) included the following categories: Community involvement in rehab and other activities, Structures for community involvement used or created, Impact of Mercy Corps / ORT technical assistance and training, Relationship of organization to local and other authorities (rehab cases only), Follow-up and / or spin-off projects, and questions related to the individual program and its results.

The LPs and reasons for their selection is summarized in the table below:

	LP name	Reason for selection¹
1.	Albanian Disability Rights Foundation (ADRF)	High impact of training program
2.	Dairy Entrepreneurs National Association (DENA)	Business sector involvement and income generation aspects of the project
3.	Education Development	Model for community involvement and local government cooperation
4.	Prophylaxis for Every Body	High impact of organizational development efforts on LP
5.	Regional Development Agency (RDA-Fier)	Community involvement, involvement of parents, local government, etc.

3. Evaluation results

A. Organizational Development

The training and technical assistance program was designed to increase the capacity of Local Partners to respond to priority needs in the community. There are two contributing factors in the organizational development of Local Partners during the SSRP/A Program: (1) Training and technical assistance, and (2) Practical experience gained during LP implementation of their SSRP/A projects.

In terms of training, it is important to note that Education Development received its funding after the others, due to availability of additional funds in 2001. As a result, they took part in just the proposal-writing / program development training session, but were provided technical assistance in the other areas (compliance, financial systems). All organizations received technical assistance in compliance, financial, and report-writing areas.

The chart below illustrates overall LP and sample group training participation:

	Financial Management	USAID Compliance	Report-writing and media	Proposal-writing / Program development
Sample group	3 LPs	✓	4 LPs	2 LPs
1. ADRF	ORT (prev.)*	✓	2	
2. DENA	1	✓	2	
3. Education Development	TA only	TA only		1
4. Prophylaxis for Every Body	2	✓	1	1
5. RDA Fier	2	✓	1	
Overall statistics (all LPs)	27 participants 16 LPs	18 LPs (mandatory)	28 participants 17 LPs	10 participants 10 LPs

(numbers represent # participants, while “TA” indicates that organization did not participate in formal training, but received individual technical assistance only). *ADRF took part in identical Financial Management training through the ORT Democracy Network Program, so they were not required to attend this training.

¹ Information about each LP, its program and results was provided by Claudia Janiszewski, Director of the SSRP/A Local NGO Grants Component for Mercy Corps International / American ORT

Due to training and technical assistance provided to LPs under SSRP/A, **11 of 18 grantees** have received funding from other donors to continue projects initially funded by SSRP/A.

According to site interviews with the five sample organizations and review of statistics and other MCI / ORT documentation for all 18 LPs, the following results can be noted:

1. Financial management:

- Nine (9) of the eighteen (18) LPs had no financial management system in place at the beginning of the program. Three (3) LPs had only basic financial management systems in place but converted over to the system taught in SSRP/A training. Five (5) LPs were previous ORT-USAID Democracy Network grantees and already had a proper system in place. One (1) LP already had an advanced financial management system in place.²

At the end of the program, all 18 LPs had sufficient management systems in place, which allowed them to separate donor funding using a chart of accounts and accurately track and account for project expenditures and remaining funds.

- The timeliness of LP submission of monthly financial reports improved dramatically. The average submission delay for the 1st monthly report was about 14 days, which was reduced at a steady rate throughout the program to an average delay of only 7 days by the last (6th) monthly report.³

The change in lateness of financial reports likely indicates an improved understanding of the format and content of the report, and increased capacity to keep necessary records and draft the report correctly. In addition, the change in this statistic may also indicate a heightened awareness on the part of LPs of the importance of timely report submission.

- Participating organizations incorporated presented methods and materials into their organizations' daily operations and participants shared their knowledge with their colleagues.

During site interviews with the selected LPs, two of the three organizations that took part in formal financial management training cited the financial management training as the most valuable and beneficial to their everyday work and organization's future sustainability.⁴ The third organization's Director stated that her staff member's participation increased the number of qualified, training staff in her organization for financial issues (she had already taken part in the training during the USAID-ORT Democracy Network Program).⁵

² Statistics provided by Liliana Dango, Finance Manager of the SSRP/A Local NGO Grants Component for Mercy Corps International / American ORT

³ Statistics provided by Claudia Janiszewski, Director of the SSRP/A Local NGO Grants Component for Mercy Corps International / American ORT

⁴ Interviews with Dhimitraq Marko, RDA Fier, and Vigjilence Demiraj, Prophylaxis for Every Body

⁵ Interview with Blerta Cani, Albanian Disability Rights Foundation

Concrete examples from interview notes include⁶:

- a. RDA Fier: The organization has worked with 3-4 donors simultaneously, but never knew how to separate the expenses and incomes in their financial systems. Official Albanian accounting systems do not offer this benefit. With the help of the training, RDA Fier has incorporated the chart of accounts into its software for financial record-keeping and is now able to provide better reports and financial documentation to its other donors.

In addition, the learned methodologies and tools have been shared both internally and with other organizations through RDA Fier's TA activities for other local organizations.

- b. Prophylaxis for Every Body: The chart of accounts was a new idea for this organization, which had never implemented donor-funded projects before. The chart has been incorporated into the financial management system, and all staff members now understanding the principles taught in the training. Financial (and narrative) reports are compiled and reviewed by the entire staff, to ensure that everyone understands the process and in order to catch any mistakes before submission. This process is a new one for the organization and will continue with future projects.
- c. Education Development: Financial management TA led to introduction of a computerized financial management system for this organization, which included use of the chart of accounts. Although the LP does not own its own computer, the rehabilitation activities included creation of a computer lab in the Baldushk High School, to which the NGO will also have access after hours and when courses are not being taught. The Director of this organization has requested information about additional training opportunities in this area.⁷

2. USAID Compliance

Most of the USAID compliance issues experienced during the program were related to the rehabilitation activities. Ten (10) LPs conducted rehabilitation activities (including all five of the sampled organizations). None of the LPs had any prior experience in conducting rehab activities. LPs involved in rehabilitation activities attended mandatory compliance training to learn USAID procurement rules and regulations and they received ongoing technical assistance from the Mercy Corps engineer assigned to the Local Grants Program.

- o LPs required significant assistance in developing and implementing competitive tendering systems for rehab contracting. Most were unaware of USAID guidelines for compliance and tendering procedures. Only one LP included an engineer's services for supervisory activities in its program plan. The rehabilitation aspect of the supported programs required constant oversight by Mercy Corps – ORT.⁸

⁶ Interviews with Dhimitraq Marko, RDA Fier, and Vigjilenca Demiraj, Prophylaxis for Every Body

⁷ Information provided by Liliana Dango, Finance Manager for Mercy Corps – ORT SSRP/A Local Grants Program

⁸ Information from Claudia Janiszewski's draft final report for the SSRP/A Local Grants Program and from discussions with Claudia Janiszewski.

Results:

- All of the rehabilitation projects have been successfully completed, with the exception of some final finishing touches (i.e. flowers and yard decoration in supported schools) and installation of some ordered equipment and furniture that has not yet arrived.
- At program end, the Mercy Corps supervising engineer rated the LPs involved in rehabilitation activities as follows: 3 capable of conducting future rehabilitation activities well; 2 capable of conducting future rehabilitation activities with help and supervision, 5 not very capable – wouldn't recommend future rehabilitation activities for these organizations, given current capacities and experience. All ten of the LPs would have been rated not capable at the beginning of the program, given their capacities and experience at that point.⁹

In summary, 50% of the LPs involved in SSRP/A rehab activities should be capable of conducting similar activities in the future. This represents a significant success in increasing capacity of local NGOs to conduct an activity traditionally unknown to Albanian NGOs.

- At least two of the LP organizations from among those sampled have definite plans for additional rehab activities, building on the experience and know-how gained during this project.¹⁰ These plans include rehabilitation of a nursing home and construction of additional ramps for disabled access, contingent (in both cases) on funding. A second LP expressed its interest in conducting rehab activities in the future, if time (human resource capacity) and funding permit.¹¹ The other two LPs did not mention any specific plans for additional rehab activities in the future, although one of them expressed the conviction that she feels capable of managing such activities in the future.¹²

3. *Media and Public Relations + Report-writing / Internal Monitoring and Evaluation*

- Media: Two of the five sampled organizations cited specific successes with media during the interviews.
 - a. ADRF: Half hour radio programs were held twice a month with interviews of disabled persons and representatives of government agencies – the broadcast time was contributed without charge by the station (although the station has said that ADRF will have to pay for future programs). In the second half of the program, the broadcast time was changed to 11:00 pm, which is not ideal, but the station continued to offer the programming for free. TVSH, the state-owned television company, showed films related to disability and disabled persons (such as “Born on the 4th of July”). Despite initial difficulties, ADRF also succeeded in

⁹ Interview with Orion Zavalani, Mercy Corps engineer assigned to the SSRP/A Local Grants Program

¹⁰ Interview notes from Prophylaxis for Every Body and ADRF.

¹¹ Interview notes from RDA Fier

¹² Interview with DENA

obtaining agreement from TVSH to air a 35 minute documentary that showed the problems of disabled access and discussed integrated education for disabled students. Parents, students and government representatives were interviewed in the program, which was shown free of charge by the station. Other paid programming spots highlighted accessibility issues and sought to raise awareness among the disabled and their families of availability of accessibility tools (wheelchairs, rails, and other aids) and to remove stigmas related to disabled persons and improve the general public attitude toward these persons.¹³

Subsequent to these media events, a noticeable increase in requests for information has been noted by ADRF. The state has also shown more support for and interest in the problems facing disabled persons, particularly in the area of accessibility.¹⁴

- b. Prophylaxis for Every Body: This LP secured oral agreement from the state TV station, TVSH, and state radio to cover the school's opening in September.¹⁵
- o Report-writing: The number of progress reports rejected during the life of the grants decreased from 14 (of 18) baseline reports rejected at the program's launch to only 3 (of 18) final reports. This change indicates a significant increase in the LPs' understanding of report-writing, selection of relevant content, and proper tracking of indicators.¹⁶

The following comments and notes regarding report-writing training were made during site interviews:

- a. "After training, I realized that I had made very difficult work for previous donors in 'translating' my reports to get the useful information out. I didn't have the right idea about format and content. Now I believe I am making their work much easier."¹⁷
- b. "MCI asked us to submit our first report 3 weeks early because they wanted to see if we knew how to report. When they received our report, they were very impressed and asked what kind of standards we were following... The training gave us a very good background not only in how to prepare the reports, but in requirements and needs related to USAID funding."⁸
- c. Among sampled organizations, RDA Fier, Prophylaxis for Every Body, and ADRF passed on their training experiences to colleagues within their organizations.¹⁸ DENA participants had no need to pass on their experiences, since the rest of the staff had already taken part in similar training through USAID-ORT Democracy Network Program training.

¹³ Notes from interview with Blerta Cani, ADRF

¹⁴ Taken from mid-term monitoring report drafted by Claudia Janiszewski, Director of the SSRP/A Local NGO Grants Component and verified during interview with Blerta Cani, ADRF.

¹⁵ Interview with Vigjilence Demiraj, Prophylaxis for Every Body

¹⁶ Statistics provided by Claudia Janiszewski, Director of the SSRP/A Local NGO Grants Component for Mercy Corps International / American ORT

¹⁷ Interview with Dhimitraq Marko, RDA Fier

¹⁸ Interview notes from RDA Fier, Prophylaxis for Every Body, and ADRF.

- **Monitoring and Evaluation:** For many of the LPs, the use of indicators was a new and difficult concept (two of the five sample LPs [DENA, ADRF] already knew how to use indicators from previous training and projects). Based on training and technical assistance, the sampled organizations noted the following:
 - a. One LP indicated that after Mercy Corps – ORT staff assisted in revising indicators, he had a much better grasp of how they should be written to clearly show progress toward achievement of program goals.¹⁹
 - b. Another LP leader said that she had never used indicators before, but has already incorporated their use into new project designs, including use of many of the same rehab indicators in a project proposal submitted to another donor for rehabilitation of another site.²⁰
 - c. Education Development received only TA in determining indicators. During the site visit for Education Development, the group discussion showed a high level of knowledge on the part of participants regarding measurement of program success – i.e. recording changes in enrollment (desegregating by gender) and decreased # of students leaving the school grounds during the day in the 4-yr high school as a measure of the impact of access to the new computer lab and other new equipment.²¹

4. *Proposal-writing + Program Development / Needs Assessment*

Proposal-writing training contributed to the success that LPs experienced in obtaining continued funding for the projects initiated under SSRP/A funding. As previously noted, 11 of 18 LPs will continue funded projects with funding from other donors.²² Only 2 of the 5 sample group LPs took part in MCI-ORT proposal-writing training. Their comments follow:

- a. **Prophylaxis for Every Body:** The President of this organization noted that she didn't really have a clear idea of proposal format prior to training. Since the training, she feels more confident about her ability to write proposals. She has written 2 proposals since the training, but neither have been funded yet.²³
- b. **Education Development:** The participant from this NGO indicated that although this was not his first training on this topic, he found the materials on identification of needs and drafting of the project proposal statement of need very useful and beneficial for his work. He said that he has used the skills and materials in developing a project idea for another NGO.

B. Community Involvement

The types and extent of community involvement in the LP projects varied greatly. Among the five sampled organizations, in-kind contributions and volunteer work were the most common forms of community involvement. In terms of the extent of community involvement, variation occurred based on the individual project goals,

¹⁹ Interview with Dhimitraq Marko, RDA Fier

²⁰ Interview with Vigjilenca Demiraj, Prophylaxis for Every Body.

²¹ Notes from site visit discussion at Baldushk 4-yr High School

²² Excerpt from Claudia Janiszewski's draft final report for the SSRP/A Local Grants Program

²³ Interview with Vigjilenca Demiraj, Prophylaxis for Every Body

which in some cases were more strongly oriented toward the broader community than in the other cases, which targeted narrower segments of the population. As such, the three schools tended to have broader community participation than the other two organizations (DENA and ADRF). Nonetheless, ADRF achieved considerable successes in involving new segments of the community, namely teachers, high school students, and university faculty and students, in their work to improve disabled access and acceptance of the disabled in Albania.

Among the sampled projects, there were also many examples of strong and consistent community involvement at every stage, from design of project priorities through implementation and planning of follow-up activities. These successes are detailed under number 3.

1. Types of community participation in the five sample LP projects is summarized in the table below:

	Types of involvement	# sample group LP projects
1.	In-kind contributions	5
2.	Volunteer work	4
3.	Monetary contributions from community	3
4.	Monetary contributions from local government	2
5.	Monetary contributions from private business	1

Examples of in-kind community contributions in the sample group of LPs included: plants and flowers for schools, building materials (bricks, etc.), water tank / pump, toys for kindergarten, materials for yoghurt room, radio / TV time.

Volunteer work most often involved cleaning and yard work (in 4 of 5 cases), but other examples include: clearing rubble and salvaging old materials, carrying supplies, guard work for rehab sites, painting of murals and walls, creation of a sports yard, maintenance activities, building a yoghurt room.

There was only one strong case of business contribution, which occurred in the building of the dairy lab by DENA. Land O'Lakes, the American dairy cooperative, co-funded the project, and Tetrapak also donated 20,000 USD for equipment (cooling tanks, pasteurizer, separator), a contribution organized through Land O'Lakes.

2. A second area examined in the evaluation was the structures used by Local Partners for involving the community in their projects.

In the five cases, all LPs used mainly pre-existing structures. Nonetheless, two of them appear to be newer, non-traditional structures: Zhupan school government (with parent, teacher, and local government participation), and the Baldushk school-level boards (with parent, student, teacher and school director participation).

The school government in Zhupan and the Baldushk school-level boards are quite similar, in that they represent a broader stakeholder group than is normally found in common school structures, such as Parent Councils / Parent Committees or Student governments. Both are permanent structures.

The community-level working group in Baldushk with representatives from the school-level boards and local government was the only new structure noted in the sample group interviews. It was created not long before the Mercy Corps RFA was

announced, in order to determine the Baldushk commune's education priorities and guide any subsequent projects, in light of the local government's decision to use some budget funds for education purposes. According to those interviewed, it was the first time that the school-level groups had been connected at the community level with each other and the local government authorities in one group. They had had previous contact with the local government within the framework of a Soros program.

Among the other 13 LPs (not in the sample group), a number of new structures were created to mobilize or involve the community in the supported projects and issue areas – one of the most common for school projects included multi-stakeholder groups, similar to the school government or board examples noted above. Others included: anti-alcohol / drug peer education groups, School Advisory Board for alcohol / drug issues (at-risk youth), Parents' Maintenance Committee, Information and resource / training centers (disabled children, social service, mental health), and Community Health Committees. The benefits and viability of these new structures will only become apparent with time and cannot be assessed at this time.

A chart of structures used to involve the community in the sampled LP projects is contained on the next page.

Structures used for community involvement (from sampled LP projects)

	Structure used to involve community	Remarks / Examples of how structure used to involve community in sample group
1.	Elementary schools, high schools	Schools were used to raise awareness among the young about disabilities, and to involve students in the school rehabilitation process.
2.	University	University information days were used to raise awareness of architecture professors and students of accessibility issues and encourage incorporation of new curriculum materials.
3.	Local governments	The local government served as a community mobilizer in two cases (Zhupan, Baldushk), helping to gather community contributions and connect the LP with other community structures.
4.	School boards	These school-level groups in Baldushk consisted of teachers, parents, students, and school directors. Decisions about each school's priorities were passed on to the Community level working group.
5.	Parent Councils	Parent Committees have been involved in determining the nature and use of parent contributions in a Tirana kindergarten project. In Zhupan, Parent's Council has been transformed from a structure focused mainly on academic issues to one also involved in sensitizing the community to school needs, ensuring good maintenance of the facility and grounds, and decoration of the yard.
6.	School governments	Also a school-level structure, the school government has parent, teacher, and local government representatives as members. The school government was used to inform stakeholders of the project and discuss community contributions.
7.	Class Councils (school)	Class Councils exist at the grade level and consist of three parents of children from each class. The class councils also took part in information meetings and provided feedback to the School Director in Zhupan.
8.	Community working groups	This commune-level structure consisted of representatives from each of the local schools and from the local government.
9.	Membership of association	Membership was used to mobilize additional resources for a dairy lab project. As part of the target community, utilizing membership as a structure for support and involvement led to the offer by one member to build the lab's yoghurt room as his contribution.
10.	Media	Mass media was used a structure for involving the broader community in efforts to improve the public attitude toward the disabled and involve disabled persons in mobility aid programs through creating broader awareness of the opportunities available through the Foundation.

3. Impact / results of community involvement

Overall, thirty-five (35) communities were actively involved in program design, implementation, and cost share for supported projects. Due to positive outcomes of the projects, the idea of community involvement and cooperation between local governments, NGOs, and the community has been reinforced as an efficient way to identify and address priority needs. Concrete examples of results from local involvement in the SSRP/A Local Grant's Program follow:

- **Improved local involvement in health, education and social service activities.**

- a. Local stakeholders developed priorities for the implemented projects

In Baldushk, four school-level boards (parents, teachers, students, and school director) developed four priorities for each school. When the Mercy Corps SSRP/A local grant maximum amount was known, each board was forced to rank their priorities. Since only one priority per school could be addressed through the project, the remaining ones now serve as a plan for future activities and projects.

At Kindergarten #25 in Tirana, the level of assessed needs was very high (up to 4 times the available budget). With the help of engineers, NGO and school officials had to determine the order of priorities, in order to maximize the benefits of the project given the limited budget, while ensuring a safe facility following the rehabilitation activities. As a result, the kindergarten continues to have great needs in the area of toys, learning aids and furniture (tables and chairs), but the Director and NGO now have experience in determining and prioritizing needs. Parents prioritized use of their contribution (water tank and pump, guard for school, yard work).

RDA Fier and the school in Zhupan held meetings with teachers, parents, students, and the local government authorities to determine the greatest needs of the school. The group decided together that winterizing and providing running water to the building were key priorities. The parents determined use of their contribution – namely digging of the well, which would then provide water to the school.

- **Increased levels of volunteerism**

In four out of the five cases, increases in community volunteerism have been noted. In all three schools, parents have become more active in helping to clean schoolyards, plant flowers, paint, and provide minor maintenance for newly renovated facilities. The school directors noted that although some parents contributed in small ways before, the level of participation is greater now that the projects have taken place.

In Zhupan, the Director noted that a kind of optimism resulted from the project that has mobilized the community to contribute more and to believe that they can contribute to improvements in their children's school environment.

Also, in the case of the Albanian Disability Rights Foundation (ADRF), high school students have spontaneously started volunteering this summer at the Foundation's center, after having participated in disability sensitization sessions at their schools this spring.

b. Increased levels of community monetary contributions:

Perhaps the most surprising finding in terms of the kind of community contributions was the high level of incidence of financial contributions from the communities themselves. Although individual contributions tended to be in small sums, the total amounts of money raised in this manner were significant, given local economic conditions. Two of the sampled LP projects (school projects in Zhupan and Kindergarten #25 in Tirana) had monetary contributions from parents, with additional cash contributions from the commune in both Baldushk and Zhupan.

c. Increased roles and responsibilities of pre-existing community structures (expansion in the role of Parent Councils and other groups).

In the village of Zhupan, the role of the Parents' Committee has expanded twice in the past year. The Council, traditionally busy with mainly academic-related issues, now conducts community awareness activities, is responsible for ensuring good maintenance of the school, and has accepted the responsibility to decorate the school and school yard.

In Baldushk, school boards received a new role, in that their participation in the community-level working group required them to decide between the competing priorities of different schools, based on the interests of the whole community.

d. Development of new physical infrastructure and information bases to increase community involvement in the targeted sectors (health, education, social services)

Among non-sample group LPs, there were several examples of new resource, information, or training centers that were created within the framework of the project to ensure more opportunities for the community to become involved in health, social service and education issues. These included:

- + A training and information center for disabled persons and their families in Tirana
- + Social services information center in Elbasan
- + Mental health library and information center in Tirana
- + Health and social education center in Shkodra

e. Follow-up plans and activities: In all of the examined cases, follow-up activities and plans that build on the completed projects have been made.

+ Zhupan: Plans are finalized for a project to create a public garden at the school with community involvement. In addition, a large community celebration is planned to celebrate the school's 20th anniversary and a

neighboring school's 50th anniversary. According to commune and school leaders, these projects will be carried out this fall and next year.

+ Baldushk: Teachers trained to use the computers in the project's TOT sessions will hold computer skills training for local government officials beginning this fall. In addition, students will also receive training in computer skills and access to the computer lab during free periods.

○ *Increased sense of community responsibility for rehabilitated facilities*

a. An end to the summer window breaking game at schools: According to anecdotes related by several of the interviewed teachers and school directors, children made a game of breaking school windows during the summer break. Because many windows were already broken (and were not repaired due to lack of resources) and buildings were in disrepair, the children did not respect the facilities. In contrast, following rehabilitation, no windows have been broken this summer at the Zhupan 8-yr school.

b. Security (Baldushk, Zhupan, Tirana Kindergarten #25): In all three of the school cases in the sample group, security was provided during and since rehabilitation in different ways and by different stakeholders.

+ In Zhupan, local workers and craftsmen completed the rehabilitation activities. During that period, they organized a volunteer guard service among themselves to protect the open school and materials.

+ In Baldushk, the community insisted on including security bars and a heavy security door to the computer lab, in order to protect the new equipment from theft.

+ In Kindergarten #25 in Tirana, the parents contributed to pay a guard to protect the new building.

c. Maintenance plans: In 4 of the 5 examined cases, clear responsibility has been accepted for maintenance of the rehabilitated facilities. In the fifth case, rehab activities were very small (disabled access ramps and bathrooms).

+ The technical high school (and the appropriate education authority) has accepted maintenance responsibility for the new dairy lab, which is located on the school's premises and will be used to train their students. Students have agreed to clean the yard beginning with the new term in September.

+ Two or three students will be selected from each class to provide different maintenance functions for the 8-year school in Zhupan. The best students from each class will be honored with different maintenance responsibilities, based on their individual skills.

+ In Baldushk, maintenance will be ensured by school directors, working together with school-level boards and the parent body. Maintenance costs will be covered by the local government.

+ Teachers and parents will work together to maintain good conditions at Kindergarten #25 in Tirana. Maintenance costs will primarily be covered by the budget of the relevant authorities, but additional activities will be organized by the Parents' Committee.

○ **Improved interaction between local stakeholders (community, schools, NGOs, local government authorities), leading to a better informed public and local government / authorities about local needs and priorities**

- a. The school boards in Baldushk (teachers, parents, students, school directors) were connected to the new community-level working group to determine the use of the available budget. School-level priorities were presented by board members and the final decision regarding distribution of resources took place in a consensual and participatory manner, taking into account the needs and best interests of the community as a whole. Both the community working group, as a new structure, and the school boards were reinforced as efficient means of making resource allocation decisions and implementing projects.

Given strong local government participation in the process at the working group level, the commune authorities are now much more knowledgeable about the issues and needs of each of the local schools than they were before the project.

- b. Also in Baldushk, the commune government opened its books to the public and allowed the community working group to determine how available education funds should be spent.
- c. Computer training activities in the Baldushk High School will involve the community for the first time in school-based activities. Government representatives will be trained, and the general public will also have the opportunity to take part in computing skills courses. In addition, the LP, Education Development, has already had the opportunity to computerize its financial management system through access to the new school lab.
- d. The reinforcement of pre-existing structures, such as multi-stakeholder school boards (Baldushk schools), school governments (Zhupan 8-yr school), and parent's committees (Baldushk, Zhupan, and Kindergarten #25 in Tirana) during this project will likely increase the chances of their sustainability as viable structures for involving relevant stakeholders and implementing community-based projects in the future.
- e. In Zhupan, RDA Fier developed a strong relationship with the local community, parents, the school, and village / commune authorities that will inform and contribute to its work in that area in the future.
- f. Also in Zhupan, the planned development of a park area on school grounds and a large community celebration for the anniversary of the local schools will further contribute to the entire community's sense of ownership in the 8-yr school.
- g. The dairy lab project implemented by DENA has created a new linkage between the Albanian dairy industry and the technical high school for the

food industry. As a result, food industry students will have hands-on opportunities to learn dairy processes and interact with dairy producers through lab training and production activities. The link is essential to the training of future dairy producers and creating new products through research and development activities at the school.

C. Local Grants Program Results

In addition to training and community involvement results, LP programs had concrete impacts that were related to individual goals and project activities. These results and impacts will be divided into quantitative data obtained from the Mercy Corps / ORT team and results and impacts cited in the field visits with LPs.

*Quantitative results:*²⁴

- Thirteen (13) Education facilities, benefiting over 5000 students per year, received infrastructure improvements, resulting in an increase in the quality of learning and working environments for students and teachers.
- Teachers in 6 districts took part in skills training to update teaching methods, having the potential to impact education of more than 2500 students per year.
- Forty-five (45) predominantly rural communities have received an improved quality and increased quantity of information and training pertaining to health issues, focusing on women's reproductive health, STDs, early childhood development, and primary health care.
- One (1) project focused on mental illness, benefiting more than 25 patients and 350 family members in Tirana.
- Seven (7) communities were provided assistance, awareness programs, and /or daycare services for disabled persons and their families. More than 1000 individuals directly benefited from these services during the project.
- One (1) social service center was created, providing services to more than 5000 persons, including social service benefits and linkages to social service NGOs within the community.

Overall Results and impacts noted during field interviews:

BALDUSHK 4-YR HIGH SCHOOL (Qender)

LP: Education Development

- The number of kids leaving the school premises and going to the local billiard room during the day has declined with the addition of a ping pong table at the school during the project. Fall access to the computer lab during free periods is also expected to contribute to this trend.
- Computers at the high school will now permit a complete database of students and automization of school records and grades.

²⁴ Excerpt from Claudia Janiszewski's draft final report for the SSRP/A Local Grants Program

- With the addition of the photocopier, students will no longer have to pay for exams and other handouts (a copy fee had to be charged before, in order to duplicate school exams and other materials).
- All four schools in Baldushk reached a common agreement that the four computers should be used to establish the high school computer lab, instead of being distributed equally among the schools (for placement in the Director's offices). This decision represented a big success in moving beyond individual school interests in favor of greater community interests.
- The local government has a new in-depth understanding of local education problems, issues, and priorities for each school based on the participatory process that took place during the SSRP/A project.
- The village is currently being wired for telephone service – the authorities allocated one line to the school because of the computer lab (to permit email access).
- Unexpected result: According to initial talks with parents and the two primary schools that supply students to the high school, it appears that the percentage enrollment of girls in the high school will increase this year. In this very rural area, many parents do not see value in continued education for their daughters. As a result of the new computer lab, some parents have changed their minds. Last year, 9 of 25 eligible girls continued their education at the high school, while this year, at least 10 of 15 eligible girls are expected to begin high school studies (parents of all 8 girls finishing one of the primary schools already indicated their definite intentions to send their girls to the high school).

ZHUPAN 8-YR SCHOOL (Fier)

LP: RDA Fier

- According to the School Director, parents are now demanding more from the school since the project began, particularly with regard to the level of academics at the school. Apparently, once critical infrastructure needs were addressed, parents were free to begin addressing other issues with school authorities.
- More interaction has been noted between teachers and students and students are more attentive since conditions have improved.
- Running water and indoor bathrooms are now available for student and faculty use and the building has been winterized.
- The number of dropouts has decreased (from 40 several years ago to 4 or 5 at the present time)
- The quality of grades is expected to improve with improvement in the physical learning environment. Last year, an improvement of .3% was noted over the previous year (the rehabilitation work was only completed in April, so the effect of rehab on grades is not yet clear).

- Students will assume an active maintenance role beginning this fall – 2-3 of the best students from each class will be honored with special school tasks.

KINDERGARTEN #25 (Tirana)

LP: Prophylaxis for Every Body

- The building has been extensively rehabilitated and now provides a safe, hygienic environment for 155 preschool children.
- Attendance is expected to increase this fall, given better conditions. Many parents removed their small children from the school, despite having older children attending the 8-yr school across the street. Based on initial discussions with parents, some of these children will return this fall.
- Parents have contributed more in the past year than in the past. The improved conditions have stimulated additional contributions, like flowers and an offer to paint murals on the walls by two artistic parents. These kinds of offers were not so common in the past.
- Unexpected result: During rehabilitation, students and teachers were placed at other local preschools. During this time, teachers exchanged experiences with their host colleagues and the School Director noted that teachers returned with excitement over new ideas, activities, and methods. They have already incorporated some of these into their plans for the coming year.

TECHNICAL HIGH SCHOOL DAIRY LAB (Tirana)

LP: DENA

- The most significant result is that the membership was activated to support this project, which benefits not only them, but also the students of the technical school. One member is building the yoghurt room in the lab as his personal contribution to the project. This is a success, given lack of tradition for this kind of sponsorship / private contribution in Albania.
- The establishment of the lab is an exciting development because of the training, income generation, and Research and Development aspects. The lab's production activities will provide practical experience for students, while generating income to support the school and DENA (profit to be split 60%-40% respectively). A market for products already exists, in that the school cafeteria will purchase dairy products from the lab, and the school already maintains an existing relationship with the Rogner Hotel, another likely customer for the lab's products. The existence of the lab (the first of its kind in Albania) and ties to the technical school also place it in position to become a center for research and development of new dairy products.

ALBANIAN DISABILITY RIGHTS FOUNDATION PROJECTS

LP: ADRF

- The information days held at the university lead to the acceptance and incorporation of new curriculum materials on disabled access building designs for 3rd and 4th year architecture students. Professors expressed regret that they had not thought of including such materials previously.

- The manual of technical standards for accessibility, developed in preparation for the SSRP/A project, is under consideration by relevant government authorities as the basis for the government standard for public works and new construction. No standard currently exists.
- TVSH had begun airing films that contain disability themes (such as Born on the 4th of July) as a result of ADRF negotiations. TVSH also has aired public awareness announcements and a 35 minute documentary about disabled access and integration of disabled children, as the result of ADRF's media efforts. Requests for information have increased noticeably since the TV and radio campaign were initiated.
- High school students spontaneously formed an awareness group to research opinions about disabled persons among fellow students, following sensitization training in their classes.
- The school sensitization training will continue this year, in cooperation with the Institute for Pedagogical Studies. 50-60 students per school (a core group at each grade level) will be trained in weekly one-hour sessions.

D. Overall Analysis and Lessons Learned

1. Ability to set priorities and decide among competing community needs in allocation of scarce resources

This is one area that deserves special mention in the overall analysis of Local Partner projects, particularly with regard to the 10 rehabilitation projects. Due to the very limited budgets and high costs of rehab activities, local communities were forced to work together to closely examine needs, determine priorities, and make tough decisions about allocation of scarce resources to address the most critical needs. In doing so, those involved gained a sense of ownership over the decisions made and also developed their capacities to assess and prioritize needs.

2. High levels of community involvement

In general, the supported projects displayed a high level of community involvement. For the most part, segments of the population were mobilized that had some direct interest the project area. Some special successes were achieved in drawing in new involvement from different segments of the community, such as craftsmen and non-school parent community members in Zhupan. New and old structures were used to mobilize and involve the community in project activities. In some cases, old and barely functioning structures for involvement received new life with additional roles and real responsibilities during the projects. Although LPs noted some difficulties in community mobilization, in general, it appears that mentalities are slowly changing – many projects had volunteer work and many Albanians now seem open and willing to help with projects that address real needs of their families or communities.

3. Efficiency

Local NGOs achieved significant results with small amounts of funding. Their labor and administrative costs were very low and they tend to have good

connections for leveraging other community resources (volunteer labor, donations, local vendors and craftsmen, etc.), compared to their international counterparts.

4. Leveraging role of rehabilitation activities

One observation from rehabilitated sites seems to be that physical changes in infrastructure tend to leverage additional resources from the community and relevant authorities. The process of rehabilitation necessitates a closer relationship between the school or other facility and the authorities, and attracts attention in the community (particularly in rural areas). This increased attention seems to benefit the facility in terms of donations, volunteer labor, and increased access to resources from the authorities.

Challenges:

1. Traditional mentalities

In involving the community, even local NGOs struggled with common mentalities that social services, education, and health are the responsibility of the state. As a result, local residents often expect that their needs and those of others in their community should be met by the state or others (such as international donors), without their participation or involvement. This mentality has often been transferred to programs implemented by NGOs and international organizations, as well.

Another challenge is the perception by local communities that international donors have endless resources, and as such, should meet all needs for a given project, without requiring or expecting contributions from poor communities.

2. Low levels of organizational development

Even though most of the SSRP/A local grant projects seem to have been successful, many of the organizations began the projects with very low levels of organizational capacity. Some of the organizations had no prior experience in administering and implementing donor-funded projects and none of the organizations had any prior rehabilitation experience. Consequently, organizational development and intense monitoring became critical activities for both the Mercy Corps / ORT staff and the local partners.

Based on the assessed organizational capacities at the beginning of the project and adjustments made due to Mercy Corps / ORT monitoring, it is clear that funds could not have been administered in a transparent and accountable manner or with the same level of results without the training, TA, and very close monitoring.

3. Land ownership issues: in some cases, kiosks or other structures that were illegally built on the grounds of the rehabbed facility, impeded progress.

Good relationships with local authorities and an initial requirement to provide proof of land ownership for the rehabilitation projects facilitated the resolution of many of these issues. Nonetheless, the issues of land ownership will likely continue to crop up for some time, given the extent of illegal building and occupation of land throughout Albania.

Lessons Learned

- Local NGOs in general are not well-prepared to conduct rehabilitation projects. The only real benefit to this model is the community involvement aspect, which is rarely found in government- or private- implemented rehabilitation projects.

If such projects would be initiated by donors in the future, they should know that intense levels of technical assistance and monitoring are required to ensure that funds are properly administered and quality work is conducted by contractors.

The most common problems included lack of local NGO understanding of the competitive tendering concept and processes, inflated prices for materials and contractor services, NGOs' lack of technical knowledge necessary to determine technical rehab priorities, design quality plans, and select and supervise contractors.

- International donor-funded local grants programs should always include TA or capacity-building components. The level of organizational capacity within the Albanian NGO sector remains low. Without close monitoring and enforced standards to ensure transparency and accountability, donors may be sending the message to local Albanian NGOs that these things are not important or necessary. In terms of long-term sustainability, they must become professional both in terms of their abilities to identify and meet local priority needs and in terms of organizational management and project administration.

CHAPTER III: Health and Education Sector Rehabilitation and Support Programs

Strategic Objective: Improved Social Services

Intermediate Result #2: Improved quality of health services

Intermediate Result #3: Improved quality of education services

1. Background

Under this one-year \$7 million program, Mercy Corps' goal, as the Umbrella Grant Manager for the SSRP/A portfolio, was to program funds directly to international PVO/NGOs for projects that focused on achievement of the following sub-Intermediate Results (sub-IRs):

- Improving the infrastructure and resources of health and education facilities
- Strengthening the community involvement and capacity through participation and leadership development
- Improving knowledge and practices

Nine subgrants were issued to eight NGOs, referred to hereafter as Implementing Partners (IPs). The average subgrant amount totalled \$676,039 (excluding ICMC as an outlier, with a subgrant of \$216,184). Below please find a list of IPs and their acronyms, by sector:

Health sector IPs:

1. Adventist Development and Relief Agency (ADRA)
2. International Medical Corps (IMC)
3. International Rescue Committee (IRC)
4. Medical Emergency Relief International (MERLIN)

Education sector IPs:

1. Catholic Relief Services (CRS)
2. International Catholic Migration Commission (ICMC)
3. International Rescue Committee (IRC)
4. Solidarites
5. World Vision (WV)

IP projects were more uniform than their LP counterparts. Every IP project included major rehabilitation of one or more health or education facilities, and other activities designed to meet the goals of strengthened community participation and improved knowledge and practices.²⁵

In total, 37 health sites were rehabilitated by the three health sector IPs that fall within the scope of this evaluation.²⁶ A total of 23 schools were rehabilitated by education

²⁵ Merlin did not include community involvement aspects in its projects, given the technical nature of the rehabilitation (regional health labs).

²⁶ This figure excludes Merlin sites, since they were not part of this evaluation due to the technical nature of their activities.

sector IPs, and 33 schools (the 23 rehabilitated schools and 11 additional schools) took part in other activities and/or training offered via IP projects.²⁷

IPs were offered TA and other assistance from Mercy Corps in the format of a USAID procurement / rules and regulations workshop, an indicators workshop meant to help develop uniform program-wide indicators congruent with information sources and individual indicators of each IP, mid-term IP meeting, and other meetings based on specific issues (i.e. VAT refund procedures). Individual assistance was also provided based on IP requests for information or advice.

2. Evaluation methods

A questionnaire was administered to one or more representatives of each IP. The questionnaire was designed to provide information about IP strategy, constraints, successes, and factors in successes for rehabilitation, community involvement, and activities aimed at improvement of services / increased knowledge levels, as well as an evaluation of the quality and quantity of Mercy Corps technical assistance. Following administration of the questionnaire, field site visits took place to at least one site for each IP. Because IRC implemented both health and education subgrant programs, two visits were scheduled to IRC sites (one each to education and health facilities). Solidarites and IMC were able to schedule an extra field visit each, given proximity of sites and the schedule on those days.

Selection took place on the basis of geographic and time considerations, as well as availability of key informants at the sites, given the busy vacation season. A total of 10 IP site visits took place, including 4 health and 6 education sites.

Site interviews were conducted with key stakeholders using an informal outline of topics, which included: Community involvement in rehab activities; Training impact on practices and services; Role and activity of structures for community involvement (Parent or Parent-Teacher Committees, Community Health Committees, etc.); Maintenance Plans and Follow-up activities; New services, materials or activities; Other effects of the project.

Data and other information for the purposes of this evaluation is drawn from the above sources and from discussions with Mercy Corps key staff.

3. Evaluation results

Evaluation results will be separated along the lines of the sub-IRs for the SSRP/A program, as listed in section **1. Background**, of this Chapter. For each sub-IR the format will include a description and supporting data, successes, factors, and constraints or challenges.

A. Improving infrastructure and resources of health and education facilities

Although the actual rehabilitation activities and infrastructure improvements were not the focus of this evaluation, it is still informative to give some brief statistics about the numbers of rehabilitated structures, constraints or challenges related to completion of rehabilitation activities and factors in the eventual successful completion of the infrastructure improvements.

²⁷ The number of facilities was calculated based on the information provided by IP representatives during their questionnaire interviews.

Brief statistics and summary of rehabilitation-related results:

Facilities rehabilitated: 60 (Education: 23; Health: 37)

Rural – urban division of rehabilitated facilities: 45 rural; 15 urban

Examples of additions to / new services for buildings or facilities: maternity rooms, running water, bathrooms, showers, sports fields, procedure rooms, new windows, doors, hydroinsulation of roofs, new roofs, surrounding walls, paved sidewalks, ramps for disabled access, gardens

Examples of new equipment / furniture: Health clinics: maternity beds, OB/GYN exam equipment, EKG machines, otoscopes, stethoscopes, thermometers, glucometers, patient beds, cabinets, desks, book shelves, waste disposal incinerators or containers, first aid supplies, microscopes, height ropes, baby scales, blood pressure kits, maintenance tools / supplies. Schools: desks, chairs, bulletin boards, chalk boards, cabinets, lab desks (with ceramic tile tops), teaching aids, maintenance tools / supplies

The rehabilitation of health and education facilities has led to several important results:

(1.) Improvement in the basic hygienic and other conditions necessary to offer health and education services

Some of the rehabbed facilities were in such bad condition before the project, that basic conditions for services barely existed. For example, in Durres' Polyclinic #14 (IRC), the Director and nurses mentioned that rats and snakes were frequently found in the clinic, much of the furniture was broken, and hygienic conditions within the clinic were unacceptable. In the Helmas clinic, the doctor said that he could not wear white before the rehabilitation, because the hygienic conditions in and around the clinic were too bad. In the Otlak 8-yr. primary school outside Berat, teachers talked about how they had to bring chairs from home in order to sit down, since there were no chairs in the school. In addition, the school had no bathrooms prior to rehabilitation. These remarks represent common findings during the evaluation site visits.

(2.) Improved levels of community respect, self-esteem, and job satisfaction of health and education workers

As a result of improved physical conditions, the teachers, doctors, nurses, and school directors interviewed all indicated improved levels of respect from the community (primarily from patients, parents, and students), more optimism about their work, and increased satisfaction with their jobs. Teachers at the Otlak Primary School near Berat said that prior to rehabilitation, they were actively looking for work in other schools, but since rehabilitation took place, they are now planning to stay. The Director and nurse at Polyclinic #14 in Durres both noted that improved conditions have increased the politeness and respect shown by their patients.

(3.) Increased utilization of health and education facilities

In both school and health clinic cases, an increase in utilization has also been noted. With health clinics, increases in numbers of visits have been noted in every examined case. At Polyclinic #14 in Durres, the director noted that the nearby orphanage has

begun bringing children to the clinic. Although a doctor from the clinic regularly visits the orphanage, the orphanage personnel previously did not bring children to the clinic, because of the poor hygienic conditions. Also, all of the examined schools reported a trend of increased demand for enrollment from local parents for the 2001-2001 school year. One parent near Berat was already in touch with the Ottlak school director this summer, because he was fearful that his child would not find a place at the newly rehabilitated school if he waited.

Constraints and challenges related to rehabilitation activities

The top constraints or challenges that IPs experienced in completing the rehab portions of their projects included:

- Land ownership or partial occupation of land or facilities by others (cited by 5 IPs)

Examples: In Durres, illegal garages had been built on the property of the ICMC school rehabilitation site. One of the garages torn down was owned by a member of the construction police, resulting in problems from the construction police over permits, which caused delays in construction. ADRA also experienced problems with occupation of land and facilities (operation of kiosks, etc.) and in one case, rehabilitated the facility around (but not including) the space occupied by the illegal occupant. CRS had problems with kiosks that encroached upon school grounds (not yet resolved at Qemal Mici Primary School although parents and school authorities continue to petition the city) preventing completion of the surrounding wall, and also with roads (unpaved) that had developed across school property. In the latter case, the community agreed to reroute the roads around the new school wall. IMC and IRC had some difficulties with dentists and pharmacists (private businesses) that occupied space in the state-run health facilities, despite new regulations that require them to leave public health facilities.

- contractor issues (5 IPs)

Examples: IRC cited local contractors lack of knowledge and understanding of competitive tendering processes, which sometimes resulted in harassment of selected contractors by those not chosen. Solidarites and IMC had some difficulties finding qualified, skilled local contractors. IMC and WV had economies of scale problems with local contractors – not enough materials were available, leading to supply problems and delays. CRS experienced inconsistent pricing among sites located in different areas.

- short timeframe (4 IPs)

In general, IPs felt the project timeframe was short in terms of finding good local contractors, dealing with unexpected delays and supply problems, addressing new needs that develop mid-process and building in community involvement every step of the way.

- conflicts caused by political or private interests (3 IPs)

Examples: In one IMC case, the local authorities delayed approval of certain sites, because they wanted IMC to work in a different region of the country for political reasons (the official preferred his home area). The ICMC construction

police garage example under property ownership issues is also relevant here. ADRA also faced pressure by local authorities to inaugurate a health facility just prior to elections in June. Several IPs mentioned that political differences between local authorities and regional authorities or directors of facilities sometimes led to approval problems and other delays, due to the desire of one party to sabotage the other.

- delays caused by problems with implementation of the community contribution (2 IPs).

Examples: A surrounding wall cannot be built around a WV school until the old building wall is pulled down, which the community offered to do. Since the community has not completed its responsibility yet, construction of the surrounding wall has been delayed. In another WV example: In order to supply water to a facility, the community must dig a canal. Each family was assigned a small stretch to dig, but because some have not dug their portions, the pipes have still not been laid.

Factors in the success of rehabilitation activities

Several factors were cited by IPs as important in contributing to the success of their rehabilitation activities. The most important factors included: selection of good local craftsmen and contractors (3 IPs), skilled local / field staff that closely supervised rehabilitation activities (3 IPs), and the support of local communities and authorities (2 IPs each).

B. Strengthening community involvement and capacity through participation and leadership development

The strengthening of community involvement was a major goal of the SSRP/A Program. In examining community involvement in the supported programs, several areas were identified: types of community involvement, structures used to involve or mobilize the community (such as Parent-Teacher Councils or Community Health Committees), training related to community involvement (i.e. Parent-Teacher Council training or maintenance training), and follow-up activities / spin-off projects.

Types and extent of community involvement

In both health and education sector projects, the most common forms of community involvement (reported by all IPs) were voluntary work and in-kind donations (with different kinds of expertise also offered in many cases), although some communities also provided monetary contributions toward the supported projects. Among the 7 IPs taking part in the evaluation, 5 reported monetary contributions in at least some of their communities.

During site interviews, respondents were asked to describe how the community contributed to the project and to comment on whether the types of community contributions were new or had been experienced before, and whether any follow-up or additional activities were planned.

In general, those interviewed reported high levels of community involvement in providing finishing touches (flowers, curtains, bulletin board designs, etc.) to schools and health clinics. Overall, they felt that the parts of the community directly involved

in the clinic or school were not only more active in terms of their work and contributions, but also more willing to contribute than they had been in the past. In many cases, the projects seem to have created some momentum, which has led to new plans or ideas for new projects or the “next step” in developing their facilities.

The degree to which the local communities were involved in design of the project or tendering of contractors varied widely among IPs. In general, local communities were involved in some aspects of design for every project, not very involved in selecting contractors, and very involved in participating in meetings and other activities, and planning and organizing small community actions to clean, decorate and add finishing touches to rehabilitated facilities and grounds. Some descriptions of how each IP involved the communities in its projects follow:

1. Health:

- a. IMC mainly worked with health authorities and mayors in determining needs. The program was a replication of IMC’s ABC program. Local communities participated in contributing voluntary work, monetary contributions, and as participants in training and other activities (awareness, outreach visits, school activities, etc.). School health awareness programs were offered in some areas.
- b. ADRA also worked with local authorities in designing their projects. Community Health Committees (CHCs) were formed and developed priorities / maintenance plans for each health center. ADRA provided support to the CHCs in realizing priorities in their communities. Local community members provided in-kind donations and voluntary work. Training was offered to health professionals and CHCs in participatory rural appraisal issues.
- c. IRC designed its project in coordination with relevant local authorities, similarly to the other two health IPs. Health committees were established by IRC during the project to coordinate the community contribution and maintenance planning aspects of the program. Activities were organized in schools to promote community awareness of selected health issues. The community offered small in-kind donations and voluntary work in completing rehab activities. Training was offered in both management and health-related topics to medical staff.

2. Education

- a. Solidarites involved the community more in implementation than in design phases of its project. A Pilot Committee was established in each school to coordinate the programs in each school, including the health and environment programs and competitions, student logo competitions, and parent’s contribution to rehab efforts. Pilot Committees provided feedback about rehabilitation and other needs. Parents, teachers and others contributed in-kind donations (curtains, flowers, etc.) for the school and voluntary work in completing small tasks that complemented the rehab work.
- b. ICMC had only one project site, a marginalized migrant community in Durres. The community was heavily involved in determining needs and planning the project. The kindergarten rehabilitation and creation of a primary school was a major priority of the local community. The Community Working Group

identified overall needs, and a new PTA was developed and trained by ICMC to help in connecting parents to the new school. The community took part in activities and training through the ICMC community center and outreach activities conducted by ICMC.

- c. IRC designed its education program in coordination with local authorities. The local communities contributed in-kind donations and voluntary work (yard work, cleaning, etc.) to support the rehabilitation activities. Parent Councils were bolstered and multi-stakeholder management committees were formed by IRC to coordinate and organize the community contribution and plan for maintenance of the facility and grounds. The community was also involved as participants in training for school maintenance, fundraising, and updated teaching methods.
- d. WV involved both school directors and heads of communes in determining needs for each school. The community provided in-kind donations, extensive contributions of volunteer work, and identified additional needs and priorities. The community took part in training and working groups that were created to accomplish community tasks related to the rehabilitation activities and the Parent Teacher Council assumed new roles and additional responsibilities.
- e. CRS designed its project with participation of school directors and Parent Councils, in the format of a competitive process to select schools and design programs. The community was involved in design workshops, students took part in façade competitions to design the school's new façade, and parents and others in the community contributed volunteer work and in-kind donations. The Parent Councils were given a serious role in selecting contractors for the rehabilitation activities and played an extra supervisory role during the work. Different parts of the community were also involved as participants in training for many different topic areas, which they helped to determine (financial management of schools, fundraising, meeting skills, prioritization, project-proposal writing, age psychology, teacher training, and maintenance training).

Structures for community involvement

The evaluation also examined the community structures that were used to mobilize or involve the community during implementation of SSRP/A projects. Three cases were observed: (1) existing community structures, such as Parent Councils, were used; (2) existing structures were transformed; and (3) entirely new structures for participation were created. The chart below summarizes the prevalence of each of the three cases, as reported by IP representatives.

	Case	# IPs / IP name	Structures used
1.	Existing structures used	2 (ICMC, IMC)	+ Community Working Group + Local governments
2.	Existing structures transformed	3 (WV, CRS, Solidarites)	+ Parent-Teacher Council + Parent Council + School board
3.	New structures for participation created	6 (WV, CRS, ICMC, Solidarites, IRC-health, IRC-education, ADRA)	+ Working groups + Task force + Parent-Teacher Assoc. + Pilot committee + Health committee

			+ School management committee + Community Health Committee
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In addition to the above structures, most IPs held community meetings (IRC, IMC, ICMC, ADRA, Solidarites), design workshops (CRS), or community mobilization workshops (WV) at the beginning of their projects to introduce the projects, determine community needs and priorities, solicit input and feedback about the projects, and to establish and strengthen their relationships with the communities.

As is evident from the table, most IPs established new structures to ensure broad-based community involvement in their projects. Except the Parent-Teacher Association established by ICMC (with parent and teacher members), all the others drew in participation of multiple stakeholders. These new structures ensured a wider representation and participation in SSRP/A projects than could have been attained through existing structures.

Nonetheless, the concern is that new structures will not be sustainable in the long-run. During site visits, participants from these groups were asked about changing roles of existing structures (those that were transformed during the projects), as well as about the roles and benefits of any new groups or structures.

Responses from 10 site visits indicate that new roles of existing groups, like Parent Councils, will be maintained. At least in the short run, these groups and the schools involved found the new roles helpful and efficient, and they have already made plans for new activities in the coming school year.

Among the new structures and groups, two were temporary and tied explicitly to the SSRP/A projects (WV working groups and CRS task force), while the other five were meant to become permanent structures. Those interviewed expressed their satisfaction with the temporary structures as an effective way for their community to implement activities and projects. They felt that the same structures would definitely be used again to organize and implement future activities.

Among the five more permanent groups, four probably have a good chance of continuing in the next year, while one of them (IRC Health Committee in Durres) is less stable, given a vague structure that leaves the group without a clear leader or organizer. For that reason, meetings have been sporadic. The interviewed member noted that all members are enthusiastic and willing, but busy. Without a clear initiator, this committee faces the danger of fading away.

Constraints or challenges in IP community involvement work

IPs cited community mobilization and involvement as one of the most challenging aspects of their work. The most frequently cited constraints involved distrust and suspicion, traditional mentalities, the short project timeframe, low awareness levels, traditional power relationships and roles, infrastructure / logistical constraints, and societal problems / scarce community resources. Each of these constraints is briefly defined below:

- Distrust and suspicion (cited by 5 of 7 IPs): In general, IPs experienced a high level of distrust and suspicion from local communities at the beginning of the projects. In both IP and site interviews, respondents mentioned that many

NGOs had come into the communities in the past with surveys and promises, but nothing ever happened. In addition, some IPs mentioned that locals could not understand the concept of someone helping them without ulterior motives or personal benefit. In several cases, the local communities were unwilling to begin their involvement in the projects until they saw the rehabilitation work begin – until that point, they did not believe the projects would actually happen.

Of the two IPs that did not mention distrust and suspicion, one (WV) had previously worked with the communities in question, and CRS used a selection “competition,” which may have led communities to feel more sure that they were not just being “given” something for free, but had earned it as the result of a process.

- Traditional mentalities (6 IPs): Traditional or old mentalities as a constraint encompassed several different things, including a “mentality of receiving or of being serviced” which refers to an expectation that the state or international NGO is responsible to provide what is needed. Also a negative mentality or indifference related to volunteer participation in community work and maintenance of community space was noted, along with the tendency of communities to be reactive in their involvement and to think in the short-term only.
- Short timeframe (5 IPs): IPs found the 9-month timeframe prohibitively short in terms of being able to build trust and convince the community of the benefits of their involvement, to conduct comprehensive training, and to change habits.
- Low awareness levels (4 IPs): Awareness issues included creating awareness of the importance and benefits of community involvement, clarifying the difference between government and NGOs, and lack of understanding of the concept of Primary Health Care and preventive medicine given the curative model that has been the norm for Albania.
- Traditional power relationships and roles (3 IPs): Traditional roles also represented a challenge in community involvement. Teacher-parent, Director-teacher, Doctor-nurse, and male-female roles and power relationships challenged IPs in their attempts to mobilize / involve broader segments of the local communities. In one ADRA community, women did not attend meetings, while IMC and other IPs experienced doctor-nurse dynamics that were reinforced by gender roles. Teachers dominated parents and directors tended to dominate over teachers in meetings meant to stimulate community input and suggestions.
- Infrastructure and logistical constraints (3 IPs): Low levels of infrastructure development hindered community involvement in some cases. Where communications and transportation are difficult, there were challenges in organizing the communities. In Helmas (IMC), some patients walk up to 4 hours to get to the clinic. In other places (such as the ICMC marginalized migrant community), the insufficiency of roads and telecommunications means that communication with local residents must always take place in person. Also, in one agricultural community where WV was rehabilitating a school, involvement dropped to almost zero during key agricultural periods.

- Societal problems and scarcity of resources (2 IPs): Societal problems included prevalence of blood feuds in the Berat area, which precluded involvement of 20-30% of the Drenovice village population in the community activities (volunteer work, clean-up actions, health committee work, etc). Another IP mentioned that northern communities tend to be less tight knit, poorer, and therefore less able and willing to commit time and other resources to projects.

Community Involvement Successes

Despite the challenges of community involvement and mobilization in the supported IP projects, a number of noteworthy community involvement successes have been observed in the targeted communities.

1. Health

- a. IMC (Golem – Kavaje): Two weeks before the evaluation site visit, a new local organization, the Women’s Association for Environmental Protection and Healthcare, was established by women of Golem. The Director of the clinic described the establishment of the organization as part of a “chain reaction” that began with the SSRP/A project. The new organization is working in partnership with the health clinic to raise community awareness of health and hygiene issues. In the first two weeks of its existence, the NGO and clinic had already launched a joint garbage bag initiative, through which every family received free garbage bags and some information about how the current unhygienic conditions are contributing to sickness and disease in the area. They plan to distribute bags on a regular basis, charging a small fee to cover the cost of the bags.
- b. ADRA (Strum – Fier): During initial visits to Strum, the local clinic Director informed ADRA that there was no need to create a delivery room as part of the rehabilitation, because the clinic does not perform many deliveries. The nurses and women in the clinic overheard the doctor and met with the ADRA representative to tell her that there are many deliveries in the clinic and that a delivery room is much needed, since deliveries had been taking place without appropriate furniture and equipment. After further consultations with the community, ADRA included the delivery room in its project instead of rehabilitation of the Director’s office (which had been the Director’s preference). The example represents a victory for that community, and was based on their interest and involvement in identifying priority needs.
- c. ADRA (Drenovice – Berat): The local Community Health Committee (CHC) consists of locally prominent members and others from the village. Since the community has begun its operations, members have approached neighbors and friends about cleaning up garbage near their homes. Given the small village environment, this community / peer pressure has been very effective in reducing garbage in the streets and improving hygienic conditions in the village.
- d. IRC (Durrës - Durrës): A link was created for the first time between the school, the health clinic (Polyclinic #14) and the commune. School activities with health awareness messages were organized with the involvement of all

three and communication has been maintained post-program. Both the commune representatives and the clinic director expect the sports and other school activities to be repeated again this year.

2. Education

- a. CRS (Hasan Vogli Primary School, Tirana): During the CRS design workshop, the students strongly favored creation of a new sports field for the school, while the School Director (and education authorities) instead preferred that that funding be used for new tiles for the school. Parents supported their children's preference, noting that the children currently have no safe place to play. The dispute led to suspension of the rehabilitation by the Ministry of Education. Parents, who knew the exact costs for each option (18,000 USD for tiles or 12,000 USD for the field + 6,000 USD for the surrounding park), told the Ministry that it could pay for tiles out of its own budget if it felt they were that necessary, but that they believed that their children needed the field more. Then the Ministry began supporting use of the funding for new plaster, but parents with technical backgrounds demonstrated that the current plaster is still good. After extensive discussions between the parents, School Director, and education authorities, the sports field was given a green light. The School Director is committed to opening the new field for community use.
- b. CRS (Qemal Mici Primary School, Durres): A kiosk that encroaches on the edge of school property continues to be an obstacle in completing the school's surrounding wall. The School Director and parents have begun to lobby the local authorities to have the kiosk removed. This is the first time that they have been so active in advocating their interests to local authorities.
- c. ICMC (Durres): This marginalized migrant community rallied around the opening of a new school for their children. Community members came together to identify children not currently attending school and the Community Working Group (which functions as a quasi-local government for the community) selected members for a new PTA after ICMC training. Parents' active participation in the planning process for the kindergarten and new school, along with selection and training of teachers from within the community, seems to indicate that this school will function based on a strong partnership between parents and teachers.
- d. Solidarites (Berat): At one Solidarites site, the community identified the need for a fence around the school. Solidarites agreed to provide materials, and within a few days of their delivery, the fence was built by the village chief, parents and children.
- e. Solidarites ("1 Maj" 8-year school, Berat): Due to attention that the school received during rehabilitation, a local NGO has offered to initiate a school lunch program for needy students. Negotiations were still ongoing at the time of the evaluation.
- f. IRC (Pentar): The village of Pentar has been very isolated due to its remote location near the Montenegrin border. When the project began, residents did not believe that the project would actually happen. After the rehabilitation began, community members decided to clean up the schoolyard, which had been used for 10 years as a quasi-garbage dump for the village. One villager

offered to haul the garbage to the nearest dump with his truck. The rest of the community contributed money to pay for fuel for the truck. The entire yard was cleared and has not been used again as a dump site since the clean-up occurred. New benches have been installed by the community and flowers and other plants for the front yard will be planted this fall. The community has plans to create a sports field for the school in the portion of the yard behind the school.

- g. WV (rural villages near Elbasan): World Vision used participatory appraisal methods to assist communities in identifying and prioritizing their needs. As a result of these processes, the village of Pashtresh identified the need for electricity in their village. Each family contributed 2-3 USD toward the cost of the transformer. The community dug the ditches and erected the poles, and the local electric company installed the transformer for free. As a result, the community now has access to electricity, which has significantly improved their standard of living. In another isolated village, the trucks could not reach the village because of a stream. The community built a temporary bridge, in order to provide passage for the trucks carrying construction materials. The Gjinar community also repaired and rebuilt a road leading to the Gjinar Katund School, which required a donation of 3-4 USD per family to pay for the services of a tractor. According to the head of commune, the value of the SSRP/A project is that it is “becoming a tradition to assess what we can do by ourselves and what is needed from outside.”
- h. WV (rural villages near Elbasan): Women’s participation was a special focus of WV in its projects. In the beginning, women made up only 32-35% of those participating in the project design / needs assessment meetings. WV began canceling meetings if the women were not present. By the end of the project, participation had risen to 42% of local women.

Factors in success of community mobilization / involvement

IPs cited many factors that contributed to their successes in community mobilization and involvement (see the table that follows for a full list). Although numerous factors were mentioned by IPs, based on the interviews and site visits, it appears that two or three were especially significant in determining the degree and ease of involvement:

- Previous relationships with targeted communities
- Plans for further activities, continuing relationships with targeted communities

CRS, WV and ICMC cases displayed the most comprehensive community involvement. The latter two both had well-developed previous relationships with the targeted communities, which may have facilitated the quick mobilization and high level of involvement of community members in the supported projects. Both mentioned that this factor was key in avoiding distrust and suspicion in the communities at the beginning of the project. In the case of CRS, its high national-level profile among schools for similar projects in previous years certainly contributed to their credibility within the selected school communities and perhaps facilitated trust and community mobilization.

Another significant factor is that all three will continue to support the targeted schools and communities through additional activities. This continuity seemed to help in stimulating community involvement and high levels of “buy in” for new structures

and roles, such as Parent-Teacher Councils, different kinds of planning processes, and fundraising. In ICMC's case, it has been the only active NGO in the community where it works. The comprehensiveness of its activities and resulting high visibility, along with its long-term commitment all contributed to the relatively high commitment of community members to the project. CRS and WV both offered access to micro-project funding, which continues to provide a practical outlet that reinforces planning, prioritizing, and proposal-writing skills taught during the SSRP/A project. Thus, a clear continuity in the relationship between the given communities and the IPs seems to be a major factor in increasing both the willingness of community members to become involved and their willingness to accept new methods, roles and responsibilities.

Factors in success of community mobilization / involvement activities
<ul style="list-style-type: none"> ❖ willingness of local residents to help ❖ good relationship with local authorities (commune / village) ❖ good relationship with community and local government ❖ IP prepared for conflict and power plays ❖ strong local leadership (physician and RN involvement and commitment) ❖ IP's facilitation role in early meetings, ensuring that everyone has a chance to contribute ❖ strong relationships forged by field staff ❖ ability of local staff to relate to local stakeholders ❖ commitment of local staff ❖ local community economically involved in the project ❖ newsletter helped in creating broad awareness ❖ frequent community meetings ❖ nonpartisanship ❖ transparency ❖ patience ❖ adaptable approaches ❖ negotiation (working on the idea that nothing is going to be outright given) ❖ work with the community, not for them ❖ high level of trust established ❖ trust already established, because IP worked with the community before ❖ IP had high level of knowledge of community, knew individual families too because of prior work in the community ❖ activities popular and in high demand ❖ poor, marginalized communities tend to be more active ❖ design workshops allowed high level of community ownership ❖ community participation in tender process

C. Improving knowledge and practices

The SSRP/A Program also aimed to improve local knowledge and practices in the education and health sectors in the communities where facilities were rehabilitated. Each IP addressed this goal in its own way, through training, public awareness activities, and / or school programs. Information about the kind of activities offered in health and education programs, as well as evaluation results related to new services, practices and improved knowledge will be presented by sector in the sections that follow.

1. Health

Types of training, other activities conducted by IPs

The 3 IPs conducted the following kinds of training and awareness activities in their AORs:

- District meetings, including both doctors and regional leaders (IMC)
- Clinical skill training for nurses and doctors (ADRA)
- Nurse-midwife clinical training (IMC)
- Primary Healthcare Workshop for doctors and nurses / midwives (IRC)
- Reproductive health training (including Psycho-social aspects of reproductive health) for doctors and nurses / midwives (IRC)
- Equipment training (IMC)
- Home visits to chronic patients, accompanied by IP medical staff (IMC)
- In-service field visits (IRC)
- Communication skills (IRC)
- Management training (ADRA, IRC)
- Leadership training (IRC)
- Community mobilization workshop (IRC)
- School awareness activities (IMC – in some areas, IRC)
- Health promotion activities (IMC, IRC, ADRA)

Constraints and challenges to improving health services

Several constraints were noted by IPs as limiting or challenging their efforts to improve overall service levels. These included: a traditionally curative healthcare model, low levels of education and knowledge of nurses, especially in rural areas; lack of resources and basic supplies, such as medicines, first aid supplies, and access to contraceptives; gender and power relationships between doctors and nurses; and the “myth of decentralization,” which is leading to increased responsibilities at the local level without increased access to or control over financial resources or input into system-wide decision-making processes.

New or improved services introduced as a result of the SSRP/A project

This section includes information about new services introduced or improvements to already existing services resulting from the SSRP/A project. The information in this evaluation is limited to that gathered during visits to the four selected health sites, plus any additional service information provided by IP representatives during their interviews. Each example includes the site location and IP abbreviation.

- a. Drenovice clinic (ADRA, Berat): A procedure room was established as a result of the project. Microsurgical procedures are now offered by the clinic’s doctor, who has a special interest in this area. In addition, the doctor has begun coordinating with acquaintances at the hospital in Berat, in order to offer specialist services to village residents at the Drenovice clinic. He said that he had never thought about doing this before the project, especially since the clinic conditions were very poor. Since the project, he has arranged for

specialists to offer services on a case-by-case basis from the clinic, and in exchange, has offered his own specialized services (microsurgical) to patients of those specialists in Berat.

- b. Strum clinic (ADRA, Fier): The Strum clinic's maternity services have been greatly improved due to the project. Prior to the project, there was no specialized maternity / labor room or equipment. As a result of the project, a labor room has been established containing all necessary basic equipment and furniture.
- c. Golem (IMC, Kavaja): Broader access to diagnostic tools has been established. The Golem clinic received a new otoscope, EKG machine, and glucometer. These tools have permitted introduction of several concrete services, including diabetes screening and better referral system for cardiac patients based on cardiac screening. As a result of the new access to diabetes screening, a 14-year old girl was recently diagnosed at the clinic. In addition, women's consultation and visit services have been established, providing ob/gyn services, office visits and advice to women, pregnant women and mothers. Finally, outreach services (home visits to chronically ill patients) have been established. Prior to the project, some home visits took place, but these were not focused on awareness and information provision and did not target the chronically ill. According to the doctor, demand for these visits has risen significantly since the project, and he feels that the knowledge level of the patients and their families about their illnesses has greatly improved (leading in some cases to screening of other family members for heart disease and diabetes).
- d. Peshkopi clinics (IRC, Peshkopi): Maternity clinics have been established in 3 health centers in Peshkopi. Medical personnel received training and equipment for neonatal resuscitation. These services were not previously available in the 3 clinics. In addition family planning and reproductive health services have been initiated at rural sites.

Changes in practices and knowledge resulting from the SSRP/A project

In addition to new services and improvements made to existing services, the training components of the SSRP/A program also aimed to increase knowledge levels and change certain practices in the targeted health clinics. Changes in knowledge and practices were noted by both doctors and nurses and within the targeted communities. In all cases, the interviewed doctors, nurses, and health professionals said that they continue to use the written training materials for reference purposes. Evaluation results from the IP questionnaires and site visits to four health clinics are detailed below.

- a. Drenovice (ADRA, Berat):
 - o A basic waste disposal system has been introduced, which has led to disposal of used needles and syringes in a controlled manner (one place, inside the clinic). Before the project, syringes and needles were discarded outside the clinic and often littered the ground.
 - o The health center director expressed a strong satisfaction with the management training received, stating that it made his management of the center much more conscious and stimulated him to think about

relationships and resources that can contribute to the center's operations. It was the result of this thought process that he introduced access to specialist services in the center through discussions with his colleagues in Berat.

- In addition, both the doctor and nurses mentioned that the clinical training received by the nurses was very useful as a refresher course for basic skills.
 - Nurses mentioned that the family planning training was very useful for them and something that they feel is very important for their community.
 - However, nurses also mentioned that although all of the training was excellent and in theory, very useful within their context, they will be unable to implement most of what they learned due to the lack of even basic supplies, such as medicines and first aid supplies, and no access to contraceptives in the village.
 - A Community Health Committee has been formed with participation of influential individuals from the village. So far, they have been successful in improving hygienic conditions within the village by placing pressure on friends, family, and neighbors to clean up the trash from the road and from around their homes.
- b. Golem and Helmas (IMC, Kavaja):
- The director reported an increase in the number of expectant mothers that are visiting the clinic to monitor weight change. (Golem)
 - The director also reported that the home visits to chronic patients have resulted in a higher level of awareness and knowledge of both patients and their families of their illness' causes, treatment, and prognosis. (Golem)
 - Screening for cardiac referrals and diabetes have increased, reflecting both the new availability of these services and an increased awareness of the local community of the need for screening in certain cases. (Golem)
 - The health center director reported that the community has new demands vis-à-vis the local government since the project. The project's visibility and health awareness activities have lead to increasing demands for better hygiene, a cleaner environment, better trash service, etc. in the village. Local women formed the Association for Environment Protection and Healthcare. Their first activity has been to deliver trash bags to local residents, in cooperation with the health center. (Golem)
 - Among training topics, the doctor at the Golem center found mother-child healthcare, psychology of pregnant women, and emergency treatments especially helpful and useful.
 - The nurse at the Helmas center felt that the training on child nutrition, feeding, and growth monitoring have been most useful for her in her daily work. The doctor also said that he felt that the nurses' training on child

nutrition, gastro-intestinal related illnesses, growth monitoring, first aid, and emergency care have been very useful. (Helmas)

- Overall, the director felt that the training was very useful for both himself and the nurses in refreshing basic skills. (Golem)
- In Helmas, the doctor mentioned during the interview that they are not using their new EKG machine yet, because he feel further training is necessary.

c. Durres (IRC, Durres):

- The Polyclinic director said that the training on mental illness and health and psychological problems was very useful and interesting for him, especially since his formal training did not cover these areas. He also said that training provided new concepts on childcare related to the migrants / refugees prevalent in the clinic's service area.
- The Director and health authorities also have found skills gained in communication, leadership and management training extremely useful in their everyday work. The Director noted that training taught them how to work in a group, which is "more mature and wise than working individually."
- The Director and nurse noted reductions in the frequency of antibiotic use and dosages in the clinic, largely due to the efforts of the trained nurses, based on training recommendations.
- Furthermore, the nurse cited vaccination, wound treatment, hygiene, time management, and communication skills as the most beneficial parts of the training for her, in addition to the knowledge about antibiotic use mentioned above.
- Overall, the director felt that training provided an important refresher course for basic skills for both doctors and nurses (certain kinds of injections, signs of cholera, etc.)
- Medical waste disposal procedures have been put into place as a result of the training. Prior to the project, injection materials were thrown away with all other trash. Now they are separated and disposed of properly.
- The Primary Health Care Director for Durres and head of the Ambulatory Service listed the following topics as most beneficial for them: communication skills, cooperation with the community, reproductive health issues, contemporary information on prevalent diseases (hepatitis, diarrhea, AIDs), leadership concepts, health management concepts (financial).
- The PHC Director spoke at length about concrete occasions when she has been able to use communication and conflict management skills she learned in SSRP training. She said that she has passed on the materials and knowledge to others and plans to organize additional training in the clinical topics for clinics in her jurisdiction. Training was already

organized this summer for diarrhea, pregnancy topics, nutrition, and vaccination for clinics in the area.

- Community involvement has been included by health authorities (PHC Director) in annual plans for the district of Durres, based on the experience of the SSRP/A project.
- School health events, such as sports days and competitions were initiated as part of the SSRP/A project. Health authorities and the health center director stated that these activities will be continued in the future.

Overall results and notes for SSRP health sector services, knowledge and practices

In summary, some common results can be drawn from the interviews in the area of improvements to services, knowledge and practices:

(1.) Clinical training, even in topics that were not new, was found to be very important and useful in refreshing knowledge of participants. One interviewee, the Golem clinic director, suggested that doctors and nurses should have refresher training in different topics about once every six months.

(2.) Waste disposal methods have become more conscious. Despite lack of proper disposal facilities and equipment in some cases, such as an incinerator, one widespread result of the SSRP project is introduction of conscious disposal procedures that keep contaminated needles and / or syringes separated from normal office trash and off the ground outside and ensure disposal in a manner that protects the local community.

(3.) New services mainly arose from access to new equipment received through SSRP. This observation illuminates the fact that many clinics, especially in rural areas, still do not have the necessary equipment, supplies, and medications to provide basic levels of services. Some of the clinics examined in this evaluation, most notably Helmas and Drenovice, continue to have real supply needs that limit their service capacities. Without durable solutions to these problems, rehabilitation and training activities alone will not solve rural healthcare problems.

2. Education

Types of training, other activities conducted by IPs

The following types of training and other activities were conducted by 5 education sector IPs:

- School maintenance training (IRC, CRS)
- Participatory Rapid Appraisal (PRA) techniques (WV)
- Permaculture (WV)
- Concept-paper writing / project proposal writing (WV, CRS)
- Teachers' skill training (ICMC, IRC)
- Teachers' training focused on parental involvement (CRS)
- Meeting skills (CRS)
- Parent Council training – workplan, prioritization of school problems (CRS)
- Parent Teacher Association Training (ICMC)
- School financial issues (CRS)

- Age psychology (CRS)
- Training of trainers – Community group child care and support of children with disabilities (ICMC)
- Community group child care and support of children with disabilities (ICMC)
- Community health promotion activities (ICMC)
- School health and environmental awareness activities (Solidarites)

Constraints and challenges to improving education services

IPs cited a number of constraints or challenges to improving the quality of education in their areas of responsibility. One of these was the poor level of infrastructure in rural areas (also experienced in the marginalized migrant community served by ICMC in Durres). As Solidarites noted, infrastructure problems such as electricity and water shortages (and heating problems in winter), distract teachers and students alike from focusing on improved teaching and learning. Another constraint that was mentioned by CRS is the highly centralized education system, which does not allow room for change at the local level, even when teachers and parents are enthusiastic and willing. Solidarites and CRS both spoke of rigid traditional educational methods and perceptions of roles of teachers versus parents in education.

New or improved services introduced as a result of the SSRP/A project

Due to the project timeframe, most of the rehabilitation and training concluded this spring or summer. The evaluation period extended from August 8 – September 8, finishing prior to the beginning of the 2001-2002 school year in Albania, which meant that incorporation of new teaching methods and effectiveness of these new methods could not be assessed within the framework of this evaluation.

However, there is at least one clear case of new services. ICMC's project to rehabilitate and expand a kindergarten will create preschool and new primary school access to an estimated 200 students beginning this fall. The original target was 100 students.

Changes in practices and knowledge resulting from the SSRP/A project

New practices and skills resulting from the SSRP/A's education sector subgrants are mainly related to the parent bodies, school activities, and new skills of training participants, in areas such as fundraising, community organization, and school maintenance. The results detailed in this section are drawn from IP questionnaires and site interviews in five communities.

a. Gjinar 8-year school (WV, Elbasan):

- The ability to organize community volunteerism and involvement is a new skill in the Gjinar area. According to the head of commune, the only similar experience in the past was organization of a group to get water for crop irrigation. He noted that the relationship with WV during the SSRP project allowed them to "learn new ways of thinking and doing."
- Using PRA techniques to identify priorities and needs, the workgroup structure, and community meetings, the community organized other projects outside the education field. Examples included Gjinar-Katund road repair, the Pashtresh transformer, the health clinic, and creation of the

sports field in Gjinar. They received some support from WV and others for these endeavors, but mainly contributed their own resources.

- PRA techniques have been passed on to other villages in the commune and are being used to identify commune-wide priorities and resources.
 - Proposal-writing skills have been honed through submission of micro-projects to WV. The head of commune said that the benefit of the training has been that it “opened a new window to the community for a different way of doing things.”
 - Those interviewed found the working group structure to be an efficient means for organizing and carrying out community projects. They plan to use this structure again in the future, and already have concrete ideas for creating sports fields in other villages in the commune
 - The Parent-Teacher Council gained new functions as a result of the project. Previously, the Council had an exclusive focus on education issues. Through SSRP/A and WV, it actively participated in drafting the project. According to the commune leader, members continue to visit him with new ideas for future activities, such as playgrounds, health services, sports fields, etc.
- b. “1 Maj” 8-year school and Ottlak 8-year school (Solidarites, Berat):
- The Pilot Committee established a model for broad participation that both communities found useful and plan to continue.
 - Students learned how to keep the school clean and maintain a pleasant environment. They have been much more active and attentive in these areas since the rehabilitation and school activities. (“1 Maj”)
 - Both schools noted that activities to involve students in maintenance and health / hygiene will continue, even without Solidarites’ help. One teacher characterized the awareness activities and competitions as “more pleasure than promotion.” (Ottlak)
 - Even the weakest students did very well in health and hygiene and environmental competitions (Ottlak). Students’ awareness and knowledge of basic hygiene and environmental issues increased (visible in their excellent competition results).
 - Events have been established that will continue in the future, such as classroom decoration competitions, and flower competitions. These new practices contribute to good maintenance and a pleasant school environment, while strengthening the idea of community contribution and a sense of school community among teachers, parents, and students. (“1 Maj”)
 - The children’s game of breaking windows in the summer months was absent this summer. In past years, windows were always broken during the summer by local children as a kind of game. They showed little

respect for their school, which was already in poor physical condition. Only time will tell if this new respect for the school property will continue.

- c. Durres Kindergarten and Primary School (ICMC, Durres):
- According to program staff, knowledge of causes of disabilities in children has increased as a result of program activities and training.
 - Many families of disabled children have begun to bring them to the community center for special programs, representing a change from previous practices of keeping “special” children at home. As a result, the children are more stimulated and happier and parents feel less secluded. In addition, these families contact with social workers at the center has allowed some families to receive support in other areas.
 - Teachers report a better understanding of the importance of and methods for incorporating learning into play. They plan to use these methods with the children this fall, when the new school opens.
 - Teachers also mentioned that the training was excellent in understanding the concept of children’s education with community involvement. Parents and other community members are already trained and ready to provide after-school tutoring and other support to the school after it opens.
 - Social workers reported increased attention to hygiene on the part of families visiting the community center.
- d. Qemal mici 8-year school (CRS, Durres):
- The teachers summed up the benefit of training by saying that they learned things they thought they already knew. They learned meeting skills and refreshed teaching methodologies, including how to prepare for a meeting, communication with students, and interactive teaching methods.
 - The Parent Council gained an active role and real responsibilities as a result of the project. According to the director, the Council previously existed mainly on paper. Now participation is much greater and parents dropped by the school throughout the summer to ask how they could help with the final rehabilitation tasks. The Parent Council president said that she has been at the school almost every day to help supervise the rehabilitation work.
 - As a result of the more active Parent Council, parent-teacher interaction has increased, which has helped teachers in solving problems and helping parents to network with each other to solve problems.
 - The concept of micro-project planning and proposal-writing is also a new skill that the director, teachers, and Parent Council members learned and continue to use. Parents have shown willingness to contribute financially, as well as with volunteer work and in-kind donations through the micro-project structure. They were reluctant to contribute in the past because they were unsure of how the teachers would use the contributions. Now

they have an active role in the process and a closer relationship with teachers.

- Through the school façade competition, students were given the opportunity to contribute and have their opinions taken into consideration. They were quick to point out that this had never happened before and have been more active in making their opinions known since the project.
 - CRS personnel noted that all CRS school communities have gained an in-depth understanding of competitive tendering and rehabilitation processes, due to their role in selecting contractors and supervising rehabilitation work at their schools. This up-close involvement in all of the details of the rehabilitation has led to an increased sense of ownership and pride in the completed schools.
- e. Pentar 8-year school (Shkoder) and other IRC school sites:
- In Pentar, students have begun to play an active role in keeping the school clean following maintenance training. The three student representatives on the local task force have passed on their knowledge and awareness to younger students, urging them to keep the school clean and tidy.
 - The Pentar community's involvement in the school has increased due to the project. Ten years of garbage were removed from the schoolyard in an unprecedented community effort.
 - The Management Committee structure introduced by IRC for the project has been a useful structure for organizing school and community activities. The community members present at the interview felt it would be useful in the future for organizing many other kinds of activities. They plan to complete the surrounding wall, create a flower garden in front of the school, and eventually would like to create a sports yard behind the school.
 - According to IRC staff, one of the most prominent successes in terms of new practices has been observed in new fundraising initiatives of their schools, based on fundraising training. Examples included bake sales, concerts and school competitions with donated prizes, etc. In some cases, entire local communities have packed events, local businessmen donated prizes and entry tickets were sold. These events are new responses to ensure maintenance funds and funding for additional small projects.
 - Another program-wide result noted by IRC staff is the shift toward longer-term planning and budgeting, especially with regard to maintenance.

Overall results and notes for SSRP education sector services, knowledge and practices

(1.) The improvement of physical structures seems to have stimulated a shift in concentration from basic needs to improvement of teaching skills, school environment and greater parental and community involvement.

(2.) In every case examined, new activities will be initiated or SSRP school activities will continue, based on a more activated and involved school community. Training

and other skills building, as well as the experience of organizing activities during the project period will facilitate these future activities.

(3.) In all of the cases examined, the SSRP projects strengthened interaction between teachers, school directors, parents, and others in the community. The practice of increased involvement of these stakeholders seems likely to continue, based on positive experiences and built upon structures like the Parent Councils or PTAs, or Solidarites' Pilot Committee.

(4.) Targeted schools seem to be making a real effort to plan for maintenance. Solidarites and IRC actively involved students in maintenance training and activities, with results already visible at the end of the spring term. CRS and WV also placed heavy emphasis on maintenance planning, budgeting and financing methods, with the result that some schools have begun to hold community fundraising events and planning for maintenance costs is taking place for the first time.

D. Overall Analysis

1. Infrastructure improvement as a catalyst

The evaluation seems to point to two additional benefits of building the project around infrastructure improvement activities.

First, due to the creation of basic physical conditions necessary for service provision, medical and education staff may begin to concentrate on improving quality of service. Several IPs, as well as interviewed doctors and teachers noted that unhygienic conditions, rats and animals in the buildings, cold and wet conditions, lack of bathrooms, and other infrastructure-related problems distract attention away from service provision and also reduce utilization of the facilities. Once these problems are corrected, both doctors / nurses and teachers seemed both eager and willing to learn new skills and work on improving quality of services.

Second, the visible nature of rehabilitation activities seemed to facilitate community involvement and leverage additional resources during the SSRP/A projects. As noted previously, one of the biggest constraints to community involvement was distrust and suspicion. Many NGOs have conducted surveys in the towns and villages in the past years, speaking of projects that never materialized. Local communities no longer believe in the goodwill of international NGOs. However, the very visible nature of rehabilitation projects quickly convinced skeptics, and local leaders were then willing to organize community volunteer work and other contributions. In terms of leveraging additional resources beyond these community contributions, often the increased attention focused on the facilities under rehabilitation drew these facilities closer to local governments and relevant health and education authorities and put a spotlight on the clinic or school in its community. A stronger relationship with local authorities led to more willingness on the part of those authorities to help the facility with small needs, like furniture and financial contributions toward the project.

Good examples include the initiation of a school lunch program by a local NGO in Berat for a Solidarites school ("1 Maj" 8-year school), and a 150.000 leke contribution from local authorities toward rehabilitation activities at the Ottlak school. In Pentar, Shkoder health authorities have agreed to send a doctor and nurse three days a week to provide services in the new clinic built in the schoolyard.

2. Urban vs. Rural

Overall observations can also be noted in the experiences of IPs in rural versus urban areas. Overall, IPs found that it was easier to mobilize small, rural communities. The projects represented major events in the life of a village, attracting attention from every resident and attaining much broader participation than in cities.

IPs noted that city residents tended to be busier and less involved in the projects. The greatest participation in urban areas came from segments of the community directly connected to the facilities, i.e. teachers and school directors, parents of school children, chronic patients at a clinic, health professionals, or village / local commune authorities.

3. Continuity

The greatest levels of community involvement and a shift to more proactive community role in health and education planning were observed in cases where the IP has succeeded in establishing some continuity. In both cases where IPs had already worked with the targeted communities, and in those where they have clear plans for continued activities with the involved stakeholders, individual community members seemed much more willing to adopt new planning practices and skills, such as project planning and proposal-writing, identification and prioritization of needs, etc.

Perhaps the idea that they will not be abandoned following the project provides some incentive to continue to use the skills and routines learned during the SSRP/A project. Since habit formation takes time, IP continuity in working with local communities provides a greater likelihood that new skills and planning processes will become ingrained in everyday routines. In particular, the micro-project format seems a good way to hone skills and motivate communities to practice strong planning and organizational skills.

4. Continuing constraints to improvements in services

Despite the great improvements experienced in infrastructure, refreshed skills, and new equipment, great needs remain in the areas of health and education. These needs include:

Health

(1.) Basic supplies and medicines, including first aid supplies are missing in many rural clinics, thus limiting services and quality of service. The supply chain side of this equation must be addressed to ensure that all Albanian clinics have adequate basic supplies and a system for accounting for their use. Rehabilitated centers provide basic infrastructure necessary to provide quality services but will remain functionless sets of walls unless adequate supplies to actually provide the services are available.

(2.) Basic skills refresher training was noted by all as useful and important. This kind of training (which is not expensive) could be offered on a regular basis for doctors and nurses, especially in rural areas. Nurses and nurse / midwives tend to have a low education level and benefit in both skill and confidence from this type of training.

(3.) At the Helmas site in Kavaja, it was noted that the new EKG machine is not being used, because the medical staff feels that they don't have enough training to use

it properly. The former IMC country director mentioned that doctors, but especially nurses in rural areas are not using new equipment, because their confidence levels are low and they are afraid of breaking and being held responsible for expensive equipment. In any case where medical equipment is granted, but especially in poor, rural areas, extensive training should be held on use and maintenance of new equipment. In many cases, it is more efficient to provide higher-tech equipment (such as EKGs) to larger clinics, where it will be used more often and with greater confidence.

(4.) Decentralization is in process, but gross shortcomings in access to information and decision-making processes still exist, especially in rural areas. The decision-making structures for healthcare (including budgetary issues) appear to be top down, which leaves local clinics completely dependent on local authorities to decide what they need. Personal, private, and political interests dominate decision-making in many areas and there seems to be a disconnect between the different levels in the chain of authority. There is a lack of accountability and little clarity regarding who is responsible for decisions.

Education

(1.) Additional opportunities for teacher training, focusing on interactive teaching methods, communication skills, and the parent-teacher relationship would be helpful. Especially in rehabilitated schools, teachers are eager to improve their skills. The momentum of the rehabilitation activities provides a good opportunity to continue teacher and parent activities.

(2.) Following rehabilitation, most school authorities and teachers are now concentrating on improving the level of education, through addition of science labs (chemistry, biology, etc.) and language labs.

(3.) The highly centralized nature of the Albanian education system makes change to incorporate more contemporary materials at the local level difficult.

CHAPTER IV: Mercy Corps Management Role

This section briefly examines the role of Mercy Corps in overall coordination of the SSRP/A Umbrella grant. The focus of evaluation activities in this area is on the IP-Mercy Corps relationship and IP satisfaction with the clarity of the RFA, sufficiency of information and TA, and satisfaction with monitoring and feedback mechanisms.

1. Evaluation of the Mercy Corps RFA & Subgrant Award Process

This section is based entirely on IP feedback provided in an evaluation questionnaire conducted by an outside evaluator.

Summary Table of evaluation data (scale of 1-5, where 5 is the best rating):

	Aspects of RFA and subgrant process ranked by IPs (6 respondents)	Weighted average
1.	Clarity of program strategy	4.17
2.	Clarity of proposal format, as expressed in the RFA	3.33
3.	Clarity of budget format, as expressed in the RFA	3.17
4.	Timeliness of notification of release of RFA	3.83
5.	Availability of RFA document	4.33
6.	Adequacy of opportunity to seek clarification	3.17
7.	Satisfaction with negotiation process regarding programmatic issues	4.17
8.	Satisfaction with negotiation process regarding budgetary issues	4.17

As we can see from the table above, there are three areas that were ranked lower by IP respondents, including the clarity of proposal and budget formats, as expressed in the RFA and the adequacy of opportunities to seek clarification. Comments from the questionnaire follow:

Clarity of proposal format, as expressed in the RFA (3.33)

Comments indicated that the proposal format was complicated and “disjointed in allowing [the IP] to demonstrate fluidity of program development.” It was also noted that the logframe was not very clear.

Clarity of budget format, as expressed in the RFA (3.17)

Comments again indicated that the format was complicated, as well as some confusion over cost share. Another comment was that the descriptions of budget categories (page 4 of the RFA) were not in order and some categories were left out. One respondent suggested that the budget table format be provided to applicants for them to fill in.

Adequacy of opportunity to seek clarification (3.17)

One respondent indicated that the opportunity was adequate, but the answers were confusing and of limited use. Also, one comment cited lack of easy / informal ways of seeking clarification.

In each of the above areas, at least half of the six respondents rated Mercy Corps at 3 or below. In future programs, Mercy Corps may want to review its formats for proposals and budgets or change the level of information provided in the RFA to help provide applicants a clearer view of expectations and requirements. With regard to the budget and proposal formats, some IPs may simply not be familiar with standard USAID formats and jargon.

In all of the other areas, IPs indicated a high level of satisfaction. In particular, they mentioned the ease of accessing the RFA and materials via the internet and email and the professionalism and preparedness of the Mercy Corps team.

2. Evaluation of Mercy Corps TA and feedback mechanisms

Technical Assistance (TA)

Mercy Corps TA included both formal forums and informal assistance. The quality and quantity of TA provided was assessed in the IP questionnaire and also in a post-workshop questionnaire that assessed IP satisfaction with the SSRP Indicator Workshop held on October 10-11, 2000.

All IPs were satisfied with the quantity of TA that they received from Mercy Corps in the following areas: (1.) USAID procurement, rules and regulations; (2.) Indicators; (3.) Technical information (such as WHO waste disposal standards, etc.); (4.) Reporting requirements / content. Three organizations commented on supplemental technical information provision. One IP commented that turnover in Mercy Corps health personnel made technical information provision difficult. Two IPs noted that timing of information wasn't always great (pre-project or at the beginning would have been better), and one IP mentioned that technical information was sometimes difficult to understand.

In terms of quality of TA provided, all IPs indicated their satisfaction with Mercy Corps TA in the areas of USAID procurement, rules and regulations, and indicators (inasmuch as they took part in the indicators workshop). For quality of technical information provided, half the IPs were completely satisfied, while half expressed some shortcomings, including difficulty in understanding technical information, lack of follow-up, and timing (some information came at the end of the project and there was no effective way to implement it). All but one respondent indicated complete satisfaction with Mercy Corps TA for reporting requirements and content. The one comment in this area noted that no feedback was ever given on report content, unless there were problems with clarity. Indicator workshop data follows in the table below.

Summary table of evaluation data from the SSRP Indicator Workshop (scale of 1-5, where 5 is the best rating):

	Aspects of SSRP Indicator Workshop ranked by IPs (17-18 respondents)	Weighted average
1.	How well did the workshop meet objectives?	3.76
2.	How useful was the workshop in terms of your individual project?	3.66
3.	How useful was the workshop in terms of better understanding indicators?	4.28
4.	How useful was the workshop in terms of better understanding M&E?	3.53
5.	Do you feel you have had an adequate opportunity to contribute to the development of core SSRP program indicators?	3.76

Participants of the Indicators Workshop indicated that the workshop was interesting and useful. They suggested that future workshops of this kind be given at the pre-proposal stage, or that more concrete program-wide indicators or an indicator framework be given in the RFA. Another important suggestion was that M&E received too little attention in the training. Participants indicated a desire to learn more in this area, particularly with regard to community participation and involvement.

Finally, IPs were asked if they would ask for any kind of additional TA in the future, if they were to implement a similar program under Mercy Corps - USAID funding. Answers included:

- More help in solving VAT refund issues, perhaps including pre-approval arranged via USAID (3 IPs)
- More technical information on Primary Health Care approaches, strategies and experiences from other countries (1 IP)
- An opportunity for post-program follow-up and exchange of experiences (1 IP)
- Community mobilization / involvement expertise (1 IP)
- Help in dealing with conflicts related to private or political interests (1 IP)

Feedback mechanisms and communication

IPs were generally very satisfied with the quantity and quality of feedback that they received from Mercy Corps and with their opportunities to give feedback to Mercy Corps. The practice of sending monitoring agendas prior to monitoring visits allowed adjustments based on the actual program status at the time of monitoring.

Only one IP was dissatisfied. Her comments were not consistent with those of the others interviewed and her opinions seem to represent a big divergence from the other results of the evaluation. She was displeased with the kind of feedback she received, but primarily with monitoring systems. See question 25 and related notes for the IMC IP questionnaire in the appendix of this report for details.

Finally, five of seven IPs noted that they would have appreciated more interaction with each other. The organized meetings (mid-term, indicators workshop, etc.) were very useful for them in terms of exchanging experiences, offering best practices, and discussing methods and experiences related to community involvement and mobilization. (IP Questionnaire, question 27)

3. Evaluation of Mercy Corps monitoring

Summary table of evaluation data from the IP Questionnaire, question #26 (scale of 1-5, where 5 is the best rating):

	Aspects of Mercy Corps monitoring ranked by IPs (7 respondents)	Weighted average
1.	Knowledge of monitors	4.14
2.	Preparedness of monitors*	4.67
3.	Responsiveness	4.64
	Overall combined average	4.48

*6 respondents

Overall, IPs were satisfied with the quality of Mercy Corps monitoring. Comments included:

- Real partnership with Mercy Corps; not like MCI was a boss or policeman
- Seemed a bit intensive at times, but it was okay
- Monitors are not always qualified to make recommendations on the technical rehab side
- Monitors helped us to stay on track; we appreciated the monitoring agenda
- The engineer brought up the issue of the ramps at the end (timing not good!)
- Some remarks (engineering) like about the doors being too low seemed a bit too picky.

- Appreciated the opportunity to share at monitoring visits; coordination with MC was good

One IP expressed strong dissatisfaction with monitors. She felt that they played a policing role rather than a constructive one. She said that they were inexperienced in the field, not knowledgeable about local conditions, and sometimes patronizing to local staff. She also indicated that the monitoring agenda was not consistent with her IP's program timeline. These comments have been separated from the others because they seem to represent an opinion that is sharply different from that of other IPs.

4. Overall satisfaction with Mercy Corps management

Finally, IPs rated their overall satisfaction with Mercy Corps' responsiveness, professionalism, knowledge, and level of involvement. The results are summarized in the table below.

Summary table of evaluation data from the IP Questionnaire, question #28 (scale of 1-5, where 5 is the best rating):

	Aspects of overall Mercy Corps management ranked by IPs (7 respondents)	Weighted average
1.	Responsiveness	4.57
2.	Professionalism	4.57
3.	Knowledge	4.36
4.	Level of involvement	4.36
	Overall combined average	4.47

Based on IP interviews and ratings in the IP questionnaire, IPs expressed a high degree of satisfaction with Mercy Corps management of the umbrella grant. They tended to feel that Mercy Corps management was highly professional and open to their concerns and questions at any time. Most characterized the relationship between their organization and MC as a real partnership.

Most of the noted shortcomings (too little interaction with other IPs, not enough consistency in terms of distribution of and follow-up on technical information) are likely attributable to the short program timeframe (9 months), and perhaps to a lesser extent, turnover at Mercy Corps (health coordinator, etc.).

CHAPTER V: Overall Findings and Recommendations

1. Local Partners vs. International Partners

One of the most interesting aspects of the SSRP/A Program was the inclusion of the Local NGO Grants Program. Local NGOs (LPs) received average grants of approximately 30,000 USD, while international partners received average grants in excess of 600,000 USD. About half of the LPs included rehabilitation activities in their programs, but the limited budget only allowed for partial rehabilitation of targeted facilities. IPs extensively rehabilitated their targeted schools and health clinics.

In the area of efficiency, LPs clearly have a benefit over IPs, given much lower administrative and salary costs. In working with LPs, USAID got more rehab for each dollar spent than with IPs. However, working with LPs for rehabilitation activities required intense oversight and monitoring and extensive technical assistance. IPs have experience in and are staffed for rehabilitation activities and do not require such close supervision and technical assistance.

In terms of the ease of mobilizing communities and organizing community involvement, LPs may have had a small advantage. During the evaluation, they did not report the same challenges with regard to overcoming distrust and suspicion. This is likely because the local partners are already a part of the communities that they serve, so they do not face the same obstacles that outsiders face. In terms of training activities though, local partners tended to have lower concept training, more focused on technical skills and awareness issues than on completely new methods for doing things. The International Partners bring international experiences and methods to the projects.

Finally, the communities where LPs conducted rehabilitation activities probably gained more experience in real prioritization than is true for IPs. Because LP rehabilitation budgets were so limited, full rehabilitation was not possible. Consequently, the NGO and community had to prioritize between critical needs. While IP projects yield numerous examples of prioritization, there were few cases where the local communities had to choose between critical rehabilitation needs. In general, all critical needs were met within the existing rehab budgets.

2. Results of rehabilitation itself

Infrastructure rehabilitation also had observable impacts as an activity by itself. First, safe, hygienic environments were created as a result of rehabilitation. Without these basic conditions, service provision and improvement of services become irrelevant topics. Once basic conditions were ensured, it became possible to focus on improvement of services and future development.

Both in schools and health clinics, rehabilitation had a positive effect on self-esteem and job satisfaction, as well as on the politeness and respect shown by beneficiaries toward health and school professionals.

Along with the previous trend, both health clinics and schools experienced increased demand. All clinics reported increases in visits, while all schools reported either increases in enrollment or increased demand for enrollment (in cases where the school is already operating at full capacity and cannot accept additional students).

3. Leveraging role of rehabilitation activities

Rehabilitation proved to be an effective base around which community involvement could be stimulated. Because of traditional mentalities and a strong distrust and suspicion of international NGOs based on previous disappointments, IPs reported difficulties in mobilizing communities until after construction activities began. Once materials were being delivered to the rehab sites and work was beginning, local communities finally believed that the promised projects would be implemented. In more than one case, local community involvement before this point proved almost impossible to organize. Afterward, communities were willing to contribute volunteer time and offer in kind donations, and in some cases, they even contributed financially.

The visible nature of rehabilitation activities attracted local attention and served as a catalyst for leveraging additional resources from local sources. Increased contact between the facilities and local governments and education or health authorities led to a (reported) better understanding of the needs of the communities and the given facility by local authorities. In addition, the investment through SSRP led to financial contributions from local governments in some cases. The spotlight on the targeted facilities led to leveraging of other community resources, such as the school lunch program that a local Berat organization would like to initiate with “1 Maj” 8-year school in Berat and establishment of a new NGO in Golem-Kavaja.

4. Community involvement

The level of community involvement varied greatly among LP and IP projects. In general, all projects had some elements of volunteerism and in-kind donations. The level of local community involvement in project design and decision-making varied greatly among LPs and IPs. Common types of community contributions included volunteer work on gardens and surrounding walls, and in kind donations of curtains, flowers, potted plants and other decorations. Small monetary contributions, especially in the case of school rehabilitations, were noted in many cases, which was a surprising finding.

Continuity in working with the IP or LP and opportunities for practical application of skills (such as micro-project grants) seemed to contribute to greater community involvement and better chances for sustainability of the projects and structures.

Concrete examples of additional activities that were completed based primarily or entirely on local community mobilization and contributions include:

- The Women’s Association for Health and Environmental Protection in Golem – Kavaja was established by local women, as part of what the health center’s director called a “chain reaction” initiated by the project.
- A local NGO in Berat initiated discussions with the “1 Maj” Primary School in Berat regarding launch of a school lunch program for needy students. The School’s Deputy Director noted that the local NGO, previously unknown to the school, had been closely following the rehabilitation and related school activities.

- The Gjinar community repaired the village tap, a decorative tap that previously provided public access to clean spring water for the village. The tap had not been operational for years. The project was identified by villagers during WV PRA meetings and was implemented without WV support.
- The village of Pashtresh identified a need for electricity for village residents. Community members donated 3-4 USD each to purchase the transformer, and the electric company installed it for free, after community members volunteered their time to dig the necessary trenches and install poles.
- In Zhupan, the school community felt that running water inside the school was a critical need. One parent purchased the pump, others helped in wiring, and community members dug the well outside that provided access to water. Only minimal support was necessary from RDA Fier (mainly in coordinating this work with the other rehabilitation tasks).
- Also in the Gjinar area, one village identified the need for health clinic. The land was provided by the local government, excess building materials were donated by local residents, and a local builder volunteered his labor to construct the building. WV provided minimal support to supplement building materials, but the clinic was primarily built using community resources.

5. Improvements to services

Improvements to services were mainly visible in connection with equipment acquired through SSRP/A and physical rehabilitation of facilities. The most common type of service improvement is tied to better diagnostic capabilities of SSRP/A clinics. The effects of teacher training on quality of education are not yet visible, since the new school year had not begun at the time of this evaluation.

Additional evaluation is suggested in six months to one year, in order to more fully assess the impact of new equipment and training on service provision.

6. Continuing constraints and needs

Despite many successes and steps forward resulting from the SSRP/A International and Local Grants Programs, some constraints and needs still challenge final achievement and sustainability of SSRP/A goals.

- Community involvement will continue to be a challenging activity within Albanian communities. Old mentalities, including the mentality of being served and inherent expectations that the state or international NGOs are responsible continue to be a strong obstacle in mobilizing communities to improve their own conditions.
- In general, local NGOs continue to have very low organizational capacity and a poor understanding of international standards of transparency and accountability. The SSRP/A program imposed a level of control and accountability that is unusual. Most donors do not conduct intensive monitoring and oversight or capacity-building, which may be sending the wrong message to local NGOs.

- Health and education systems continue to be highly centralized, making change at the local level difficult. Although the healthcare system is undergoing a process of decentralization, there remains little accountability within the system, decision-making often reflects personal, political, or private interests, and rural clinics seem to have little access to decision-making processes and to vital supplies and equipment.
- Many of the schools partially rehabilitated by LPs continue to have great needs. Kindergarten #25 in Tirana has no tables or chairs for the children, and few toys. While the kindergarten building is now safe and clean, it remains just a building. The Zhupan Primary School received some new furniture, but not enough for the entire school.
- As mentioned above, many rural health clinics have supply shortages that severely limit their level of services. The lack of basic first aid supplies, medicines, and in one case (Drenovice clinic), contraceptive access prevents nurses and doctors from implementing skills learned in training and challenges basic service provision in the newly rehabilitated facilities.

Recommendations

1. Additional health projects should address the issue of supplies and other consumables. While large donations of consumables is clearly not appropriate or sustainable, supply side issues should be addressed within the framework of future projects.
2. It might be beneficial to develop a list of basic equipment for the different levels of health clinics in Albania. There seemed to be a lot of variance in terms of what was provided by IPs. In Golem and Helmas (peri-urban and rural settings, respectively), clinics received brand new glucometers, otoscopes, and EKG machines, while just down the road at Polyclinic #14 in Durrës, the Director's otoscope (used for looking in ears) is old and nearing the end of its usefulness, yet it was not replaced through SSRP. ADRA received a leftover EKG to distribute to one of its sites near Berat, and they requested permission to donate it to a hospital in the city, because the rural clinics have little need for such equipment. Given these kinds of examples, USAID might consider developing standardized lists to ensure adequate levels and conditions of basic equipment for different types of clinics, and to avoid donations of expensive specialized equipment, such as EKGs, to clinics that will not use them.
3. Future programs including local NGO and international NGO activities may benefit from a tighter connection or coordination between the two sets of activities. Local NGOs tend to have greater insight into community mobilization and involvement, while international NGOs have greater organizational capacity and the benefit of international perspectives. In addition, in the SSRP/A program, coordination between IPs and LPs might have been useful in obtaining good used furniture and other rehabilitation "leftovers" from IP projects to supplement the partial activities conducted by LPs.
4. Capacity-building for local NGOs continues to be a strong need in strengthening the ability of Albanian organizations to identify and address

priority needs of their communities. Any future programs that include local NGOs should also build in capacity-building activities for them and other similar Albanian NGOs.