



LNOB Social Mapping Report

Municipality of Elbasan

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Report on LNOB Social Mapping in Municipality of Elbasan



BASHKIA
ELBASAN



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Social Mapping Results Report

LNOB social mapping and evidence-based policymaking in the Municipality of Elbasan and with a focus on Day-care Center Services for Children with Disabilities

Municipality of Elbasan / Gender Alliance for Development Centre



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Table of Content

EXECUTIVE SUMMARY4

1. TARGET GROUP(S) OF THE SOCIAL MAPPING6

1.1. EXPLANATION WHY THE TARGETED POPULATION(S) IS LNOB GROUP 6

1.2. SUMMARY OF THE CONSULTATIONS WITH THE MUNICIPAL OFFICIALS AND OTHER STAKEHOLDERS .. 8

1.3. SUMMARY OF SECONDARY DATA ANALYSIS 12

2. BRIEF INFORMATION ABOUT THE MUNICIPALITY OF ELBASAN AND POLICIES AT LOCAL LEVEL.....14

3. OBJECTIVES OF THE SOCIAL MAPPING15

4. METHODOLOGY.....17

5. SOCIAL MAPPING RESULTS18

5.1. ANALYSIS OF GEO-TAGGING OF AVAILABLE SOCIO-ECONOMIC RESOURCES 19

5.2. GRUPI LNOB – CHILDREN WITH DISABILITIES 22

5.2.1 *Demography and Socio-Economic Status* 22

5.2.2 *Geography – risk factor* 30

5.2.3 *Needs assessment for children with disabilities*..... 32

5.2.4 *Assessment of Home Service Needs in the local community* 38

5.2.5 *Assessment of social service needs in the local community*..... 44

5.2.6 *Assessment of Education Services and Facilities*..... 52

5.2.7 *Assessment of the views and needs of people with disabilities* 55

5.2.8 *Discrimination – Risk Factor*..... 58

5.2.9 *Vulnerability to shocks – risk factor*..... 61

6. FOCUS GROUP ANALYSIS – CHILDREN WITH DISABILITIES62

7. CONCLUSIONS AND RECOMMENDATIONS.....67

7.1 PLAN FOR COMMUNICATING THE CONCLUSIONS AND RECOMMENDATIONS OF THE SOCIAL MAPPING
74

8. RECOMMENDATIONS IN LINE WITH THE SDGS (SUSTAINABLE DEVELOPMENT GOALS)75



Executive Summary

This report examines the situation of children with disabilities in the municipality of Elbasan through LNOB social mapping and evidence-based policymaking, with a focus on daycare center services for children with disabilities, with special attention to girls as a part of this group. The overall aim of this report is to contribute towards the social inclusion of disadvantaged groups, improving the quality of life as well as fostering social cohesion at a local level by promoting the localization of Agenda 2030 and its objectives, in particular, the Leave no One Behind – LNOB principle at the municipal level.

In the 18 administrative units of the Elbasan municipality, a total of 1,080 children with disabilities have been identified, comprising 564 girls and 516 boys. Within the municipality of Elbasan, there is a significant number of families belonging to the Roma community, who have 111 children with disabilities. During periodic meetings and communications with the municipality staff, not all children with disabilities are fully identified throughout the municipality, and social mapping is helping to make their full identification possible.

During the social mapping, 30% of the total number of children with disabilities were interviewed (324 parents/guardians interviewed). The municipality of Elbasan has made continuous efforts to meet the needs and provide social/health services for this category, but a high percentage of this category of children continues to not benefit from these services.

As a result of Social Mapping, the municipality of Elbasan is identifying the complete list of children with disabilities in all rural and urban administrative units. According to representatives of the Elbasan municipality (specialist for people with disabilities, specialist for people in need and the elderly, specialist in social services), there is no accurate number of children with disabilities from ethnic minorities due to several reasons such as:

- Lack of data on the locations of these families
- Problems in identifying disabilities - this is due to reasons such as lack of reporting or adequate visits to specialists, which may be due to social stigma, lack of access to health and educational services, or lack of knowledge or information
- Socio-economic factors resulting from financial constraints for diagnosing and providing proper support for children with disabilities, etc.

From the data obtained during focus group discussions, but also from the preliminary list provided by the Elbasan municipality, the majority of children with disabilities are girls. Meanwhile, there is a considerable number of families that do not declare their children as persons with disabilities, thus resulting in a lack of necessary support and services, negative impact on the child's education and social inclusion; hindrance in social and emotional development, etc.



Throughout the Elbasan district, there is no institution for children or adults with disabilities that provides sheltered accommodation. In the centers in this municipality, therapy offered to children is based on an individual plan. The problem remains with services for children aged 16-18 years old, because some services are designed specifically for children or for adults, with different eligibility criteria that may exclude 16-18 year old who are in the transitional phase. Different eligibility criteria that may exclude them, a shift in focus to education and employment that can overshadow their support needs, limited funding and resources, lack of awareness and advocacy, policy gaps that do not fully address their needs, and social stigma and barriers that hinder their access to appropriate services . Regarding economic assistance and cash payments, the Elbasan municipality provides economic assistance to families with children with disabilities, and to receive disability payments for children, they must declare and include them in the payment system. There is no limitation on the payment received for children or for disabled people to also receive economic assistance from the municipality. Priority is given to the targeting of families for economic assistance, especially those families with more than two children, where economic difficulty is higher. The Elbasan municipality also helps from the 6% fund for those families who do not receive economic assistance. In Elbasan, 972 families which are receiving economic assistance have at least one person (child or adult) with disabilities. According to officials, the Elbasan municipality offers public transport for families of children with disabilities for those who receive services from centers in Elbasan as well as from “Voices of Life” special school.

Geographical Barriers: A substantial number of children with disabilities live in small villages, making it difficult for them to access necessary services. This issue affects girls more than boys.

Economic Challenges: Many families with disabled children, particularly those with disabled girls, struggle financially. A significant portion of these families earn below the minimum wage, and many report that their income does not meet their basic needs. Families with disabled girls are slightly more affected in this regard.

Food Security: A notable percentage of families with disabled children face difficulties in purchasing food, with families of girls reporting higher challenges than those of boys.

Access to Education and Internet: A significant number of families cannot afford internet access, which is crucial for their children's education. This issue is more pronounced among families with disabled girls.

Healthcare Access: While most families report accessing health services when needed, specialized services like dental or physiotherapy are located far from their residences. Additionally, many families have never received patronage services from medical staff, with boys' families being slightly more affected.

Social Support: A majority of families need to be able to call someone for help with their disabled children, indicating a lack of social support systems.

Transportation and Daycare Services: A small percentage of families have access to organized transportation to essential services. Many families lack information about



the availability of daycare centers, and even among those who know about these centers, there is dissatisfaction with the services provided.

Educational Support: There is widespread dissatisfaction with the provision of education by assistant teachers for children with disabilities, with no significant difference between the experiences of boys and girls.

Overall, girls with disabilities face slightly higher risks and challenges in areas such as financial stability, food security, access to the internet, and awareness of available services. Families of children with disabilities in rural areas particularly lack sufficient social and health services, highlighting a need for targeted support and interventions in these communities.

1. Target group(s) of the Social Mapping

When speaking about leaving no one behind, it is at the same time that this includes vulnerable groups who face a higher risk of poverty, social exclusion, discrimination, and violence compared to the general population. These groups include, but are not limited to, ethnic minorities, migrants, disabled individuals, the elderly, and isolated children. Vulnerability to discrimination and marginalization arises from various social, cultural, economic, and political factors. Women and girls within these groups often experience multiple forms of discrimination and gender-based violence, and they may encounter challenges in accessing protection, support, and remedies when their rights are violated. The target group this report is about are children with disability, a group chosen by Municipality of Elbasan because of all the obstacles that they face.

1.1. Explanation why the targeted population(s) is LNOB group

At Municipality of Elbasan, there are several challenges faced by this particular target group are identified as follows:

- Economic, social, environmental, and cultural challenges.
- Challenges in mental health, reproductive health, and access to healthcare services.
- Limited access to infrastructure.
- Barriers to inclusive education for children up to the age of 14.

Limitations impacting the target group:

- External factor: Lack of professional skills among staff providing services for children with disabilities.
- Internal factors: Behavioural issues and discrimination.

The Municipality of Elbasan has formulated the Social Plan for the years 2023-2026 in which it has identified various challenges confronting the local government in addressing the needs of the target group, among other important considerations.



- Ensuring the possibility of providing social services to all individuals with disabilities as assessed by the multidisciplinary disability evaluation commission.
- Institutionalizing inter-institutional cooperation at the local level to support and treat individuals with disabilities by the recommendations of the multidisciplinary disability assessment commission.
- Enhancing the capacities of municipal staff (including social administrators in administrative units and Needs Assessment Units set up in this municipality) for the design, implementation, and monitoring of one-year development programs for individuals with disabilities.
- Establishing suitable working conditions for social administrators to meet legal requirements for monitoring the quality of life of individuals with disabilities through in-home assessments.

The National Action Plan for Persons with Disabilities (NAPPD) 2021-2025, is guiding the National policies as an inter-sectoral document of the Albanian government that includes policies dedicated to persons with disabilities that will be implemented till 2025.

The purpose is to continue to promote and support the integration of persons with disabilities in the socio-economic life of the country with constant attention to the fulfilment of the obligations of the Convention on the Rights of People with Disabilities (CRPD) through specific measures. The implementation of this Action Plan is being monitored by the National Council for Limited Communication through the Technical Secretariat and with the direct involvement of contact points in the line ministries.

While the NAPPD includes various objectives, some challenges persist in their realization. For example, one of these objectives focuses on enhancing opportunities for inclusive education for children with diverse disabilities. Several challenges must be addressed to achieve this goal, including:

- Strengthening the inclusivity system and its effectiveness, to improve the mechanisms and practices that ensure children with disabilities have equitable access to education, social services, and community participation. This includes enhancing the support structures within schools, increasing accessibility and availability of social services, and promoting broader societal acceptance and integration of individuals with disabilities.
- Providing initial training for teachers in educating children with disabilities.
- Offering continuous training for teachers in specialized pedagogy and working with children who have disabilities.
- Ensuring the availability of appropriate educational materials to facilitate the inclusion of children with disabilities in mainstream schools.
- Implementing accessibility standards to accommodate children with disabilities in kindergartens and schools.
- Establishing resource centers that not only support children with disabilities but also promote lifelong learning opportunities for them.



- Ensuring that health institutions are equipped with facilities that are accessible to persons with disabilities for their visits.
- Expanding the roles of nurses and dentists in schools to serve the people with disabilities within their respective areas of practice, which requires relevant training.
- Designing a comprehensive basic healthcare package tailored to the specific needs of children with disabilities and ensuring that personnel are adequately trained for its use, including the service provision by dentists.
- Increasing the capacity of personal assistants to effectively address healthcare challenges for children with disabilities.

The Agenda for Sustainable Development is a reminder of our commitment to building an inclusive world where no one is left behind. The Agenda recognizes the diverse range of people whose needs should be at the forefront of our efforts. In the context of the Leave No One Behind (LNOB) principle, social mapping considers several crucial risk factors for children with disabilities:

- **LNOB factor Geographic Isolation:** Some children with disabilities are isolated (living on rural areas, far from the city), making it difficult for them to access services and be fully engaged in society.
- **LNOB factor Socio-economic Status:** Our approach considers multidimensional poverty, which goes beyond just income and encompasses access to education, healthcare, housing, and other essential factors that determine one's overall well-being.
- **LNOB factor Vulnerability to Shocks:** This target group is more susceptible to economic, environmental, or social shocks that have worsen their existing disadvantages. Additionally, the impact of pandemics further exacerbates their vulnerabilities.
- **LNOB factor Discrimination:** The barriers created by discrimination, which restrict access to vital services and opportunities are a very impacting for this group.
- **LNOB factor Governance at Central and Local Levels:** We evaluate the effectiveness of governance structures, encompassing legal and institutional frameworks, in addressing the unique needs of marginalized groups. But, the involvement of the families of children with disabilities is very low or does not exist.

1.2. Summary of the consultations with the municipal officials and other stakeholders

GADC has reached out and had meaningful collaboration with a wide array of individuals and organizations in the Elbasan community. These include representatives from the local Social Services, schools, healthcare facilities, both public and non-public centers, special schools designed for children with disabilities, psychologists, speech therapists, and many others who play vital roles in supporting these children and their families. The goal of these interviews was to uncover the range of services available to this specific group, particularly those provided by public institutions and daycare centers. We aimed to understand the challenges they face,



any gaps or shortages in services, as well as any needs for additional training or support.

According to interviews conducted with various actors in the Elbasan municipality, it appears that there are several problems and deficiencies regarding the identification, services, and support for children with disabilities in this municipality.

In general, there is a lack of:

- Information among a large part of families with children with disabilities;
- Lack of cooperation between health and social institutions. The number of cases of children with disabilities referred by family doctors or pediatricians (where the Psychosocial Service is also established) is very low.
- Infrastructure for children who are blind and deaf is completely lacking. If we analyze the structure for children with mobility difficulties, logistics have improved over the years, especially in new buildings, whether they are schools, public institutions, or health centers, all equipped with ramps. In some Administrative Units such as Gjergjan and Bradashesh, mainstream classes have been established which offer appropriate spaces and logistics for children with disabilities.
- Regarding public or even private transport, the majority of vehicles do not meet the logistical requirements for children with disabilities, while a very small portion of this fleet, even if it has the necessary logistics, does not put it into use.

Efforts are underway to involve parents in their children's therapy sessions. However, continuous and extensive campaigns are essential to raise awareness among parents about their children's disabilities. There is a call for parents who provide round-the-clock care for their children to receive health and social insurance benefits and to be encouraged to contribute towards their pension, particularly mothers. Additionally, the current practice of assistant teachers spending only 2 hours with children is deemed inadequate, especially for those within the autism spectrum, considering the complexity of their diagnosis. Assistant teachers require additional psychosocial support to effectively carry out their duties. Although Down syndrome remains constant, parents are advised to renew assessments almost every 2 years. Unfortunately, services and assistance are absent for teenagers aged 16-18 with disabilities. Specialized courses should be introduced at vocational training centers for this age group. Furthermore, there are instances where many children remain undiagnosed because their parents fail to take them for check-ups due to various reasons.

Overall, Elbasan faces infrastructure deficiencies with no allocated budget for educational materials. Referring to in-depth interviews with several day centers in Elbasan, training for public center staff is necessary. Collaboration with the University is absent, necessitating the inclusion of curricula for services. Additionally, the establishment of residential centers (small group homes) is recommended.

There aren't enough assistant teachers. Assistant teachers work 20 hours a week, on average with 2 children per school. Assistant teachers' capacities need to be



increased. Down syndrome is not listed when analyzing the diagnosis and determining the fee.

Other findings:

- Society is stigmatized, even when children have 3 - 4 diagnoses of limited ability, parents do not accept sending them to special schools.
- Mainstream classes are very few in 4-5 schools and are very small. Teaching materials are lacking in schools. A concrete strategy needs to be drawn up for assistant teachers on how to work with children with various disabilities. There is a need to develop a manual along with other teaching materials to instruct teachers on effectively working with children with disabilities.
- The multidisciplinary commission needs to take on the decision-making role in the child's education after diagnosis. Sign language interpreters are missing.
- Not all supportive services are provided in the preschool system. There are few social workers in kindergartens and only a few assistant teachers in some administrative units. There are only 7 assistant teachers for all kindergartens. There are 35 children with disabilities in Elbasan's kindergartens, 17 in total kindergartens are only in the city.
- In terms of healthcare in Elbasan, not all healthcare services can be provided for children with disabilities. There are cases where health centers do not have nurses. A detailed service map needs to be drawn up for this category. The social service-health care institutions relationship is weak.
- Villages do not have psychosocial services.
- Although wheelchairs for children with disabilities are provided by the municipality, doctors do not have this information.
- Diagnostic forms need to be updated and expanded because the hospital is encountering a growing number of new diagnoses every day, particularly for genetic conditions that do not yet have specific codes.
- Usually, according to doctors, the families of these children distance themselves.
- Services for rural areas are lacking.
- Specialists need to be trained with new models. On-the-job training is needed.
- The National Mental Health Hospital in Elbasan offers services for both adults and children in the same building. A separate pavilion is needed in the hospital for children with disabilities, like a 72 hours emergency center. Staff and equipment are lacking for this part.
- A notification system for diagnoses and treatment needs to be established. Statistics for diagnoses are missing.

Summary from daycare centers:

- **The “Future for You” Center**, established in 2012, provides services primarily for children facing speech disorders, mental disabilities, syndromes, and other related conditions. Particularly, within the Roma minority community, this center serves a larger number of children. At present, the center caters to 37 children, operating from 8 am to 5 pm, five days a week. These children receive various therapies such as developmental therapy, speech therapy, and engage in recreational activities. Most of the children attending the center have Down



syndrome, although other syndromes are also accommodated. Parents are charged 700 lekë per hour for these services. The gender distribution among the children attending the center is 12 girls and 25 boys.

- **The “I hear you 366” Center**, established in 2018, provides therapy and psychological services. Currently, 7 children aged 2-9 years attend therapy sessions five days a week, with one of them being a girl. Typically, each therapy session lasts for an hour, sometimes extending to 2 hours. The center’s staff includes 1 psychologist and 1 speech therapist. Funding for the center is obtained through both center-generated funds and small fees from parents. Additionally, 2-3 families receive full support from the center at no cost. There’s a noticeable increase in parents’ awareness of their children’s disabilities. Furthermore, there’s a trend of faster diagnosis among autistic children compared to previous years, often occurring between the ages of 18 to 24 months
- **The Balashe Center** provides services for adults with disabilities, and currently, there are no children under the age of 18 enrolled in the program. Despite having adequate space, the center currently accommodates only 22 adults, comprising 7 female and 15 men
- **The “Voices of Life” special school** provides 2 hours per day for students across various classes. Currently, the school accommodates 53 children but lacks a ramp for accessibility. From the staff it is recommended that children diagnosed with 3-4 conditions should attend special schools rather than public ones, and this is the perfect school for them. Among the students, there are 11 girls enrolled in grades 1-9, with an admission age range of 6-10 years for the first grade. The school’s capacity is 90 children, with a staff of 24 members including 1 clinical psychologist, 1 school psychologist, and 2 teachers per class. Classes typically have 4-9 students on average. Unfortunately, special schools face a shortage of speech therapists and physiotherapists, which are essential services. Transportation is provided by the municipality, but there is no distribution based on administrative units.
- **The Albanian Center**, established as a non-public institution in 2015, currently serves 30 children with disabilities between the ages of 2 and 16, including 5 girls. However, there are no fully integrated professionals available for the age group of 16-18 years.
- **The Autism Center in Elbasan (Albanian Center for the Integration of People with Special Needs)** capacity is up to 80 children daily, including 25 girls. It operates as a public facility. Children aged 2-13 attend, while those above 13 transition to non-public centers or schools. The center provides speech therapy, physiotherapy, group developmental therapy, and parental counseling. Initial cases undergo evaluation. Meals are not provided. Operating hours are from 08:00 to 16:00, with a staff of 17 members, comprising 1 psychologist, 2 speech therapists, 2 physiotherapists, and 12 psychotherapists. Immediate staff increase is necessary. Services could be extended with two shifts if staffing permits. Municipality covers transportation expenses, and tickets are reimbursed by the municipality's administrative unit. Currently, 26 children from Elbasan attend the center.



- Center "Fly for Life" public provides services for children with autism spectrum disorder ages 2-6. Services provided: individual ABA therapy; counseling of parents; children's socialization activities in groups; sensitization activities for the community on specific problems of children with autism

1.3. Summary of Secondary Data Analysis

Target group: Children with disabilities with a focus on Day-care Center services

Based on the information received from the municipality of Elbasan, some data regarding the target group are listed below:

In the 18 administrative units of this municipality, a total of 1,080 children with disabilities have been identified, comprising 564 girls and 516 boys. Within the municipality of Elbasan, there is a significant number of families belonging to the Roma community, who have 111 identified children with disabilities. During periodic meetings and communications with the municipality staff, not all children with disabilities are fully identified throughout the municipality, and social mapping is making their full identification possible.

Breaking down their residence, 383 of these children reside in rural administrative units, while 697 live in urban administrative units.

When categorized by age group, the distribution is as follows:

- Ages 0-6 years: 287 children
- Ages 6-15 years: 522 children
- Ages 15-18 years: 271 children

Regarding their involvement in the education system:

- Preschool: 285 children
- Compulsory 9-year education: 520 children
- Secondary education: 269 children

Day Care Centres:

In the territory of the Elbasan Municipality, there are 3 public service providers catering to the needs of the target group:

1. Balashe Social Center
2. "Fly for Life" Center
3. "Voices of Life" Special School

Simultaneously, within this municipality, there are 6 non-public service providers that also offer their services to the same demographic:

1. "Future For You" Center
2. Albanian Center for the Integration of People with Special Needs
3. Association for Psycho-Social Services "To Listen 366"
4. Association of the Blind
5. Association of Para-Tetraplegics
6. Serentis Therapy Psychotherapy Studio



113 children and their caregivers have benefited from the provision of public transportation services to attend the special school 'Voices of Life' and centers offering services such as developmental therapy, physiotherapy, speech therapy, etc.

Integrated in inclusive education are 165 students under the care of 75 assistant teachers.

In 2022, 18 needs assessment units were established, comprising 12 in administrative units and 6 in city neighborhoods. Cases are referred to relevant institutions based on the requested service. The majority of cases are managed through the establishment of roundtables involving cross-sectoral technical groups, including participation from state institutions and NGOs operating within our city. These cases are addressed with individualized plans. This collaboration aims to foster an inclusive society and facilitate employment opportunities for this vulnerable demographic.

In February 2023, 7 support teachers were hired in the kindergartens of both administrative units and neighborhoods within the city. Currently, they are assisting 24 children with disabilities.

The municipality oversees the procedures for placement, services, and adherence to standards at the Balashe Social Center, one of its subsidiary institutions. Collaborating with civil society and the community, it actively promotes the rights of individuals with disabilities through awareness campaigns on international disability days.

Through partnerships with organizations like ADRF and the Qatar Foundation, the municipality facilitates customized wheelchair services. Additionally, projects with World Vision and the Ministry of Health and Social Protection have been initiated, aimed at improving family services in rural areas. One project focused on providing therapeutic services to families, while another supported families during the Covid-19 pandemic, offering cash payments, tablets for online learning, seedlings, and livestock. Throughout the pandemic, food and hygiene packages were distributed in collaboration with NGOs, and online psycho-social counseling was provided through Aleksandër Xhuvani University.

Public transport is provided by the municipality for children attending developmental centers and special education programs. The municipality has also offered free rent of its premises to the Albanian Center for the Integration of People with Special Needs, catering to children affected by Autism Spectrum Disorder.

In partnership with the Paul Ritzau foundation, the municipality has supplied medications to children with disabilities affected by seasonal viruses. Rent payments have been covered for individuals abandoned by their families, with some benefiting from social housing programs. Scholarships have also been provided to students with disabilities enrolled in secondary education, among other support measures.

In terms of accessibility for individuals with disabilities, the Elbasan Municipality has undertaken interventions in various institutions, including educational facilities such as schools, kindergartens, and health centers. It has established developmental spaces



in nine-year education schools, with three of them located in the administrative units of Tregan, Shushice, and Bradashesh. Special attention has been paid to the reconstruction of schools to ensure easy access for this demographic. Additionally, city roads now offer improved accessibility. The City Hall building has been renovated with accessibility parameters in mind, ensuring that individuals with disabilities receive dignified service on par with others. Furthermore, new construction permits are now issued in compliance with relevant laws and regulations regarding accessibility

2. Brief information about Municipality of Elbasan and policies at local level

Region: Elbasan

Municipality: Elbasan

Surface area: 872.03km²

Population: 205,892 inhabitants

Administrative units: Elbasan, Labinot-Fushë, Labinot-Mal, Gjinar, Shushicë, Gjergjan, Funar, Shirgjan, Tregan, Gracen, Bradashesh, Zavalinë, Papër.

Extended description: The new municipality of Elbasan is bordered to the north by the municipality of Tirana, to the east by the municipality of Librazhd, to the southeast by the municipality of Prrenjas, to the southwest by the municipality of Gramsh, and to the west by the municipalities of Cërrik and Peqin. The capital of the municipality is the city of Elbasan. According to the 2011 Census, this municipality has 141,714 inhabitants, while according to the Civil Registry, it has a population of 205,892 inhabitants and a density of 236.11 inhabitants per km². The municipality of Elbasan has an area of 872.03 km². This municipality consists of 12 administrative units and 6 neighborhoods in the city. The new municipality has a city and 116 villages under its administration, making it one of the largest in Albania, as well as one of the most complex municipalities to administer. The city of Elbasan, with about 80,000 inhabitants, currently represents approximately 60% of the municipality's population, while the rest is distributed among the administrative units, some of which are situated in rugged mountainous terrain. The new municipality encompasses a significant portion of Albania's heavy industry, including steel, cement, ferrochrome factories, among others. Some administrative units are located along the Elbasan valley, but more than half of the former municipalities are situated in a series of mountainous areas, starting from Graceni and continuing with Labinot Mal, Gjinar, Zavalina, or even the former municipality of Funar. The Gjinari National Park in the historical province of Shpati is suitable for nature and cultural tourism.

For the cost of the Social Plan 2023-2026, the action plan was implemented based on the measures, activities, and indicators defined in the matrix of actions. A combined methodology was used for costing the action plan since it includes several sectors, and for some activities, there is co-financing with other institutions or partner organizations. The primary methodology used is activity-based costing. The costing was determined based on the cost of each activity outlined in the action plan. When calculating total expenses, factors such as the timing of the measure, the number of



activities to be carried out, and the number of beneficiaries for certain activities were taken into consideration. In some cases, evaluation by analogy was also used, particularly for projects involving the creation of new services, which considers expenses incurred for similar centers. Activities planned to be covered by the central government budget through conditional transfers considered unit costs according to PBA 2023-2026. The costing of the Action Plan was also conducted based on budget planning practices and the methodology for drafting the medium-term budget. The total estimated cost for implementing the measures, from all funding sources, is approximately ALL 4.16 billion or approximately EUR 37.8 million. Funds allocated for the period 2023-2026 were programmed considering the ceilings of the medium-term draft budget (PBA 2023-2025). Financial resources from the state budget cover approximately 11.8% of the action plan expenses, namely about ALL 492.7 million, while funding sources engaged by the municipality cover 83.1% of the action plan expenses, totaling 106.3 million ALL.

3. Objectives of the Social Mapping

The overall aim is to contribute towards the social inclusion of disadvantaged groups in the Municipality of Elbasan with a focus on Day-care Center services for Children with disabilities with special attention to female/girls as a part of this group of citizens, improving the quality of life as well as fostering social cohesion at a local level by promoting the localization of Agenda 2030 and its objectives, in particular, the Leave no One Behind – LNOB principle at the municipal level.

The specific objectives:

- Contribute towards better design of local social protection policies for vulnerable groups in harmonization with national development plans
- Support the Municipality of Elbasan in implementing LNOB social mapping methodology in coordination with the local government staff, using the methodology elaborated within the NALAS e-Learning course “LNOB Social Mapping and Evidence-based Policy Making”.
- Support the Municipality of Elbasan in the development of policy recommendations based on social mapping findings and in line with priority SDGs and respective targets.
- Support the Municipality of Elbasan in the integration of the policy recommendations within the respective social protection program.
- Contribute the findings from Social Mapping to the design of a gender-sensitive daycare center for children with disabilities by the local government.

Some of the research questions are:

- **What is the socio-economic situation of parents or guardians of children with disabilities?** This research question aims to understand the socio-economic background of the caregivers or guardians of children with



- disabilities. It will include factors such as education level, employment status, household income, and access to social support systems.
- **What is the income level of families with children who have disabilities?** This question seeks to assess the financial status of families raising children with disabilities. It involves examining the household income, sources of income, any financial assistance or benefits received, and the adequacy of income to meet the needs of the child with disabilities.
 - **How do the living conditions of children with disabilities compare?** This question explores the physical environment in which children with disabilities live. It encompasses aspects such as housing quality, accessibility, sanitation facilities, availability of utilities, and safety within the living space
 - **What is the degree of risk and vulnerability experienced by children with disabilities?** This question investigates the level of vulnerability and exposure to risks faced by children with disabilities. It includes factors such as exposure to discrimination, lack of access to healthcare, and barriers to education and social participation.
 - **What services do they receive from Day Care Centers and what frequency?** This question examines the types of services provided to children with disabilities at day care centers and the frequency of their utilization. It includes services such as therapeutic interventions, educational support, socialization activities, and medical care.
 - **What social service needs do children with disabilities have?** This question identifies the specific social service needs of children with disabilities. Requirements such as access to assistive devices, specialized healthcare services, counseling or therapy, inclusion support in mainstream settings, and advocacy for their rights.
 - **What is the overall well-being of children with disabilities, especially girls?** This question assesses the overall well-being and quality of life of children with disabilities, with a focus on gender considerations, particularly for girls. It also encompass physical health, mental health, social integration, educational attainment, and overall life satisfaction.
 - **What facilities, resources, and personnel related to social services or/and day centres does the municipality provide?** This question examines the availability and adequacy of facilities, resources, and personnel provided by the municipality to support children with disabilities. It includes factors such as infrastructure, funding, staffing levels, training programs, and accessibility features.
 - **What short-term and long-term actions can the municipality implement to address these issues?** This question explores potential interventions and strategies that the municipality can undertake to improve the well-being and outcomes of children with disabilities and their families. It will include for example policy changes, programmatic initiatives, advocacy efforts, resource allocations, and collaboration with stakeholders.



4. Methodology

Social Mapping in the municipality of Elbasan was conducted in the period October 2023 - December 2024, targeting the predetermined group of children with disabilities in this municipality using face to face survey mode. Social mapping was carried out in all administrative units of the municipality of Elbasan and the neighborhoods of the city (18 in total).

The methods to conduct the social mapping of the children with disabilities in Elbasan municipality:

- **Target group:** Children with disabilities
- **Field survey** – The selection of pollsters was finalized in a collaborative effort with the Elbasan Municipality. Their training was prepared after the concept form was finalized, incorporating comments. Subsequently, they received one-day training on the provided questionnaire, which was translated into the Albanian language. The pollsters were trained to conduct face-to-face interviews with selected families of children with disabilities, utilizing qualitative analysis in addition to quantitative analysis. They then presented the personal experiences of the group or those individuals who are most marginalized to the GADC team. 30% or 324 parents of the children with disabilities in Elbasan Municipality were interviewed.
- **Focus groups discussions** - for evidence of living conditions, behaviours and perceptions of children with disabilities. – After the field survey, 4 focus group discussions were organized, each comprising eight to ten participants from the children with disabilities target group. These discussions took place in an informal setting, aiming for a relaxed atmosphere conducive to open dialogue. GADC collaborated with the Elbasan Municipality and a comfortable hall near Day Care Centres that was familiar to the group, fostering an exploratory and predominantly qualitative approach was chosen for these FGD. In addition to the four focus group discussions involving children with disabilities (parents/guardians), 2 additional focus groups that engaged the relevant stakeholders were organized. These stakeholder-focused discussions were structured around a semi-structured questionnaire, providing a guided framework for the conversation. In total 6 focus group discussions were held.
- **In depth interviews** - We conducted interviews with a wide range of people who were directly involved, including representatives from the Municipality, healthcare professionals, dedicated individuals from NGOs, social workers, psychologists, children with disabilities themselves, and the assistants who supported them in their daily lives. We employed in-depth interviews not only to cross-check previously gathered data but also to validate the results obtained through data analysis. Furthermore, these interviews provided an opportunity to gain fresh insights and alternative perspectives for data analysis, drawing on the knowledge and experiences shared by the respondents. In total, 15 in-depth interviews were conducted (2 with municipal representatives; 5 interviews with representatives of Daycare Centers; 1 interview with representatives of the



Education Office; 1 interview with representatives of the Insurance Office; 1 interview with health sector's representative; 1 interview with a representative of an organization that provides services for children with disabilities; 2 interviews with parents of children with disabilities; 2 interviews (social worker and psychologist).

- **Desk Research and Secondary Data Analysis** – Secondary data analysis involved the utilization of information provided by the Elbasan Municipality and other national information.
- **Sample design:** 324 parents/guardians of the children with disabilities were interviewed in Elbasan municipality in all administrative units (6 urban and 12 rural)
- **Questionary:** During the Social Mapping in the municipality of Elbasan the questionnaire used was detailed and comprising of 125 questions and taking the local context into consideration some adjustments were made based on national legislation as well as local needs.
- **List of indicators:** 1. Socio-economic status – risk factor; 2. Geography – risk factor; 3. Needs assessment for children with disabilities (Needs assessment based on health status; Assessment of home service needs; Assessment of social service needs in the local community; Assessment of education services and facilities) 4. Governance – risk factor; 5. Discrimination – risk factor; 6. Vulnerability to shocks – risk factor.
- **Pilot test.** 10 test interviews were conducted in the municipality of Elbasan. According to the field monitoring, the average time to complete the interview was 40 minutes. The questionnaire was revised during the training and there were no problems.
- **Response rate:** 96.4%
- **Program of processing of the data cleansing and preparation:** LymeSurvey and SPSS
- **Methods of data analysis:** Descriptive statistics
- **Limitations:** None

5. Social Mapping results

This chapter is based on the findings obtained within the research activities conducted on territory of Municipality of Elbasan. The results are presented for the children with disabilities following the survey structure. Each questionnaire was composed of several chapters aimed to examine the risks and vulnerability in line with the LNOB factors. The questionnaire consisted of 125 questions divided into categories as risk factors as follows:

- Socio-economic status
- Geography
- Needs assessment for children with disabilities
- Governance
- Discrimination
- Vulnerability to shocks



Main findings for each LNOB group are explained in detail with relevant data presented in charts explanation at the chapter 5.2.

5.1. Analysis of Geo-Tagging of Available Socio-Economic Resources

The municipality of Elbasan is dedicated to ensuring a dignified life without barriers for all citizens, especially those with disabilities. According to the data from the municipality of Elbasan, several initiatives have been undertaken to integrate and include persons with disabilities. The drafting of the Protection Plan and Social Inclusion, reflecting local needs and specifics, is a very important step. This undertaking, with a time span from 2023 to 2025, emphasizes gender inclusivity in budget planning and municipal activities.

Demographics

In the 18 administrative units of Elbasan Municipality:

- 1,080 children with disabilities have been identified, including 564 girls and 516 boys.
- Among the Roma community, there are 111 children with disabilities.
- 383 children reside in rural areas, while 697 live in urban areas.

Day Care Centers

Public Service Providers:

- Balashe Social Center
- "Fly for Life" Center
- Voices of Life Special School

Non-Public Service Providers:

- "Future For You" Center
- Albanian Center for the Integration of People with Special Needs
- Association for Psycho-Social Services "To Listen 366"
- Association of the Blind
- Association of Para-Tetraplegics
- Serentis Therapy Psychotherapy Studio

Detailed Centers Overview

I. "Future for You" Center:

- Founded: 2012
- Services: Speech disorders, mental disabilities, syndromes
- Current Capacity: 37 children
- Operating Hours: 8 am to 5 pm, five days a week
- Fees: 700 lekë per hour
- Gender Distribution: 12 girls, 25 boys

II. "I hear you 366" Center:

- Founded: 2018



- Services: Therapy and psychological services
- Current Capacity: 7 children
- Staff: 1 psychologist, 1 speech therapist
- Funding: Center-generated funds and small fees from parents
- Free Support: Provided to 2-3 families
- Gender Distribution: 1 girl, 6 boys

III. Balashe Center:

- Services: Adults with disabilities
- Capacity: 22 adults (7 female, 15 men)

IV. "Voices of Life" School:

- Services: Children with disabilities across various classes
- Capacity: 53 children
- Staff: 24 members including psychologists and teachers
- Recommendation: Special schools for children with multiple conditions

V. Albanian Center:

- Founded: 2015
- Services: Children aged 2-16
- Gender Distribution: 5 girls
- Lacks integrated professionals for ages 16-18

VI. Autism Center:

- Services: Daily care for children, public facility
- Capacity: 80 children
- Staff: 17 members including psychologists, therapists
- Operating Hours: 08:00 to 16:00
- Gender Distribution: 25 girls

Infrastructure Overview

- Lacking infrastructure for blind and deaf children.
- Improved logistics for children with mobility difficulties in new buildings.
- Establishment of mainstream classes in some Administrative Units.
- Limited public or private transport meeting logistical requirements.

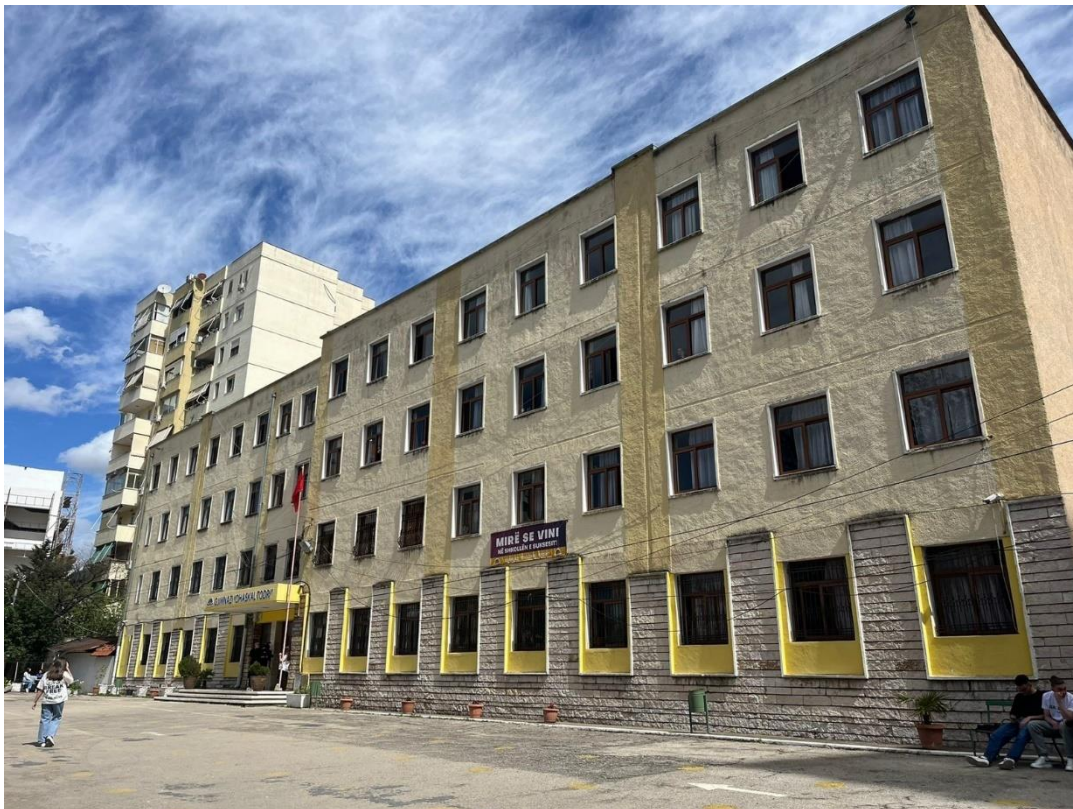
Recent Initiatives

- Setup of 18 needs assessment units.
- Employment of 7 supporting teachers in kindergartens.
- Cross-sectoral technical groups for individual plans and societal integration.

Elbasan Municipality has undertaken frequent initiatives regarding the logistical adoption of institutions for persons with disabilities. Especially in the constructions and reconstructions of recent years, according to the law, most of the institutions and schools have been minimally equipped with ramps.



Picture 1: School “Jorgji Dilo”, Elbasan



Picture 2: School “Dhaskal Todri”, Elbasan

However, in rural administrative units there are still schools or health centres that do not offer logistical facilities for children with disabilities.



**Picture 3. Health Center
Administrative Unit Shirgjan**



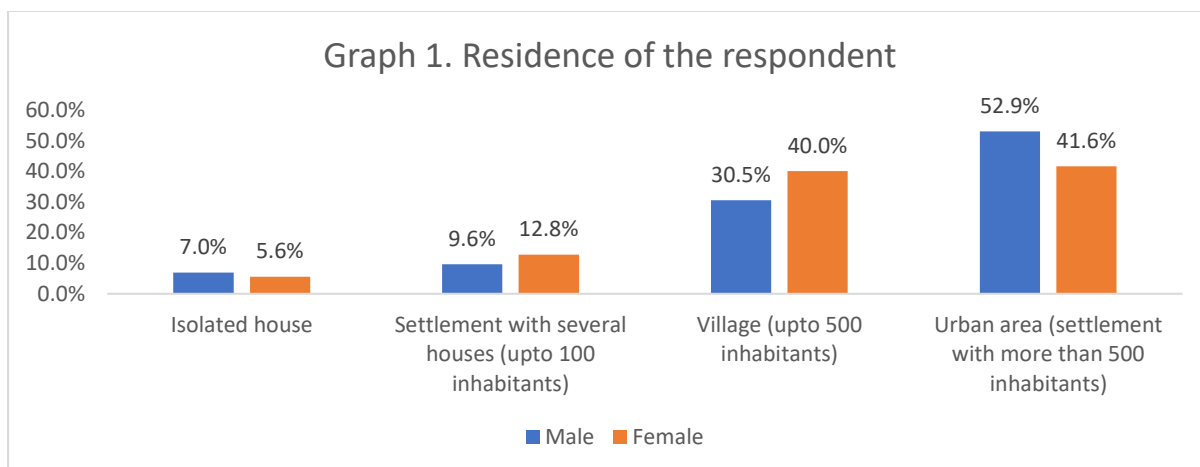
**Picture 4. Health Center,
Administrative Unit, Shushice**

The map of Public Institutions, Schools and Health Centres at Elbasan Municipality can be found by [clicking here!](#)

5.2. LNOB Group – Children with Disabilities

5.2.1 Demography and Socio-Economic Status

The majority of respondents come from urban areas, while isolated homes have the lowest representation. This suggests a clear preference for city living. The representation of male children with disabilities increases from isolated homes towards urban areas, while the percentage of female children with disabilities shows the opposite trend, increasing in areas with several homes and then decreasing in villages and urban areas. The percentage of female children is higher in areas with several homes, while the percentage of male children is higher in urban areas.

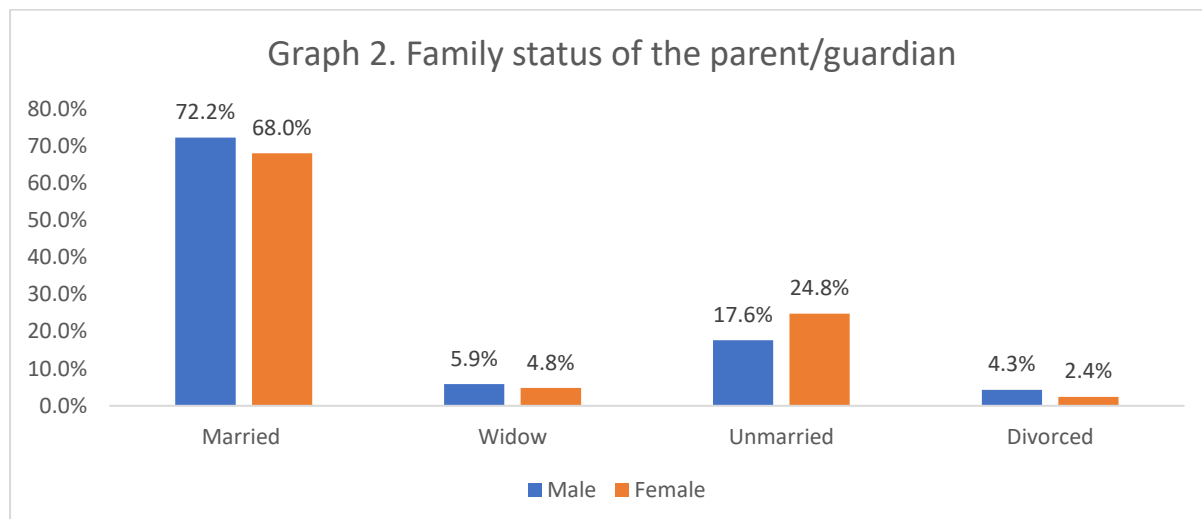




Of the total respondents, 59.9% reported having male children, while 40.1% reported having female children with disabilities. This indicates a slightly higher proportion of male children within the sample population.

The most common age groups among the children with disabilities are 10 years old (7.1%), 11 years old (7.4%), 14 years old (8.3%), and 16 years old (9.0%). These age groups have relatively higher frequencies compared to others. There is a relatively uniform distribution of children across different age groups, with each age group contributing to varying degrees to the overall sample. Age groups 1 to 9 have lower frequencies, indicating a smaller proportion of children in these younger age categories. Age groups 17, 18, 19, 20, 23, and 30 each have very low frequencies, each representing less than 1% of the total sample.

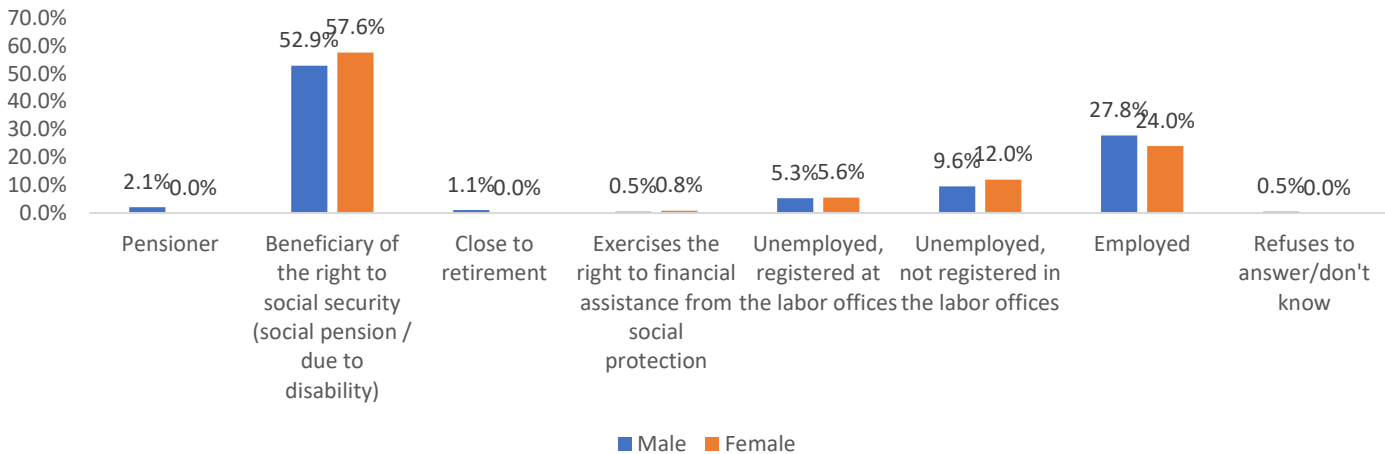
The following data analysis illustrates the correlation between children's genders and the family statuses of their guardians/parents. Overall, 70.5% of the guardians/parents of these children are married, of which 68% have daughters. Meanwhile, 20.5% of those interviewed were unmarried, 5.4% were widowed, and 3.5% of the total guardians/parents of children with disabilities were divorced.



The table below presents data on the economic status of individuals categorized by gender. Among males, the largest proportion consists of those receiving social assistance, with 52.9% falling into this category. This is followed by 27.8% who are employed, while smaller percentages are either unemployed and registered at employment offices (5.3%), unemployed but not registered (9.6%), or receiving other forms of financial assistance (1.1% pension, 1.1% near pension, and 0.5% social protection). Additionally, 0.5% of males refused to respond or did not know their economic status. Among females, the majority (57.6%) receive social assistance, followed by 24.0% who are employed. A higher percentage of females are unemployed but not registered (12.0%) compared to males. Smaller proportions of females fall into the pension category (0.0%), near pension category (0.0%), or receive financial assistance from social protection (0.8%). No females refused to respond or did not know their economic status.

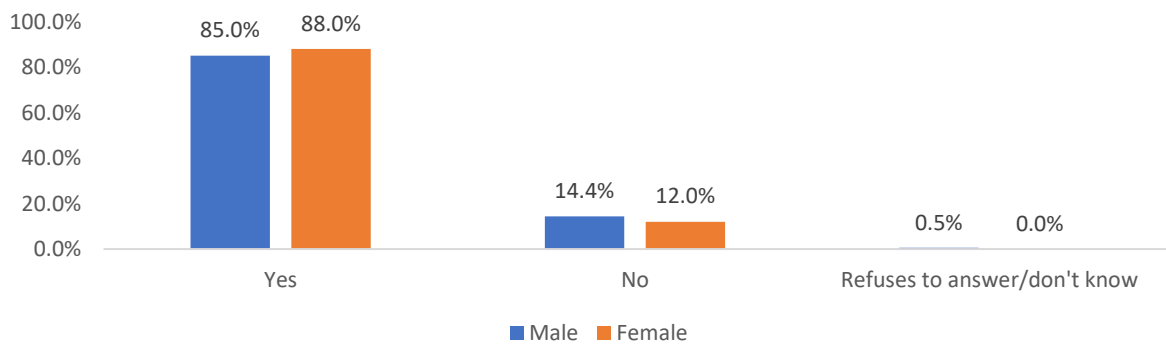


Graph 3. Economic Status



Among males, 85.0% reported having income, while 14.4% stated they did not have any income. Additionally, 0.5% of males parents refused to respond or did not know their income status. Among females, 88.0% reported having income, with 12.0% stating they did not. There were no females who refused to respond or did not know their income status. Overall, 86.2% of males and 86.2% of females reported having income in the previous month.

Graph 4. Did you have income in the last month according to the gender of the child

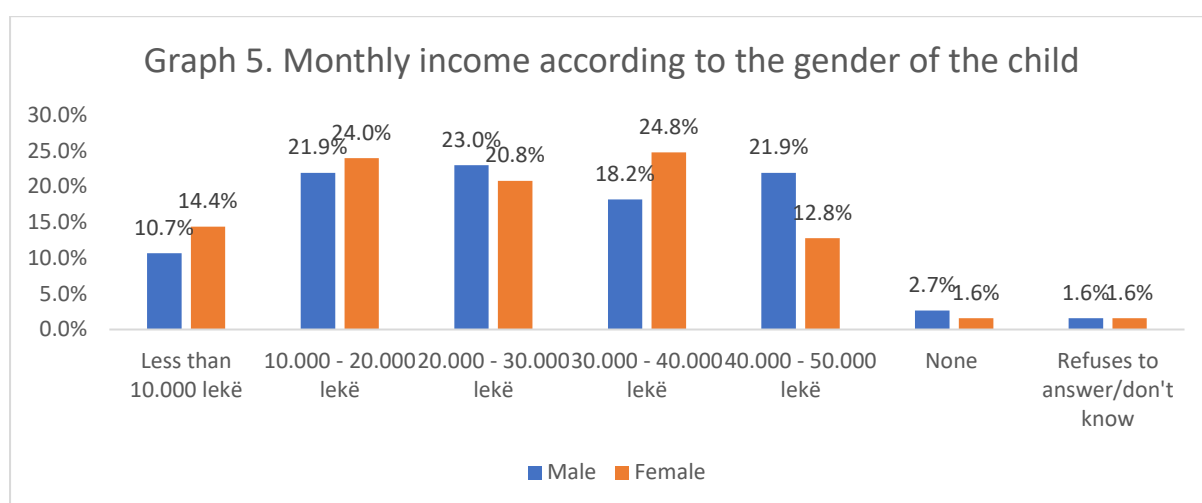


When they were asked on what basis they had benefited the incomes: In the category of "Social right to financial assistance", it was observed that a higher proportion of females (65.6%) reported receiving income on selected bases compared to males (61.5%). Moving to the category "Employment", it was found that a slightly higher percentage of females (36.8%) reported receiving income from employment compared to males (38.0%). In the category "Pension", a small percentage of both males (3.2%) and females (4.8%) reported receiving income from pensions. Lastly, in the category "Unemployment compensation", a very small percentage of both males (1.1%) and females (0.8%) reported receiving income from unemployment compensation.

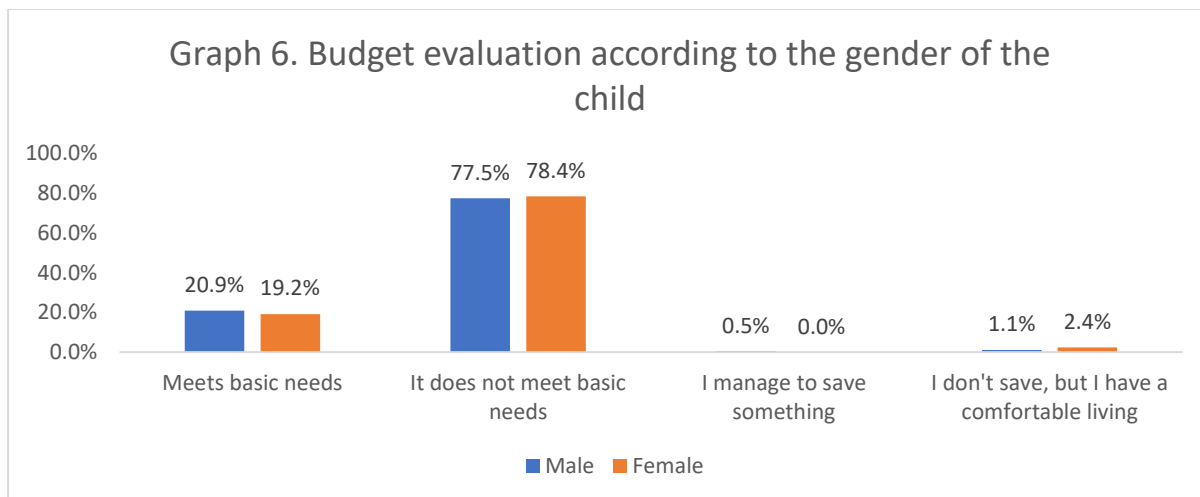


The table below provides data on the monthly income of individuals, categorized by gender. Among males, the largest proportion reported monthly incomes ranging from 20,000 to 30,000 lekë, accounting for 23.0% of total males. This was followed closely by the income range of 10,000 to 20,000 lekë, with 21.9% of males falling into this category. On the other hand, the largest proportion of females reported monthly incomes between 10,000 to 20,000 lekë, constituting 24.0% of total females. Additionally, 24.8% of females reported incomes ranging from 30,000 to 40,000 lekë, representing the second-highest proportion in this category.

In terms of the lowest income bracket, less than 10,000 lekë, 10.7% of males and 14.4% of females reported incomes in this range. Similarly, the no-income category, representing individuals with no income, accounted for 2.7% of males and 1.6% of females. A small percentage of both males (1.6%) and females (1.6%) refused to respond or did not know their monthly income.



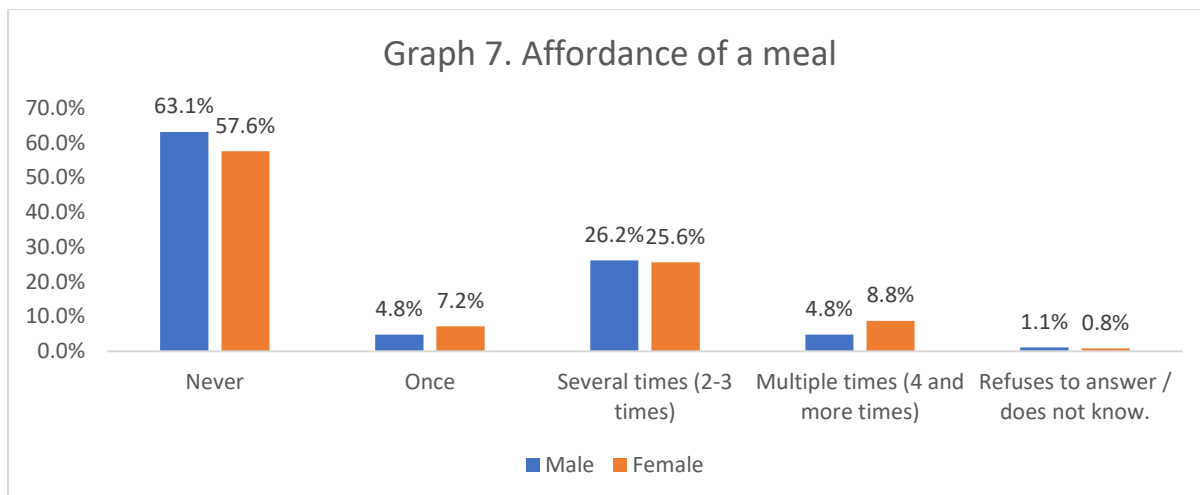
Among males, the majority (77.5%) indicated that their budget does not meet basic needs, while 20.9% reported that it fulfills basic needs. In contrast, a slightly higher proportion of females (78.4%) expressed that their budget does not meet basic needs, with 19.2% stating that it fulfills basic needs. Furthermore, a small percentage of males (0.5%) reported being able to save something from their budget, while only 0.3% of females fell into this category. Additionally, a very small percentage of individuals, one male, and no females, stated that they live comfortably without saving.



The analysis highlights varied reporting behaviors in financial support across categories and genders. Among males, 44.9% reported receiving financial support from wife, for females, 36.8% reported receiving financial support from husbands. For the category "brother/sister/children": Only a small fraction of both males (8.0%) and females (11.2%) reported receiving support from specified sources. Similar to the previous category, small proportion of males (6.4%) and females (12.8%) reported receiving support from cousins. A negligible percentage of individuals in both genders reported receiving support from specified sources (less than 0.3% in total). Only 29.9% of males and 38.4% of females reported receiving support from government, and only a small fraction of both males (2.1%) and females (3.2%) reported receiving support from Church or other religion institutions.

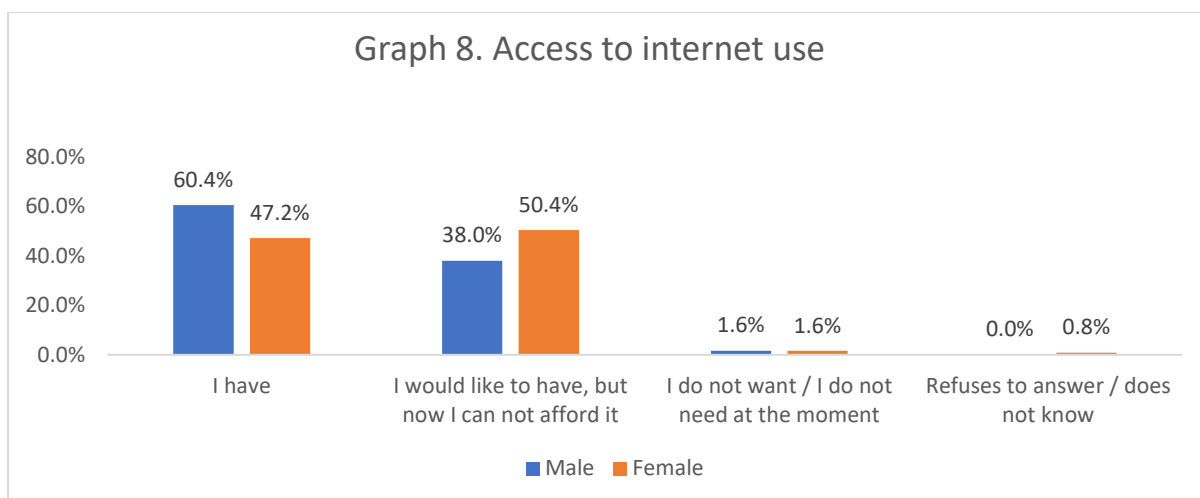
Among respondents, a significant majority, comprising 90.9% of males and 92.0% of females, reported having sufficient drinking water at home. Conversely, a smaller percentage, consisting of 9.1% of males and 8.0% of females, reported not having sufficient drinking water. Overall, this data suggests that the vast majority of individuals surveyed had access to adequate drinking water at home in the past month, with a slightly higher percentage of females reporting sufficient availability compared to males.

When we asked the parents/guardians of children with disabilities, if they had enough food to eat, 63.1% of males and 57.6% of females, had enough to eat, and was never a worry. But, about 4.8% of males and 7.2% of females, did face moments where they didn't have enough food – even if it was just once in the past month. And for others, it's been tough. For 26.2% of males and 25.6% of females, they've had to deal with not having enough food more than once, usually 2-3 times. And there's a small but significant group, about 4.8% of males and 8.8% of females, who've had to cope with not having enough to eat regularly, more than four times in the past month. This data suggests that while a majority of respondents did not experience food insecurity in the past month, a notable percentage reported facing challenges related to food access and availability, with slightly more females indicating higher levels of food insecurity compared to males.



The following data provides insights into the presence of computers or similar devices such as laptops and tablets in households, disaggregated by gender. Approximately 16.3% of males and 19.2% of females reported having such devices at home. But, the majority, 83.7% of males and 80.8% of females reported not having computers or similar devices at home. This suggests that a significant portion of the surveyed population does not have access to these technological resources within their household environment. This underscores the importance of considering such disparities in educational and developmental contexts.

The data in the following table provides information into internet usage among children, categorized by gender. From the survey, 55.1% of males and 60.4% of females reported having internet access (using it more in mobile phones). A significant portion of respondents, 42.9% of males and 50.4% of females, expressed the desire to have internet access but cited financial constraints as a barrier. This suggests that while there is a demand for internet access among children, financial limitations constrain their ability to obtain it.



Following the survey for children with disabilities in Elbasan Municipality, it reveals that 63.8% of males and 64.8% of females reported having access to television channels

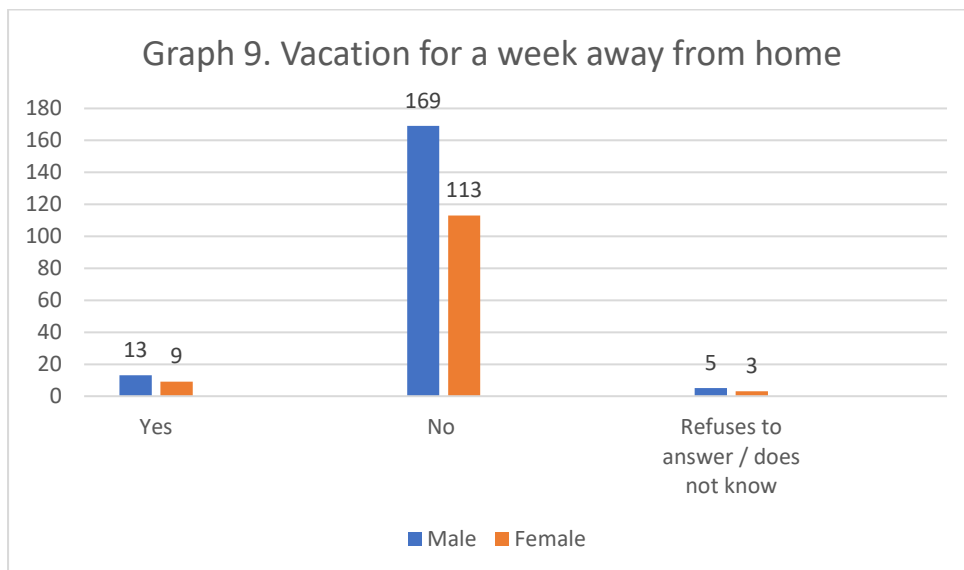


tailored for children's viewing, but 34.9% of males and 34.4% of females, expressed a desire to have such channels but cited lack of financial means. This suggests that while there is a demand for child-appropriate television content, financial constraints prevent some families from accessing it. Overall, the data underscores the importance of child-friendly television programming while highlighting the need to address financial barriers to ensure equitable access for all children.

The following data is an idea of what respondents think they need each month to get by, based on whether they're male or female. It's interesting to see that quite a few, about 20.2% of males and 21.6% of females, reckon they need around 50,000 lekë each month. There's another perception where around 17.6% of both genders, think they need about 60,000 lekë a month. Then some feel they need more, like 15.1% of males and 16.0% of females who estimate they need around 100,000 lekë. Also, there's a group, about 12.8% for both, who think they need around 80,000 lekë monthly. On the other side, some respondents estimate higher monthly expenses, with just 1.0% thinking around 120,000 lekë and 0.3% aiming for 200,000 lekë. This data underscores the diversity in financial needs among respondents, reflecting the complexity of economic circumstances and individual perceptions regarding the cost of living.

We asked for the respondents' ability to afford adequate heating at home, with responses categorized by gender. In an almost equal proportion of both males and females, accounting for 52.4% and 52.8% respectively reported being able to afford heating expenses. While 45.5% of males and 45.6% of females indicated they struggle to cover these costs. Overall, these findings suggest that a significant portion of respondents face challenges in meeting heating expenses, indicating potential economic strain in affording necessities like home heating.

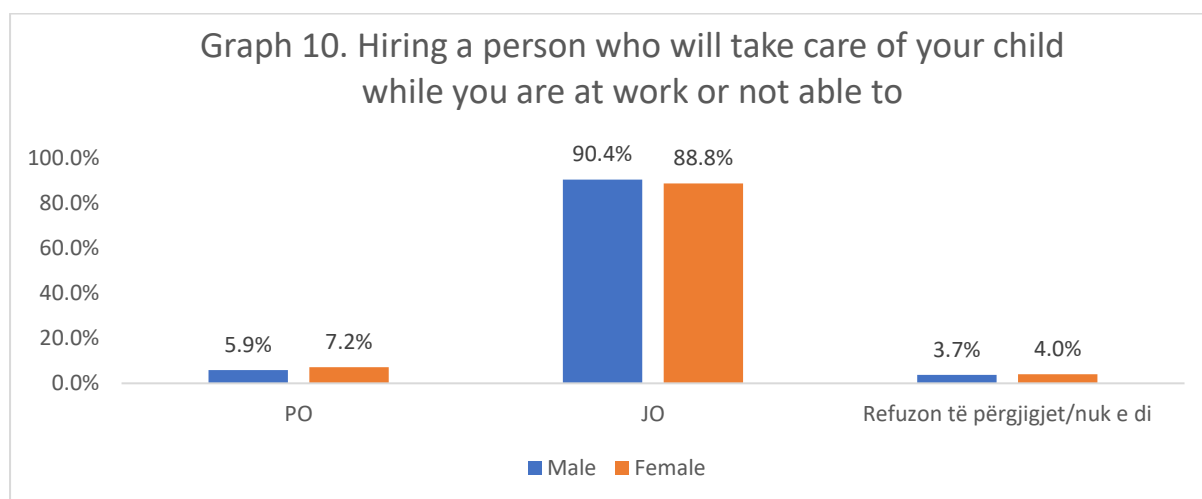
When asked about the possibility of a 1-week vacation away from home, the majority of respondents, accounting for 90.4% of both males and females, indicated they are unable to afford these expenses, reflecting potential financial constraints in indulging in leisure activities.





When asked about the feasibility of affording a vegetarian diet or its meat equivalent, respondents' answers, divided by gender, shed light on their financial capabilities. The majority, comprising 72.7% of males and 80.0% of females, reported being unable to afford these expenses. These findings suggest that while some respondents can afford a vegetarian diet or its meat equivalent, the majority face financial constraints in doing so.

When it comes to hiring someone to care for a child with disabilities while parents are at work or unable to provide care themselves, respondents' views, segmented by gender, reveal their financial capacity. The majority, accounting for 90.4% of males and 88.8% of females, stated that they are unable to afford these expenses, highlighting the financial challenges many face in accessing specialized care for children with disabilities.



When asked about purchasing medications for themselves or their children, respondents' ability to afford these expenses varies. 54.0% of males and 52.8% of females, stated that they can cover the costs of purchasing medications, but 41.7% of males and 44.0% of females indicated that they are unable to afford these expenses. These findings highlight the financial considerations individuals face when it comes to accessing necessary medications for themselves or their children.

When asked to agree or not with specific statements reflecting their living conditions and needs, respondents' opinions vary. Only 16% of males and 17% of females are satisfied and have everything they need. Meanwhile, 65.2% of males and 64% of females stated that they do not have good living conditions to care for their children with disability. Lastly, 64.2% of males and almost 61% of female respondents stated that they need specialized help and care for their children with disabilities.

The respondents were asked about financial challenges they encountered in the past 12 months. The data is categorized by gender and types of financial challenges.

- **Payment of Bills (Water, Electricity, Phone):** A considerable proportion of respondents faced difficulties in paying bills. Among males, 64.2% encountered challenges, while among females, it was slightly higher at 65.6%.



- **Home Repairs:** About 23.4% of respondents, irrespective of gender, reported facing financial hurdles regarding home repairs. The majority of both males and females encountered challenges in this aspect.
- **Food Expenses:** A significant portion, with 43.3% of males and 43.2% of females, struggled with food expenses. However, a sizable number stated they did not face such challenges.
- **Medical Expenses (Medication):** Nearly half of the respondents (50.0% males, 52.0% females) faced difficulties regarding medical expenses, particularly with purchasing medications.

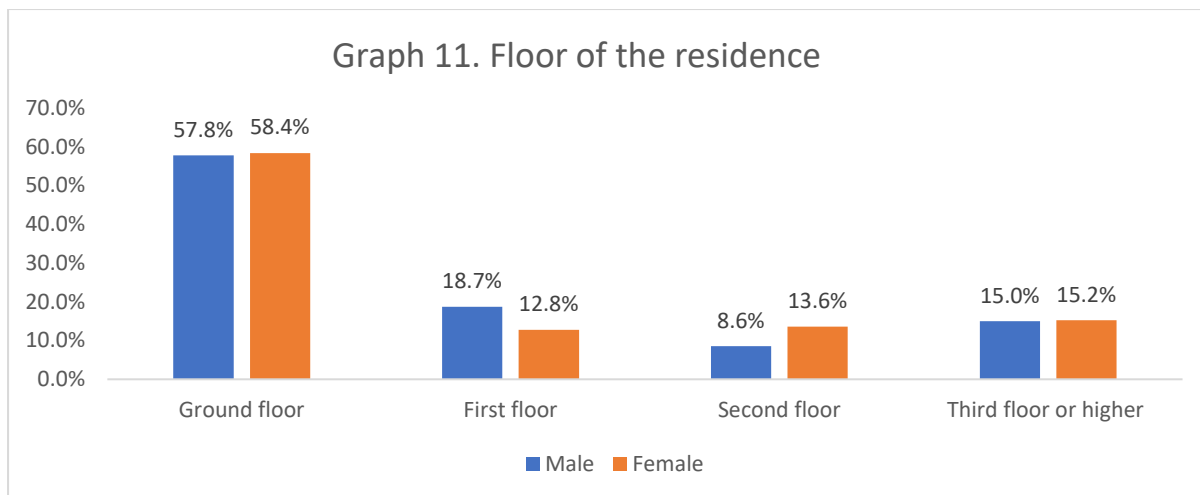
The above results underscore the widespread existence of financial difficulties among participants, emphasizing the necessity for aid and guidance in navigating household expenditures and unforeseen financial burdens.

5.2.2 Geography – risk factor

The survey investigates the types of residential accommodations among respondents, shedding light on the diverse housing situations. It reveals that a portion of participants reside in relatively comfortable apartments within residential buildings, comprising 12.8% of males and females alike. Additionally, another segment lives in apartments within residential buildings but under less favorable conditions, accounting for 11.2% of the total respondents. Moreover, there are individuals living in single-floor apartments within family houses, constituting 4.8% of the surveyed population. Furthermore, a considerable number of respondents inhabit relatively comfortable houses, representing 33.7% of the total, while others reside in old houses under less-than-ideal conditions, making up 23.1% of the sample. Additionally, there are individuals living in residences created for habitation, equipped with basic amenities such as electricity, water, and sanitation facilities, comprising 9.3% of the respondents. Lastly, some participants reside in accommodations lacking suitable living conditions, accounting for 5.1% of the total population. These findings underscore the varied housing circumstances among the surveyed individuals.

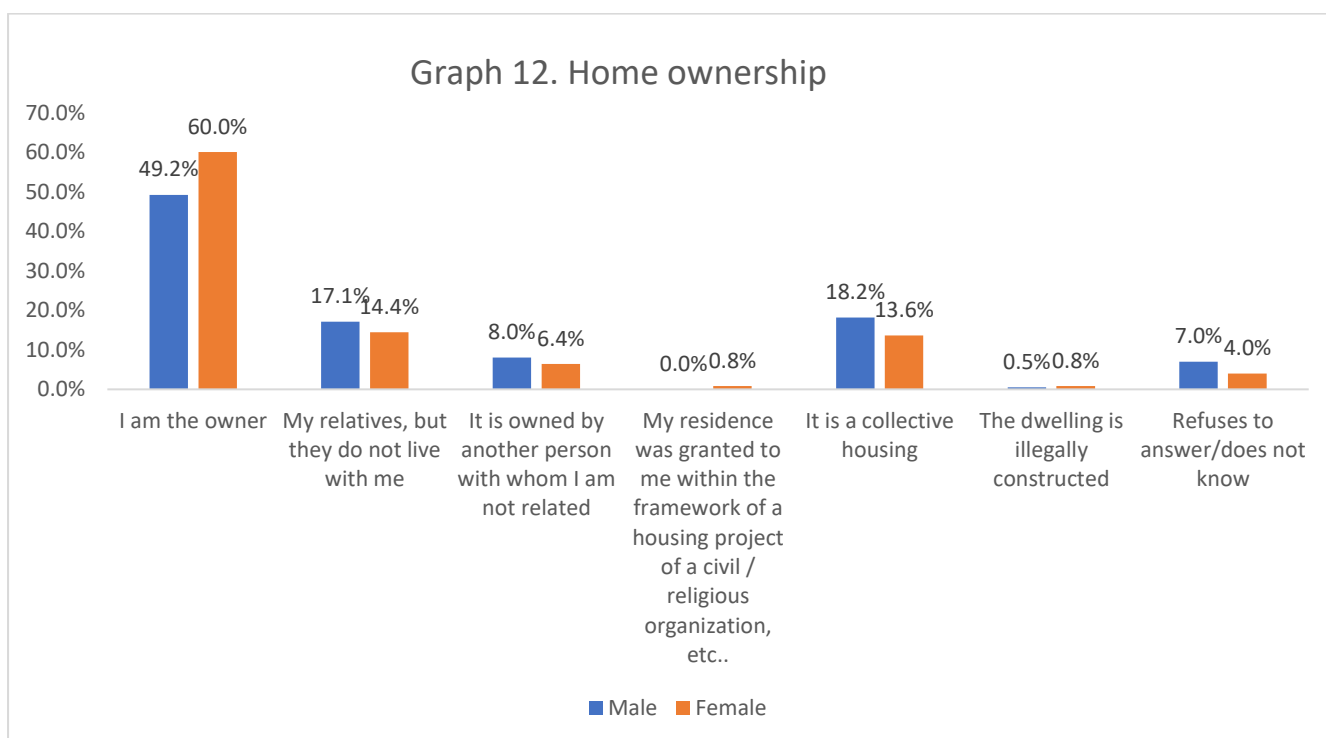
When it comes to whether their dwellings meet living conditions, the data reveals interesting trends. About 35.3% of males and 41.6% of females reported that their dwellings meet the necessary living standards. Following with 22.5% of males and 23.2% of females expressed that their dwellings fall short of meeting these conditions. Additionally, 42.2% of males and 35.2% of females, mentioned that their dwellings only partially meet the required living standards.

Around 58% of males and 58% of females reported living on the ground floor, which makes the movement of children with disabilities easier. Following this, 18.7% of males and 12.8% of females reside on the first floor, while 8.6% of males and 13.6% of females inhabit the second floor. Additionally, 15.0% of males and 15.2% of females indicated living on the third floor or above.



Related to the access to the first floor of apartments/houses located above ground level, only 2.7% of male and 4.0% of female reported having an elevator that helps their children's mobility. When asked about the accessibility of their homes for people with wheelchairs, crutches or other assistive devices, 70.6% of male and 68.8% of female reported that their homes do not have adequate access.

In relation with the ownership of their homes, 49.2% of males and 60.0% of females stated that they themselves are the owners. Another 17.1% of males and 14.4% of females reported that their homes belong to their relatives who do not reside with them. Additionally, 8.0% of males and 6.4% of females mentioned that their homes are owned by individuals unrelated to them.





When analyzing the data regarding household amenities, it's evident that a majority of both male and female have access to essential facilities in their homes. For example, a significant portion of respondents indicated having kitchens (85.0% of males and 87.2% of females), internal hydraulic installations (79.1% of males and 72.8% of females), bathrooms and showers (63.1% of males and 59.2% of females), and electrical installations (71.7% of males and 67.2% of females) within their residences.

Looking at the accessibility of various public institutions for individuals (children) with disabilities, it's notable that a majority of both males and females reported having proper access to these facilities. For instance, in municipal buildings, 61.0% of males and 62.4% of females affirmed having adequate access. Similarly, in post offices, 54.0% of males and 56.0% of females reported proper accessibility. In courts, 33.7% of males and 39.2% of females indicated having suitable access, while in hospitals, the figures were even higher, with 79.7% of males and 74.4% of females reporting proper accessibility. Likewise, in public libraries, 31.0% of males and 29.6% of females stated having appropriate access. Lastly, in other public facilities, 33.2% of males and 31.2% of females reported adequate access.

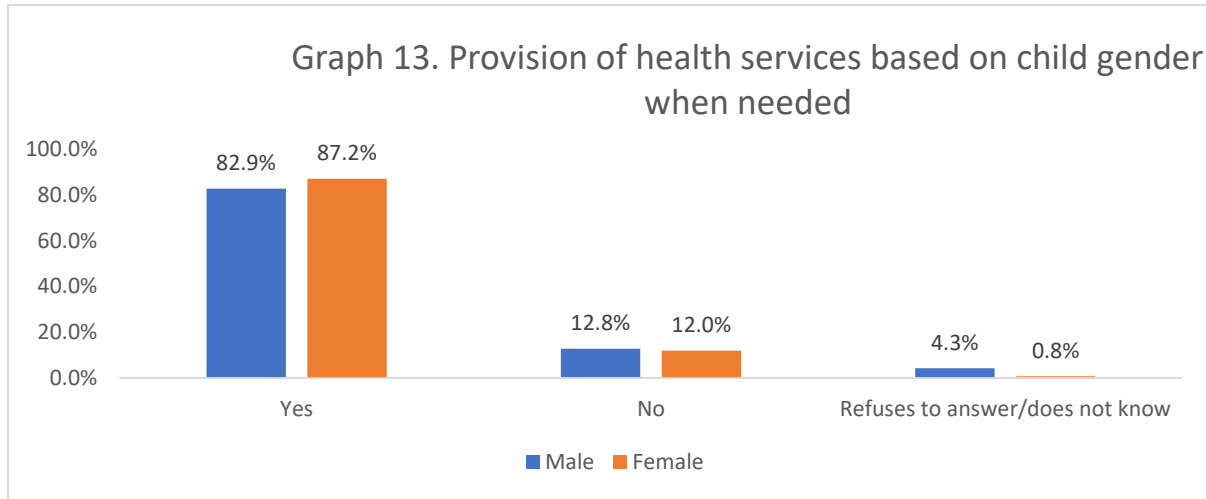
5.2.3 Needs assessment for children with disabilities

When looking at the need for various medical examinations or services in the past 12 months, the data reveals that a significant portion of both males and females required these services.

- Concerning general medical examinations such as blood or urine analysis, 73.8% of children with disability (boys) and 76.0% of girls reported needing and undergoing them.
- Specialized examinations like dental, optical, or gynecological check-ups, 51.3% of boys and 53.6% of girls required and underwent them. Interestingly, there were also cases where individuals needed these services but did not undergo them, with 9.6% of boys and 11.2% of girls falling into this category for general examinations, and 9.6% of boys with disability and 11.2% of girls with disability for specialized examinations. This finding suggests that children, especially girls with disabilities, face significant barriers to accessing needed health care services. The reasons are: geographical barriers, economic challenges, lack of awareness, inadequate health care infrastructure and social stigma. To address this, it is crucial to improve healthcare access through mobile clinics or telemedicine, increase financial support, enhance awareness campaigns, strengthen healthcare infrastructure, and address social stigma.

Regarding the uptake of necessary medical examinations or services when needed, the data suggests that a majority of both children with disability males and females did seek these services. Specifically, 82.9% of males and 87.2% of females reported receiving the necessary examinations or services when required. However, there were also instances where individuals did not seek these services when needed, with 12.8% of males and 12.0% of females falling into this category. Overall, the findings indicate that while a significant portion of the population did utilize healthcare services when

necessary, there were still some who did not, highlighting potential gaps in healthcare access or utilization.



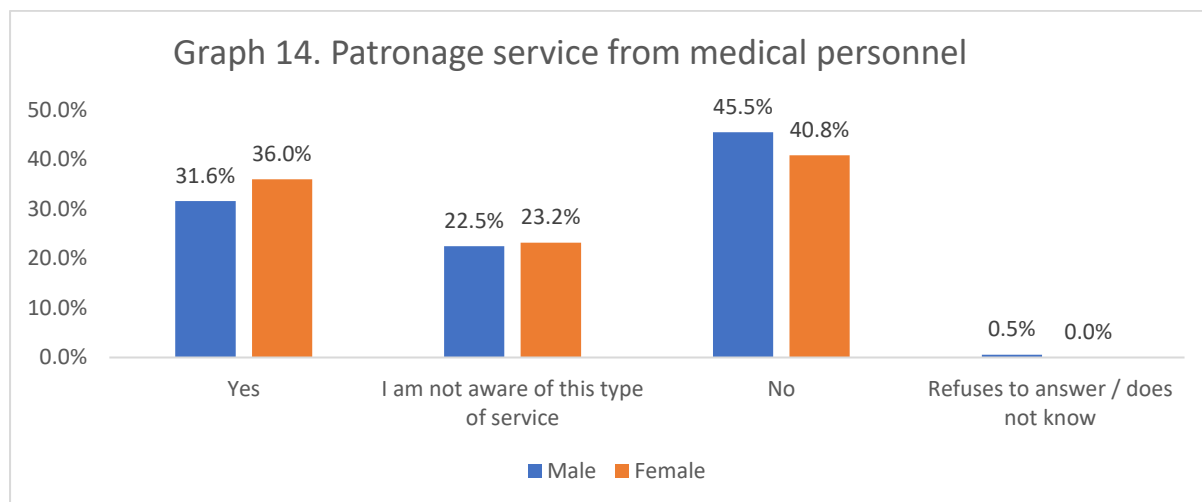
In examining the availability of healthcare services, it's evident that there are variations in accessibility between genders. For ambulance services, the data indicates that a higher percentage of males (61.5%) report access within a distance of less than 2 km compared to females (53.6%). Conversely, more females (44.0%) than males (36.4%) have access to ambulance services beyond 2 km. Regarding hospital services, a similar trend is observed, with slightly more females (75.2%) having access to hospitals more than 2 km away compared to males (73.8%). **Dentist Services:** More than 2 km distance: 60.4% of males and 64.8% of females reported availability beyond this distance. Not available: 12.8% of males and 11.2% of females reported that dentist services were not available. **Optometrist Services:** More than 2 km distance: 60.4% of males and 66.4% of females reported availability beyond this distance. Not available: 15.0% of males and 10.4% of females reported that optometrist services were not available. **Physiotherapy Services:** More than 2 km distance: 53.5% of males and 61.6% of females reported availability beyond this distance. Not available: 19.3% of males and 12.8% of females reported that physiotherapy services were not available. **Private Clinic Services:** More than 2 km distance: 56.7% of males and 64.0% of females reported availability beyond this distance. Not available: 16.0% of males and 13.6% of females reported that private clinic services were not available.

The patterns show variations in accessibility across different types of health services and distances, with some services more readily available than others within close proximity to respondents.

The data on patronage services from medical personnel reveals that a slightly higher percentage of females (36.0%) have utilized these services compared to males (31.6%). Conversely, a larger proportion of males (45.5%) report not having received patronage services, in contrast to females (40.8%). Additionally, a considerable percentage of both genders (22.5% of males and 23.2% of females) indicate being uninformed about this type of service. Overall, while there's a notable portion of

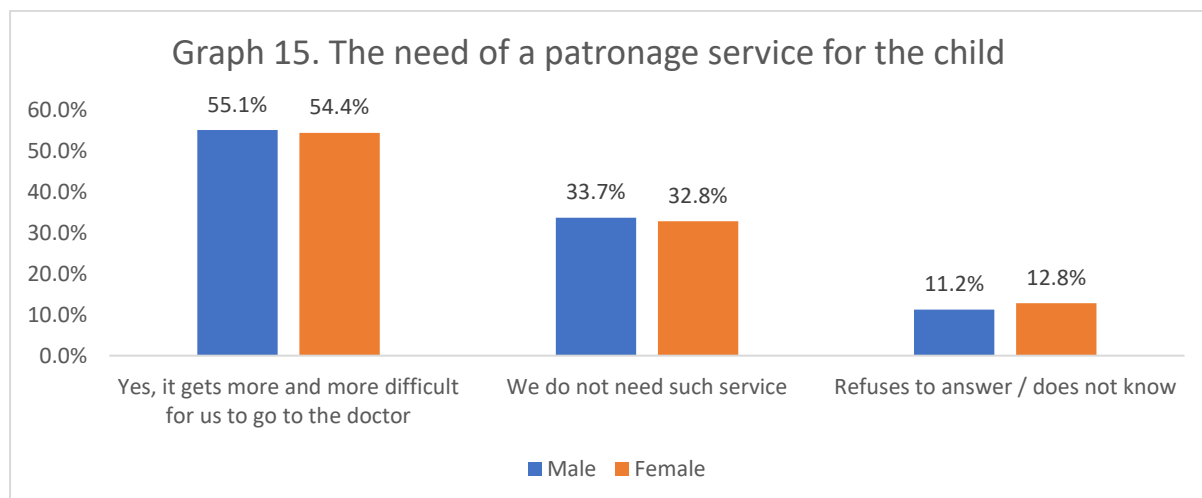


respondents who haven't utilized or are unaware of patronage services, the data suggests a slightly higher engagement among females compared to males.



The data on satisfaction with patronage support indicates that the majority of respondents express varying degrees of contentment with this form of assistance. Among males, 41.2% report being "1" (least satisfied), while 32.8% of females express the same level of satisfaction. Conversely, a similar pattern emerges across all satisfaction levels, with slightly higher percentages of males indicating higher levels of satisfaction compared to females. For instance, in the "4" category, 21.9% of males express satisfaction compared to 30.4% of females. However, these differences are not substantial, indicating overall comparable satisfaction levels between genders regarding patronage support.

The data regarding the need for patronage services, such as having someone visit one's child, suggests that a considerable portion of respondents perceive challenges in accessing medical care. Both male and female respondents express similar sentiments, with 55.1% of males and 54.4% of females stating that it is increasingly difficult for them to visit a doctor. Overall, these findings highlight a prevalent perception of difficulty in accessing medical care among both genders.

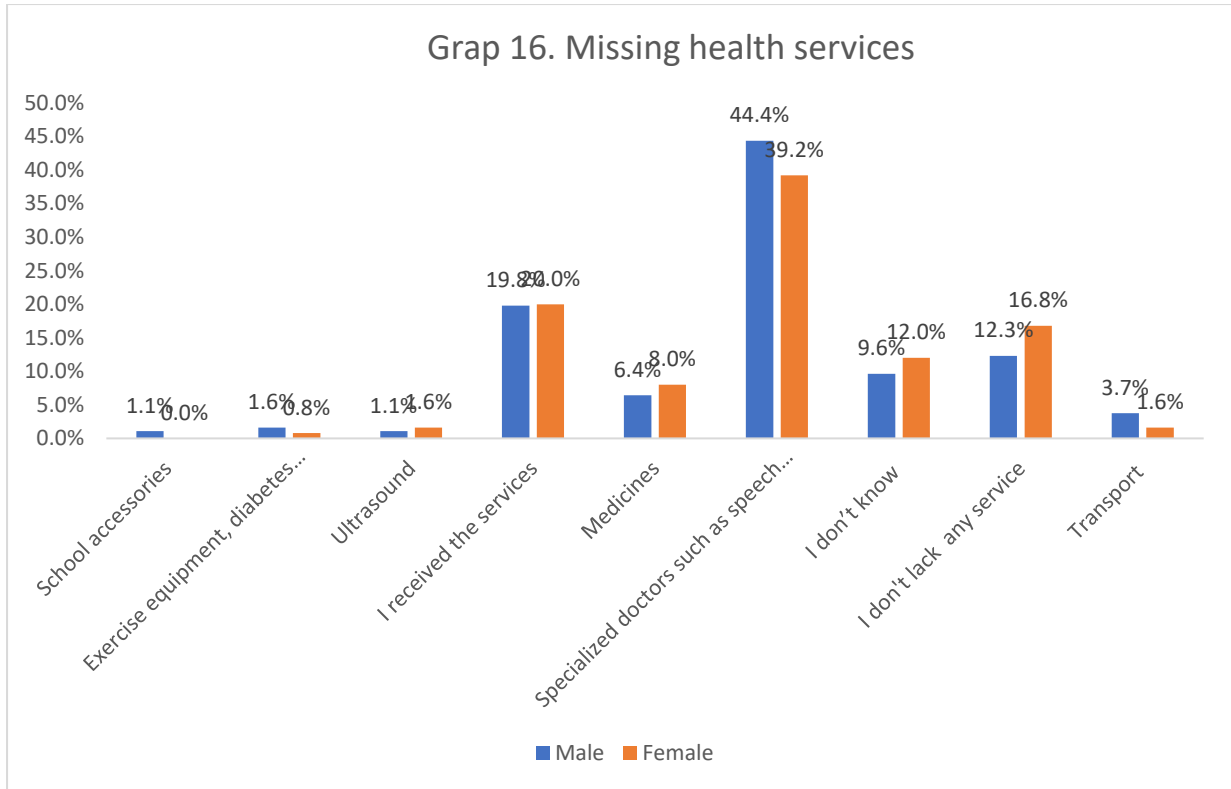




The analysis of whether all necessary health services are obtained for children reveals that a majority 69.5% of male respondents and 73.6% of female respondents indicate that they receive all necessary health services for their respective children. Conversely, 25.7% of males and 24.8% of females, report not receiving all required health services. This significant minority highlights a gap in healthcare access and availability, potentially due to factors such as geographical barriers, financial constraints, inadequate healthcare infrastructure, and lack of awareness. The similarity in percentages between male and female respondents suggests that these issues are pervasive and affect families broadly, regardless of gender. Addressing these gaps is essential to ensure comprehensive healthcare coverage for all children, which may involve targeted interventions to improve service accessibility, enhance financial support mechanisms, and increase awareness about available health services. Additionally, there are respondents who either refuse to respond or are uncertain about the matter.

The following analysis regarding the lack of health services for children indicates several notable points. Firstly, a significant proportion of respondents, accounting for 19.9% of males and 20.0% of females, assert that they have received all the necessary services, suggesting overall satisfaction. However, for those identifying missing services, specialized medical professionals such as speech therapists, physiotherapists, ophthalmologists, dermatologists, and psychologists are cited as the most commonly needed services. This need is expressed by 44.4% of male respondents and 39.2% of female respondents.

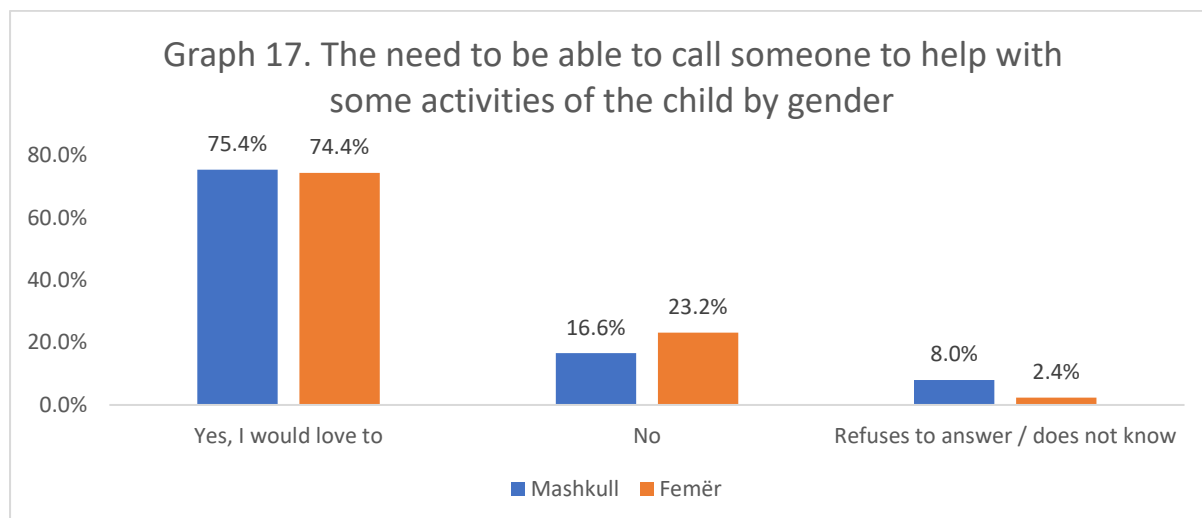
Additionally, medication availability is highlighted, with 6.4% of males and 8.0% of females identifying a lack in this area. Other identified deficiencies include access to diabetic supplies, school accessories, and ultrasound services, albeit in smaller proportions. Moreover, some respondents express uncertainty regarding lacking services or assert that no service is missing. These findings underscore the importance of addressing gaps in specialized medical services and medication accessibility to enhance overall pediatric healthcare provision.



The data analysis on various assistive devices or aids that could potentially ease the lives of children reveals intriguing insights. For the "Smart monitor for blood pressure, pulse, medication reminder" category, a notable percentage, accounting for 21.9% of males and 34.4% of females, acknowledges the potential benefits and expresses willingness to utilize these smart monitors. Similarly, for the "Toilet seat with wheels" and "Wheelchair" categories, the majority of respondents (94.6% and 95.5% respectively) have not chosen any option, implying a general lack of perceived need or awareness regarding these aids. The data also indicate a similar trend for other categories such as "Shower chair/seat," "Personal emergency call system for health services," "Magnifying glasses for reading." In these categories, the majority of respondents have not selected any option, with a notable minority expressing interest in these aids, albeit to varying degrees. Overall, the findings suggest a need for further education and awareness campaigns regarding the benefits of these assistive devices, especially among parents or guardians of children with disabilities. Additionally, addressing any barriers to access or affordability could facilitate greater uptake of these aids, enhancing the quality of life for children and their families.

The analysis regarding the desire to have the ability to call someone for assistance with certain activities, reveals interesting findings. A significant majority of respondents, comprising 75.0% overall, expressed a positive inclination towards this option. Specifically, 75.4% of males and 74.4% of females indicated that they would appreciate having the capability to call someone for assistance. The data suggest a generally positive attitude towards the idea of having the option to call someone for assistance with activities, albeit with some variation in responses between genders. This indicates a perceived need for accessibility to support networks or assistance

services among respondents, underscoring the importance of such provisions in ensuring the well-being and safety of children with disabilities.



The analysis of responses which explores satisfaction levels regarding different aspects, reveals interesting insights across various domains. The level scale from 1 to 5 where 1 is the lowest and 5 is the highest score.

- Regarding personal relationships with others, respondents generally indicated a moderate to high level of satisfaction. Among them, 7.7% expressed the lowest level of satisfaction (rated as 1). 23.1%, rated their satisfaction as 4, indicating a relatively high level of contentment. The highest satisfaction level (rated as 5) was reported by 40.4% of respondents.
- Concerning satisfaction with local healthcare services, responses varied. 3.5%, expressed the lowest level of satisfaction (rated as 1), while 8.0% rated their satisfaction as 2. The largest proportion, 22.1%, rated their satisfaction as 3, indicating a moderate level of contentment. The highest satisfaction level (rated as 5) was reported by 40.4% of respondents, where 45.6% of the respondents are parents/guardians of girls with disabilities.
- Regarding satisfaction with local social services, responses varied similarly. 4.5%, expressed the lowest level of satisfaction (rated as 1), while 5.1% rated their satisfaction as 2. Following, 15.4%, rated their satisfaction as 3, indicating a moderate level of contentment. The highest satisfaction level (rated as 5) was reported by 51.3% of respondents, where around 55% are parents/guardians of girls with disabilities.
- Concerning feelings of abandonment by the community. A notable proportion, 25.6%, expressed the lowest level of satisfaction (rated as 1), indicating a significant perception of abandonment. The highest satisfaction level (rated as 5) was reported by 28.2% of respondents, where around 33% are parents/guardians of girls with disabilities.



5.2.4 Assessment of Home Service Needs in the local community

The following analysis of responses is related to the necessity of daily use of certain devices for children with disabilities, and provides insights into the perceived needs of children in various aspects.

- **Hearing aids:** The majority of respondents, 83.3%, indicated that their children do not need them daily, they do not have this disability. However, a notable portion, 11.9%, mentioned that their children do require hearing aids daily. Only 4.8% either refused to answer or did not know.
- **For mobility aids:** The majority, 82.7%, stated that their children do not need them daily. However, 12.2% mentioned that their children do require such aids daily. Only 5.1%, either refused to answer or did not know.
- **Wheelchair use:** 82.7% of respondents reported that their children do not need wheelchairs daily, while 10.9% mentioned that their children do. Only 6.4% either refused to answer or did not know.
- **Assistance from others, such as caregivers:** The majority, 54.5%, stated that their children do require daily assistance. However, 40.1% mentioned that their children do not need such assistance daily. Only 5.4%, either refused to answer or did not know.

The analysis of responses regarding the comparative difficulty children face in performing certain activities sheds light on potential challenges faced by children.

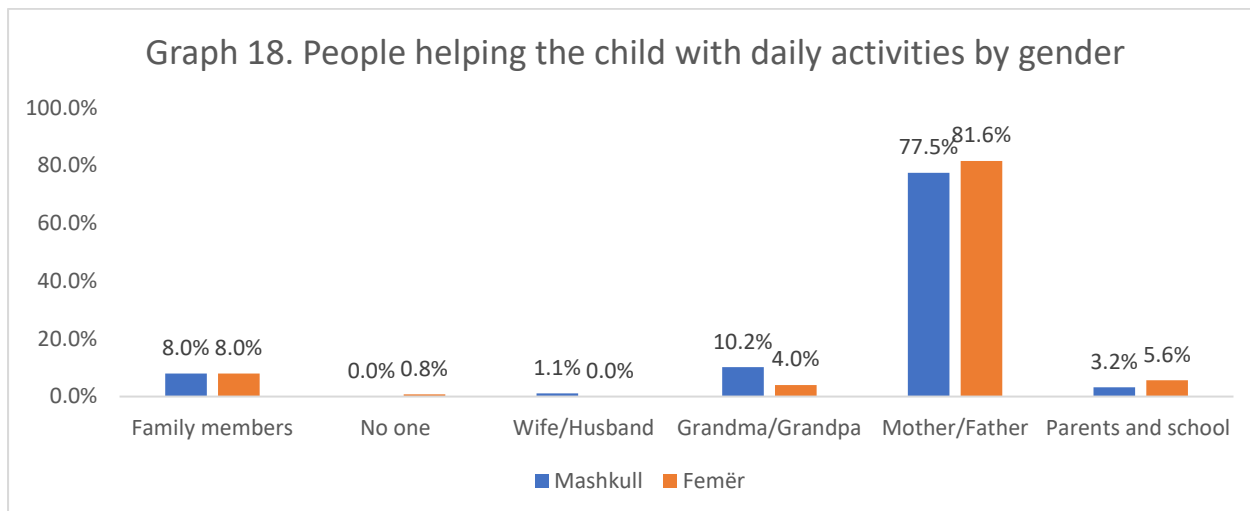
- Regarding personal hygiene tasks, a majority of respondents, 67.6%, reported that their children face more difficulty compared to peers.
- For meal preparation, 73.1% of respondents reported that their children face more difficulty compared to peers.
- Concerning self-feeding, 53.2% of respondents reported that their children face more difficulty compared to peers.
- For indoor mobility, 34.9% of respondents reported that their children face more difficulty compared to peers.
- Regarding outdoor mobility and recreational activities, 59.6% of respondents reported that their children face more difficulty compared to peers.
- For using school facilities and environments, 58.7% of respondents reported that their children face more difficulty compared to peers.
- Regarding public transportation use, 71.2% of respondents reported that their children face more difficulty compared to peers.

Overall, the above responses highlight the challenges and needs of children in various aspects of daily life and mobility.

The following graph offers data on the support children receive in their daily activities. Among the respondents, it was found that 8.0% of the total, receive help from various family members. Specifically, grandparents are involved in assisting 10.2% of boys and 4.0% of girls, collectively making up 7.7% of the respondents. However, the primary source of support comes from parents, with 77.5% of boys and 81.6% of girls receiving assistance from their mothers or fathers. This parental support represents the vast majority, totaling 79.2% of the respondents. Overall, the data highlights the



significant role of family members, particularly parents, in providing support to children in their daily activities, while also indicating limited involvement from other sources.



In a comprehensive study analyzing various places where children, accompanied by their parents/guardians, usually go, several key locations were examined. These locations include doctor's offices, social centers, public parks, schools or care centers, hospitals, pharmacies, banks, and shops.

- When considering visits to the doctor's office, 33.0% of the total, reported going by foot, while 32.1% traveled by car. Additionally, 28.8% used public transportation, while a small percentage (4.5%) were driven by others to these appointments. When examining gender differences, slight variations were observed in transportation choices.
- Regarding visits to social centers, similar trends were observed. Walking was the most common mode of transportation (19.2%), followed closely by driving (24.4%) and using public transportation (22.8%). However, a higher percentage (26.9%) reported not visiting these centers, indicating potential disparities in access or preferences among respondents.
- In the context of public parks and recreational spaces, walking remained the main choice (26.9%), followed by driving (22.1%) and using public transportation (23.1%).
- For school or day care center visits, transportation patterns were fairly balanced, with walking (29.8%), driving (26.3%), and public transportation (25.0%) being the primary means of travel. A small portion (3.5%) relied on others for transportation, while some respondents (2.2%) either refused to answer or were unsure. **Female Perspective:** For school or care center visits, transportation patterns were fairly balanced among females. Walking accounted for 29.8% of the primary means of travel, while driving constituted 26.3%, and public transportation accounted for 25.0%. A small portion (3.5%) relied on others for transportation, while some respondents (2.2%) either refused to answer or were unsure. **Male Perspective:** For school or care center visits, transportation patterns were fairly balanced among males. Walking represented 29.8% of the primary means of travel, followed closely by driving



at 26.3%, and public transportation at 25.0%. A small portion (3.5%) relied on others for transportation, while some respondents (2.2%) either refused to answer or were unsure.

The study also looked at the average time it takes children with disabilities accompanied by parents/caregivers to reach various destinations, including doctor's offices, hospitals, pharmacies, banks, and stores. The answers obtained range from 2 minutes to 180 minutes, depending on the mode of transport and the distance traveled. Overall, the findings provide information on transportation preferences and travel times among children with disabilities, highlighting the importance of accessibility and logistics in accessing essential services and amenities.

In the analysis of the utilization of various services over the past 12 months, broken down by the gender of the children, several noteworthy patterns emerge.

- **Social Worker Services:** Among families with boys with disabilities, 50.8% reported using these services, while 47.2% of families with girls did so.
- **Home Help (Daily Activities):** Usage of these services differed noticeably between genders. While only 9.6% of families with boys utilized them, 17.6% of families with girls did so.
- **Personal Assistance for Your Child (Outside Home):** In this category, 24.6% of families with boys and 29.6% of families with girls with disabilities reported utilizing such services.
- **Moral Support or Counseling:** Interestingly, a comparable proportion of families with boys (31.6%) and girls (31.2%) sought moral support or counseling services.

Overall, while there were some variations in the utilization of services between families with boys and girls, both groups showed a significant reliance on certain services, with patterns suggesting nuanced differences in the types of assistance needed.

Analyzing the responses regarding where families would turn for support if their health deteriorated and they were unable to care for their children adequately, reveals interesting trends.

- **Family Members:** 81.3% of families with boys and 73.6% with girls with disabilities will rely on family members.
- **Relatives:**, 41.2% of families with boys and 53.6% with girls indicated they would turn to family members for assistance.
- **Neighbors and Friends:** The majority of families not selecting this option, 96.3% of families with boys and 92.8% with girls, did not choose to rely on neighbors and friends for support.
- **Social Center:** Among families not selecting this option, 90.9% of families with boys and 84.8% with girls did not choose to rely on a social center for support.
- **Red Cross:** 96.8% of families with boys and 93.6% with girls, did not choose to rely on the Red Cross for support.



- **Church or Other Religious Organization:** Similarly, 99.5% of families with boys and 97.6% with girls did not choose to rely on a church or other religious organization for support.
- **Civil Society Organization:** Likewise, 96.3% of families with boys and 89.6% with girls, did not choose to rely on a civil society organization for support.
- **No Need for Help, Can Manage Alone:** A small percentage, 4.3% of families with boys and 3.2% with girls, indicated they would manage alone.

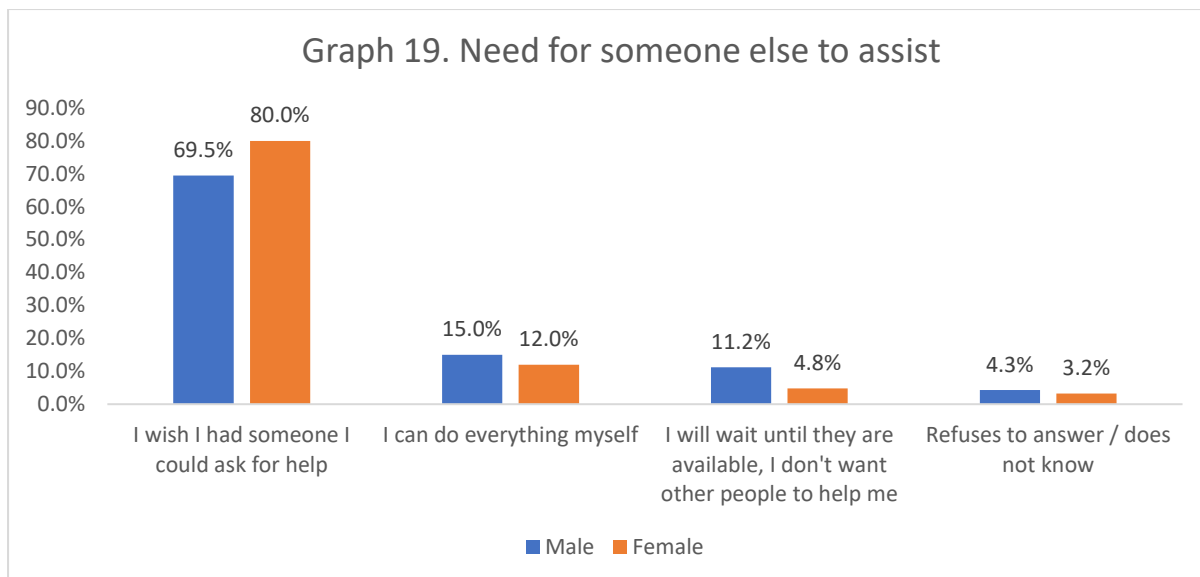
In summary, while there were variations in the preferences for sources of support between families with boys and girls, both groups predominantly expressed a need for assistance from various sources if their health deteriorated and they were unable to care for their children adequately.

Regarding the question of whether individuals have someone to talk to about their problems, especially in their current situation, there are notable differences between genders across different relationships.

- 83.3% of respondents overall indicated they have someone to talk to within family. Male reported slightly higher at 87.2%, while female were slightly lower at 77.6%.
- A balanced distribution, with 50% of respondents having someone to talk to among relatives.
- Around 10% of respondents have someone to talk to among neighbours and friends. Female reported slightly higher at 12%, while male reported slightly lower at 9%.
- Approximately 13% of respondents have someone to talk to through Social Centers, male reported 11% and female around 17%
- Approximately 3% of respondents have someone to talk to through Red Cross
- Only 1.3% of respondents have someone to talk at Religious Institutions or Other Religious Organizations:

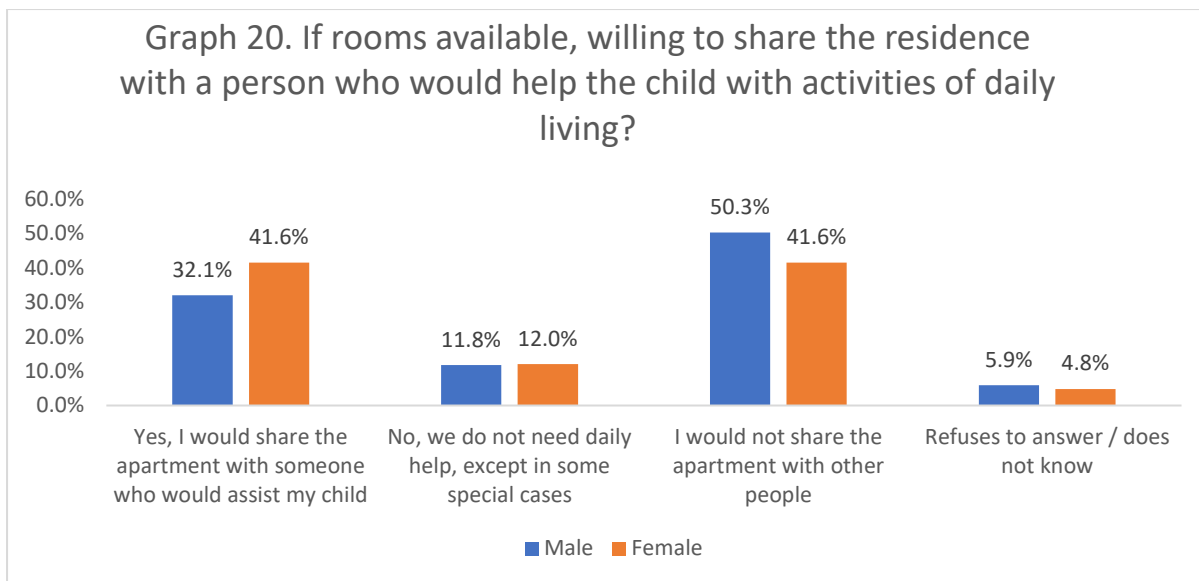
In examining support networks, while a majority of respondents have someone to talk to within families and among relatives, there are significant variations to other institutions or/and individuals.

In response to the **question about whether individuals** would want assistance from someone else when their usual helpers are unavailable, 73.7% expressed a preference for having someone else to turn to, with a higher proportion among females (80%) compared to males (69.5%). Meanwhile, 13.8% indicated they could manage everything themselves, with a slightly higher percentage among males (15.0%) than females (12.0%). Additionally, 8.7% stated they would wait until their usual helpers are available rather than seeking help from others, with a larger percentage among males (11.2%) than females (4.8%).

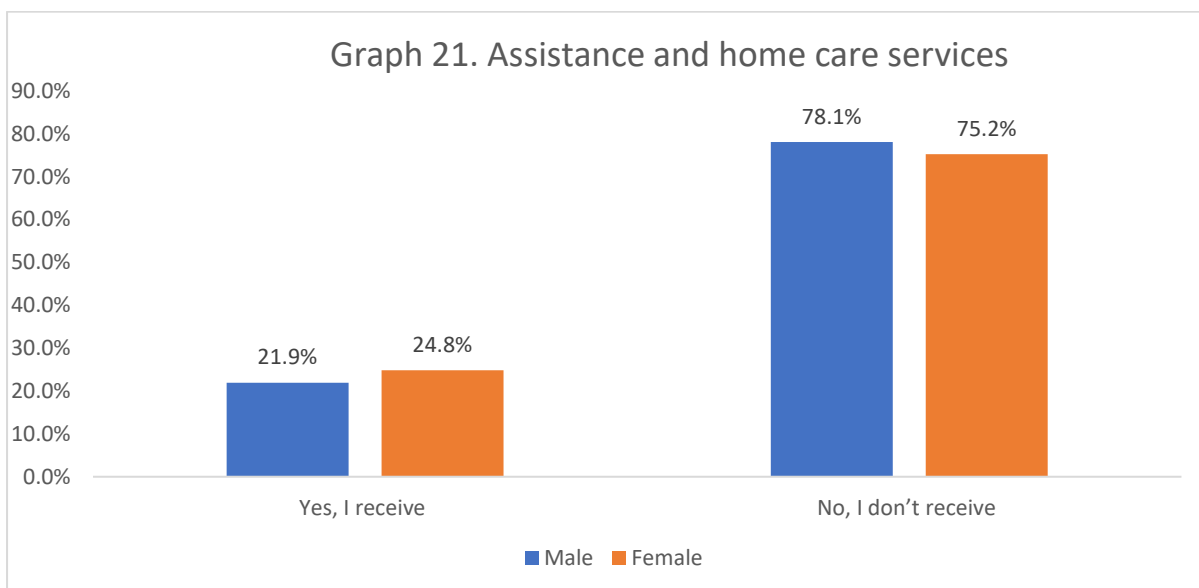


Regarding the need for childcare at home, 55.1% of respondents expressed a desire for someone to turn to for assistance, with similar percentages among both males (55.6%) and females (54.4%). Meanwhile, 17.6% stated that their relatives already help them and they don't need additional assistance, with no significant difference between genders. Additionally, 24.7% indicated they do not require such help, with slightly higher percentages among females (25.6%) than males (24.1%).

In response to the question of whether respondents would be willing to share their living space with someone who would assist their child with daily activities, 35.9% expressed a willingness to do so, with slightly higher percentages among females (41.6%) compared to males (32.1%). Conversely, 11.9% stated that they don't require daily assistance except for specific cases, with similar percentages across genders. Additionally, 46.8% indicated they would not share their living space with others, with a higher percentage among males (50.3%) compared to females (41.6%). These findings reveal varying attitudes towards sharing living space with someone who would assist with daily activities for children. While a notable proportion are open to the idea, there's also a substantial percentage who prefer not to share their living space. Additionally, there's a gender difference in responses, with females showing slightly higher willingness to share living space compared to males.



The findings whether individuals receive home care and support services from social services, reveal that a notable portion of respondents, comprising 23.1%, reported receiving such assistance. Conversely, the majority, accounting for 76.9% of respondents, stated that they do not receive these services. Upon further analysis based on gender, it's observed that among males, 21.9% reported receiving home care and support services, while 78.1% stated they do not. Among females, the percentage of those receiving these services is slightly higher, with 24.8%, whereas 75.2% indicated they do not receive such assistance. These findings indicate that a majority of respondents, regardless of gender, do not receive home care and support services from social services. However, there is a notable proportion who do receive such assistance, with slightly more females availing themselves of these services compared to males.





The following data investigates the providers of home care and support services, which illustrate a diverse landscape. Among respondents, 3.8% reported that these services are provided by the municipality, while 3.2% stated they serve themselves. A small percentage, constituting 1.6%, reported not receiving any services at all. Additionally, various social service centers, were cited by 1.3%, 2.6%, and 1.6% of respondents, respectively. Some individuals, accounting for 2.9%, reported receiving support from social services, while 6.1% mentioned that these services are provided by the state. Upon analyzing the findings based on gender, it's evident that males and females reported similar patterns across the different service providers. Meanwhile 79% of the respondents stated that they do not receive any service.

Regarding whether children receive personal assistance services, 33.7% of respondents indicated that their children receive such services. Among them, 55.1% reported that their children do not receive this assistance, and 8% were either uninformed about such services or chose not to respond. When broken down by gender, 31% of parents of boys with disability and 37.6% of girls with disability reported that their children receive personal assistance services.

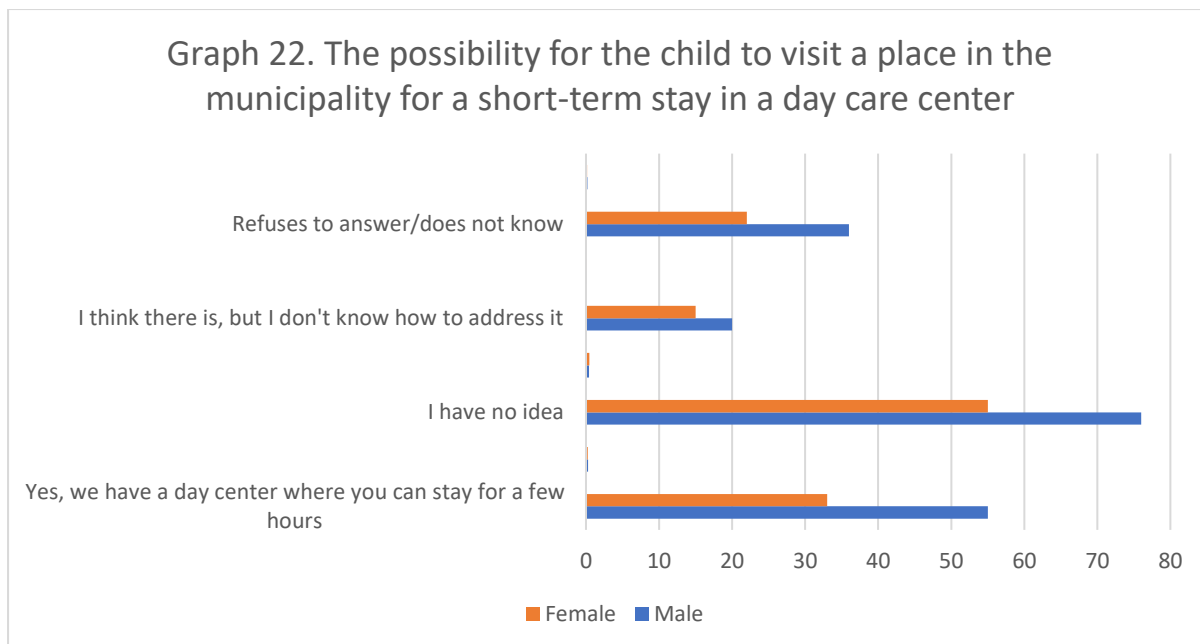
When assessing an overall satisfaction with these services, the responses were fairly distributed among different satisfaction levels. Approximately 45.5% expressed low satisfaction (rating of 1), followed by 29.8% (rating of 4), indicating relatively higher satisfaction levels. When considering gender, satisfaction levels were similar, with 46% of male and 44.8% of female reporting moderate satisfaction.

When examining the willingness to use personal assistance services if available. A significant majority, accounting for 66%, expressed the need for this type of support for their children, while 14.7% stated they would use it but infrequently due to self-sufficiency in certain activities. Additionally, 11.2% mentioned that they would not use such assistance, and 8% either refused to respond or were unsure about their decision.

5.2.5 Assessment of social service needs in the local community

The following information reveals the attitudes and awareness regarding the possibility of children visiting a municipal facility for short-term stays in a day center. 28.2% stated that their children could visit a day center for a short-term stay, with 29.4% of male and 26.4% of female expressing this view. However, a significant part, constituting 42% of all respondents, admitted to not having any idea about this possibility. Among them, 40.6% were parents of boys with disabilities and 44% of girls with disabilities. Additionally, 11.2% mentioned that they believed such facilities existed but were unsure how to access them.

Graph 22. The possibility for the child to visit a place in the municipality for a short-term stay in a day care center

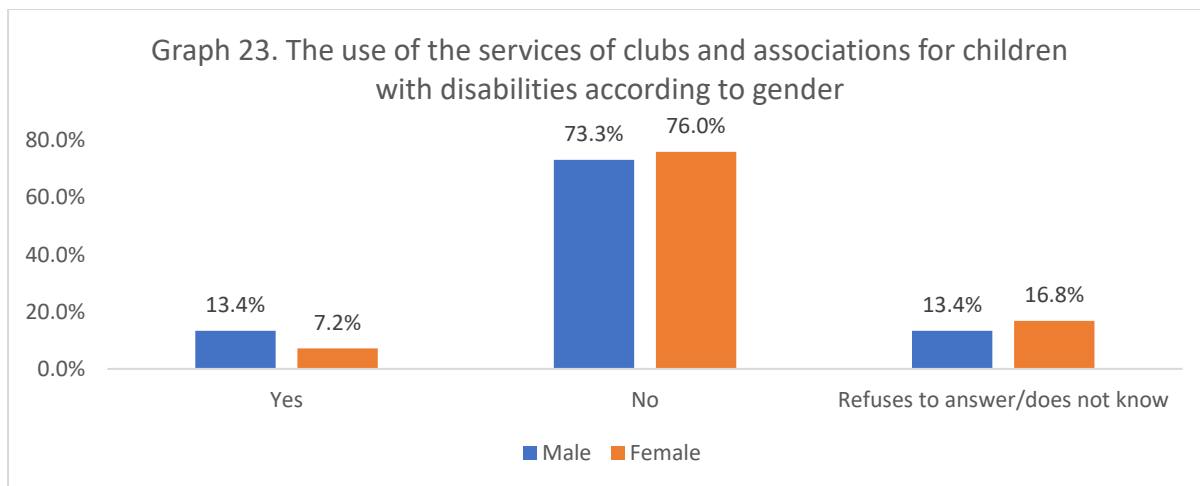


Approximately one-fourth (25%) of all participants reported utilizing or having used daycare center services, with slightly more males (28.3%) than females (20.8%). Conversely, the majority (67.6%) stated they do not use these services, with a higher percentage of females (69.6%) compared to males (66.3%). Among those who used daycare services, 38% expressed the lowest satisfaction level, with a slightly higher proportion among males (38.5%) than females (37.6%). Additionally, about 20.8% showed high satisfaction, with slightly more males (21.4%) than females (20.0%).

Approximately half of respondents (50.3%) expressed that they would often use these services if they existed, with a slightly higher percentage among females (52.0%) compared to males (49.2%). Additionally, 15.4% indicated they would use them but rarely would leave their child there, with similar proportions among males and females.

Among respondents, 18.9% reported that there are associations and organizations in municipalities that offer socialization, entertainment, and recreational activities for children with disabilities, with a slightly higher proportion among males (19.3%) compared to females (18.4%). However, the majority (56.1%) indicated they were unaware of the existence of such clubs, with more males (54.5%) than females (58.4%) falling into this category. Additionally, 9.3% believed that these clubs exist but were uncertain about how to get involved, with a higher percentage among males (11.2%). About 15.7% either refused to answer or were unsure.

Regarding the utilization of services provided by these clubs and associations for children with disabilities, 10.9% of respondents reported using or having used these services, with a higher percentage among males (13.4%) compared to females (7.2%). Meanwhile, 74.4% indicated that they have not used such services, with 73.3% of males and 76.0% of females falling into this category.



Regarding overall satisfaction with the above support, 47.8% of respondents expressed the lowest level of satisfaction (rated as 1), with 50.3% of male respondents and 44.0% of female respondents. Conversely, about 14.4% expressed a high level of satisfaction (rated as 5), with 15% of male respondents and 13.6% of female respondents. When asked if such services were to exist, 51.9% of respondents indicated they would often use them because they need them, males (51.9%) females (52.0%). Meanwhile, 22.4% stated they would not use these services, with 20.3% of males and 25.6% of females falling into this category.

In regards with the existence of Soup Kitchens near the Elbasan Municipality:

- 25% of respondents indicated the presence of soup kitchens in municipalities catering to vulnerable citizen categories. 26.7% of male respondents and 22.4% of female respondents acknowledged their existence.
- However, 51.3% stated they lacked knowledge about these soup kitchens. 52.4% of male respondents and 49.6% of female respondents were unaware of them.

Usage and Preference:

- If such soup kitchens existed, 28.2% mentioned they would often use them. 27.3% of male respondents and 29.6% of female respondents expressed this preference.
- Conversely, 41% stated they would not use these services. 42.2% of male respondents and 39.2% of female respondents fell into this category.
- 6.4% confirmed they had used these soup kitchens before. 5.9% of male respondents and 7.2% of female respondents reported previous usage.
- Additionally, 19.2% expressed a desire to use these services due to difficulties in meal preparation for their children. 19.8% of male respondents and 18.4% of female respondents mentioned this need.

Overall Satisfaction:

- Concerning overall satisfaction with these soup kitchens, 46.2% of respondents expressed the lowest level of satisfaction (rated as 1). 46.5% of male respondents and 45.6% of female respondents fell into this category.

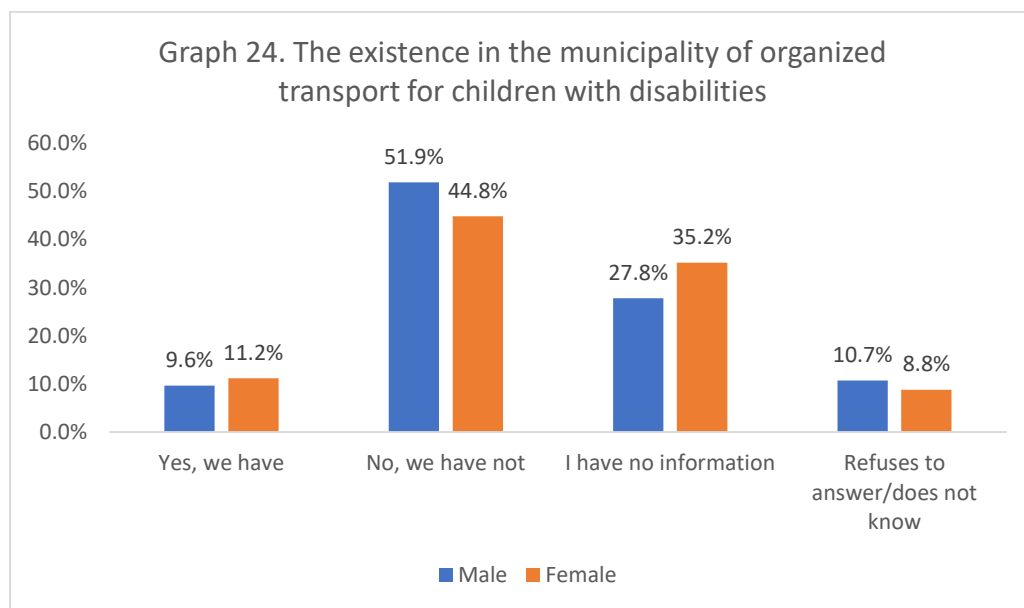


- Conversely, around 14.7% expressed high satisfaction (rated as 5). 13.4% of male respondents and 16.8% of female respondents reported high satisfaction.

Preference for Services:

- When asked how respondents would prefer these soup kitchen services to be, 42.9% mentioned they would like food to be delivered to their homes several times a month. 42.8% of male respondents and 43.2% of female respondents favored this option.

When asked about organized transportation provided by municipality of Elbasan to hospitals, care centers, or clubs/associations for children with disabilities or other community centers, 10.3% of respondents said they have such services available. Among them, 9.6% were parents/guardians of boys with disability, and 11.2% were in the name of girls with disabilities. But, 49% stated that they do not have such transportation, with around 52% for male respondents and 44.8% for female respondents. Additionally, about 31% said they lack information about these services, with more male respondents (27.8%) being unaware compared to female respondents (35.2%)



Regarding the usage of these services, 9% stated they use them regularly, with around 10% of male respondents and 7% of female respondents using them. Following, 13.8% mentioned they use them occasionally, with slightly more male respondents.

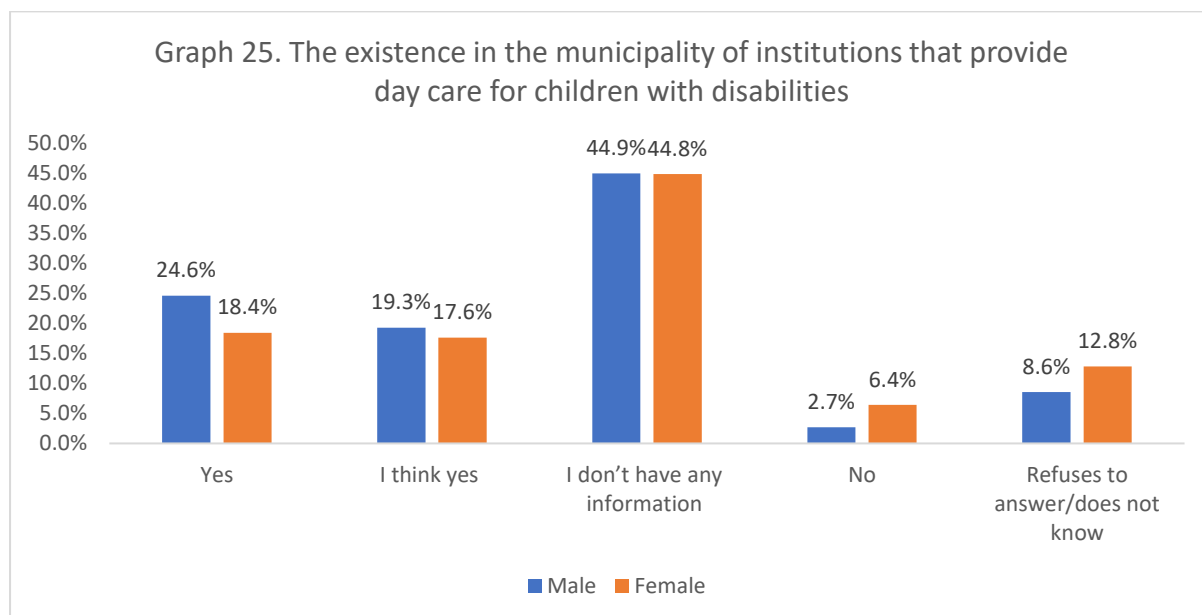
As per the responses information gathered in Elbsan Municipality:

- 70.6% of male children and 75.2% of female children indicated a need for organized transportation to health centers or doctors.
- 75.6% of male children and 77.6% of female children expressed a need for organized transportation to hospitals.
- 57.2% of male children and 63.2% of female children indicated a need for organized transportation to daily care centers.



- 49.7% of male children and 52.0% of female children expressed a need for organized transportation to social service centers.
- 41.2% of male children and 52.0% of female children indicated a need for organized transportation to Red Cross centers.
- 54.5% of male children and 60.8% of female children expressed a need for organized transportation to recreational activities.

The survey on the availability of institutions providing daily care for children with disabilities in municipalities yielded varied responses. Around 22% of respondents confirmed their existence (24.6% male and 18.4% female.) Following, 18.6% believed in the presence of such institutions, with 19.3% of males and 17.6% of females sharing this view. However, 44.9% expressed a lack of awareness, evenly split between genders. A small minority (4.2%) stated their absence, more notably among females (6.4%). About 10.3% either refused to respond or were unsure, with slightly more uncertainty among females (12.8%) compared to males (8.6%).

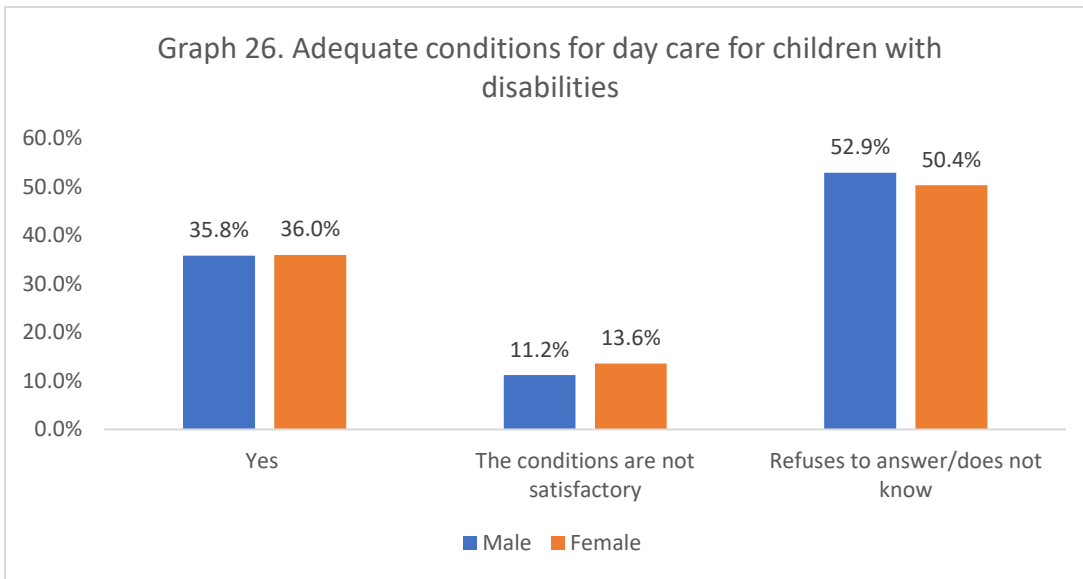


In response to the question related to the specific institution offering daily care for children with disabilities, the survey results varied. Notably, 39.1% of respondents indicated uncertainty or lack of knowledge about such institutions, with a slightly higher percentage among males (40%) compared to females (37.6%). Additionally, 23.7% reported having no information about these institutions, with 22.5% of males and 25.6% of females falling into this category. The reasons for this lack of awareness include insufficient communication and outreach by the institutions, especially to the families of children with disabilities who live far from the city, limited availability of information, and social stigma that discourages families from seeking out or discussing these services. This gap in knowledge highlights the need for better information dissemination and community engagement to ensure that families are aware of and can access the support available for children with disabilities. Among those who provided specific responses, the most mentioned institution was "Voices of Life," mentioned by 8.3% of respondents, with a higher proportion among males (10.7%)



than females (4.8%). Other institutions mentioned included "Fluturo per Jeten" (1.9%), "Autism Centyer" (6.7%), and "Social Center" (9.9%), among others.

Regarding the question of whether suitable conditions are provided for the daily care of children with disabilities, the responses were mixed. 35.9% of respondents believed that appropriate conditions are offered, with a similar percentage among both male and females. Conversely, 12.2% of respondents expressed dissatisfaction with the existing conditions, with 11.2% of males and 13.6% of females holding this view. Moreover, a significant portion, accounting for 51.9% of respondents overall, either refused to respond or indicated uncertainty about the sufficiency of the conditions, with a slightly higher percentage among males (52.9%) compared to females (50.4%).



As per above, 48.1% of respondents expressed a definite willingness to use these social services if available, with 49.2% of males and 46.4% of females indicating so. 28.8% stated they would use these services only if they needed help, with 28.9% of males and 28.8% of females expressing this sentiment. Meanwhile, 10.3% of respondents indicated they would not use these services, with 10.7% of males and 9.6% of females holding this view.

The parents/guardians of children with disability in Elbasan Municipality were asked also if there is any institution in the municipality that offers temporary accommodation for their disabled children. Approximately 14.4% of respondents, with similar percentages for both genders, indicated awareness of institutions offering temporary stay for children with disabilities. Another 15.4% (14.4% male, 16.8% female) believed such institutions exist. The majority, comprising 49.7% of respondents (51.9% male, 46.4% female), stated they were uninformed about the existence of such institutions or were unsure.

When asked for the identification of specific institutions, the responses varied, with some indicating specific institutions such as 1.3 % for the Balashe Center; Fluturo per Jeten (2.9%) Voices of Life (3.8%) Autism Center (1.6%), Social Centre (9.9%) and Municipality 1.9% while others remained uninformed. The majority (55.4%) stated they were uninformed about any specific institution offering temporary stay for children with

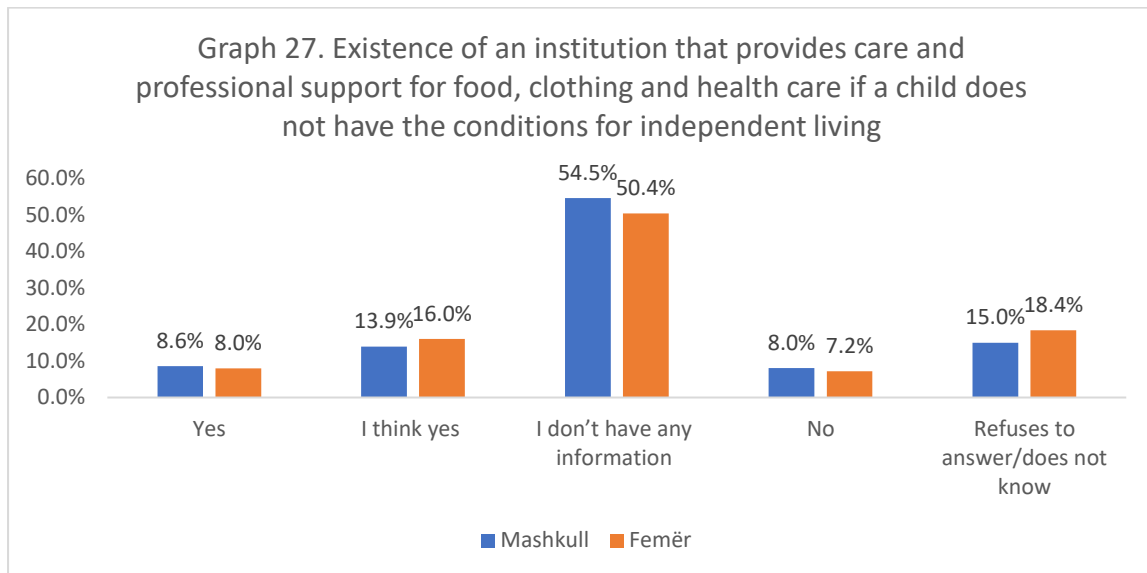


disabilities. A small percentage either denied or refused to respond, comprising 4.8% of respondents.

Following, about 31% of respondents believed that the conditions provided by these institutions were suitable for temporary stays for children with disabilities. A smaller percentage, 8.7%, expressed dissatisfaction with the conditions provided. The majority (60.3%) stated they were uninformed or unsure about the adequacy of these institutions.

When asked about the willingness to use the above services, approximately 44.6% of respondents expressed a definite willingness to use these social services if available, with slight variation between genders.

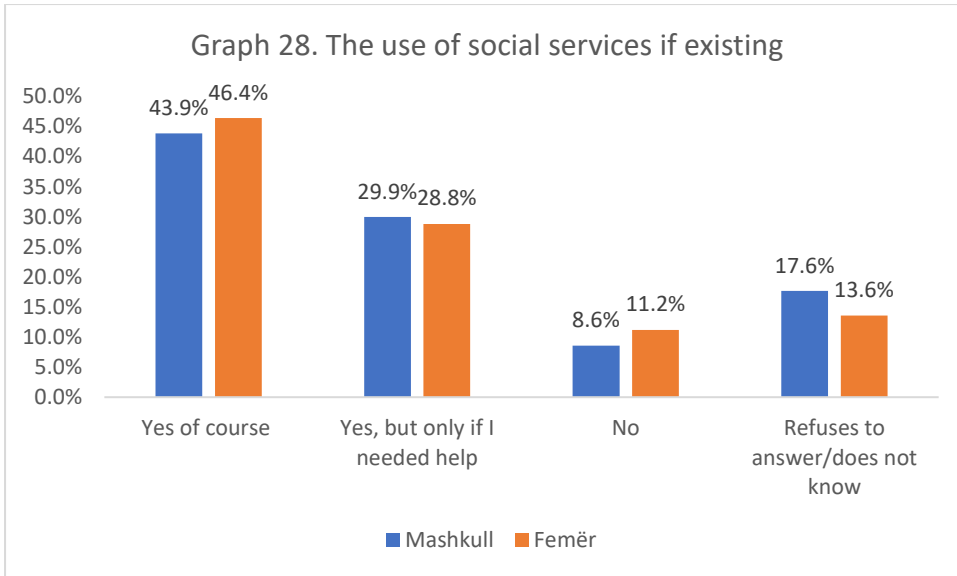
Related to the institutions offering professional care and support for nutrition, clothing, and healthcare for children who lack conditions for independent living, only 8.3% of respondents, comprising 8.6% of males and 8.0% of females, stated that these institutions exist. 52% of the respondents were not informed.



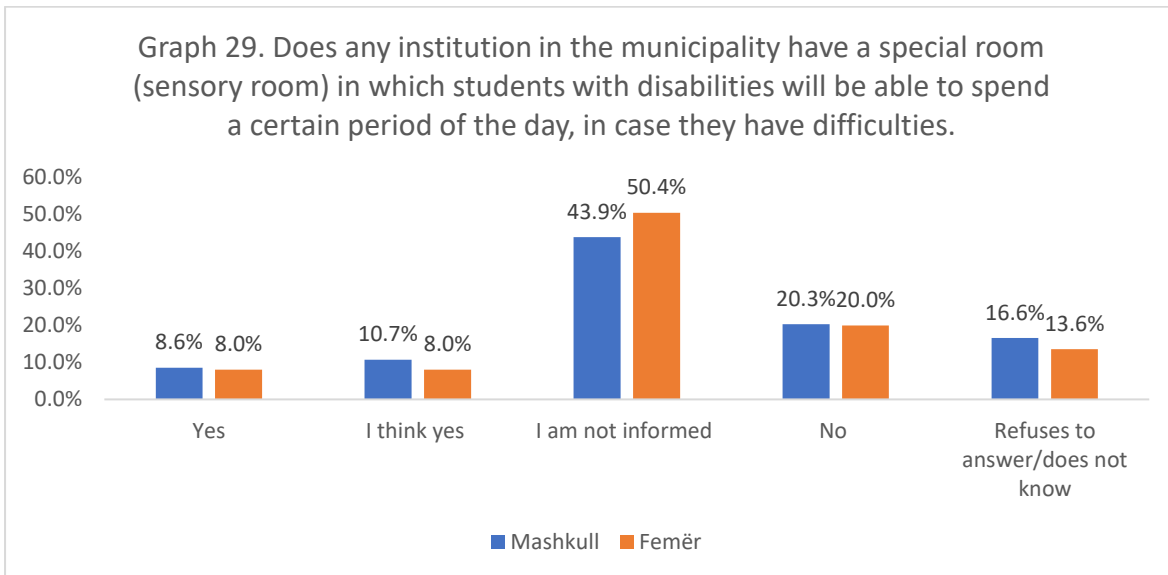
But, when asked about the identification of these specific institutions, the responses varied, with some indicating specific institutions while others remained uninformed. The majority (57.7%) stated they were uninformed about any specific institution offering professional care and support. Some of the respondents identify the municipality of Elbasan (1.6%), the Balashe Center (2.9%), the Voices of Life Center (3.2%) or even the Social Center (8.3), as some of the institutions that offer the above service.

About 29.5% of respondents believed that the conditions provided by these institutions were suitable for daily care for children with disabilities, with similar percentages for both genders. The majority (59.0%) stated they were uninformed or unsure about the adequacy of these institutions.

When asked about their willingness to use the services, approximately 44.9% of respondents expressed a definite willingness to use these social services if available, with similar percentages for both genders.



The parents/guardians of children with disability in Elbasan Municipality were asked also related to the awareness of institutions offering special rooms: Approximately 8.3% of respondents, comprising 8.6% of males and 8.0% of females, stated that there are institutions in municipalities offering special rooms (sensory rooms) where students with disabilities can spend a certain period of the day. Another 9.6% (10.7% male, 8.0% female) believed that such institutions exist. The majority, comprising 46.5% of respondents (43.9% male, 50.4% female), stated they were uninformed about the existence of such institutions or were unsure.



They were asked also for the identification of such institutions. Responses varied, with some indicating specific institutions while others remained uninformed. The majority (53.2%) stated they were uninformed about any specific institution offering special rooms.



Approximately 46.8% of respondents expressed a definite willingness to use these social services if available, with similar percentages for both genders.

In the assessment concerning financial contributions for shelter and care within institutions serving children with disabilities, an intriguing pattern emerged from the gathered data. Specifically, the analysis revealed that 3.8% of respondents reported being requested to provide financial compensation for these essential services. Conversely, a substantial majority, accounting for 57.1% of the total responses, expressed that they had not encountered any such requests for financial contribution. This breakdown further delineates into 57.8% among males and 56.0% among females. Furthermore, it's notable that a significant segment of respondents, constituting 27.2% of the total sample, admitted to not utilizing the services provided by these institutions. This observation underscores potential gaps in engagement with the available support systems.

When asked about the presence of an active telephone number (SOS line) within municipality administrations for emergencies only 3.2% of respondents reported the existence of an SOS line in Elbasan municipality, 26.0% expressed a perceived need for one due to their child's health condition, despite its absence. Conversely, 29.5% stated they do not require an SOS line, indicating varying perspectives on its necessity. A significant portion (41.3%) either refused to answer or were unsure about the existence or necessity of an emergency telephone line, suggesting potential gaps in awareness or clarity.

The following data examines the accessibility of various institutions for children with disabilities and reveals some notable insights. **Kindergarten:** 49.0% of respondents reported suitable access for their children, with a slightly higher proportion among females (55.2%) compared to males (44.9%). **School:** 71.8% of respondents indicated suitable access, with a significantly higher percentage among females (79.2%) than males (66.8%). **Theater/Cinema:** 36.5% reported suitable access, with a slightly higher proportion among females (40.0%) than males (34.2%). **Library:** 35.6% of respondents reported suitable access, with a notably higher percentage among females (40.8%) compared to males (32.1%). **Hospital/Health Center:** 76.3% of respondents reported suitable access, with a higher proportion among females (79.2%) than males (74.3%). **Supermarket:** 53.2% reported suitable access, with a significantly higher proportion among females (60.0%) than males (48.7%). These findings indicate variations in perceived accessibility across different institutions, with gender differences observed in some cases, highlighting the importance of tailored interventions to address disparities and ensure equitable access for all children.

5.2.6 Assessment of Education Services and Facilities

The parents/guardians of children with disability were asked about the educational services utilized by their children in the past 12 months.

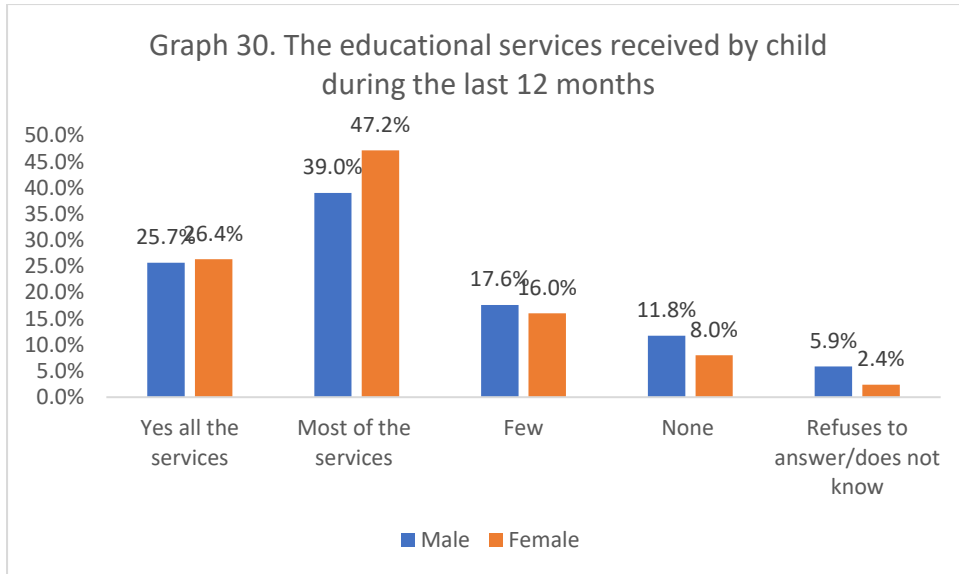
- Among respondents whose children attended preschool or daycare, 25.0% reported affirmative, with a slightly higher percentage among females (29.6%) compared to males (21.9%).



- Regarding attendance at childcare centers, 23.7% of respondents answered affirmatively, with similar proportions among males (23.5%) and females (24.0%).
- For transportation or home-based learning services, 17.9% of respondents reported affirmative, with a slightly higher percentage among females (23.2%) compared to males (14.4%).
- In terms of attendance at regular schools, 65.4% of respondents answered affirmatively, with a notably higher proportion among females (69.6%) than males (62.6%).
- Regarding attendance at special schools, 29.5% of respondents reported affirmative, with a slightly higher percentage among females (31.2%) compared to males (28.3%).
- For educational services in hospitals, 16.0% of respondents reported affirmative, with a higher proportion among females (21.6%) compared to males (12.3%).
- Among those receiving support from teachers for special needs, 41.7% reported affirmative, with similar proportions among males (41.6%) and females (41.7%).
- Regarding dedicated teaching assistants or support assistants for learning, 35.9% of respondents reported affirmative, with slightly higher proportions among females (37.6%) compared to males (34.8%).
- For educational psychologists, 36.9% of respondents reported affirmative, with similar proportions among males (36.4%) and females (37.6%).
- Among those attending advanced education colleges, 21.2% reported affirmative, with a slightly higher percentage among females (26.4%) compared to males (17.6%).

These findings illustrate the diversity of educational services utilized by children with disabilities in the past year, with variations in attendance rates across different types of institutions and support services. Additionally, gender differences in attendance rates are observed in some categories, suggesting potential areas for further investigation or targeted interventions to address disparities.

The analysis of the following chart, reveals that a considerable portion of respondents believe they have received the necessary educational services for their children in the past 12 months. Specifically, among those who indicated they had received all the required services, approximately 26.0% affirmed this, with slightly higher rates among females compared to males. Moreover, a significant proportion of respondents felt they had received most of the needed services, with 42.3% confirming this belief, particularly prominent among females. Conversely, some respondents felt they had only received some of the necessary services, accounting for 17.0% of the total, with similar proportions between males and females. Notably, there were respondents who believed they had received none of the required services, representing 10.3% of the total, with a slightly higher percentage among males. These findings underscore varying parental perceptions regarding the adequacy of educational services received by their children and highlight potential areas for further exploration or clarification.



Following the above question, a considerable number of respondents reported the presence of special departments or classes for children with disabilities in schools. Specifically, 37.2% of respondents affirmed the existence of such facilities, with slightly higher rates among females compared to males. Conversely, 41.7% of respondents stated that their schools did not have specialized departments or classes for children with disabilities, with slightly higher percentages among females. Additionally, 21.2% of respondents either refused to answer or claimed not to know, indicating a significant portion of uncertainty regarding this matter, particularly among males. These findings underscore the varying availability of specialized educational resources for children with disabilities in schools, highlighting potential areas for improvement or further investigation

The following data are related to the educational support services needed by children at the local level.

- **Educational Accessories:** Overall: 1.3% of respondents mentioned this service. Male: 1.6%; Female: 0.8%
- **Personal Assistance:** Overall: 0.6% of respondents mentioned this service. Male: 0.5%; Female: 0.8%
- **Physiotherapy or Speech Therapy:** Overall: 5.4% of respondents mentioned this service. Male: 5.9%; Female: 4.8%
- **Received Necessary Services:** Overall: 11.2% of respondents mentioned this. Male: 9.6%; Female: 13.6%
- **After-School Courses:** Overall: 0.3% of respondents mentioned this service. Male: 0.0%; Female: 0.8%
- **Free Books:** Overall: 1.0% of respondents mentioned this service. Male: 0.5%; Female: 1.6%
- **Speech therapist:** Overall: 1.3% of respondents mentioned this service. Male: 1.6%; Female: 0.8%
- **Teachers:** Overall: 36.5% of respondents mentioned this service. Male: 40.1%; Female: 31.2%



The analysis of question 95 reveals that 31.4% of respondents report receiving special compensation as parents or guardians of children with disabilities, while the majority, comprising 66.0% of respondents, do not receive such compensation. Among male respondents, 35.8% receive special compensation, slightly higher than the 24.8% among female respondents. Conversely, a higher percentage of female respondents (72.8%) compared to males (61.5%) indicate not receiving special compensation. A small percentage (2.6%) either refused to answer or did not know about receiving special compensation, with slightly more male respondents (2.7%) falling into this category compared to female respondents (2.4%). Overall, the data suggests variability in the provision of special compensation for caring for children with disabilities, with slightly different trends observed between male and female respondents.

The following analysis reveals that 31.4% of respondents report receiving special compensation as parents or guardians of children with disabilities, while the majority, comprising 66.0% of respondents, do not receive such compensation. Among males, 35.8% receive special compensation, slightly higher than the 24.8% among females. Conversely, a higher percentage of females (72.8%) compared to males (61.5%) indicate not receiving special compensation. A small percentage (2.6%) either refused to answer or did not know about receiving special compensation, with slightly more male respondents (2.7%) falling into this category compared to female respondents (2.4%). Overall, the data suggests variability in the provision of special compensation for caring for children with disabilities, with slightly different trends observed between male and female respondents.

5.2.7 Assessment of the views and needs of people with disabilities

When asked if they follow the latest developments in the country, 25.3% of respondents (25.1% of males and 25.6% of females) reported doing so. Additionally, 24.0% of respondents follow developments frequently (several times a week), male (22.5%) and female (26.4%) respondents. Furthermore, 41.3% of respondents follow developments rarely (several times a month), with a higher percentage among male respondents (44.4%) compared to female respondents (36.8%).

Regarding the approval of local-level policies in the past three years that are of interest to them as parents/caregivers of children with disabilities, the data reveals that 22.1% of respondents acknowledged the approval of such policies. Specifically, 18.2% of male respondents and 28.0% of female respondents reported the approval of these policies. Conversely, 29.8% of respondents stated that such policies had not been approved, with 32.1% of male respondents and 26.4% of female respondents expressing this view. Moreover, a significant proportion of respondents (48.1%) either refused to answer or did not know about the approval of these policies, with 49.7% of male respondents and 45.6% of female respondents falling into this category.

Regarding the advocacy actions undertaken by respondents, there are some interesting findings:



- For respondents who stated they had met with their MP, 15.1% acknowledged taking advocacy actions, with 10.2% being male respondents and 22.4% being female respondents. The majority, constituting 84.9% reported not taking any specific actions. Among them, 89.8% were male respondents, and 77.6% were female respondents.
- In cases where respondents met with members of the municipal council, only 11.5% stated they had undertaken advocacy actions, with 8.6% being male respondents and 16.0% being female respondents.
- Regarding meetings with the mayor of the municipal council, 3.2% of respondents indicated advocacy actions, with 2.1% being male respondents and 4.8% being female respondents. The majority, comprising 96.8% reported not undertaking any specific actions.
- For respondents who had met with the mayor of the municipality, 6.4% acknowledged advocacy actions, with 5.9% being male respondents and 7.2% being female respondents.
- In cases where respondents had sent letters to the municipality, 3.5% indicated advocacy actions, with 2.7% being male respondents and 4.8% being female respondents. The majority, comprising 96.5% reported not undertaking any specific actions.
- For respondents who participated in protests, 1.9% acknowledged advocacy actions, with 1.6% being male respondents and 2.4% being female respondents.
- Regarding signing petitions, the majority, comprising 98.1% reported not undertaking any specific actions, with 97.9% (being male respondents and 98.4% being female respondents.
- For respondents who reported not taking any action, 70.2% stated so, with 73.3% being male respondents and 65.6% being female respondents.
- Respondents who refused to answer or did not know: 13.5% stated so, with 16.0% being male respondents and 9.6% being female respondents.

Regarding trust in various institutions, the following are the main findings from the parents/guardians of children with disabilities in Elbasan municipality:

- **Trust in the President:** 49.0% of respondents indicated trust, with 41.7% being male respondents and 60.0% being female respondents.
- **Trust in the Government:** 56.7% of respondents indicated trust, with 51.9% being male respondents and 64.0% being female respondents.
- **Trust in the Mayor of the Municipality:** 71.5% of respondents indicated trust, with 67.4% being male respondents and 77.6% being female respondents.
- **Trust in Public Institutions of Local Government:** 68.3% of respondents indicated trust, with 66.3% being male respondents and 71.2% being female respondents.
- **Trust in the Police:** 66.3% of respondents indicated trust, with 64.2% being male respondents and 69.6% being female respondents.



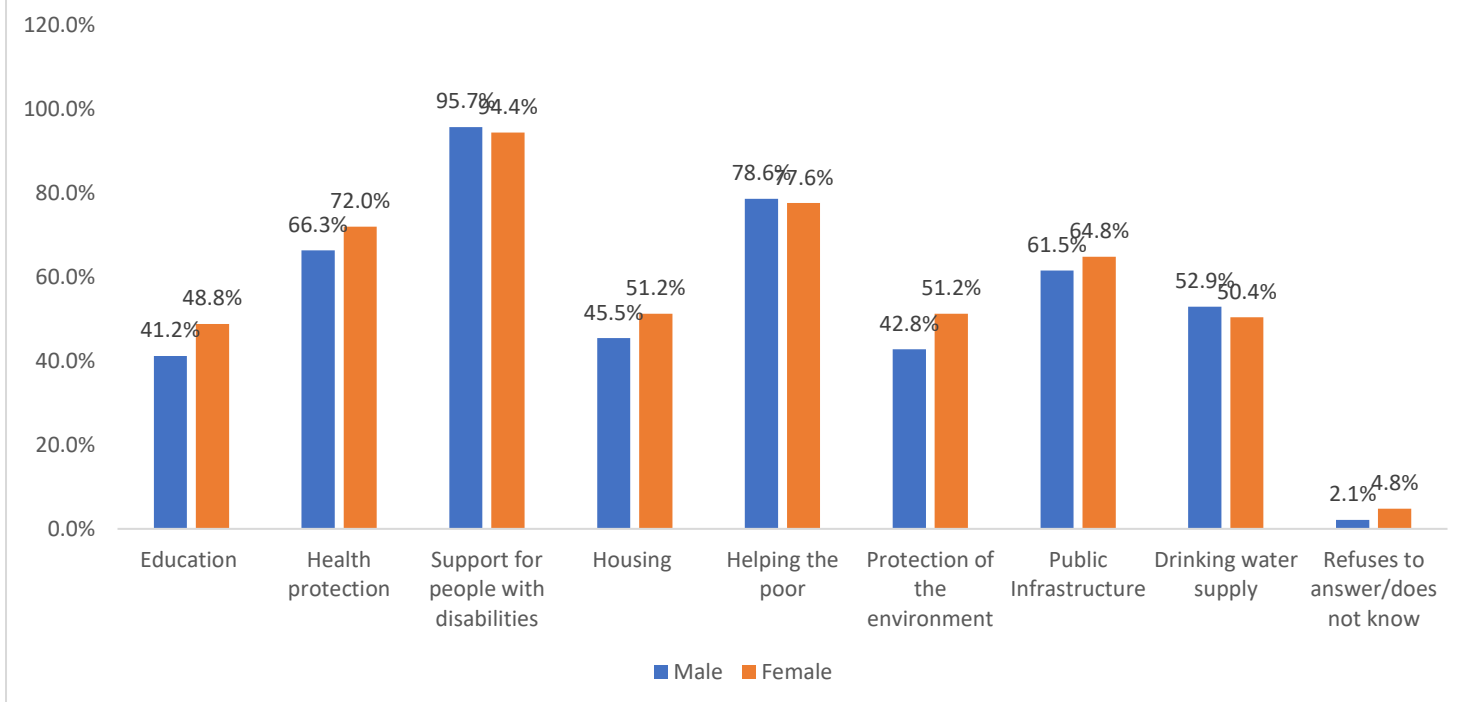
- **Trust in NGOs:** 46.2% of respondents indicated trust, with 42.8% being male respondents and 51.2% being female respondents.
- **Trust in Religious Institutions:** 55.8% of respondents indicated trust, with 53.5% being male respondents and 59.2% being female respondents.

Parents/Guardians of children with disabilities were also asked what the priorities of the municipality of Elbasan.

- **Education:** 42.2% of respondents selected education as a priority, with 41.2% being male respondents and 48.8% being female respondents.
- **Healthcare:** 68.6% of respondents selected healthcare as a priority, with 66.3% being male respondents and 72.0% being female respondents.
- **Regarding priorities in Supporting People with Disabilities:** 95.2% of respondents selected this priority, with 95.7% being male respondents and 94.4% being female respondents.
- **Housing:** 47.8% of respondents selected housing as a priority, with 45.5% (being male respondents and 51.2% being female respondents).
- **Regarding priorities in Aid for the Poor:** 78.2% of respondents selected this priority, with 78.6% being male respondents and 77.6% being female respondents.
- **Environmental Protection:** 46.2% of respondents selected this priority, with 42.8% being male respondents and 51.2% being female respondents.
- **Regarding priorities in Public Infrastructure:** 62.8% of respondents selected public infrastructure as a priority, with 61.5% being male respondents and 64.8% being female respondents.
- **Drinking Water Supply:** 51.9% of respondents selected this priority, with 52.9% being male respondents and 50.4% being female respondents.



Graph 31. Priorities of Elbasan municipality according to interviews

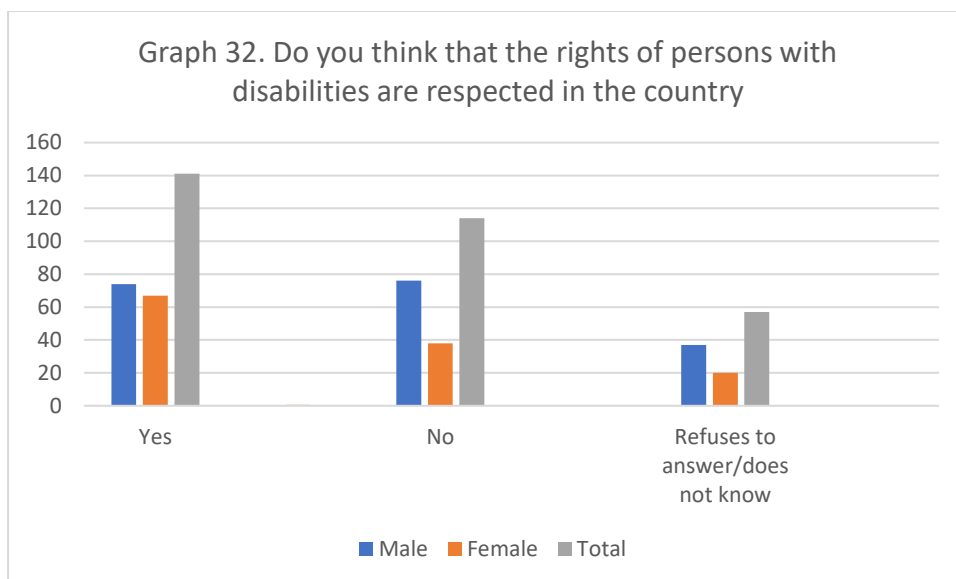


In response to queries regarding the civil society organization's efforts for persons with disabilities in Elbasan, it was found that a modest 8.7% of respondents, comprising 5.3% of males and 13.6% of females, were aware of such initiatives. In contrast, a majority, totalling 53.2% of respondents, expressed unawareness, with 56.1% of males and 48.8% of females. Moreover, 38.1% of respondents either did not answer or lacked knowledge about these initiatives, with comparable rates among males (38.5%) and females (37.6%). Shifting the focus to the outcomes of these initiatives for persons with disabilities, findings revealed that 5.4% reported observing no significant results, including 4.3% of males and 7.2% of females. On the other hand, 9.0% noted receiving services arising from these initiatives, with a slightly higher percentage among females (13.6%) than males (5.9%). Notably, a significant majority (67.6%) were uncertain regarding these outcomes, with 70.1% of males and 64.0% of females lacking clarity on this matter.

Based on the responses regarding the regular participation of CSOs representing persons with disabilities in public hearings, debates, community forums, meetings with the local community, or similar events in the municipality of Elbasan to advocate for their needs, the findings indicate that only 10.6% of participants, including 8.0% of males and 14.4% of females, agree with the statement.

5.2.8 Discrimination – Risk Factor

Regarding the perception of whether the rights of persons with disabilities are respected, indicates that 45.2% of respondents, comprising 39.6% of males and 53.6% of females, believe that these rights are respected.



Based on the provided data regarding whether respondents or their children with disabilities have felt discriminated against in the last 12 months, it appears that 21.8% of participants, including 23.5% of males and 19.2% of females, reported experiencing discrimination. Additionally, 8.3% of respondents, including 9.6% of males and 6.4% of females, either refused to answer or did not know if they had experienced discrimination.

Respondents who felt discriminated against listed various daily life situations.

- **At work:** 9.6% of respondents reported feeling discriminated against, with 9.6% of males and 8.8% of females indicating such experiences.
- **When applying for a job:** 7.7% of respondents reported experiencing constant discrimination, while 10.3% reported occasional discrimination.
- **At health centers/hospitals:** 7.4% of respondents reported constant discrimination, with 10.3% experiencing it occasionally.
- **Theatre/Cinema:** 16.7% of respondents reported constant discrimination, while 8.7% experienced it occasionally
- **Public Transport:** 8.3% reported constant discrimination, with 11.5% experiencing it occasionally.
- **Interactions with other people:** 11.9% of respondents reported constant discrimination, with 17.0% experiencing it occasionally.

The respondents who admitted that they were discriminated, were also asked if they had reported the case of discrimination.

- The majority (91.7%) stated they have never reported any discrimination case near the Ombudsperson.
- 92.6% stated they have never reported near any NGOs. (Example: Helsinki Committee)
- Most respondents (92.6%) stated they have never reported at the regional office for free legal aid

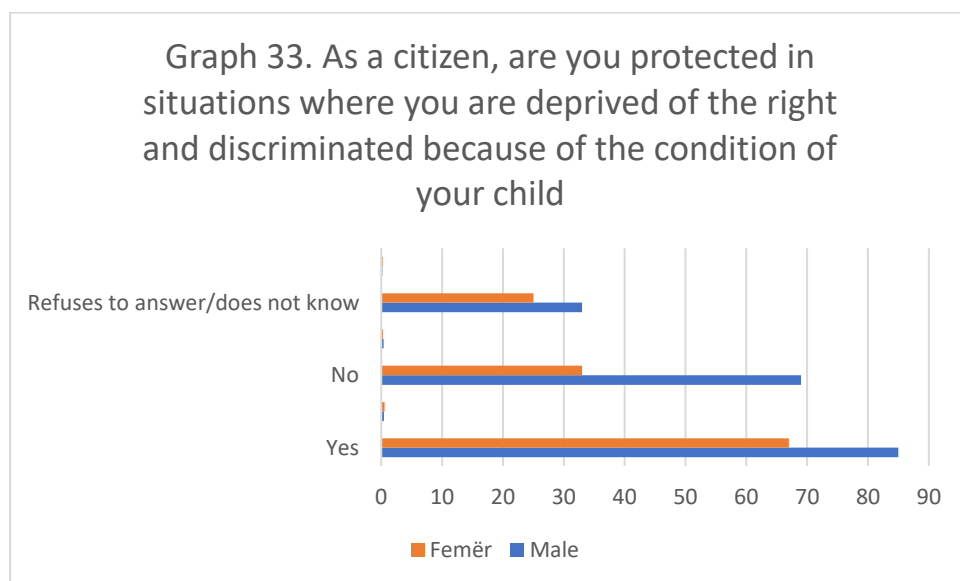


- The majority (93.9%) stated they have never reported any discrimination at the law offices.
- Most respondents (91.3%) stated they have never reported any discrimination case near the department for equal opportunities in Elbasan municipality.

As for the very few respondents who have admitted to reporting any discrimination case near the above institutions, the outcome is listed as follows:

- 7.7% of male respondents and 8.8% of female respondents reported that there was no outcome.
- 10.3% of male respondents and 11.2% of female respondents reported living normally after the reported discrimination.
- 8.7% of male respondents and 14.4% of female respondents reported receiving services after the reported discrimination.
- 10.3% of male respondents and 18.4% of female respondents indicated that they did not know the outcome.
- 1.3% of male respondents and 0.8% of female respondents reported not having information about the outcome.
- 2.9% of male respondents and 2.4% of female respondents stated that they did not receive a response.

The following data shows whether parents/guardians of children with disabilities feel protected as citizens in situations where they are deprived of rights and subjected to discrimination due to their children's disability. 48.7% of males and 53.6% of females answered affirmatively, indicating that they feel protected in such situations. In contrast, 32.7% of males and 26.4% of females reported feeling unprotected. The data underscores variations in perceptions of protection among citizens facing discrimination, indicating a need for further examination of the mechanisms in place to safeguard individuals' rights and address instances of discrimination effectively.





5.2.9 Vulnerability to shocks – risk factor

The following data information regarding the impact of the emergence of the new virus on daily activities, categorized by different statements and gender of children. For Example, 82.4% of male respondents and 84.0% of female respondents stated that during that period, they did not leave the house as before because they were protecting the child's health. 87.5% of respondents stated that their expenses increased a lot during that period, with an almost equal gender distribution. 88.5% of respondents stated that their income was not sufficient during the pandemic. 77.6% of the respondents needed help from the municipality to be equipped with protective equipment. 95.2% of the respondents stated that they do not have savings that can use to solve the ongoing problems caused by the coronavirus situation, with equal gender distribution. 76.9% of the respondents stated that they took out debts to cope with the financial situation as a result of the coronavirus.

44.6% of the respondents stated that they received financial assistance to cope with the Coronavirus, of which 28.2% received assistance from the state, 28.8% from the municipality of Elbasan, 1.3% from the social center, 1% from the Red Cross. 3.8% stated that they received help from the church or other religious organizations and 10.3% stated that they received help from CSOs. Financial support was the greatest need that these families needed during the pandemic, with 94.6% of respondents agreeing with this statement. Followed by the provision of medicines and additional vitamins that are necessary stated by 56% of the respondents.

The following data presents responses regarding perceptions of security, categorized by different statements and the gender of children. Each statement reflects a perception or concern related to security, and respondents were asked to indicate whether they agree or disagree with each statement.

For example, 19.9% of male respondents and 24.8% of female respondents stated that their neighbourhood is not safe at all and they are afraid to live there, while 72.4% of male respondents and 68.8% of female respondents disagreed.

29.5% of the respondents (26.4% female and 31.6% male) stated that they need additional safety equipment to feel safer (cameras, locks, lights with sensors, alarm). 65.2% of total respondents (67.2% female and 66% male) stated that the police should patrol the area more often.

The following information presents responses regarding whom individuals would turn to for help in case of a disaster (earthquake, flood, fire), segmented by the gender of children.

- Among respondents, 44.6% said they would always turn to their children or grandchildren for help, with more female respondents (48.8%) than male respondents (41.7%).
- Approximately half of the respondents (50.6%) indicated they would seek help from friends, with a slightly higher percentage among females (55.2%) compared to males (47.6%).



- 66.0% of respondents, with slightly more male respondents (66.8%) than female respondents (64.8%) stated that they will rely on local authorities or organizations for assistance
- Approximately 51.6% of respondents stated that they will be relying on humanitarian organizations like the Red Cross for assistance, with a higher percentage among female respondents (56.0%) compared to male respondents (48.7%).
- Around 24.7% of respondents stated that they do not need any help, with a higher percentage among female respondents (30.4%) compared to male respondents (20.9%).

This following data presents the responses to question regarding perceptions related to the pandemic, segmented by the gender of children.

- People with higher incomes and higher-status professions have a better chance to be protected because they have connections to public hospitals for faster treatment: Approximately 69.6% of respondents agreed with this statement, with a slightly higher percentage among male respondents (70.1%) compared to female respondents (68.8%).
- Each citizen of the country has the same opportunity to receive the necessary treatment: Among respondents, 37.8% agreed with this statement, with a slightly higher percentage among female respondents (39.2%) compared to male respondents (36.9%).
- We as parents/guardians of children with disabilities were left behind: Around 41.7% of respondents agreed with this statement, with a higher percentage among male respondents (47.1%) compared to female respondents (33.6%).
- The state has not forgotten us, but the local government takes care of us as citizens: Approximately 64.1% of respondents agreed with this statement, with a slightly higher percentage among male respondents (65.2%) compared to female respondents (62.4)

6. Focus Group Analysis – Children with Disabilities

During the focus group, discussions were reached, and meaningful conversations with a wide array of individuals and organizations in the Elbasan community. These include representatives from the local Social Services, schools, healthcare facilities, both public and private centers, special schools designed for children with disabilities, psychologists, speech therapists, and many others who play vital roles in supporting these children and their families. The goal of these interviews was to uncover the range of services available to this specific group, particularly those provided by public institutions and daycare centers. We aimed to understand the challenges they face, any gaps or shortages in services, as well as any needs for additional training or support.



According to interviews conducted with various actors in the Elbasan municipality, it appears that there are several problems and deficiencies regarding the identification, services, and support for children with disabilities in this municipality.

As a result of Social Mapping, the municipality of Elbasan is compiling and identifying the complete list of children with disabilities in all rural and urban administrative units. According to representatives of the Elbasan municipality (specialist for people with disabilities, specialist for people in need and the elderly, specialist in social services), there is no accurate number of children with disabilities from ethnic minorities due to several reasons such as:

- Lack of data on the locations of these families
- Problems in identifying disabilities - this is due to reasons such as lack of reporting or adequate visits to specialists, which may be due to social stigma, lack of access to health and educational services, or lack of knowledge or information
- Socio-economic factors resulting from financial constraints for diagnosing and providing proper support for children with disabilities, etc.

In general, there is a lack of:

- Information among a large part of families with children with disabilities;
- Lack of cooperation between health and social institutions. The number of cases of children with disabilities referred by family doctors or pediatricians (where the Psychosocial Service is also established) is very low.
- Infrastructure for children who are blind and deaf is completely lacking. While if we analyze the structure for children with mobility difficulties, logistics have improved over the years, especially in new buildings, whether they are schools, public institutions, or health centers, all equipped with ramps. In some Administrative Units such as Gjergjan and Bradashesh, mainstream classes have been established which offer appropriate spaces and logistics for children with disabilities.
- Regarding public or even private transport, the majority of vehicles do not meet the logistical requirements for children with disabilities, while a very small portion of this fleet, even if it has the necessary logistics, does not put it into use.

From the information received by focus group discussions, but also from the preliminary list provided by the Elbasan municipality, the majority of children with disabilities are boys. Meanwhile, there is a considerable number of families that do not declare their children as persons with disabilities, for many reasons such as: social stigma and discrimination; personal, cultural reasons, etc., thus resulting in a lack of necessary support and services, negative impact on the child's education and social inclusion; hindrance in social and emotional development, etc.

Throughout the Elbasan district, there is no institution for children or adults with disabilities that provides sheltered accommodation. In the centers in this municipality, therapy offered to children is based on an individual plan. The problem remains with services for children aged 16-18. Regarding economic assistance and cash payments,



the Elbasan municipality provides economic assistance to families with children with disabilities, and in order to receive disability payments for children, they must declare and include them in the payment system. There is no limitation on the payment received for children or for disabled people to also receive economic assistance from the municipality. Priority is given to the targeting of families for economic assistance, especially those families with more than two children, where economic difficulty is higher. The Elbasan municipality also helps from the 6% fund for those families who do not receive economic assistance. In Elbasan, 972 families are receiving economic assistance and have at least one person (child or adult) with disabilities. According to officials, the Elbasan municipality offers public transport for families of children with disabilities for those who receive services from centers in Elbasan as well as from “Voices of Life” school.

Efforts are underway to involve parents in their children's therapy sessions. However, continuous and extensive campaigns are essential to raise awareness among parents about their children's disabilities. There is a call for parents who provide round-the-clock care for their children to receive health and social insurance benefits and to be encouraged to contribute towards their pension, particularly mothers. Additionally, the current practice of assistant teachers spending only 2 hours with children is deemed inadequate, especially for those within the autism spectrum, considering the complexity of their diagnosis. Assistant teachers require additional psychosocial support to effectively carry out their duties. Although Down syndrome remains constant, parents are advised to renew assessments almost every 2 years. Unfortunately, there is a glaring absence of services and assistance for adolescents aged 16-18 with disabilities. Furthermore, there are instances where many children remain undiagnosed because their parents fail to take them for check-ups due to various reasons.

Overall, Elbasan faces infrastructure deficiencies with no allocated budget for educational materials. Training for public center staff is necessary. Collaboration with the University is absent, necessitating the inclusion of curricula for services. Currently, there are no provisions for children aged 16 - 18. Specialized courses should be introduced at vocational training centers for this age group. Additionally, the establishment of residential centers is recommended.

There aren't enough assistant teachers. Assistant teachers work 20 hours a week, on average with 2 children per school. 2 hours are not sufficient, especially in the autism spectrum, also due to the typology of the diagnosis. Assistant teachers' capacities need to be increased. Down syndrome is not listed when analyzing the diagnosis and determining the fee.

Other findings:

- Society is stigmatized, even when children have 3 - 4 diagnoses of limited ability, parents do not accept sending them to special schools but want to send them to public schools.
- Mainstream classes are very few in 4-5 schools and are very small. Teaching materials are lacking in schools. A concrete strategy needs to be drawn up for



assistant teachers on how to work with children with various disabilities. A manual on how to work needs to be developed.

- The multidisciplinary commission needs to take on the decision-making role in the child's education after diagnosis. Sign language interpreters are missing.
- Not all supportive services are provided in the preschool system. There are few social workers in kindergartens and only a few assistant teachers in some administrative units. There are only 7 assistant teachers for all kindergartens. There are 35 children with disabilities in Elbasan's kindergartens, 17 in total kindergartens are only in the city.
- In terms of healthcare in Elbasan, not all healthcare services can be provided for children with disabilities. There are cases where health centers do not have nurses. A detailed service map needs to be drawn up for this category. The social service-hospital relationship is weak.
- Villages do not have psychosocial services. Although wheelchairs for children with disabilities are provided by the municipality, doctors do not have this information.
- Diagnostic forms need to be expanded because new diagnoses are increasing every day at this hospital, especially for those genetic ones that do not have a specific code.
- Usually, according to doctors, families of these children distance themselves, they are not discriminated against.
- Services for rural areas are lacking.
- Specialists need to be trained with new models. On-the-job training is needed.
- The National Mental Health Hospital in Elbasan offers services for both adults and children in the same building. A separate pavilion is needed in the hospital for children with disabilities. Staff and equipment are lacking for this part.
- A notification system for diagnoses and treatment needs to be established. Statistics for diagnoses are missing.

Summary from daycare centers:

- The "Future for You" Center, established in 2012, provides services primarily for children facing speech disorders, mental disabilities, syndromes, and other related conditions. Particularly, within the Roma minority community, this center serves a larger number of children. At present, the center caters to 37 children, operating from 8 am to 5 pm, five days a week. These children receive various therapies such as developmental therapy, speech therapy, and engage in recreational activities. Most of the children attending the center have Down syndrome, although other syndromes are also accommodated. Parents are charged 700 lekë per hour for these services. The gender distribution among the children attending the center is 12 girls and 25 boys.
- The "I hear you 366" Center, established in 2018, provides therapy and psychological services. Currently, 7 children aged 2-9 years attend therapy sessions five days a week, with one of them being a girl. Typically, each therapy session lasts for an hour, sometimes extending to 2 hours. The center's staff includes 1 psychologist and 1 speech therapist. Funding for the center is obtained through both center-generated funds and small fees from parents.



Additionally, 2-3 families receive full support from the center at no cost. There's a noticeable increase in parents' awareness of their children's disabilities. Furthermore, there's a trend of faster diagnosis among autistic children compared to previous years, often occurring between the ages of 18 to 24 months.

- The Balashe Center provides services for adults with disabilities, and currently, there are no children under the age of 18 enrolled in the program. Despite having adequate space, the center currently accommodates only 22 adults, comprising 7 female and 15 men.
- The "Voices of Life" school provides 2 hours per day for students across various classes. Currently, the school accommodates 53 children but lacks a ramp for accessibility. From the staff it is recommended that children diagnosed with 3-4 conditions should attend special schools rather than public ones, and this is the perfect school for them. Among the students, there are 11 girls enrolled in grades 1-9, with an admission age range of 6-10 years for the first grade. The school's capacity is 90 children, with a staff of 24 members including 1 clinical psychologist, 1 school psychologist, and 2 teachers per class. Classes typically have 4-9 students on average. Unfortunately, special schools face a shortage of speech therapists and physiotherapists, which are essential services. Transportation is provided by the municipality, but there is no distribution based on administrative units.
- The Albanian Center, established as a non-public institution in 2015, currently serves 30 children between the ages of 2 and 16, including 5 girls. However, there are no fully integrated professionals available for the age group of 16-18 years.
- The Autism Center in Elbasan caters to 80 children daily, including 25 girls. It operates as a public facility. Children aged 2-13 attend, while those above 13 transition to non-public centers or schools. The center provides speech therapy, physiotherapy, group developmental therapy, and parental counseling. Initial cases undergo evaluation. Meals are not provided. Operating hours are from 08:00 to 16:00, with a staff of 17 members, comprising 1 psychologist, 2 speech therapists, 2 physiotherapists, and 12 psychotherapists. Immediate staff increase is necessary. Services could be extended with two shifts if staffing permits. Municipality covers transportation expenses, and tickets are reimbursed by the municipality's administrative unit. Currently, 26 children from Elbasan attend the center.

Main findings from focus group discussions with parents/guardians of children with disabilities:

- The economic situation is quite difficult, and the income is not enough to offer proper care to children with disabilities.
- Mothers of children with disabilities find it impossible to work because they have to take care of the children.
- There are families that have more than 2-3 family members with disabilities, and living and coping is very difficult, sometimes on the border of poverty.
- Families living in rural areas far from the city do not have access to health or



support services for children.

- Almost 100% of those present in this focus group were unemployed.
- There is a lack of logistics in public transport for children with disabilities.
- They have the support of the municipality with economic aid, but again they have difficulties in coping with life.
- The quality of education by support teachers in public schools is quite low and the time in which the children have this support is not enough for their learning.
- Parents of children with Down's syndrome must periodically reassess the child with the respective Commission, even though this syndrome does not change. This leads to loss of time, difficulty in moving, as well as increased financial costs.
- A large part of parents value the "Voices of Life" Special School but after it they attend non-public centers
- Parents often feel discriminated together with their children, especially in public transport, receiving specialized health services, etc.
- Although some main public institutions have adapted the logistics for people with disabilities (especially for those who have difficulty moving), there has not yet been a real intervention in the road or intersections.
- Parents of children with disabilities they require more services and duration in the day care centers they attend.
- Although the Balashe center is a public center, in that center none of the families of these children receive services, but only those over 18 years of age.
- Parents who have children with disabilities in the 16-18-year-old group feel very left out, since no support is offered for this age group in any of the centers.
- None of the parents participating in these discussion groups had emigrated or is a returnee.

7. Conclusions and Recommendations

Based on the extensive information provided above, below are the main conclusions and recommendations for the Elbasan Municipality:

Conclusions:

The incomplete database of children with disabilities, despite identifying their total number, highlights some critical issues. First, without a comprehensive and up-to-date database, it is challenging to effectively plan and allocate resources for essential services such as health care, education and social support or to estimate financial and human resources for day care centres. This lack may result in some children being left far behind or not receiving the specific help they require, leading to inequality in access to necessary interventions and support programs. Also, a comprehensive database is very important for monitoring the progress and results of interventions aimed at children with disabilities, facilitating evidence-based policy making. The lack of



services for children with disabilities aged 16-18 in public and non-public centres represents an important gap in the current infrastructure. This gap is critical because it leaves adolescents with disabilities in a transitional phase without specialized care and assistance tailored to their developing needs. Adolescence is a key period for educational, social and professional development, and the lack of dedicated services during this time can hinder their ability to successfully transition into adulthood. Addressing this gap is essential to ensure continuity of support at all stages of development, promoting independence, inclusion and a better quality of life for adolescents with disabilities. The financial and economic situation of families raising children with disabilities is challenging, placing them in precarious financial circumstances, with many bordering on poverty. This financial shortfall significantly affects their ability to meet the specialized needs of their children, including health care, education and social support. These families face constant hardship due to limited income, which limits their access to essential resources. Having shortages in services, in most cases it is the mothers who sacrifice and do not work, but take care of the children. Addressing these economic difficulties is essential for improving the quality of their lives and promoting greater social inclusion for children with disabilities. Efforts should be focused on providing targeted financial assistance, creating more employment opportunities, and providing accessible and affordable support services to raise these families and support their well-being effectively. Some public institutions, especially those in rural areas, lack the necessary infrastructure to effectively support children with disabilities, especially those with difficulty seeing and hearing, leaving them far behind. This deficit in logistical support presents significant challenges for families and caregivers seeking comprehensive and accessible services for their children. The lack of adequate logistics in these facilities hinders the provision of specialized care, education and other essential services needed by children with disabilities. Voices of Life School faces significant shortages in staff, educational resources and logistics, highlighting an urgent need for support and reconstruction. These deficiencies hinder the school's ability to provide quality education and support to all children with disabilities who need it. Improved staff, improved educational materials and updated equipment will contribute to a better learning environment and overall experience for children, promoting their development and inclusion. Inter-institutional cooperation, although present between some main institutions, is not complete with health institutions. This deficit in collaboration hinders the seamless delivery of services and supports to children with disabilities and their families. Improving collaboration between health institutions is essential to improve processes, improve resource allocation and ensure comprehensive care for children with disabilities. Strengthening interagency partnerships will foster better coordination and integration of services, ultimately improving outcomes and the overall quality of care provided. The quality of education provided by assistant teachers is inadequate and their insufficient number exacerbates the issue. This lack affects the educational experience of children with disabilities, limiting their access to adapted learning support and hindering their academic



progress, especially for children in rural areas who remain far behind. Improving the quality and quantity of teaching assistants is essential to improving educational outcomes and ensuring that children with disabilities receive the personalized attention and resources they need to thrive in school and in society. The capacities of day care centres, public and non-public, are insufficient to meet the needs of all children with disabilities in Elbasan, although they are doing a good job with those children who attend them. This restriction comes as a result of limited financial and human resources, which consequently lead to a lack of services to cover the entire municipality of Elbasan. Addressing these capacity issues is essential for ensuring equal access and promoting the well-being and development of children with disabilities in the community, including children in rural areas. Despite having the necessary infrastructure, the "Balashe" centre currently does not offer services for children with disabilities, which would be especially welcome for the 16-18 age group. This gap limits access to critical support and resources that children with disabilities require for their development and well-being, considering that this target group is left behind compared to other age groups. Addressing this issue is essential to maximize the centre's potential and ensure it fulfils its role in supporting inclusion and access for all members of the community, including children with disabilities. There is a marked deficiency in specialized medical services, especially for children who live in the rural areas of this municipality. This leads to limitations in essential health care interventions that are essential for addressing the unique needs of children with disabilities and especially for specialized medical services. Improving and making these specialized medical services available, especially in rural areas, is essential to ensure equal access to health care and to improve the general well-being of children with disabilities. Parents of children with disabilities, especially those in rural areas, often lack essential information about the services provided by the municipality or day centres adapted to children with disabilities. This lack of awareness hinders their ability to access critical support services that can significantly benefit their children's development and well-being. An obvious issue exists where a significant number of children with disabilities remain undiagnosed because their parents do not report their condition. This lack of identification prevents these children from receiving timely interventions and support services that are essential for their development and well-being. Families of children with disabilities, especially those children living in rural areas, often face discrimination in their daily lives, either from social attitudes or from institutional practices. Addressing this issue requires an all-out effort to raise awareness, sensitivity training, and advocacy for the rights of individuals with disabilities and their families. Families of children with disabilities have faced significant challenges during the COVID-19 pandemic, enduring increased financial strain and worsening health concerns. Although the pandemic has ended, the families of these children continue to suffer the financial consequences



Recommendations:

Recommendations for improving socio-economic status (LNOB – risk factor)

- The Municipality of Elbasan should cooperate with the regional employment office so that at least one of the parents/guardians of children with disabilities is employed, thus increasing the family's economic income.
- Integration of social services for all families that have children with disabilities.
- The Government of Albania should review policies related to supporting parents with children with disabilities (especially mothers) to recognize the years of care for their children (in the absence of support services). These years should contribute to the calculation of pensions.
- The Government of Albania should review financial assistance payment policies from the Medical Commission for the Assignment of Ability to Work (KEMPC) for children with disabilities or other subsidies, especially for mothers of children with disabilities who, in 99% of cases, take care of children without having the possibility of employment.
- Expanding the basket of social services by offering an integrated package of services for families, especially for children with disabilities.
- Economic empowerment of persons with disabilities through the Social Fund.
- Special attention should be paid to expanding financial assistance programs and employment opportunities for families of children with disabilities to ensure their economic well-being and reduce the financial burden they face due to their children's disabilities.
- Designing a comprehensive basic health care package tailored to the specific needs of children with disabilities and ensuring that staff are adequately trained to provide services, including services provided by dentists.
- Expanding the roles of school nurses and dentists to serve disabled children within their areas of practice and relevant training.
- Cooperation with the Multidisciplinary Disability Assessment Commissions in the municipality of Elbasan to support and assist persons applying for Disability Payment.
- Provision of mobile services to support children with disabilities in families according to their needs.

Recommendations related to geography (LNOB – risk factor)



- The Elbasan municipality must continue to identify the correct addresses of 1080 (one thousand and eighty) children with disabilities distributed across all administrative units of this municipality, with a special focus on identifying children in remote rural areas.
- Administrative units, in cooperation with health centers and social services, should take action to correctly identify the number of children with disabilities belonging to the Roma and Egyptian minorities.
- Establishing services and programs for children with disabilities who live in rural areas.
- The municipality of Elbasan should undertake information campaigns for families of children with disabilities regarding daycare centers, services, and programs offered for this category in the municipality of Elbasan, especially in rural areas and those far from the city.
- Dissemination of information to families with disabilities living further from the city center and in deep rural areas.
- Increasing psycho-social services for children with disabilities in rural areas.

Recommendations regarding governance (LNOB – risk factor)

- The Municipality of Elbasan, in cooperation with other support actors for children with disabilities, should undertake awareness campaigns for parents who do not follow medical examinations for their children to identify disabilities.
- Promotion and establishment of programs for children with disabilities who belong to the age group of 16-18 years.
- Health services for children with disabilities should be accessible near their places of residence, especially for families living in remote rural areas.
- All administrative units and/or daycare centers operating in this municipality must be equipped with sensory rooms.
- Creation of mechanisms for monitoring and evaluating programs for children with disabilities.
- Educating and empowering parents through various campaigns for the timely identification of children with disabilities.
- Adapting the services of the "Balashe" center for children with disabilities near this municipality, specifically for the 16-18 age group.
- The "Voices of Life" school should receive special attention from the Municipality of Elbasan and the Ministry of Education and Sports, or any other relevant institution, to adapt it to all logistical facilities and increase the number of classes. Immediate reconstruction of this school facility is needed.



- The Municipality of Elbasan, in cooperation with educational directorates, should take immediate measures to equip schools with ramps or other logistical support for children with disabilities, especially in rural areas where they are currently absent.
- Elbasan Municipality has a significant number of public and non-public centers. Therefore, it is recommended that these centers be supported to increase both the number of children with disabilities and the range of services tailored to their individual needs and plans.
- For the Ministry of Health and Social Protection: The medical form used by doctors to diagnose children's disabilities should be expanded to accommodate the increasing diagnoses, especially genetic ones, for which there is no specific code.
- Detailing a map of health services offered to children with disabilities in ambulances, health centers, and hospitals.
- All public schools with children with disabilities must have sensory classrooms and appropriate teaching aids.
- The "Voices of Life" Special School should be the focal point and the educational institution for children with disabilities diagnosed with 3-4 diagnoses.
- The Municipality of Elbasan, in cooperation with Vocational Training Centers, should establish programs for children aged 16-18 years to offer them vocational training courses, especially for those with disabilities that do not prevent them from engaging in work with limited hours.
- The Municipality of Elbasan, in cooperation with public transport companies, must take measures to ensure that vehicles meet the logistical requirements for children with disabilities.
- Systematization of infrastructure for all children with disabilities (mobility, vision, or hearing impairments) in all public institutions of the Elbasan municipality.
- Increasing the capacities of personal assistants to effectively address healthcare challenges for children with disabilities.
- Ensuring that health institutions are equipped with accessible facilities for children with disabilities for their visits.
- Increasing the capacities of municipal staff (including social administrators in administrative units and Needs Assessment Units set up in this municipality) for the design, implementation, and monitoring of one-year development programs for individuals with disabilities.
- Increasing the capacities of the Municipality's structures, particularly in areas that include the administration and monitoring of the Economic Aid scheme for people with disabilities.
- Institutionalizing the cooperation of the Elbasan Municipality with providers and local actors that focus on disability.
- Providing training and information for responsible local government staff to enhance their professional capacities in serving Persons with Disabilities (PWDs).



- Continuous training of social and health workers on how to provide care for people with disabilities.
- Providing psycho-social support for children with disabilities and their families.
- The municipality of Elbasan must offer daily services for all children with disabilities who are in difficult physical and mental conditions.
- Setting up an emergency shelter for cases when the families of children with disabilities are unable to care for them.
- Creation of appropriate working conditions for social administrators to implement legal requirements regarding the follow-up and monitoring of the quality of life of persons with disabilities through home verification.
- Increasing the capacities of municipal staff (social administrators in neighborhoods and administrative units) for the design, implementation, and monitoring of development programs for persons with disabilities.
- The Ministry of Education and Sports should increase the number of assistant teachers for children with disabilities and should implement special training/specialization programs for providing education to these children.

Recommendations regarding discrimination (LNOB – risk factor)

- Implementation of anti-discrimination policies and awareness campaigns to combat stigma and promote the inclusion of children with disabilities in social and cultural life.
- Organizing social activities for children with disabilities to facilitate their socialization and integration into society.
- Increasing attention to the inclusion of children with disabilities from rural areas in social and community life near the Elbasan municipality.
- Establishing support programs for children with disabilities in the age group of 16-18 years.

Recommendations regarding vulnerability to shocks (LNOB – risk factor)

- Effective disaster or pandemic preparedness plans for families of children with disabilities and support mechanisms to address the unique needs of children and their families.
- Preparation of plans and programs for the provision of services for children with disabilities in the age group of 16-18 years.
- Support for families of children with disabilities through housing schemes.

Recommendations for day care centers

- Adapting the services of the "Balashe" center for children with disabilities near this municipality.



- Increasing the number of employees at public day care centers and providing relevant training according to the fields they cover.
- The increase in services at public day care centers and the rise in the number of children with disabilities as beneficiaries.
- The training of day care center staff must be continuous and tailored to the needs of children with disabilities who attend the centers.
- The municipality of Elbasan should engage with non-public day care centers so that the payment parents of children with disabilities do for the services they receive in these centers is covered by the municipality's fund.
- Promoting and establishing support programs for children with disabilities aged 16-18 years.
- Adding speech therapists and physiotherapists, especially near the "Voices of Life" special school.
- Adding services according to the capacity of the special school (90 children with disabilities).

7.1 Plan for communicating the conclusions and recommendations of the Social Mapping

The Gender Alliance for Development Center in cooperation with the Association for Local Autonomy has been in continuous communication with the municipality of Elbasan throughout the entire Social Mapping process. Also, the primary findings from this mapping were presented in various meetings. Immediately, some measures were taken by the municipality of Elbasan to include some of the first recommendations in the 2023-2026 Social Plan. For example, based on the findings of the social mapping, the "Balashe" center is now hosting a group of children (16-18 years old) with disability to provide services. The number of assistant teachers in the kindergartens has increased from 7 to 12. Therefore, following the Social Mapping Report, we anticipate several meetings with representatives not only of the Elbasan municipality as the institution but also of other actors of interest to present the results of this mapping and to advocate for the inclusion of some of them in the budgets of the municipality of Elbasan. This, making a presentation in one of the meetings of the Municipal Council near this municipality.

The cooperation established with the municipality of Elbasan for the development of this project has been very good and positive, so we do not foresee any obstacles in the inclusion of some recommendations in the social plan for the revision of the budget for their financial coverage when planning the 2025 budget.



8. Recommendations in line with the SDGs (Sustainable Development Goals)

Problem identification	SDG	Effect (Medium; Low; High)	Target	Indicator	Key institutions
<p>Many of the children with disabilities not only contend with their lifelong disabilities but also face additional health issues as a consequence, services that are missing for several health specializations, mostly in rural areas.</p>	<p>SGD 3: Good Health and Well-Being</p>				
	<p>Recommendation 1: Providing specialized medical services near residential centers.</p>	<p>High</p>	<p>Target 3.8: By 2030 achieve universal health coverage including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.</p>	<p>Number of services added according the findings.</p> <p>Number of children with disabilities who have benefited from specialized medical services near residential centers or within the municipality of Elbasan.</p>	<p>Ministry of Health and Social Protection; Municipality of Elbasan; Ministry of Finance and Economy.</p>



	Recommendation 2: Cost recovery in cases when these services must be obtained outside the municipality of Elbasan.	High		Number of children who benefits	
	Recommendation 3: Increasing the capacity of the public Day Care Centers for children with disabilities as well as the establishment of a residential center for children of this target group suffering from extreme poverty.	High		Number of serviced added Number of staff trained Number of children who benefits from non public day care centers	
Children with disabilities face challenges accessing schools or kindergartens due to inadequate logistics, especially in rural areas. Additionally, the insufficient	SDG 4: Ensure inclusive and quality education for all				
	Recommendation 1: Equipping with proper logistics for access to school for children with different disabilities, especially those with movement disability, hearing and visual impairment.	High	Target 4.1: By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education	Number of support and specialized teachers for children with disabilities. Number of schools that meet the	Ministry of Education and Sports; Ministry of Finance;



<p>number of assistant teachers hinders their academic progress, often leading to interruptions in their learning.</p>			<p>leading to relevant and effective learning outcomes</p>	<p>logistical criteria for children with disabilities.</p>	<p>Regional Education Directorate; Municipality of Elbasan</p>
	<p>Recommendation 2: Review of the supported curriculum for this target group and raising the number of specialised supporting teachers for each child with disabilities</p>	<p>High</p>	<p>Target 4.a: Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all.</p>		
<p>Families with children who have disabilities</p>	<p>SDG 10: Reduced Inequalities</p>				



<p>face significant financial lacks. In most of the cases, one parent is compelled to remain unemployed due to the lack of available services for their child. State-provided financial aid for children is insufficient to cover basic needs. Moreover, even when parents do receive state assistance, the years spent caring for their child are not recognized as years of employment, resulting in a</p>	<p>Recommendation 1: Providing financial assistance to every parent who has children with disabilities and stays at home to care for them.</p>	High	<p>Target 10.1: By 2030, progressively achieve and sustain income growth of the bottom 40 per cent of the population at a rate higher than the national average.</p> <p>Target 10.2: By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status.</p>	<p>Number of parents in the target group who will receive financial assistance from the state for child care.</p> <p>Changes in the legislation regarding the monthly fee that this target group benefits due to disability.</p> <p>Review of the law and recognition of years of service (of parents) for children for all categories of disability.</p>	<p>Medical Commission for Assignment of Ability;</p> <p>Ministry of Health and Social Services;</p> <p>Ministry of Finance;</p> <p>Albanian Government.</p>
	<p>Recommendation 2: Review the amount of</p>	High			



<p>lack of access to essential social insurance.</p>	<p>financial assistance for this target group.</p>				
	<p>Recommendation 3: Review of the law and recognition of years of service (of parents) for children for all categories of disability. Also determination of working hours.</p>	High			
<p>Insufficient transportation infrastructure poses a significant challenge for children with disabilities. Families residing in rural areas, in particular, face difficulties accessing essential services due to the lack of nearby facilities, compelling them to undertake frequent trips.</p>	<p>SDG 11: Sustainable Cities and Communities.</p>				
	<p>Recommendation 1: Municipalities mandate all public transport operators to ensure their services meet the required standards for accommodating children with disabilities..</p>	High	<p>Target 11.2: By 2030, provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the</p>	<p>Number of public transport line operators that meet the necessary conditions for children with disabilities.</p> <p>The increased budget line for organized transport.</p>	<p>Municipality of Elbasan; Public Transport operators.</p>
	<p>Recommendation 2: The provision in the annual budget of the</p>	High			



<p>However, both public and private transportation options often fail to meet the specific needs of these children, exacerbating the situation.</p>	<p>municipality of Elbasan for the increase of the fund to cover the transport for this target group, therefore the increase of children who receive services in public day care centers.</p>		<p>needs of those in vulnerable situations, women, children, persons with disabilities and older persons</p>	<p>Number of children benefiting from the transport organized by the municipality</p>	
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