InCARE

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Policy brief on outcomes, impact, sustainability and scale up of the Emergency button pilot in North Macedonia

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1.   Short overview

The Red Cross of the Republic of North Macedonia (RCNM) implemented a pilot intervention focusing on an innovative community-based approach. The core element of the pilot intervention was the integration of an Emergency Button Service within its home care package as part of the broader InCARE EaSi call project. With Support its policy partners, the Ministry of Labour and Social policy, and the Ministry of Health, the Norther Macedonian pilot aimed to improve care for dependent elderly.

The InCARE project used the Theory of Change approach, which involves working closely with multiple stakeholders including care users to meticulously draft the project's strategic direction, develop relevant interventions, and monitor and evaluate its progress. This approach is often implemented through a series of participatory workshops where stakeholders identify the intended impact, the required outcomes, necessary activities, critical assumptions and   the ceiling of accountability which indicates the elements of the Theory of Change   responsible for driving a certain aspect of impact..[1]

The Theory of Change workshop for the North Macedonian pilot was held in two sessions: One in person on December 14, 2021 (9:00 to 15:00) at the Center of Social Enterprise in Skopje and one online. on 24th December 2021 (09:30 to 14:00) via ZOOM. During these workshops, the pilot team and stakeholders identified the intended impact, necessary outcomes, activities and underlying assumptions for the pilot interventions. The ToC details can be found at the provided link: https://ckrm.org.mk/wp-content/uploads/2023/09/Copy-of-ToC-Map-eng.pdf

2. Outcomes

During the pilot phase, RCNM carried out the specific activities, focusing on achieving the expected outcomes outlined in the ToC map. Based on the expected outcomes, the pilot team developed and suggested one or more indicators per each of the desired outcomes. The team drafted 9 outcome indicators and finetuned them using SMART criteria to determine suitability (specific, measurable, achievable, relevant, time-bound).

Outcomes	Short Description of reaching the outcomes
Development of a Standard operative procedures for the Emergency button service.	The RCNM staff, alongside an expert from the Ministry of Health, worked on creating SOPs to provide the Emergency button service. Several meetings were held, between Red Cross staff members, volunteers and experts to find the ideal solution for piloting the service in correlation with the National legislation. A SOP presentation was demonstrated to the staff members on behalf of the MoH expert. The SOP documents, afterwards, was presented to the Governing board of the RCNM for its adoption to be published and implemented in practice. In the design phase of the SOPs, staff members from the Red Cross branch, social workers, doctors, legal

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	associates were included. Once finalised and adopted as official, the SOPs of EB service within the National Society were disseminated to the staff members, volunteers, and caregivers of the EB and home care service. The SOPs were also presented at a work meeting with the Ministry of Labour and Social Policy, as policy partners in the project.
Supporting a development of a local cooperation network with different stakeholders.	After the proper selection of the care users from the City of Skopje and start of the pilot implementation of the EB service, meetings were held with local municipalities to establish local cooperation networks and improve the social models for the older population, including the homecare services. Collaboration in the promotion of the services in their municipalities to the older population, ideas for a co-financing model were discussed after the pilot implementation. The Red Cross applied to receive a decision from the Ministry of Labor and Social Policy as an acknowledged service provider for homecare service in some of the municipalities in the City of Skopje. The following agreements were made, Agreement for improvement of social services- MLSP, RCNM-RCSC, LM Kisela Voda, Decision for providing homecare in Local Municipality of Kisela Voda, Decision for providing homecare in Local Municipality of Karpos.
Establishment of a software system and a 24/7 Contact center in Skopje to promote the care services of the RCNM.	The development of the EB service started early in the pilot design. After thorough discussions and research for an adequate solution, an IT company developed the monitoring software to meet the necessary needs to provide 24/7 support to the care users. The software development required more time than envisioned in the planning phase because it was designed from the ground up and not procured as already existing. For the system to work simultaneously and 24/7, A monitoring center was completely established with all necessary equipment in order to receive and respond the alarms. The staff from InCARE merged with the staff from the ADA project. Working in shifts, the teams could adequately respond to the needs and provide support to the users whenever they are in need. A marketing agency was also hired to support in the design and the distribution of promotional materials to already existing care users. However, the staff was able to conduct the necessary assessments and installations in the homes of the elderly, while testing the system and after few months of the pilot implementation period, all technical components worked as envisioned. The EB team participated in the First fare for Social Entrepreneurship in North

Organization and delivery of 4 trainings by RCNM (15 participants each) where 60 participants will be recruited for theoretical and practical training sessions.	Macedonia, giving the general population the possibility to get more information in regards of the service. A Facebook page was created where staff members share experiences, information and relevant news.
	The RCNM, through the City Red Cross of Skopje, as a licensed training provider, has delivered four trainings including theoretical and practical sessions to caregivers. By a state-recognised program, the training modules for each training were delivered in a period of 60 days within a period of three months.
	At the end of each training, trainers provided a satisfaction survey to the participants in order to get an insight into their opinions. 100 % of the participants gave the highest rate (5) to the following group of questions of the satisfaction survey: the caregiver training was interesting, well organised, and useful, the questions appointed to the trainers were adequately responded, the theoretical and practical part were connected, and the training provided informative data that could be useful in the practice, as well that such trainings are much needed. 10 % out of 100 gave an average rating (3) to the questions: the theoretical part was useful, the place and time of the training were adequate, the part of the real-life training was adequate, vs the other 90% of participants which gave their highest rate to the same questions.
50 users of the EB to be reached during the 12 months pilot.	After a proper selection and assessment of care users (108 need assessments were conducted in total), individual agreements were signed for piloting the EB service. By end of August 2023, 57 clients had been part of the pilot phase and devices were installed in the client's home.
	Initially stated as a target goal in this indicator, 60 participants needed to get training. 8 participants, for personal reasons, did not finalise the program. The participants could enrol in the caregiver training program from a Red Cross City of Skopje public announcement, following specific criteria designed by the state. 52 of the participants went through an oral and written exam and received the state-recognised Caregivers Certificate, issued by the Red Cross as a certified training provider.
	In assessing change, standardised surveys were used at the beginning of the pilot implementation. The survey consisted of questions regarding the needs of the older population, and their current satisfaction in regard to the provided services from the social system.

In the beginning and after the pilot implementation, using the Quality-of-Life assessment tool EuroQoL (EQ-5D Paper version), the EB service team visited its emergency button users to get an insight into the current satisfaction and quality of life.

On a scale from 1 –100, the health condition of the users of the Emergency button service during the pilot implementation approved from 61,4% to 64 % average. However, the other Euroqol questions did not directly affect users' satisfaction with the EB service. For that matter, an internal survey from the Red Cross was used, presenting the following results:

Out of the 57 participants surveyed, 53 expressed positive experiences, while one had a negative experience and four had no experience to report. 52 participants found the alarm device easy to use, and 47 reported feeling more secure when wearing it. . Additionally, 38 participants noted that the Emergency Button team responded quickly to alarms, while 18 participants indicated that they had not yet the opportunity to use the alarm.

3. Impact

Within the pilot phase, the Emergency button team received a total of 744 calls, with majority related to medical consultation, alarm checks, mistaken alarms, or requests for psycho-social support. These types of calls are registered as calls from users with minor health conditions.

In 20 cases, the First Responders provided emergency medical aid and assessed vital signs. After providing first aid 2 people required assistance from the Emergency Medical Service.

Within the IncARE project, *the below-mentioned impacts as long-term impact mentioned in the TOC were not measured during the project duration. The RCNM only focused on measurement of the listed defined outcomes during the implementation of the project.*

| Older persons have quick and easy access to emergency care and other diversified targeted services in the community |
| Decreased need for hospitalisation and accommodation in residential homes |
| Reduced pressure on health and social protection systems |
| Users' families are released of the obligation for ensuring continuous oversight of the older family members |

 The presence of the emergency button service offered older individuals ease of access to seek assistance when feeling lonely, in need for conversation or in the event of a fall, the older persons instead of calling the Emergency or other institutions, they could get in touch with the emergency button service easily and receive support. With only a press of the button the older persons could also

have quick and easy access to emergency care and other diversified targeted services in the community and also lead, safe and decent life in their homes. Other aspects of impact related to reduction of admission to intramural care as well as burden on the health and social protection system need a more extended time to be apparent. It is therefore expected that with the continuity and expansion of emergence button service, its long-term outcomes will gradually materialize.

4. Sustainability and scale up

The successful implementation of the Emergency Button Service through the InCARE project, alongside the homecare package, showed the need for innovative community-based services that can add additional value to the health and social systems. Continuing to scale up outreach and promotion efforts is essential to ensure that Emergency Button Service reaches its target population. This includes comprehensive community outreach activities, strategic partnerships with healthcare providers, and leveraging digital platforms for effective promotion.

Ensuring a resilient technological framework and Sustainability are fundamental for the long-term success of the Emergency Button Service.

The Red Cross, the Ministry of Labor and Social policy, and the Ministry of Health have discussed potential options for integration of the service in the LTC systems. Changes in the state legislation are needed in order for the service to be recognized in the social or health systems.

Partnerships with local municipalities in the city of Skopje were signed, for precision of social services including the Emergency button. It is expected the collaboration to continue in the upcoming year, ensuring funds for running the service for the existing users.

To ensure sustainability and integration of the service on the long run, The Red Cross of North Macedonia, with the Ministry of Labor and Social policy will explore the viable funding models, co-participation in the payment of fully coverage by the state either from the social protection or health insurance funds. In order to establish the service in the LTC systems, adaptation of the social and health services rulebooks and changes in the legislation will be needed. Additional grants will also be explored to secure financial support for continued operation and possible expansion of the Emergency button service.

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InCARE (Supporting **In**clusive development of community-based long-term **CARE** services through multi-stakeholder participatory approaches) aims contribute to the design of a coordinated approach to the development of national long-term care policy and care services at local and regional level, by establishing socially innovative and participatory decision-making processes. We work with care users, care providers and policymakers in Spain, Austria and North Macedonia to design, implement and scale-up innovative care services.

More information on the project's website: https://incare.euro.centre.org/