

Standard Summary Project Fiche – IPA decentralised National programmes

(Maximum 12/15 pages without the annexes)

1. Basic information

1.1 CRIS Number: TR080104

1.2 Title: **Promoting Services for People with Disabilities**

1.3 Sector: 36-Political Criteria

1.4 Location: Turkey

Implementing arrangements:

1.5 Implementing Agency:

The CFCU will be Implementing Agency and will be responsible for all procedural aspects of the tendering process, contracting matters and financial management, including payment of project activities. The director of the CFCU will act as Programme Authorizing Officer (PAO) of the project.

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1.6 Beneficiary (including details of SPO):

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1.7 Overall cost: EUR 4.000.000

1.8 EU contribution: EUR 3.800.000

1.9 Final date for contracting: 2 years after the signature of the Financing Agreement

1.10 Final date for execution of contracts: 2 years following the end date for contracting

1.11 Final date for disbursements: 3 years following the end date for contracting

2. Overall Objective and Project Purpose

2.1 Overall Objective:

- To contribute to the effort of government of Turkey in the provision of effective, appropriate and efficient community based support services for persons with disabilities.

2.2 Project purpose:

- The Project purpose is to develop a model of community based care and support service delivery, to improve quality of existing services, to determine the service standards, to clarify roles and responsibilities of related institutions and to provide effective collaboration among them.

2.3 Link with AP/NPAA / EP/ SAA

AP

The main issue of the project proposal is mentioned in the Turkey 2007 Accession Partnership¹, under the title of “human rights and the protection of minorities” and sub title “Anti-discrimination policies” as follows:

“Guarantee in law and in practice the full enjoyment of human rights and fundamental freedoms by all individuals, without discrimination and irrespective of language, political opinion, sex, racial or ethnic origin, religion or belief, **disability**, age or sexual orientation,”

Two issues mentioned under the title of “3.2. Medium-Term Priorities” and “ability to assume the obligations of membership”, “Chapter 28 the consumer and health protection” are directly relevant to the overall objective of the project proposal. They are:

“- Ensure a high level of protection through the effective enforcement of consumer protection rules and involvement of relevant consumer organisations,

- in the area of mental health, develop community-based services as an alternative to institutionalisation, and ensure allocation of sufficient financial resources for mental health care.”

The Project purpose is to develop community based services as an alternative to institutionalization for people with physical, intellectual and mental disabilities. Therefore development of alternative care services to institutional care both in mental health care system and social services system are crucial and addressed in the project proposal.

In the 2007 Progress Report “As regards *the treatment of socially vulnerable and disabled persons and the principle of non-discrimination*, Turkey has signed in March the UN Convention on the Rights of Persons with Disabilities. ... However, lack of data and research on disability prevents informed policy-making.” (p. 61, 62) are emphasized. The issue is mentioned under the title of “**economic and social rights**” as follows: “As regards socially vulnerable and/or persons with disabilities, in the area of mental health, a government directive was issued to regulate the use of electro-convulsive therapy in hospitals in line with human and patients' rights. Relevant guidelines for implementation of the directive have also been prepared. No progress can be reported on access to education, health, social and public services for persons with disabilities. In particular, physical barriers to access to public buildings remain. Lack of data and research in this area and on conditions of care for mentally

¹ 2008/157/EC Turkey 2007 Accession Partnership, Official Journal of the European Union 26.02.2008

ill persons are preventing informed policy-making. Implementation of the Law on People with disabilities and related regulations is critical for improving the rights and living conditions of persons with disabilities.” (p.19)

NPAA

The Project should be considered National Programme under the title of 13. Development of Social Protection and Social Inclusion, Task 13.3.2 Improvement of the Social Benefits (SSCPI, FPSAS and SSI) Task 1. Strengthening of the institutional capacity in the field of social services and benefits. SHÇEK, despite its related legislation, have difficulty to provide services to the target people because of lack of suitable care facilities and qualified professionals and staff.

EP

Not Applicable

SAA

Not Applicable

2.4 Link with MIPD

In the MIPD, under the title 1.3 Social Inclusion it is stated that “In addition, other special groups suffer from specific problems of their own. People with disabilities, ex-prisoners or persons with drug addictions have particular problems to access the labour market, as may also be the case for Roma people. Only one in five people with disabilities participate in the labour market. Obstacles such as insufficient work places, limited demand from employers or physical barriers imply that many people with disabilities risk social exclusion and poverty” (p.33)

“Social assistance and social services are inadequate and in need of better coordination and functioning: These services are essential to deal with people in risk of exclusion and not having any other means of support. They present, however, problems like insufficient budgets, lack of institutional capacity and coordination among institutions, clear standards about how to deal with persons in need or overlap of responsibilities. In particular, access and quality to education presents important disparities...Fostering access to quality social services providing education and training for the less better off would raise the chances of those with more risks of social exclusion.” (p.34)

Persons with disabilities are mentioned in terms of being vulnerable groups and under the risk of social exclusion. The proposed project will help attitude change and awareness raising related to social inclusion of persons with disabilities. The Project results will contribute to the social inclusion of all groups of persons with disabilities.

2.5 Link with National Development Plan (where applicable)

Persons with disabilities mentioned in the 9th National Development Plan under the title of “5.4.3. Improving Income Distribution, Social Inclusion and Fight Against Poverty: (256.) 24.8 per cent of handicapped people with chronic illnesses and 36.3 per cent of other handicapped people are illiterate. Furthermore, only 1 of every 5 handicapped persons can take part in the labour market since social life areas restrict their mobility, a suitable environment cannot be created in places of employment, and the demand for disabled labour is quite limited. The Law on the Disabled No. 5373, which aims to secure their participation in society through increasing the access of disabled people to health, education, employment and social security and, came into force in 2005.”

2.6 Link with national/ sectoral investment plans (where applicable)

At the Medium Term Programme, persons with disabilities are mentioned under the title of B. Social Inclusion and Combating Poverty. In this part of the Report it is stated that “The basic objective is to increase the active participation of the individuals and groups that face the risk of poverty and social exclusion in economic and social life, and secure social solidarity and integration by upgrading their quality of life”. The objectives are:

“11. Social and physical facilities shall be improved for the handicapped, and vocational education opportunities and counselling services aiming to their employment shall be developed.

12. Care services at home for the aged shall be supported, along with increasing the quantity and quality of institutional care services.”

The home based care services of SHÇEK, which was started for care of persons with disabilities from all ages, are being monitored under the 2007-2009 Medium Term Programme.

3. Description of project

3.1 Background and justification:

Basic Indicators about Persons with Disabilities²

According to Disability Survey, there are nearly 8,5 million persons with disabilities in Turkey, which constitutes 12,29 % of the total population. The percentages of the type of disability: orthopaedics 10 %, seeing 5%, mental 4 %, hearing 3 %, speaking 3 %.

The numbers of people with all disabilities are higher between 15-64 ages. There has been the approach of mainstreaming of children with disabilities since 1950. 110.000 children with disabilities benefit from specialised education schools and centres of Ministry of National Education (MoNE). In accordance with the article 16 of the Disability Law (no 5378) monitoring of approximately 1000 private special education centres for all eligible children are being subsidized with the allocation put in the budget of MoNE. These centres can be seen as first step for improving community-based social services.

In terms of financial support, Pension Fund provides a monthly welfare salary that varies between 75 EUR an 113 EUR for 220 thousand people with disabilities who do not have social security and are in need depending on their age and degree of disability.

Those who are not under social security umbrella can have access to free-of-charge health services provided in public hospitals. The municipalities also provide social and vocational rehabilitation services.

The Turkish Disability Law (No 5378) adopted in July 2005 brought change and improvement in disability services. According to Law; discrimination against people with disabilities especially in education and employment is prohibited; inclusion of people with disabilities, their families and relevant NGOs in the policy making mechanisms is accepted as a general principle; international disability classification is accepted; provision of services by the private sector is also adopted; the cooperation with the Ministry of Health is emphasized; conduct of job analysis according to the types of disability and application of the results in preparing relevant education and rehabilitation services is determined; the care services for persons with disabilities can be provided by the natural and legal persons, public institutions and organizations which obtained licence from the SHÇEK. The Law also requires establishment of departments for the disabled in metropolitan municipalities is accepted; and strengthens institutional structure of the Administration for Disabled People.

Ministry of National Education, Ministry of Labour, Ministry of Health, Prime Ministry DG of SHÇEK, Prime Ministry Administration on Disabled and municipalities are main actors that responsible to provide services for persons with disabilities.

MoH and SHÇEK are beneficiary institutions of the project proposal which have responsibility of providing long and short term care and treatment of persons with disabilities.

Information related to services

The Prime Ministry General Directorate of Social Services and Child Protection Agency (SHÇEK) provides services to all inhabitants who are in need understanding state responsibility in accordance with the Law no 2828 Social Services and Child Protection

² <http://www.ozida.gov.tr/english/index.htm>, Report , Existing Situation Report on Persons with Disabilities in Turkey ,JICA - Japan International Cooperation Agency Turkey Office

Agency Law. SHÇEK has been organized in 81 provinces with provincial social services managements and 34 counties with district social services managements in Turkey.

The Agency has 49 residential care facilities and 16 day care and family counselling centres for people with physical and mental disabilities. Out of 65 institutions, 4 residential institutions and 3 day care centres serve only for persons with physical disabilities; of the remaining 58 institutions and centres serve to persons with mental disabilities with changing capacity from 50 to 100. 3524 persons with disabilities are residing in 49 residential centres and 549 persons with disabilities receive day care services from 16 centres across Turkey.

People with disabilities who need to be placed in the residential institutions are to be placed according to their gender, age and type of disability. Since there is no residential care centre in each province and for each group or persons, some people need to be placed in another province. This may cause to apart the person from his/her family and weaken the relationship between the person and his/her relatives.

The physical conditions of residential care centres are also need to be improved. A new project named "Accessible Life Centres" is improved, which will be a model for the new centres. Instead of big multi-storey buildings, separate houses - which each one has 280 square meters area, consisting of 4 bedrooms, living room, dining hall, bath room, WC and a staff room, are built. There are 4-6 houses provided with environmental safety. In the administrative building beside offices there will be units for individual and group work, physical therapy saloon. A hydrotherapy swimming pool will be built. There will be 12 individuals living in every house. Currently 169 houses in 18 provinces are in project and construction phase.

There are 12 private care centres -with capacity of 966, which were permitted and monitored by SHÇEK. The numbers of persons with disabilities placed in these centres are 447. Amounts of payments paid by SHÇEK for a person with disability who was placed or received services from private care centres are: a sum of two month's net minimum wage (448 EUR) for 24 hours care in a residential care centre; a sum of one month's net minimum wage (225 EUR) for 8 hours daily care in a residential/ day care centre; a sum of half of one month's net minimum wage (111 EUR) for 4 hours daily care in a residential/day care centre; a sum of one month's net minimum wage (225 EUR) for 3 hours care in their own home by care staff who are employed by residential/day care centre.

There is no capacity limit for these private care centres. If the rules and criteria in the regulation to be met capacity can be increased as big as the service provider wants in order to make profit.

There is a waiting list consisting of 3048 persons with disabilities for placement in these institutions as of April 2008. Out of 254 of those people have mental disorders, 259 have physical disability and 2535 has intellectual disability/mental retardation.

There are 1009 staff and 2519 direct care staff who provide services in existing 65 care centres. (See details in the Annex 7.)

SHÇEK has been providing "home based care services" for persons with disabilities since 2006. This subsidy is brought by the Disability Law. **The basis of "Home based care services" is to be paid monthly minimum wage (225 EUR) to person who takes responsibility of care of the person with disability. Carer must be a relative or the legal guardian of the person with disability.** Currently 63.893 persons with disabilities who need care have been benefiting from home based care as date of April 2008. Although the home based care services are new, the number of persons with disabilities who receive these services is 15 times more than the persons with disabilities who are placed in residential care facilities and to be served in day care and family counselling centres.

Due to fact that the demand for psychosocial support services that are defined in the related regulations also expected to increase. SHÇEK in collaboration with the Ministry of Health, local authorities and institutions that carry out services for persons with disabilities must develop programmes, services and centres in order to provide community based services.

Beside the services of SHÇEK, local authorities are responsible to provide services for persons with disabilities who reside within their boundaries. Many municipalities have centres that provide financial assistance and aid in kind, that cover care provision to disabled in their homes. Inter-sectoral cooperation is needed to use resources efficiently, not to repeat services and provide more services to persons with disabilities.

In Turkey there have been 8 public psychiatry hospitals with 6196 hospital beds at total; 2 in Istanbul province and one each in Manisa, Adana, Elazığ, Trabzon, Samsun and Bolu provinces. There are only 2 private psychiatry hospitals with the total 199 beds in Istanbul. In Istanbul 4 private hospitals have psychiatry clinics. (Detailed information related to **mental health services of the Ministry of Health** is given in Annex 8.)

There is not a separate budget for mental health services. Hospitals are financially autonomous. So they can use their own income for their expenditures. But as the incomes of psychiatry hospitals are low they receive more allocation from the general budget of MoH.

Transformation at Health Services Program is going on and “Family Physician (Medicine) system is being implemented.

MoH organized study visits for heads of public psychiatry hospitals (6 chief psychiatrists) to three EU member countries; UK, Italy and Finland. They visited the community based care services for persons with chronic psychiatric disorders/illness. Psychiatrist Medaim Yanık, Head of the Bakırköy Mental Health and Diseases Hospital, prepared very detailed report regarding current situation and recommendations for improvement of the services including social services.

Problems to be addressed and opportunities

Mental hospitals are providing psychiatric services to persons who have behavioural problems and mental disorders and reached the stage of giving damage to themselves and to their environment and have to be hospitalised. After treatment of these people are completed; their control and follow-up in the community has to be carried out in collaboration by their family members and social services personnel.

People with enduring chronic mental health problems are often socially excluded and stigmatised. When their mental health situation is stabilized, returning them to society without proper community based care system established only restarts cycle. They often do not take their medications and family members feel helpless, and in some cases they abandon the person with mental health problems.

Available residential care facilities affiliated to the SHÇEK serve to persons with physical and mostly intellectual disabilities. Persons with intellectual disabilities also have some mental health problems because of potential risk situations and negative life experiences. In long term those people who do not have access to proper treatment and living conditions can be harmful for themselves and also for society. Ministry of Health and SHÇEK have shared responsibilities for establishment of preventive mental health, community based care and support services. In 2006 the Ministry of Health has published the National Mental Health Policy Report which analyses the current situation, identifies objectives and proposes different strategies for mental health financing, mental health legislation and quality improvement of mental health among others. In the Report it is emphasised that “both preventive and curative mental health services must focus on persons who receive services and must be integrated and in coordination with general health and social services.”

Coordination between different sectors is crucial. In the central and local levels, human resources of social services and health units must be improved with alternative complementary centres; development of service programmes and improvement of collaboration.

In terms of community based services, initiative of a sheltered home (assistive living home) project of Elazığ Mental and Nervous Diseases Hospital and the opening of day hospitals at Bakırköy Mental and Nervous Diseases Hospital, Akdeniz University and Kocaeli University are important steps.

Under the Project of Transformation in Health and transition to the family medicine system primary care and follow up treatment of patients will be carried out by family physicians in their target population. Preventive health care issues will be carried by community health centres. This project will contribute analysis of roles and responsibilities of family physicians and functions community health centres regarding preventive and curative mental health. Mental health issues should be added to the family medicine training modules.

Summary of the problems and opportunities:

- The number, capacity and physical conditions of existing residential institutions of SHCEK are not sufficient in order to meet the demand of care of persons with disabilities,
- There is a waiting list of 3048 people with disabilities.
- There are initiatives for improvement of physical conditions of residential institutions and a plan to increase “The Accessible Life Centres” in long term.
- There are 16 day care centres for persons with disabilities which provide daily care for persons with disabilities and
- Home based care services are given by SHCEK and number of people receiving services are 15 times more than people who were institutionalised,
- Community based care and support services need to be provided to people with disabilities and their carers that receive home based care services of SHCEK
- There are 12 private care centres which have been served to 549 people with disabilities; In order to be profitable, they have to serve with big capacities.
- There are initiatives of day hospitals, rehabilitation centres and one sheltered home for persons with chronic psychiatric illness.
- Conditions and services of psychiatry hospitals should be improved.
- Preventive and curative mental health services should be improved in the primary, secondary and tertiary levels of the treatment chain.
- Mental health services should be improved in the family medicine system.
- Better collaboration and cooperation between central and local units of social services and health sector should be improved.
- Financial, human and other resources in the local level and collaboration among beneficiary institutions and municipalities should be improved.
- The person-centred service system should be accepted as it is mentioned in the National Mental Health Report and the Disability Law.
- There is a preparation of action plan for implementation of the National Mental Health Policy
- The Third Disability Congress was carried out on theme of care services; preparation of the action plan for implementation of decisions of the Congress.

A brief explanation for the basis of demand direct grant with the WHO:

This component will be implemented through a direct grant agreement with the WHO, which is a specialized UN Agency on both rehabilitation and health care issues.

The WHO urges countries to take action related to disability issues. There have been studies of the WHO on promotion of community mental health services and community based rehabilitation services based on field works in various countries in the world. Especially policy development report on community based rehabilitation, mental health training modules, promotion of community mental health policy reports would be very beneficial as important resources.

The WHO appeals to countries to increase their support for mental health services. The Department of Mental Health and Substance Abuse provides leadership and guidance for the achievement of two broad objectives: (a) closing the gap between what is needed and what is

currently available to reduce the burden of mental disorders worldwide, and (b) promoting mental health. The recently launched mental health Global Action Programme (mhGAP) focuses on forging strategic partnerships to enhance countries' capacity to combat stigma, reduce the burden of mental disorders and promote mental health.

There are reports and materials regarding to promotion of mental health. The publications regarding promotion of mental health policy, justification of investment of mental health and training modules exhibits expertise of the WHO. WHO involvement would guarantee access to resources at global and regional level through dedicated networks and international guidelines/standards. The inclusion of WHO to the project as "direct contractor", will eliminate the time limitations in the project.

The WHO has also the data and programmes about the health care issues in Turkey along with other countries in the world. The MoH has broad experience of working with WHO in various projects. Collaboration between the MoH and SHCEK is very important and will be supported by the expertise of the WHO.

The mental health care and disability issues are important public health and social problems. Dealing with both issues in the same project requires expertise on both issues which is consistent with the global policies. Therefore, provision and sustainability of these conditions are considered difficult for private technical assistance contractors. Hence technical expertise of the WHO on project management, collection of data, situation and needs assessment and analysis of institutions and legislation, development of training modules, organization and implementation of training programmes are crucial for implementation of this Project.

WHO would also provide links to experience and technical expertise and facilitate formation of bilateral partnerships with regard to related capacity building efforts in other EU and non-EU Member States in the WHO European Region. A WHO involvement in the implementation would enable Turkey to serve as a model for other eastern and southern countries in the Region, an issue which is pertinent considering the central geopolitical position of Turkey.

The WHO has through its Country Office a lasting and direct presence in Turkey. Presence of the Country Office could promote sustainability of the results of the Project, through follow-ups and support technical assistance as requested even after the Project. Given the *de facto* monopoly situation of the WHO, the award is made in accordance with the Implementing Rules, Article 168.1.c.

3.2 Assessment of project impact, catalytic effect, sustainability and cross border impact (where applicable)

The final beneficiary groups of the Project proposal are persons with disabilities including persons with intellectual disabilities/mental retardation, physical disabilities (orthopaedic, hearing and visual impairments) and chronic mental illnesses/mental disorders. The target group of persons with disabilities will be including service users of SHCEK and MoH. Therefore the term of "persons with disabilities" refers to persons included in these groups because of their common needs of care and support. The social model of disability, inclusion and promotion of community base care and support services are key concepts in this context.

Project will improve the collaboration among institutions of SHÇEK, Ministry of Health, local authorities and related other institutions which provide services to persons with disabilities.

The project will contribute achievement of following objectives that mentioned in the 7th Chapter "Treatment of Rehabilitation Services" of the National Mental Health Policy Report the following issues mentioned: "to improve and sustain the existing three level treatment chain in terms of mental illnesses and disorders" , "to accept patient/client centred approach for treatment", "development of community based treatment and rehabilitation programmes", "to help persons with mental disorders to live with their families or in the homes in the community." and "development of person centred rehabilitation programmes".

The Project proposal will provide basis of needs assessment both for social services and health care system, development of a community based service model based on needs of Turkey. Therefore development of community based treatment and rehabilitation programmes; effective

cooperation among Ministry of Health, SHÇEK, selected local authorities and related other institutions will be achieved.

Current institution based care services are not enough for to meet the needs. The project will provide knowledge for improvement of community based services which are cost effective and desirable for inclusion of persons with disabilities to the society.

3.3 Results and measurable indicators:

The Direct Grant Agreement with WHO will produce following measurable results:

1. Existing situation of service delivery system of the MoH and SHÇEK analysed: financial and other assets, human resources, staff, legislation; strengths and weaknesses of related sectors are determined. The verifiable indicators for this result are:
 - Existing situation of service delivery system of the MoH and SHÇEK analysed: financial and other assets, human resources, staff, legislation, previous SHÇEK Assessment of Disability Services Survey, National Mental Health Policy Report preparation results; strengths and weaknesses of related institutions determined according to the project objectives by the mid year of 2011.
 - The new initiatives which was carried out such as Bakırköy Psychiatry Hospital Bahçelievler Rehabilitation Centre, Day Hospitals affiliated to Bakırköy Hospital, Kocaeli and Akdeniz University, and Elazığ Sheltered home evaluated and results analysed by the end of 2011.
2. Best practices of social model of disability and implementation of community based services and related legislation of EU member states reviewed. The measurable indicators for this result are: three study visits for 10 person/5 days from beneficiary institutions to selected best practices of the EU member countries will be organized and study visit reports will be prepared by the end of 2011.
3. Effective coordination and collaboration achieved among related institutions, local authorities and NGO's achieved.

The measurable indicator for this result is: a mechanism of collaboration among beneficiary institutions, related other institutions, local municipalities, NGO's (including persons with disabilities and their family members) developed such as working committee, monitoring committee, signing protocols by organizing workshops and meetings by the mid year of 2012.
4. A model of community based care and support services specifically suitable for conditions and needs of Turkey is developed. A strategy and an action plan prepared in order to implementation of the model of community based care and support services that developed specifically suitable for conditions and needs of Turkey.

The measurable indicator for this result is: A model of community based care and support specifically suitable for conditions and needs of Turkey, its implementation strategy and action plan are developed, with the expert's reports prepared and workshops are held with participations of the all parties by the mid year of 2012.
5. Training curricula, training programmes for existing care and treatment institutions of SHÇEK and Ministry of Health developed

The measurable indicators for this result are: needs assessment and analysis staff of beneficiaries and other relevant institutions by using expert reports and survey results and training curricula and training programmes organizations will be completed by the end 2012.

3.4 Activities:

The co financing amount will be ensured by the SPOs that it will be in a proportional manner depending on the service received by the SHÇEK and the Ministry of Health. The co financing amount will be put in the budgets of the SHÇEK and Ministry of Health.

The project is designed as the first phase of a three phased project which other two following projects will be submitted in future programming years.

The first phase of the project proposal contains the baseline studies and assessment of related sectors, resources and needs both service users and service providers on promotion of community mental health and community based care and support services. This phase will include development of a model specifically based on needs of persons with disabilities and conditions of Turkey. Since the current service delivery system is based on medical model in both sectors there is a need for a new approach of promotion on social model of health care and disability. This necessity has already been determined in the Disability Law and National Mental Health Report which were prepared with the wide collaboration and contribution of actors/representatives from all levels: public sector institutions, NGO's, chambers of professional organizations, and service users as much as possible. These studies will be reviewed and their outputs will be used as preparation of baseline studies. There have been needs assessment studies of staff and training needs. The curricula and training modules will be developed for both sectors. Another issue is determining the gaps in the service delivery system and improvement of collaboration and cooperation among related sectors. The needs of the service users will be determined with surveys and focus group meetings. Their views will be considered for development of the model. The local needs of the provinces will also be taken in consideration.

The second phase of the project proposal will include test of training modules, strengthen the coordination and collaboration among related sectors, test implementation of the developed model in selected pilot provinces, preparation of a dissemination action plan.

The third phase of the project proposal will include the implementation and dissemination of the developed community based care and support service model across Turkey. The model will be flexible enough to adopt the needs of the service users and specifically conditions, resources of the provinces.

Activity 1. Direct Grant Agreement with WHO EUR 4.000.000.

- 1 Existing situation of service delivery system in Turkey analysed: human resources, financial and other assets, staff, legislation made,
 - 1.1 In order to improve quality of services in Turkey, review of existing legislation and its implementation and preparation of a report on mental health and disability issues including legal guardianship and professional legal guardianship, mental health services in family medicine system, Use of restricted methods, Involuntary placement in institutions and psychiatric hospitals, use of ECT in psychiatry hospitals, and establishment independent monitoring mechanism for residents' rights.
- 2 Strengths and weaknesses of related sectors determined and complementary interventions found; the service delivery systems of the MoH and SHÇEK improved: effective collaboration achieved among related institutions, local authorities and NGO's.
 - 2.1 Report on study on needs and expectations of service users of SHÇEK and MoH
 - 2.2 Report on study on costs of service users of SHÇEK and MoH
 - 2.3 Report on implementation of the Home Based Care services of SHÇEK.
 - 2.4 Improvement of the service model of Accessible Life Centres of SHÇEK
 - 2.5 Needs Assessment on knowledge and skills of administrators and professionals on psychosocial care and support services
 - 2.6 Review of practices on rights of service users in the provincial social services directorates, provincial health directorates, units of patients rights
 - 2.7 Review of the new initiatives of community based care services; Bakırköy Day Hospital and Rehabilitation Centre, Elazığ sheltered home
 - 2.8 Preparation of the map of services and institutions which provide services to persons with disabilities. (Municipalities, NGO's, universities, psychiatry clinics etc.)

- 2.9 Organization to three of study visits to the EU member countries which have best practices in community based services. The groups will consist of at least 10 persons among administrators and professionals from each beneficiary Institutions SHÇEK and MoH.
- 2.10 Preparation of study visit reports and development of the mental health, care and support services model in order to meet the specific needs of Turkey.
- 3 Best practices of social model of disability and implementation of community based services and related legislation of EU member states reviewed
 - 3.1 Hiring international and local consultants to provide expertise for research
 - 3.2 Report on study on community based mental health, care and support services models in selected EU Member Countries
- 4 A model of community based care and support services specifically suitable for conditions and needs of Turkey is developed. A strategy and an action plan prepared in order to implementation of the model of community based care and support services that developed specifically suitable for conditions and needs of Turkey.
 - 4.1 Identification of job description of the staff
 - 4.2 Geographic mapping report of resources
 - 4.3 Development of training curricula and training material for staff that work in the community mental health centre and related other units.
 - 4.4 Organization of activities that outputs of the project activities will be shared to related institutions and stakeholders
 - 4.5 Development, production and dissemination of additional communication tools WEB site, TV programmes, short films, training CD.
 - 4.6 Organization of a series of advocacy and social mobilization events by parents volunteer groups and NGO's.
- 5 Training curricula, training programmes for existing care and treatment institutions of SHÇEK and Ministry of Health developed
 - 5.1 A strategy and an action plan prepared in order to implementation of the model of community based care and support services that developed specifically suitable for conditions and needs of Turkey.
 - 5.2 Hiring international and local consultants to provide expertise for preparation of training curricula and organization of training programmes.
 - 5.3 Organization of a series of advocacy and social mobilization events by parents volunteer groups and NGO's.
 - 5.4 Establishment of training committee for planning of training activities.
 - 5.5 Development of training curricula and training materials; development of training modules determination of training subjects including : social model and social inclusion in disability, advocacy and empowerment of self advocacy, case management, behaviour management (training of assertiveness), person and family centred planning, adaptation of WHO mental health modules, implementation of WHO community based rehabilitation, legal guardianship and professional legal guardianship, improvement of mental health services in the family medicine system, issues to be considered in the use of restrictive methods, issues to be considered for involuntary placement, issues to be considered for use of ECT,
 - 5.6 Identification and selection of staff working in the institutions according to their duties, responsibilities and services that they provided.
 - 5.7 Organization of test of training programmes.
 - 5.8 Establishment of expert training team
 - 5.9 Organization of training of trainers
 - 5.10 Establishment of infrastructure of e learning

- 5.11 Design of content, printing and dissemination of project introduction booklet and website
- 5.12 Organization of meetings for participation of service users
- 5.13 External evaluation of the Project

Activity 2 Works

Not Applicable

Activity 3 Supplies

Not Applicable

3.5 Conditionality and sequencing:

The detailed analysis of current situation of service delivery system and examples of best practices from EU member states is needed in order to achieve the preparation of appropriate model of community-based services that is suitable to Turkey is depending on.

Based on these analyses; a model, a strategy and an action plan can be prepared specifically suitable needs of Turkey. Training curricula and organization of long-term training system will be built on previous work. The decisions of the actors both in social services and MoH sectors and commitment to the project are crucial for implementation of the project.

3.6 Linked activities

Council of Europe Rec. (2006) 5 Action Plan 2006-2015

On 5 April 2006 the Committee of Ministers adopted the Recommendation Rec (2006) 5 on the Council of Europe's "Action Plan to promote the rights and full participation in society of people with disabilities: improving the quality of life of people with disabilities in Europe 2006-2015". The Recommendation Rec (2006)5 is addressed to all 47 member states of the Council of Europe, including Turkey, and the provision of services for people with disabilities is referred to in all the key action lines, from the participation in cultural and political life to health care, education, rehabilitation, etc. The implementation of the Action Plan is coordinated at European level (European Co-ordination Forum for the Council of Europe Disability Action Plan 2006-2015 (CAHPAH)), where Turkey is also represented.

Disability Law (No 5378)

There have been improvements of using persons with disabilities their rights since the Disability Law (no 5378) came into force in 2005. As it is explained project justification and related other chapters in terms of implementation of Law, in order to complete the lacking of community based care and support services, a model in cooperation with related sectors will be realized. The Law is given the responsibility of delivery of care services to General Directorate of SHÇEK.

National Mental Health Policy Report (2003-2006)

The Policy Report is main study regarding reviewing mental health services with an integrated approach, community based service delivery and accessibility of services. There has been an ongoing preparation of an action plan in the Ministry of Health. This Project will be an important step in terms of developing effective cooperation for shared responsibilities of related sectors and improvement of complementary services in the system. This project will contribute for implementation of community based rehabilitation/care and support services that mentioned in the 7th Chapter of the Policy Report.

Evaluation of Social Services Provided by General Directorate of Social Services and Child Protection Agency to the persons with Disabilities (2006-2007)

Social Risk Mitigation Project Loan Agreement that was put into effect and signed between Turkish Republic Government and World Bank in 14 September 2001 and published on Official Gazette in 28 November 2001 aimed to contribute to the mitigation of poverty in Turkey, in the short and long term. The project consists of 4 related fundamental components and SSCPA is one of the Agencies included into the institutional development component of the SRMP. The Survey named "Assessment of Social Services Provided to the Disabled by General Directorate of Social Services and Child Protection Agency" completed and the final

report of survey submitted in March 2007. The results of the Survey will provide basic information improvement of service delivery system according to needs and demands of the recipients.

Elazığ Mental Health Hospital Sheltered Home project (MATRA Project)

In order to improve the community based mental health services, the MATRA Project called “Improvement of community based mental health services of schizophrenia patients” has been realized for three years with a budget of EUR 696.000 The beneficiary institutions are Elazığ Mental Health Hospital from Turkey and Meerkaten Psychiatry Centre from Netherlands. The target groups of the project are society in general, service providers of mental health, service users and their family members.

Project purpose is to increase the capacity of employees of health, policy makers in terms of care and treatment of schizophrenia patients in the community based care services.

Results of the Project are to provide community based care services for schizophrenia patients who discharged from hospital. In particular: establishment of two sheltered home; establishment of 5 family home; to provide vocational training for 300 patients; preparation of vocational rehabilitation programmes; establishment of network of potential employers; job placement of approximately for 150 patients; intensive vocational training Programme for approximately 150 patients; training of selected target groups, training 1: Media campaign for aiming 2,5 million people, training 2: Training of 40 landlords, training 3: vocational training of 100 patients, training 4: training of professionals (8 psychiatrist, 12 psychologist and 50 nurses)

The Project of Inclusion of Persons who diagnosed mental illness/disorders or mental retardation

The Project, which is financed by EU and implemented by RUSIHAK, Human Rights Initiative in Mental Health, aims to see the problems of persons who are living institutions and in order to reflect policy issues these experiences. The Project aims to realize the issues mentioned in the National Mental Health Policy Report, participation of decision making and monitoring process of service users and related NGO’s.

Within the scope of the Project, the reports of the visits to the institutions and rehabilitation centres, training activities and round table discussions have been given to SHÇEK and Ministry of Health. The issues mentioned in the reports and experience will be gained at the end of the project will provide important inputs for implementation of this Project.

The outputs of the activities and Works mentioned above will be used organization and implementation of the project

The Research Project called “Deinstitutionalisation and Community Living – outcomes and costs”³

The Research Project was aimed to bring together the available information on the number of disabled people living in residential institutions in 28 European countries, and to identify successful strategies for replacing institutions with community- based services, paying particular attention o economic issues in the transition. For the purpose of this study, the European Commission defined a residential institution as an establishment in which more than 30 people lived, whom at least 80% were mentally or physically disabled. Informants were asked to supply information about all residential care establishments serving persons with disabilities in each country, to permit examination of current balance between institutional and community care. The study covered all age groups of and all kinds of disability including mental health problems. There is evidence based information in terms of institutional care versus community care for 28 European countries. Turkey was included in the research and data were collected.

³ Mansell J, Knapp M, Beadle-Brown J and Beecham J, (2007) Deinstitutionalisation and community living – outcomes and costs: report of a European Study. Volume 1: Executive Summary. Canterbury: Tizard Centre, University of Kent.(p.2, 3)

3.7 Lessons learned

- Promoting effective collaboration among related sectors,
- Using outputs and experience of related initiatives,
- Involve civil society including both persons with disabilities and their parents,
- Develop a care and support service model that ensure prevention of social exclusion of persons with disabilities and help their inclusion to the society.
- Improve co-ordination and communication at institutional level to implementation of care and support services for persons with disabilities.

This project is designed to take account of these lessons.

4. Indicative Budget (amounts in EUR)

			SOURCES OF FUNDING										
			TOTAL EXP.RE	TOTAL PUBLIC EXP.RE	IPA COMMUNITY CONTRIBUTION		NATIONAL PUBLIC CONTRIBUTION					PRIVATE CONTRIBUTION	
ACTIVITIES	IB (1)	INV (1)	EUR (a)=(b)+(e)	EUR (b)=(c)+(d)	EUR (c)	% (2)	Total EUR (d)=(x)+(y)+(z)	% (2)	Central EUR (x)	Regional/ Local EUR (y)	IFIs EUR (z)	EUR (e)	% (3)
Activity 1 Institution Building													
contract 1.1 Direct Grant Contract with the WHO	X	-	4.000.000	4.000.000	3.800.000	95	200.000	5	200.000	-	-	-	-
TOTAL IB			4.000.000	4.000.000	3.800.000	95	200.000	5	200.000	-	-	-	-
TOTAL INV													
TOTAL PROJECT			4.000.000	4.000.000	3.800.000	95	200.000	5	200.000	-	-	-	-

NOTE: DO NOT MIX IB AND INV IN THE SAME ACTIVITY ROW. USE SEPARATE ROW

Amounts net of VAT

(1) In the Activity row use "X" to identify whether IB or INV

(2) Expressed in % of the **Public** Expenditure (column (b))

(3) Expressed in % of the **Total** Expenditure (column (a))

5. Indicative Implementation Schedule (periods broken down per quarter)

Direct Grant Agreement with the WHO will be awarded.

Contracts	Start of Tendering	Signature of contract	Contract Completion
Contract 1		First Quarter of 2010	Fourth Quarter of 2012

Duration of the project: 24 months

6. Cross cutting issues (where applicable)

6.1 Equal Opportunity

The Project is ensured to develop a community based service model and improvement of efficient collaboration among related sectors in order to contribute the social inclusion of persons with disabilities. Therefore it will contribute equalization of opportunities for persons with disabilities.

6.2 Environment

There is no negative impact of the Project to the environment.

6.3 Minority and vulnerable groups

According to the Turkish Constitutional System, the word minorities encompass only groups of persons defined and recognized as such on the basis of multilateral or bilateral instruments to which Turkey is a party. This project has no negative impact on minority and vulnerable groups.

Project is aimed to develop the services delivery model that ensures social inclusion of persons with physical, intellectual disabilities and mental illness disabilities who are among the most disadvantaged groups.

ANNEXES

- 1- Log frame in Standard Format
 - 2- Amounts contracted and Disbursed per Quarter over the full duration of Programme
 - 3- Institutional Framework
 - * Role and responsibilities of the SPO
 - * frequency of project management meetings,
 - * who chairs, who attends and in what role
 - * coordination mechanisms for multi-beneficiary projects
 - * monitoring (roles, responsibilities of all actors)
 - 4 - Reference to laws, regulations and strategic documents:
 - Reference list of relevant laws and regulations
 - Reference to AP /NPAA / EP / SAA
 - Reference to MIPD
 - Reference to National Development Plan
 - Reference to national / sector investment plans
 - 5- Details per EU funded contract (*) where applicable:
 - For *TA contracts*: account of tasks expected from the contractor
 - For *twinning covenants*: account of tasks expected from the team leader, resident twinning advisor and short term experts
 - For *grants schemes*: account of components of the schemes
 - For *investment contracts*: reference list of feasibility study as well as technical specifications and cost price schedule + section to be filled in on investment criteria (**)
 - For *works contracts*: reference list of feasibility study for the *constructing works* part of the contract as well as a section on investment criteria (**); account of services to be carried out for the *service part* of the contract
- (*) non standard aspects (in case of derogation to PRAG) also to be specified
- (**) section on investment criteria (applicable to all infrastructure contracts and constructing works):
- Rate of return
 - Co financing
 - compliance with state aids provisions
 - Ownership of assets (current and after project completion)

ANNEX 1: Logical framework matrix in standard format

LOGFRAME PLANNING MATRIX FOR Project Fiche	Programme name and number	Political Criteria TR080104
Promoting Services for People with Disabilities	Contracting period expires 2 years after the signature of the Financing Agreement	Disbursement period expires in 3 years following the end date for contracting.
	Total budget: EUR 4.000.000	IPA budget: EUR 3.800.000

Overall objective	Objectively verifiable indicators	Sources of Verification	
<ul style="list-style-type: none"> To contribute to the effort of government of Turkey in the provision of effective, appropriate and efficient community based support services for persons with disabilities. 	<ul style="list-style-type: none"> By the end of 2012 residential care services and home based care services provided by SHÇEK analysed. By the end of 2012 mental health services from Ministry of Health analysed. A model, strategy and an action plan for implementation of the model are prepared for community based care and support services. 	<ul style="list-style-type: none"> Records, administrative reports, statistics of SHÇEK, OZIDA, Ministry of Health, TURKSTAT Records and statistics of the related institutions in terms of petitions, information requests of the care and support services for persons with disabilities Reports of studies Training Curricula and training activities 	
Project purpose/	Objectively verifiable indicators	Sources of Verification	Assumptions
<ul style="list-style-type: none"> The Project purpose is to develop a model of community based care and support service delivery, to improve quality of existing services, to determine the service standards, to clarify roles and responsibilities of related institutions and to provide 	<ul style="list-style-type: none"> ○ Current service delivery system of SHÇEK and MoH analysed and a model of community based care and support services developed for suitable to the conditions of Turkey by the end of 2012 ○ Analysis Reports, training curricula and 	<ul style="list-style-type: none"> ● Records of OZIDA ● Records and database of SHÇEK ● Analysis Reports of Strategic Plan Preparations of SHÇEK ● Records of Ministry of Health ● Analysis Reports of Strategic Plan 	<ol style="list-style-type: none"> Stakeholders' (administrators and professionals of the other related institutions, NGO's and private sector) interest and active

<p>effective collaboration among them.</p>	<p>training materials completed related to improvements of current service delivery system and provide more inclusive settings and services for persons with disabilities.</p>	<p>Preparations of Ministry of Health</p> <ul style="list-style-type: none"> • Investment Programme of Ministry of Health • National Mental Health Policy Report of Ministry of Health • Project monitoring and evaluation reports 	<p>participation to the Project implementation activities ensured</p> <p>2. Interest and support of the persons with disabilities, their family members and society to the project activities ensured.</p>
<p>Results</p>	<p>Objectively verifiable indicators</p>	<p>Sources of Verification</p>	<p>Assumptions</p>
<p>1. Existing situation of service delivery system of the MoH and SHÇEK analysed: financial and other assets, human resources, staff, legislation; strengths and weaknesses of related sectors are determined.</p> <p>2 Best practices of social model of</p>	<p>1.1 Existing situation of service delivery system of the MoH and SHÇEK analysed: financial and other assets, human resources, staff, legislation, previous SHÇEK Assessment of Disability Services Survey, National Mental Health Policy Report preparation results; strengths and weaknesses of related institutions determined according to the project objectives by the mid year of 2011.</p> <p>1.2 The new initiatives which was carried out such as Bakırköy Psychiatry Hospital Bahçelievler Rehabilitation Centre, Day Hospitals affiliated to Bakırköy Hospital, Kocaeli and Akdeniz University, and Elazığ Sheltered home evaluated and results analysed by the end of 2011.</p>	<ul style="list-style-type: none"> ○ Report on study on needs and expectations of service users of SHÇEK and MoH ○ Report on implementation of the Home Based Care services of SHÇEK. ○ Report of the service model of Accessible Life Centres of SHCEK ○ Needs Assessment report on knowledge and skills of administrators and professionals on psychosocial care and support services ○ Review Report of practices on rights of service users in the provincial social services directorates, provincial health directorates, units of patients rights ○ Study visit reports and reports of workshops related to of the new initiatives of community based care services; Bakırköy Day Hospital and 	<p>1. Interest and support to the project to the media ensured.</p> <p>2. All related parties of the project, official and private organizations' and NGO's active participation and implementation of the project ensured</p>

<p>disability and implementation of community based services and related legislation of EU member states reviewed</p>	<p>2.1 Three study visits for 10 person/5 days from beneficiary institutions to selected best practices of the EU member countries will be organized and study visit reports will be prepared by the end of 2011.</p>	<p>Rehabilitation Centre, Elazığ sheltered home</p>
<p>3 Effective coordination and collaboration achieved among related institutions, local authorities and NGO's achieved.</p>	<p>3.1 The mechanism of collaboration among beneficiary institutions, related other institutions, local municipalities, NGO's (including persons with disabilities and their family members) developed such as working committee, monitoring committee, signing protocols by organizing workshops and meetings by the mid year of 2012.</p>	<ul style="list-style-type: none"> ○ Map of services and institutions which provide services to persons with disabilities. (Municipalities, NGO's, universities, psychiatry clinics etc.) ○ Three study visit reports prepared by the groups of the three of study visits to the EU member countries which have best practices in community based services. ○ Reports based on experiences of the study visits and recommendations of development of the mental health, care and support services model in order to meet the specific needs of Turkey.
<p>4 A model of community based care and support services specifically suitable for conditions and needs of Turkey is developed. A strategy and an action plan prepared in order to implementation of the model of community based care and support services that developed specifically suitable for conditions and needs of Turkey.</p>	<p>4.1 A model of community based care and support specifically suitable for conditions and needs of Turkey, its implementation strategy and action plan are developed, with the expert's reports prepared and workshops are held with participations of the all parties by the mid year of 2012.</p>	<ul style="list-style-type: none"> ○ Reports on identification of job description of the staff ○ Report related to mapping of resources ○ Training curricula and training material for staff on specified issues and fields. ○ Workshop Organization of activities that outputs of the project activities will be shared to related institutions and stakeholders
<p>5 Training curricula, training programmes for existing care and treatment institutions of SHÇEK and Ministry of Health developed</p>	<p>5.1 The measurable indicators for this result are: needs assessment and analysis staff of beneficiaries and other relevant institutions by using expert reports and survey results and training curricula and training programmes organizations will be completed by the end of 2012.</p>	<ul style="list-style-type: none"> ○ A web site ○ TV programme ○ Short films, ○ Training CD. ○ Training manuals ○ Evaluation reports of participants of advocacy and social mobilization events ○ Job descriptions of staff

		<ul style="list-style-type: none"> ○ Reports of test of training programmes. ○ Reports on needs assessment of establishment of infrastructure of e-learning ○ Design of content, printing and dissemination of project introduction booklet and website ○ External evaluation reports of the Project 	
Activities	Means	Costs	Assumptions
<p>Activity 1. Direct Grant Agreement with WHO EUR 4.000.000</p> <p>1. Existing situation of service delivery system in Turkey analysed: human resources, financial and other assets, staff, legislation made,</p> <p>1.1. In order to improve quality of services in Turkey, review of existing legislation and its implementation and preparation of a report on mental health and disability issues including legal guardianship and professional legal guardianship, mental health services in family medicine system, Use of restricted methods, Involuntary placement in institutions and psychiatric hospitals, use of ECT in psychiatry hospitals, and establishment independent monitoring mechanism for residents' rights.</p>	Direct Grant Agreement with the WHO	EUR 4.000.000	

2. Strengths and weaknesses of related sectors determined and complementary interventions found; the service delivery systems of the MoH and SHÇEK improved: effective collaboration achieved among related institutions, local authorities and NGO's.
 - 2.1. Report on study on needs and expectations of service users of SHÇEK and MoH
 - 2.2. Report on implementation of the Home Based Care services of SHÇEK.
 - 2.3. Improvement of the service model of Accessible Life Centres of SHCEK
 - 2.4. Needs Assessment on knowledge and skills of administrators and professionals on psychosocial care and support services
 - 2.5. Review of practices on rights of service users in the provincial social services directorates, provincial health directorates, units of patients rights
 - 2.6. Review of the new initiatives of community based care services; Bakırköy Day Hospital and Rehabilitation Centre, Elazığ sheltered home
 - 2.7. Preparation of the map of services and institutions which provide services to persons with

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<p>disabilities. (Municipalities, NGO's, universities, psychiatry clinics etc.)</p> <p>2.8. Organization to three of study visits to the EU member countries which have best practices in community based services. The groups will consist of at least 10 persons among administrators and professionals from each beneficiary Institutions SHÇEK and MoH.</p> <p>2.9. Preparation of study visit reports and development of the mental health, care and support services model in order to meet the specific needs of Turkey.</p> <p>3. Best practices of social model of disability and implementation of community based services and related legislation of EU member states reviewed</p> <p>3.1. Hiring international and local consultants to provide expertise for research</p> <p>3.2. Report on study on community based mental health, care and support services models in selected EU Member Countries</p> <p>4. A model of community based care and support services specifically suitable for conditions and needs of Turkey is developed. A strategy and an action plan prepared in order to</p>		
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<p>implementation of the model of community based care and support services that developed specifically suitable for conditions and needs of Turkey.</p> <ol style="list-style-type: none">4.1. Identification of job description of the staff4.2. Geographic mapping report of resources4.3. Development of training curricula and training material for staff that work in the community mental health centre and related other units.4.4. Organization of activities that outputs of the project activities will be shared to related institutions and stakeholders4.5. Development, production and dissemination of additional communication tools WEB site, TV programmes, short films, training CD.4.6. Organization of a series of advocacy and social mobilization events by parents volunteer groups and NGO's. <p>5. Training curricula, training programmes for existing care and treatment institutions of SHÇEK and Ministry of Health developed</p> <ol style="list-style-type: none">5.1. A strategy and an action plan prepared in order to		
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implementation of the model of community based care and support services that developed specifically suitable for conditions and needs of Turkey.

- 5.2. Hiring international and local consultants to provide expertise for preparation of raining curricula and organization of training programmes.
- 5.3. Organization of a series of advocacy and social mobilization events by parents volunteer groups and NGO's.
- 5.4. Establishment of training committee for planning of training activities.
- 5.5. Development of training curricula and training materials; development of training modules determination of training subjects including : social model and social inclusion in disability, advocacy and empowerment of self advocacy, case management, behaviour management (training of assertiveness), person and family centred planning, adaptation of WHO mental health modules, implementation of WHO community based rehabilitation, legal guardianship and professional legal guardianship, improvement of

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mental health services in the family medicine system, issues to be considered in the use of restrictive methods, issues to be considered for involuntary placement, issues to be considered for use of ECT,

- 5.6. Identification and selection of staff working in the institutions according to their duties, responsibilities and services that they provided.
- 5.7. Organization of test of training programmes.
- 5.8. Establishment of expert training team
- 5.9. Organization of training of trainers
- 5.10. Establishment of infrastructure of e learning
- 5.11. Design of content, printing and dissemination of project introduction booklet and website
- 5.12. Organization of meetings for participation of service users
- 5.13. External evaluation of the Project

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Pre conditions