MAPPING SOCIAL CARE SERVICES AND MATERIAL SUPPORT WITHIN THE MANDATE OF LOCAL SELF-GOVERNMENTS IN THE REPUBLIC OF SERBIA
MAPPING SOCIAL CARE SERVICES AND MATERIAL SUPPORT WITHIN THE MANDATE OF LOCAL SELF-GOVERNMENTS IN THE REPUBLIC OF SERBIA

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# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACRONYMS</td>
<td>4</td>
</tr>
<tr>
<td>EDITOR'S INTRODUCTION</td>
<td>6</td>
</tr>
<tr>
<td>INTRODUCTION</td>
<td>7</td>
</tr>
<tr>
<td>THE MAPPING PROCESS</td>
<td>8</td>
</tr>
<tr>
<td>MAPPING SOCIAL CARE SERVICES AND MATERIAL SUPPORT WITHIN</td>
<td>10</td>
</tr>
<tr>
<td>THE MANDATE OF LOCAL SELF-GOVERNMENTS IN THE REPUBLIC OF SERBIA</td>
<td></td>
</tr>
<tr>
<td>METHODOLOGY</td>
<td>11</td>
</tr>
<tr>
<td>GENERAL OVERVIEW OF SOCIAL CARE SERVICES</td>
<td>15</td>
</tr>
<tr>
<td>Distribution of Services</td>
<td>15</td>
</tr>
<tr>
<td>Distribution of day care community-based services</td>
<td>15</td>
</tr>
<tr>
<td>Distribution of services for independent living</td>
<td>16</td>
</tr>
<tr>
<td>Distribution of emergency and temporary accommodation services</td>
<td>17</td>
</tr>
<tr>
<td>Distribution of counselling/therapy and social/educational services</td>
<td>17</td>
</tr>
<tr>
<td>Beneficiaries</td>
<td>18</td>
</tr>
<tr>
<td>Beneficiaries of day care community-based services</td>
<td>19</td>
</tr>
<tr>
<td>Beneficiary coverage by day care community-based services</td>
<td>19</td>
</tr>
<tr>
<td>Beneficiaries of services for independent living</td>
<td>21</td>
</tr>
<tr>
<td>Beneficiaries of emergency and temporary accommodation services</td>
<td>21</td>
</tr>
<tr>
<td>Beneficiaries of counselling/therapy and social/educational services</td>
<td>22</td>
</tr>
<tr>
<td>Service providers</td>
<td>23</td>
</tr>
<tr>
<td>Providers of day care community-based services</td>
<td>23</td>
</tr>
<tr>
<td>Providers of services for independent living</td>
<td>24</td>
</tr>
<tr>
<td>Providers of emergency and temporary accommodation services</td>
<td>25</td>
</tr>
<tr>
<td>Providers of counselling/therapy and social/educational services</td>
<td>26</td>
</tr>
<tr>
<td>Beneficiary coverage by licensed service providers as a quality indicator</td>
<td>27</td>
</tr>
<tr>
<td>Service Funding</td>
<td>30</td>
</tr>
<tr>
<td>Expenditures on social care services within the mandate of LSGs</td>
<td>30</td>
</tr>
<tr>
<td>Expenditures on social care services by groups of services</td>
<td>37</td>
</tr>
<tr>
<td>Service funding sources</td>
<td>44</td>
</tr>
<tr>
<td>THE MOST PREVALENT SOCIAL CARE SERVICES</td>
<td>46</td>
</tr>
<tr>
<td>Home care for the elderly</td>
<td>46</td>
</tr>
<tr>
<td>Service availability</td>
<td>47</td>
</tr>
<tr>
<td>Topic</td>
<td>Page</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Structure of service beneficiaries over 65 years of age</td>
<td>52</td>
</tr>
<tr>
<td>Service providers</td>
<td>52</td>
</tr>
<tr>
<td>Service funding and funding sources</td>
<td>53</td>
</tr>
<tr>
<td>Home care efficiency</td>
<td>54</td>
</tr>
<tr>
<td>Service quality</td>
<td>56</td>
</tr>
<tr>
<td>Personal child attendant</td>
<td>58</td>
</tr>
<tr>
<td>Service distribution</td>
<td>58</td>
</tr>
<tr>
<td>Service availability</td>
<td>59</td>
</tr>
<tr>
<td>Beneficiary structure</td>
<td>61</td>
</tr>
<tr>
<td>Service providers</td>
<td>61</td>
</tr>
<tr>
<td>Service funding and funding sources</td>
<td>62</td>
</tr>
<tr>
<td>Personal attendant service efficiency</td>
<td>63</td>
</tr>
<tr>
<td>Service quality</td>
<td>65</td>
</tr>
<tr>
<td>Day care for children with disabilities</td>
<td>67</td>
</tr>
<tr>
<td>Service distribution</td>
<td>67</td>
</tr>
<tr>
<td>Service availability</td>
<td>68</td>
</tr>
<tr>
<td>Beneficiary structure</td>
<td>70</td>
</tr>
<tr>
<td>Service providers</td>
<td>71</td>
</tr>
<tr>
<td>Service funding</td>
<td>72</td>
</tr>
<tr>
<td>Day care efficiency</td>
<td>73</td>
</tr>
<tr>
<td>Service quality</td>
<td>75</td>
</tr>
</tbody>
</table>

**FINDINGS AND RECOMMENDATIONS**

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAPPING CASH SUPPORT WITHIN THE MANDATE OF LOCAL SELF-GOVERNMENTS IN</td>
<td>82</td>
</tr>
<tr>
<td>THE REPUBLIC OF SERBIA</td>
<td></td>
</tr>
</tbody>
</table>

**LOCALLY PROVIDED BENEFITS**

<table>
<thead>
<tr>
<th>Methodology</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXPENDITURES ON MATERIAL SUPPORT WITHIN THE MANDATE OF LSGs</td>
<td>91</td>
</tr>
<tr>
<td>MATERIAL SUPPORT INDICATORS</td>
<td>97</td>
</tr>
<tr>
<td>Programme size indicator</td>
<td>97</td>
</tr>
<tr>
<td>Scale of intervention indicators</td>
<td>98</td>
</tr>
<tr>
<td>Performance indicators – coverage</td>
<td>103</td>
</tr>
<tr>
<td>Performance indicators – social benefit amount and adequacy</td>
<td>106</td>
</tr>
</tbody>
</table>

**FINDINGS AND CLOSING OBSERVATIONS**

<table>
<thead>
<tr>
<th>References</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANNEXES</td>
<td>115</td>
</tr>
</tbody>
</table>
ACRONYMS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>GDP</td>
<td>Gross Domestic Product</td>
</tr>
<tr>
<td>CSW</td>
<td>Centre for Social Work</td>
</tr>
<tr>
<td>DC</td>
<td>Day care</td>
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<tr>
<td>EU</td>
<td>European Union</td>
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<tr>
<td>FSA</td>
<td>financial social assistance</td>
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<tr>
<td>FTE</td>
<td>Full time equivalent (beneficiaries)</td>
</tr>
<tr>
<td>HCR</td>
<td>hypothetical coverage rate</td>
</tr>
<tr>
<td>LSG</td>
<td>Local self-government</td>
</tr>
<tr>
<td>PA</td>
<td>personal attendant</td>
</tr>
<tr>
<td>MoLEVSA</td>
<td>Ministry of Labour, Employment, Veteran and Social Affairs</td>
</tr>
<tr>
<td>NES</td>
<td>National Employment Service</td>
</tr>
<tr>
<td>ET</td>
<td>Earmarked transfer</td>
</tr>
<tr>
<td>OCR</td>
<td>overall coverage rate</td>
</tr>
<tr>
<td>HC</td>
<td>home care</td>
</tr>
<tr>
<td>SORS</td>
<td>Statistical Office of the Republic of Serbia</td>
</tr>
<tr>
<td>WS</td>
<td>women's shelter</td>
</tr>
<tr>
<td>SCTM</td>
<td>Standing Conference of Towns and Municipalities</td>
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<tr>
<td>PC</td>
<td>public sector</td>
</tr>
<tr>
<td>PH</td>
<td>protected housing</td>
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<tr>
<td>PWD</td>
<td>persons with disabilities</td>
</tr>
<tr>
<td>SP</td>
<td>social protection</td>
</tr>
<tr>
<td>EET</td>
<td>Excluding earmarked transfers</td>
</tr>
</tbody>
</table>

SYMBOLS

- none/non-existent
... data not available
0 value smaller than 0.5 of the relevant measurement unit
() incomplete, insufficiently verified or estimated data
* corrected data
Ø average
Mapping Social Care Services and Material Support within the Mandate of Local Self-Governments in the Republic of Serbia is the confirmation of the strategic commitment of the Social Inclusion and Policy Reduction Unit (SIPRU) of the Government of the Republic of Serbia to invest in the development of a monitoring and reporting system, with the ultimate objective of providing policymakers and other stakeholders with relevant and reliable decision-making tools.

Since its establishment, SIPRU has made considerable contributions to the enhancement of social inclusion monitoring in the Republic of Serbia. Its dedication to and continuity in the development and promotion of social inclusion indicators is also demonstrated by the latest Third Revised Edition of the publication of the same name, which covers every aspect of social inclusion by dissecting its ten domains.

Considering that the publication of this research required the creation of the entire “infrastructure”, including the questionnaire, the network of mentors, contact persons and associates and the capacity building of all actors who participated in the completion of the questionnaire, as well as that every bit of knowledge and experience gained in the past mapping cycles was painstakingly incorporated into this final, third research cycle, we are proud to say that it represents the pinnacle of research in the area of social protection at the local level.

To ensure that the value of the invested research effort is properly appreciated, it is important to stress that, without it, interested audiences would have almost no source of information about the number of people in Serbia who received social care services, about the types of provided services, the profile of service providers, the amounts allocated for these purposes, or about the types and amounts of cash benefits awarded by individual local self-governments. That being said, it should be noted that even the statistical systems of much more developed countries, including the ones where social protection is decentralized, cannot provide the data on local social protection and, as of this mapping cycle, on cash benefits at such a high level of detail.

The significance and quality of the Mapping derives from the multiple possibilities it provides to local self-governments (LSGs), as well as to all other stakeholders:

- to obtain deep insight into all social care services and cash benefits provided at the local level;
- to analyse the obtained data and indicators in a reference timeframe and identify how local policies and priorities changed over time;
- to consider the obtained data and indicators against a benchmark and thus determine how they compare with other LSGs, as well as to be encouraged by the peer-pressure and other LSGs’ good practices to become more motivated to introduce new measures or modify how they provide the existing ones, or possibly to consider the possibilities of introducing new or expanding the existing material support entitlements;

2. peer-pressure
- to assess and improve their local policies in this area, as well as to broaden their perspective on the complementary local policies, such as those pertaining to employment or education, especially since the objectives to raise the standards and quality of living in a local community can be achieved through several connected local policies.

Although the Mapping is a unique tool in this area, there is still scope for its improvement, which will largely depend on the extent to which the significance of high-quality and reliable data for decision-makers is recognized, as well as on the improvements of the social protection information systems and records. Without systemic strengthening of the legal grounds for the collection and use of social protection data, as well as new technological solutions for data entry, exchange, analysis and usage, many valuable inputs that are crucial for taking timely and proper decisions will not be available.

The advantages that enhanced monitoring and reporting systems would provide are multiple, especially in situations of extraordinary threats to the safety and lives of large numbers of people, such as the situation we are currently experiencing – the Covid-19 pandemic. The risks associated with the institutional care of beneficiaries due to its collective nature are intensified in situations like this, which makes proper recording of non-institutional care capacities and beneficiaries, as the primary subjects of this research, even more significant.

In view of the above, building on the existing Mapping potential and further system-wide use of all gained knowledge would be highly valuable for further development of the entire system.

Lastly, it is important to emphasize that this research would not have been possible without the vision shared by SIPRU and the Centre for Social Policy, which designed and implemented the research, and without the considerable support that we received from the beginning of the research from the Republic Institute for Social Protection, the Standing Conference of Towns and Municipalities, as well as from the donor – the Government of Switzerland, which recognized the value of the idea and has supported it for many years.

Biljana Mladenović
Deputy Manager and Economic Analyst
Social Inclusion and Poverty Reduction Unit of Government of the Republic of Serbia
The research *Mapping Social Care Services and Material Support within the Mandate of Local Self Governments in the Republic of Serbia* (hereinafter: *Mapping*) represents the third cycle of assessing social care services in 145 local self-governments in Serbia; however, this is the first time it has included material support provided from the local budgets.

The initiative to conduct a new three-year cycle in 2018, following the 2012 and 2015 researches, was launched by the Social Inclusion and Poverty Reduction Unit of the Government of the Republic of Serbia (SIPRU), the Republic Institute for Social Protection (RISP) and the Standing Conference of Towns and Municipalities (SCTM). The research was carried out by the Centre for Social Policy and its associates (mentors – survey interviewers). The authors of this publication are Gordana Matković and Milica Stranjaković. Ivana Poljak and Lazar Muždalo, junior researchers at the Centre for Social Policy, contributed to the research.

The data on social care services within the mandate of local self-governments (LSGs) for 2018, as provided for in the *Law on Social Protection* and the *Rulebook on Detailed Conditions and Standards of Provision of Social Care Services*, were collected between June and October 2019.

The new aspect of the research is the collection of the data on material support at local level, i.e. cash and in-kind benefits provided by LSGs from their own budgets, in accordance with the *Law on Social Protection*. The research also includes the data on the population policy programmes and measures financed by cities and municipalities pursuant to the *Law on Financial Support to Families with Children*. The data on cash and in-kind benefits were collected in the same period, with further authentication and final verification in January and February 2020.

The first part of the publication analyses the data on social care services within the mandate of local self-governments, whereas the second part gives an analysis of the data on material support provided from local self-government budgets.

In addition to the data collected at city and municipality level, the analyses also relied on the relevant data from the Statistical Office of the Republic of Serbia (SORS), including data from the DevInfo database, the Republic Secretariat for Public Policy, the Republic Institute for Social Protection, the Social Inclusion and Poverty Reduction Unit, as well as other sources and quotes from literature and research in this area.

The reports written on the basis of the previous two mapping cycles, including the associated databases and annexes, are available at the following links:

1. First cycle – *Mapping Social Care Services within the Mandate of Local Self-Governments*

2. Second cycle – *Mapping Social Care Services within the Mandate of Local Self-Governments*
THE MAPPING PROCESS

The data collection process followed the same approach as in the previous mapping cycles. In the beginning, all local self-governments and Centres for Social Work (CSWs) were notified in writing of the forthcoming research via the communication channels of the Standing Conference of Towns and Municipalities and the Republic Institute for Social Protection.

The data were collected using an Excel questionnaire, which was distributed together with detailed instructions since some of the settings and data tables were redesigned – even simplified in the part referring to social care services, whereas others, referring to material support, were entirely new. In the inception phase, the questionnaire was piloted in eight cities and municipalities, in order to obtain their written feedback on the accuracy of the formulations of the requested data. This was also crucial because of the necessity to clearly formulate the requests regarding the data on cash benefits (as well as on in-kind benefits). It was initially assessed that the collection of the data on material support provided from LSG budget would considerably affect the pace of the research. Upon receiving the feedback in the pilot phase and after consultations with the institutions/organisations that initiated the research, the part of the questionnaire referring to material support was revised. Furthermore, the questionnaire was presented in more detail in about thirty cities and municipalities that participated in various peer review events in the field of social inclusion in the period June–September 2019.

The process of collection of these comprehensive data sets did indeed influence the extension of the research timeline, as anticipated. The summer holiday season also affected the process and the relevant deadlines. Nevertheless, the engagement of mentors – survey interviewers to support the local representatives ensured that the data collection process was largely consistent with the previous experiences. In addition to field work, consultations were held on a daily basis with the local representatives involved in the process. A particularly dedicated approach was taken by some local representatives who did their best to answer the research requests as accurately as possible. Most notably, these were the representatives of Kruševac, Požarevac, Beograd, Valjevo, Krupanj, Šabac, Čoka, Veliko Gradište, Knjaževac, Sjenica, Pančevo, Novi Sad, Mali Zvornik, Loznica, Petrovac na Mlavi, Kosjериć, Ćuprija, Kragujevac, Ivanjica, Dimitrovgrad, Bojnik, Pirot, Babušnica, Aleksinac and Bački Petrovac.

It would be fair to say that about 30% of LSGs truly have the capacity to respond efficiently to the requests of this research in terms of the time limits and the requested information, which corresponds to our experience from the previous cycles, as well. In those LSGs, the data collection process was characterised by team work and the coordination of city/municipality representatives, exactly as originally intended. Other LSGs showed a lower level of coordination of the local stakeholders in the process of data collection and processing and, therefore, they had to be provided with more intensive mentoring support and an extension of the initially set time limits for response.

3. The questionnaire is attached as Annex 1.
Since the collection of data on services in the previous research cycles had taken four months on average, a total time limit of six months\(^4\) for collecting and verifying the data on both social care services and material support can be regarded as the minimum period required for an efficient completion of this process. The process of collecting and verifying the data on material support (cash and in-kind benefits) presented a much greater challenge and demanded more time, as well as the provision of considerably more support to the local representatives.

A total of 439 professionals and 145 local self-governments participated in the mapping process. More intensive support for the collection and validation of the data on social care services was provided to the local representatives of 70 LSGs. The support for the correction and verification of the data on cash and in-kind benefits covered 83 LSGs in the period November 2019 – February 2020.

All data used in this analysis are available in the database that can be used in excel spreadsheet form (with the creation of relevant queries in the pivot tables). The excel databases can be accessed at the official website of the Social Inclusion and Poverty Reduction Unit (www.socijalnoukljucivanje.gov.rs) and may be fully used for the purposes of other studies, provided the source is acknowledged. The data (indicators) are an integral part of the publication, and some of the indicators will also be available in the LSG Analytical Service database, maintained by the Republic Secretariat for Public Policy.

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\(^4\) The additional two months were intended solely for the authentication, correction and verification of the data on material support.
MAPPING SOCIAL CARE SERVICES WITHIN THE MANDATE OF LOCAL SELF GOVERNMENTS IN THE REPUBLIC OF SERBIA
The research of social care services within the mandate of local self-governments adopted a similar methodology like in the previous cycles in order to ensure the comparability of the data and indicators on the distribution, availability, efficiency and quality of social care services within the mandate of LSGs. The new aspect of this research is the consideration of the impact of the earmarked transfers instrument in the financing of services, which have been in place since 2016, in compliance with the Law on Social Protection (2011) and the Regulation on Earmarked Transfers in Social Protection.\(^5\)

The data on social care services within the mandate of local self-governments were collected based on the classification of the services into four groups, in accordance with the Law on Social Protection and the Rulebook on Detailed Conditions and Standards of Provision of Social Care Services.

### METHODOLOGY

<table>
<thead>
<tr>
<th>Group</th>
<th>Services</th>
</tr>
</thead>
</table>
| Day care community-based services\(^6\) (daily living support services in community) | • Day care (for children, adults and the elderly)  
• Home care (for children, adults and the elderly)  
• Personal child attendant (for children with disabilities)  
• Drop-in centre (for street children, i.e. children living and working in the street) |
| Services for independent living | • Personal assistance for adults with disabilities  
• Protected housing for youth starting to live independently and/or leaving the social protection system  
• Protected housing for persons with disabilities\(^7\) |
| Emergency and temporary accommodation services\(^8\) | • Placement in a shelter (for children, adults and the elderly, victims of violence, trafficking victims)  
• Respite care |
| Counselling/therapy and social/educational services\(^9\) | • Counselling centre  
• Family outreach worker\(^{10}\) |

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5. Official Gazette of RS, No 18/16.
6. Within this group, local governments may provide other services also aimed at supporting beneficiaries to remain with their families and in their natural immediate environment.
7. Provided and funded by LSGs whose development level is above the national average (Law on Social Protection 2011, Article 209).
8. May also include other similar types of accommodation, in compliance with the law.
9. Intensive support services for families in crises through counselling and support to parents, foster parents and adoptive parents, families caring for their children or adult members with developmental disabilities; fostering family relations and family reunification; counselling and support in cases of violence; family therapy and mediation; helplines; activation and other counselling and education activities.
10. Although family outreach worker is not a standardised service, it is included in the mapping owing to its significance in the prevention of the risk of children being separated from the family.
Data on social care services that enable the assessment of service availability, efficiency and quality, collected through the questionnaire (see the questionnaire in Annex 1).

<table>
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<tr>
<th>Type of data</th>
<th>Data</th>
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</table>
| **Data required for assessing service availability** | • Services existing in the local community in 2018, providers of those services and the sector (state and/or non-state);  
• Number of beneficiaries, beneficiaries by gender, by age groups (0-5, 6-14, 15-25, 26-64, 65-79, 80+), by area of residence/origin, beneficiaries referred to a service from their home local self-government to another municipality/city where a specific service exists;  
• Number of potential beneficiaries (e.g. the number of elderly people, 65+); |
| **Data required for assessing service efficiency** | • Intensity of service provision to beneficiary;  
• Total annual expenditures;  
• Expenditures by funding sources (local budget, earmarked transfers, other national-level funds, donations, beneficiary co-payment, other – reimbursement of service costs by home local self-governments for beneficiaries referred to services in other local self-governments, funds from the budget of AP Vojvodina, funds collected under the opportunity principle in criminal proceedings, allocations by Belgrade metropolitan municipalities and the like);  
• Period / number of months of service provision during the year; |
| **Data required for assessing service quality** | • Information on whether the staff directly engaged in service provision were certified (i.e. completed an accredited training programme);  
• Information on whether service providers in the social protection sector had an operating permit (licence) valid for a period of six years, or limited to a period of five years, or whether they were in the licensing process (applied for the licence), or had no licence at all;  
• Information on whether beneficiary satisfaction assessments/surveys were conducted and by whom; |
| **Further information** | • Information on the presence of cross-sectoral cooperation;  
• Assessment of service development level in the local self-government. |
Data collected in this format enable the calculation of the indicators that had been used in the previous research cycles and that were further refined in the meantime.

The indicators for social care services within the mandate of local self-governments had been developed as part of the previous mapping cycles and through local self-government peer review meetings, as well as based on the proposals for programme-based classification of LSG budgets.

These indicators, their formulations and calculation methods were elaborated in more detail in the publication titled *Model za lokalizaciju procesa evropskih integracija za oblast socijalne i dečije zaštite* (Localisation model for the European integration process, in the field of social and child protection). The indicators used in this analysis were classified into two groups:

I Programme size and scale of intervention indicators;

II Performance indicators: service availability, efficiency and quality.

**Programme size indicators** are defined and calculated based on the total (actual) number of beneficiaries and the equivalent number of beneficiaries\(^1^4\) – the simple adding up of the number of beneficiaries of the services of various contents, programmes and provision models is not appropriate and cannot give a realistic indication of the size of a programme.

Moreover, in some LSGs, services are not provided continuously throughout the whole year, so this variation is also taken into account. Each service is considered separately and expressed as the equivalent number of beneficiaries i.e. FTE beneficiaries,\(^1^5\) which enables a more valid comparison between different cities and municipalities.

For instance, the number of FTE beneficiaries of home care services is calculated based on the assumption of uniformed intensity and duration of service provision to all beneficiaries in all LSGs where this service is provided according to the model of two hours per day, five working days per week, continuously during all 12 months.\(^1^6\)

If the service is provided according to the same model for six months in a year, the equivalent number of beneficiaries (FTE)\(^1^7\) makes half the actual number of beneficiaries.

For day care, personal child attendant and personal assistance services, for instance, the calculation of the equivalent number of beneficiaries (FTE beneficiaries) is done on the assumption that each beneficiary receives a service eight hours a day, five working days per week throughout the whole year.

The scale of intervention indicators used in this analysis are shown as expenditures on social services within the mandate of LSGs, per capita expenditures (RSD) and the share of expenditures on social protection services in total expenditures of local budgets. Furthermore, the share of the scale of intervention is considered with regard to the funding sources structure (for example, funds from earmarked transfers, donor programmes).

**Performance indicators** are presented as indicators of service availability, efficiency and quality.

The service availability indicator is defined as the overall (crude) and hypothetical coverage rate\(^1^8\). The overall coverage rate (OCR) is defined as the share of the (actual) number of beneficiaries of a service in the relevant population of a municipality, city or country. The hypothetical coverage rate (HCR) is expressed as the share of the FTE beneficiaries (full-time equivalent) in the referent age population of a municipality or city.

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14. Ibid.
15. Ibid.
16. Ibid.
17. Ibid.
18. Ibid.
The service efficiency indicator is expressed as the unit cost of a service\textsuperscript{19}. The unit cost of a service is calculated per hour of service provision to a beneficiary, for each service separately, while taking into account the model, duration and intensity of service provision (number of hours and duration, i.e. number of months of service provision in a year, and the weekly number of hours of service provision).

The service quality indicators used in this research are: a) the number of beneficiaries served by providers holding licences valid for six years as a proportion of the total number of service beneficiaries (%), and b) the number of beneficiaries participating in beneficiary satisfaction surveys as a proportion of the total number beneficiaries of the considered service (%)\textsuperscript{20}. These two indicators represent one aspect of service quality evaluation. The quality indicators certainly need to be further developed, as well as considered primarily in conjunction with efficiency indicators.

The programme size indicators and performance indicators were calculated and shown for the three most prevalent services: home care for adults and the elderly, personal child attendant and day care for children with disabilities.

For readers’ convenience, acronyms and abbreviated forms of certain terms and notions were used in the text. For example, the term local services refers to social care services within the mandate of LSGs; the acronyms HC, DC and PA are used for home care, day care and personal child attendant services, respectively. (Service) providers are organisations/institutions providing social care services within the mandate of local self-governments. Emergency and temporary accommodation institutions or emergency and temporary accommodation means social care institutions providing accommodation to beneficiaries. (Civil society) organisations or civic associations providing social care services within the mandate of local self-governments are referred to in the text as private, non-profit (service) providers. Public-sector institutions providing social care services within the mandate of local self-governments are referred to as public- or state-sector service providers. This mapping cycle also acknowledged the rise of private service providers, who are referred to in the text as for-profit (service) providers.

**SPECIFIC METHODOLOGICAL NOTES**

In order to ensure data comparability, the same data analysis method was used as in the previous mapping cycles: for the purpose of review and analysis, the services were classified into four groups\textsuperscript{21}.

In the course of data analysis, it became clear that some of the services intended for a specific age group (children and youth, adults or the elderly) also included beneficiaries that did not belong in the relevant group. For example, in certain municipalities and cities where day care (DC) for children and youth was available, this service was also provided to beneficiaries aged over 26 years, whereas in other LSGs, day care for adult persons with disabilities – PWD (26–64) was also made available to young people (18–25). It was similar with home care, as well. The approach taken in this analysis was to focus on the total number of beneficiaries of a particular service, as indicated by local representatives, since most of those beneficiaries, regardless of their age, belonged in the intended target group.

Protected housing (PH) for persons with disabilities falls in the group of community-based services aimed at deinstitutionalisation. As an alternative to institutional care, its provision is in the mandate of local self-governments whose development levels are above the national average (group I)\textsuperscript{22}. Out of the total of six LSGs where this service was provided and entirely locally funded, two (Novi Sad, Pančevo) were in development level group I. Of the remaining four municipalities, the services are financed entirely from the local budget EET in two of them (Kula and Vlasotince), while the other two use funds from earmarked transfers or the national budget. Data on this service had also been collected back in 2015, when it was more prevalent and provided chiefly as part of the “Open Arms”\textsuperscript{23} programme in 13 LSGs. At that time, the service had been provided in four cities from group I, while the other nine LSGs (with development levels below the national average) funded it from their own budgets or in combination with donor funds.

\textsuperscript{19} Ibid. \textsuperscript{20} Ibid. \textsuperscript{21} In compliance with the Law on Social Protection and the Rulebook on Detailed Conditions and Standards of Provision of Social Care Services
\textsuperscript{22} Regulation Establishing the Single List of Regions and Local Governments by Development Levels for 2014.
GENERAL OVERVIEW OF SOCIAL CARE SERVICES

The following pages give an overview of the local social care services (by groups of services) provided in 2018 in 137 municipalities and cities in Serbia. The data is presented from the perspective of service distribution, beneficiaries, providers and funding, with a comparison with the data for 2012 and 2015, where applicable.

Special attention was devoted to the data on the three most prevalent services – home care for the elderly, personal child attendant and day care for children with disabilities.

In the end, the findings and pertinent recommendations are presented.

DISTRIBUTION OF SERVICES

The distribution of social care services within the mandate of local self-governments is expressed as the number of LSGs where the services were provided and their share in the total number of LSGs.

In 2018, social care services within the mandate of LSGs were provided in 137 out of the total number of 145 LSGs, which marked a slight increase compared to 2015 (133 LSGs).

In eight municipalities (Bosilegrad, Gadžin Han, Odžaci, Požega, Svrljig, Trgovište, Ub and Žitoradja), no local social care services were provided in 2018.

DISTRIBUTION OF DAY CARE COMMUNITY-BASED SERVICES

Day care community-based services were provided in a total of 135 municipalities and cities in 2018. The services for children and youth were provided in 105 LSGs, while the services intended for adults and the elderly were available in 126 LSGs.

The services classified in this group were more prevalent than the services from other groups. This group also included the three most prevalent individual services: home care for adults and the elderly, personal child attendant and day care for children with disabilities.

The table below shows the number of LSGs for each of the day care services provided, and their share in the total number of LSGs in 2012, 2015 and 2018.
The service whose distribution changed most noticeably was the personal child attendant, which was provided in as many as 76 LSGs in 2018. The need for support to cover all children by education, as well as the active role of local social work centres and inter-sectoral committees, certainly influenced the increased demand for and supply of this service.

All other day care community-based services showed a slight decline of distribution relative to 2015 and a somewhat greater decline compared to 2012. This primarily pertains to home care for children and youth, and day care for children.

**DISTRIBUTION OF SERVICES FOR INDEPENDENT LIVING**

The services that support beneficiaries’ transition to independence were provided in a total of 29 municipalities and cities.

<table>
<thead>
<tr>
<th>Services for independent living</th>
<th>2012</th>
<th>2015</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of LSGs</td>
<td>Number of LSGs</td>
<td>Number of LSGs</td>
<td>Number of LSGs</td>
</tr>
<tr>
<td>-----------------</td>
<td>----------------</td>
<td>----------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Personal assistance</td>
<td>16</td>
<td>11</td>
<td>17</td>
</tr>
<tr>
<td>Protected housing for youth</td>
<td>15</td>
<td>10</td>
<td>18</td>
</tr>
<tr>
<td>Protected housing for adult PWD</td>
<td>5</td>
<td>3</td>
<td>13</td>
</tr>
</tbody>
</table>

Source: Database on social care services within the mandate of LSGs, data for 2012, 2015 and 2018

The most prevalent service provided in 2018 was personal assistance to adult persons with disabilities, similarly to the previous mapping cycles.

Protected housing for youth was predominantly organised in major cities in Serbia. The distribution of this service remained at the same level as in the previous mapping cycles.

The distribution of protected housing for persons with disabilities is shown for all LSGs where this service was provided, although practically only two cities had the mandate to provide it according to the law. This service was provided in another four LSGs, which were not in the group of municipalities and cities whose development levels were above the national average.

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24. Increased coverage of all children by education is one of the top priority objectives of the Strategy for Education Development in Serbia until 2020
25. See in Methodological Notes.
26. In compliance with the Law on Social Protection, Article 209.
DISTRIBUTION OF EMERGENCY AND TEMPORARY ACCOMMODATION SERVICES

Emergency and temporary accommodation services within the mandate of local self-governments were provided in a total of 26 LSGs (more than a half of them were major cities).

The placement in shelters for various beneficiary categories remained more or less at the same level as in 2015, despite its slightly downward trend. The same applied to respite care, which showed a decline of distribution compared to 2012, when it had been developed as part of a programme supported through the Instrument for Pre-accession Assistance – IPA.

DISTRIBUTION OF COUNSELLING/ThERAPY AND SOCIAL/EDUCATIONAL SERVICES

The services in this group were provided in a total of 37 LSGs, and the most prevalent individual service was the counselling centre, which was available in all 37 municipalities/cities.

Table 3. Distribution of emergency and temporary accommodation services – the number of LSGs that provided the services and their share in the total number of LSGs (%), in 2012, 2015 and 2018

<table>
<thead>
<tr>
<th>Emergency and temporary accommodation services</th>
<th>2012</th>
<th>2015</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of LSGs</td>
<td>Share (%)</td>
<td>Number of LSGs</td>
<td>Share (%)</td>
</tr>
<tr>
<td>Shelter for adults/the elderly</td>
<td>18</td>
<td>12</td>
<td>13</td>
</tr>
<tr>
<td>Shelter for children</td>
<td>9</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>Shelter for violence victims</td>
<td>15</td>
<td>10</td>
<td>15</td>
</tr>
<tr>
<td>Respite care</td>
<td>11</td>
<td>7</td>
<td>9</td>
</tr>
</tbody>
</table>

Source: Database on social care services within the mandate of LSGs, data for 2012, 2015 and 2018

Table 4. Distribution of counselling/therapy and social/educational services – the number of LSGs that provided the services and their share in the total number of LSGs (%), 2012, 2015 and 2018

<table>
<thead>
<tr>
<th>Counselling/therapy and social/educational services</th>
<th>2012</th>
<th>2015</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of LSGs</td>
<td>Share (%)</td>
<td>Number of LSGs</td>
<td>Share (%)</td>
</tr>
<tr>
<td>Counselling centre</td>
<td>21</td>
<td>14.5</td>
<td>29</td>
</tr>
<tr>
<td>Family outreach worker</td>
<td>-</td>
<td>-</td>
<td>7</td>
</tr>
</tbody>
</table>

Source: Database on social care services within the mandate of LSGs, data for 2012, 2015 and 2018

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<thead>
<tr>
<th>Counselling/therapy and social/educational services</th>
<th>2012</th>
<th>2015</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of LSGs</td>
<td>Share (%)</td>
<td>Number of LSGs</td>
<td>Share (%)</td>
</tr>
<tr>
<td>Counselling centre</td>
<td>21</td>
<td>14.5</td>
<td>29</td>
</tr>
<tr>
<td>Family outreach worker</td>
<td>-</td>
<td>-</td>
<td>7</td>
</tr>
</tbody>
</table>

Source: Database on social care services within the mandate of LSGs, data for 2012, 2015 and 2018

The family outreach worker service remained available after 2015 only in the cities (Belgrade, Kragujevac, Niš and Novi Sad) where it had been piloted in 2014/2015, primarily owing to the commitment of the institutions through which it was initially provided. After recognising the significance of this service, Kraljevo also joined this group of cities and piloted the service in 2018. It is especially important to note that Kragujevac, Niš and Novi Sad allocated funds in their local budgets for this purpose, whereas in Belgrade it was still financed from donor funds in 2018.

27. With expert support from UNICEF and local partner organisations, 41 LSGs joined the IPA 2008-funded project aimed at launching new services for children with disabilities as part of the national initiative that promoted social inclusion of children with disabilities as active participants in the community. In cooperation with the civil society, local governments grouped in 10 clusters provided the following services: day care for children with disabilities; home care and assistance for families with children with disabilities; respite care for families with children with disabilities; other services supporting children with disabilities and their families. The project lasted two years (2011–2013).
BENEFICIARIES

In 2018, the average monthly coverage of 25.4 thousand beneficiaries was achieved through all four groups of services.

Most beneficiaries were covered by day care community-based services.

The table below shows the average monthly number of beneficiaries in 2018 by service groups (only for illustration purposes, since adding up the number of beneficiaries of different services is methodologically inappropriate due to their diversity, different provision models and intensity and other reasons).

**Table 5. Average monthly number of beneficiaries in 2018, by service groups**

<table>
<thead>
<tr>
<th>Service group</th>
<th>Number of beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day care community-based services</td>
<td>21,840</td>
</tr>
<tr>
<td>Services for independent living</td>
<td>380</td>
</tr>
<tr>
<td>Emergency and temporary accommodation services</td>
<td>1,531</td>
</tr>
<tr>
<td>Counselling services</td>
<td>1,626</td>
</tr>
</tbody>
</table>

Source: Database on social care services within the mandate of LSGs, data for 2018

The average monthly number of beneficiaries in 2018 remained approximately the same as in the previous mapping cycles.28

BENEFICIARIES OF DAY CARE COMMUNITY-BASED SERVICES

The beneficiaries of day care community-based services greatly outnumbered the ones of other service groups and accounted for 89% of the total number of beneficiaries of all services in 2018.

As regards the area of residence, the beneficiaries of these services mostly lived in urban areas. As for their gender, females accounted for more than a half of all beneficiaries of home care for adults and the elderly, adult and elderly day care, and the drop-in centre services. Other services in this group had predominantly male beneficiaries.

**Table 6. Beneficiaries of day care community-based services – total, by gender (%) and from urban areas (%), 2012, 2015 and 2018**

| Day care community-based services                  | 2012 |          |          | 2015 |          |          | 2018 |          |          |
|---------------------------------------------------|------|----------|----------|------|----------|----------|      |----------|----------|
|                                                   | Number of beneficiaries | Females (%) | Urban area (%) | Number of beneficiaries | Females (%) | Urban area (%) | Number of beneficiaries | Females (%) | Urban area (%) |
| Home care for adults and the elderly              | 16,004 | 70 | 54 | 15,043 | 69 | 66 | 16,678 | 71 | 52 |
| Home care for children (and youth)                | 611   | 45 | 36 | 262   | 45 | 45 | 227   | 50 | 67 |
| DC for children with disabilities                 | 2,519 | 47 | 69 | 2,111 | 43 | 76 | 1,999 | 41 | 81 |
| DC for adult PWD                                   | -     | -  | -  | 716   | 40 | 81 | 449   | 85 | 56 |
| DC for the elderly                                 | 1,022 | 48 | 91 | 561   | 57 | 83 | 345   | 54 | 90 |
| DC for children in conflict with the law          | 359   | 38 | 82 | 620   | 36 | 86 | 53    | 36 | 89 |
| Personal child attendant                           | -     | -  | -  | 709   | 39 | 87 | 1,762 | 32 | 84 |
| Drop-in centre                                     | 601   | 30 | 89 | 452   | 39 | 100| 327   | 54 | 100 |

Source: Database on social care services within the mandate of LSGs, data for 2012, 2015 and 2018

In the period 2015–2018, the number of beneficiaries of most services decreased, except in the case of home care for adults and the elderly and the personal child attendant service, whose number of beneficiaries more than doubled as a consequence of the increase of its distribution.

Among the beneficiaries of drop-in centres, girls prevailed in the age group 6–14 years with a share as large as 71.5%. This figure is certainly disturbing, in view of the greater exposure of girls to child trafficking, child labour, under age marriages and other forms of violence against and abuse of children. The drop-in centre service was provided in only two LSGs – Belgrade and Novi Sad. One can only assume that broader social activism and inter-sectoral cooperation are also necessary in other major cities as priority actions to prevent the abuse of and protect street children, especially girls, coming from families at risk.

The number of beneficiaries of day care for children in conflict with the law declined dramatically – more than tenfold compared to that in 2015, in accordance with decreased distribution. The problems of this group of children (and youth) in conflict with the law or with behavioural problems, as well as of the children living and working in the street, would have to be addressed through inter-sectoral support programmes, which were not registered by this mapping in any local community.

**DAY CARE COMMUNITY-BASED SERVICES COVERAGE**

Since day care community-based services have the highest coverage, it is reasonable to show programme size indicators for each service in this group for each of the three mapping cycles.

The programme size indicator for services is expressed as the total (actual) number of service beneficiaries and as the equivalent number of beneficiaries, i.e. FTE beneficiaries. The FTE is calculated based on the assumption that all beneficiaries in all LSGs are provided with equal intensity of support during all 12 months in a year. Programme size comparison for these services is more relevant if FTE beneficiaries rather than actual ones are considered.

### Table 7. Programme size indicator of day care community-based services

<table>
<thead>
<tr>
<th>Dnevne usluge u zajednici</th>
<th>2012</th>
<th>2015</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of beneficiaries</td>
<td>FTE</td>
<td>Number of beneficiaries</td>
</tr>
<tr>
<td>Home care for adults and the elderly</td>
<td>16,004</td>
<td>8,083</td>
<td>15,043</td>
</tr>
<tr>
<td>Home care for children (and youth)</td>
<td>611</td>
<td>413</td>
<td>262</td>
</tr>
<tr>
<td>DC for children with disabilities</td>
<td>2,519</td>
<td>2,863</td>
<td>2,111</td>
</tr>
<tr>
<td>DC for adult PWD</td>
<td>-</td>
<td>-</td>
<td>716</td>
</tr>
<tr>
<td>DC for the elderly</td>
<td>1,022</td>
<td>1,022</td>
<td>561</td>
</tr>
<tr>
<td>DC for children in conflict with the law</td>
<td>359</td>
<td>359</td>
<td>620</td>
</tr>
<tr>
<td>Personal child attendant</td>
<td>-</td>
<td>-</td>
<td>709</td>
</tr>
<tr>
<td>Drop-in centre</td>
<td>601</td>
<td>601</td>
<td>452</td>
</tr>
</tbody>
</table>

Source: Database on social care services within the mandate of LSGs, data for 2012, 2015 and 2018, and authors’ NEC calculations

29. Child Rights Centre (2017), Preporuke UN komiteta za prava deteta – kako ih možemo ostvariti iz ugla Koalicije za monitoring prava deteta u Republici Srbiji (zagovarački dokument)
30. Ibid
31. Matković G and Šunderić Ž., Model za lokalizaciju procesa Europskih integracija za oblast socijalne i dečije zaštite, supported financially by the Fund for an Open Society, 2018.
32. FTE – full time equivalent; meaning of full time: for HC - 2 hours a day every working day, for DC - full day program, 8 hours a day every working day, for PA & Personal Child Attendant – 8 hours a day, every working day 31. Videti pod Metodološke napomene 32. Ibid
The most striking difference between the number of actual and FTE beneficiaries in 2018 was in home care for the elderly, same as in the previous mapping cycles.

Different (elderly) home care provision models influence the disparity between the number of actual and FTE beneficiaries, but not to the extent to which the number of months of service provision in a year does. In 2018, the service was provided during all 12 months in fewer than 50% of LSGs, whereas in 19 LSGs it was provided for six months or shorter, which reflected on the number of FTE beneficiaries.

### Table 7.1: Growth rates of the number of actual and FTE beneficiaries of day care community-based services (%), by mapping cycles

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Home care for adults and the elderly</td>
<td>-6.0</td>
<td>-5.0</td>
<td>10.9</td>
<td>7.6</td>
<td>4.2</td>
<td>2.3</td>
</tr>
<tr>
<td>Home care for children (and youth)</td>
<td>-57.1</td>
<td>-44.6</td>
<td>-13.4</td>
<td>3.1</td>
<td>-62.8</td>
<td>-42.9</td>
</tr>
<tr>
<td>DC for children with disabilities</td>
<td>-16.2</td>
<td>-19.6</td>
<td>-5.3</td>
<td>-4.8</td>
<td>-20.6</td>
<td>-23.5</td>
</tr>
<tr>
<td>DC for adult PWD</td>
<td>-</td>
<td>-</td>
<td>-37.3</td>
<td>-39.1</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>DC for the elderly</td>
<td>-45.1</td>
<td>-45.3</td>
<td>-38.5</td>
<td>-41.9</td>
<td>-66.2</td>
<td>-68.2</td>
</tr>
<tr>
<td>DC for children in conflict with the law</td>
<td>72.7</td>
<td>72.7</td>
<td>-91.5</td>
<td>-92.4</td>
<td>-85.2</td>
<td>-86.9</td>
</tr>
<tr>
<td>Personal child attendant</td>
<td>-</td>
<td>-</td>
<td>148.5</td>
<td>182.9</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Drop-in centre</td>
<td>-24.8</td>
<td>-24.8</td>
<td>-27.7</td>
<td>-27.7</td>
<td>-45.6</td>
<td>-45.6</td>
</tr>
</tbody>
</table>

Among the services that had also existed in 2012, the only one whose number of beneficiaries increased was HC for the elderly (4.2%), whereas the number of beneficiaries of all other services decreased by between 21% (DC for children with disabilities) and more than 85% (DC for children in conflict with the law).

As regards the home care for children, the slightly larger number of FTE beneficiaries than that of actual ones was offset by the somewhat higher daily intensity of support provided in certain LSGs. In respect of the beneficiary number change, the inclusion of FTE beneficiaries in the analysis gives an altered picture of the home care for children service. The total number of actual beneficiaries of this service decreased in the period 2015–2018 (–13.4%), while the number of FTE increased (+3%), which indicates that the service stabilised and intensified in the LSGs where its provision continued.

A larger number of FTE beneficiaries than that of actual ones was found in day care for adults and, to an even greater extent, in day care for children. In most LSGs, day care for children was open eight hours per day, although in as many as 12 LSGs it was open 10, or even 12 hours. That was the most important factor that influenced the increase in the number of equivalent beneficiaries relative to the number of actual beneficiaries of this service. Moreover, this service was provided continuously throughout the year in three quarters of LSGs. Day care for children was commonly the most consistent day care community-based service in terms of continuous provision throughout the year.

During the entire considered period, the number of equivalent beneficiaries of HC for the elderly grew slower than the actual number.
BENEFICIARIES OF SERVICES FOR INDEPENDENT LIVING

The beneficiaries of the services for independent living were predominantly males from urban areas. A similar situation had been recorded in 2015, as well.

<table>
<thead>
<tr>
<th>Services for independent living</th>
<th>2012</th>
<th>2015</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of beneficiaries</td>
<td>Females (%)</td>
<td>Urban area (%)</td>
</tr>
<tr>
<td>Personal assistance</td>
<td>196</td>
<td>41</td>
<td>48</td>
</tr>
<tr>
<td>Protected housing for youth</td>
<td>44</td>
<td>53</td>
<td>50</td>
</tr>
<tr>
<td>Supported housing for PWD</td>
<td>59</td>
<td>51</td>
<td>85</td>
</tr>
</tbody>
</table>

Source: Database on social care services within the mandate of LSGs, data for 2012, 2015 and 2018.

The number of beneficiaries of personal assistance increased by almost 40% relative to 2015, whereas the number of beneficiaries of protected housing decreased. This was especially noticeable for beneficiaries with disabilities in 2015, when the number of beneficiaries increased almost three times compared to that in 2012 through the “Open Arms” programme, financially supported by the Instrument for Pre-accession Assistance.35, 36

Following the completion of the programme, the distribution of this service decreased, resulting in the smaller number of beneficiaries registered in this mapping cycle.

BENEFICIARIES OF EMERGENCY AND TEMPORARY ACCOMMODATION SERVICES

The beneficiaries of this group of services were predominantly from urban areas. As expected, female beneficiaries were prevalent in shelters for violence victims, whereas in shelters for children and adults/elderly, as well as in respite care, the majority of the beneficiaries were males.

<table>
<thead>
<tr>
<th>Emergency and temporary accommodation services</th>
<th>2012</th>
<th>2015</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of beneficiaries</td>
<td>Females (%)</td>
<td>Urban area (%)</td>
</tr>
<tr>
<td>Shelter for adults/the elderly</td>
<td>1,089</td>
<td>45</td>
<td>69</td>
</tr>
<tr>
<td>Shelter for children</td>
<td>773</td>
<td>29</td>
<td>77</td>
</tr>
<tr>
<td>Shelter for violence victims</td>
<td>681</td>
<td>73</td>
<td>37</td>
</tr>
<tr>
<td>Respite care</td>
<td>345</td>
<td>48</td>
<td>80</td>
</tr>
</tbody>
</table>

Source: Database on social care services within the mandate of LSGs, data for 2012, 2015 and 2018.

A downward trend in the number of beneficiaries was noticed for all services in this group.

36. The IPA 2008 funds (EUR 2.3 million) were awarded as grants to 19 projects implemented between June 2014 and December 2015, in amounts ranging from EUR 50,000 to EUR 200,000 per project.
BENEFICIARIES OF COUNSELLING/ThERAPY AND SOCIAL/EDUCATIONAL SERVICES

Counselling services were characterised by an increase in the number of beneficiaries of the counselling centre service due to its increased distribution in 2018, while the number of beneficiaries of the family outreach worker service declined considerably. The beneficiaries of both of these services were predominantly from urban areas.

<table>
<thead>
<tr>
<th>Counselling services</th>
<th>2012</th>
<th>2015</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of beneficiaries</td>
<td>2,500</td>
<td>798</td>
<td>1,239</td>
</tr>
<tr>
<td>Females (%)</td>
<td>...</td>
<td>...</td>
<td>63</td>
</tr>
<tr>
<td>Urban area (%)</td>
<td>...</td>
<td>...</td>
<td>80</td>
</tr>
<tr>
<td>Number of beneficiaries</td>
<td>1,152</td>
<td>1,152</td>
<td>1,152</td>
</tr>
<tr>
<td>Females (%)</td>
<td>48</td>
<td>48</td>
<td>48</td>
</tr>
<tr>
<td>Urban area (%)</td>
<td>65</td>
<td>65</td>
<td>75</td>
</tr>
</tbody>
</table>

Source: Database on social care services within the mandate of LSGs, data for 2012, 2015 and 2018

The data on the counselling centre service for 2012 are not comparable with the data obtained in the subsequent two mapping cycles due to the change (in 2015) of the format for annual reporting by social work centres – the institution providing this service. The format change certainly also had an impact on beneficiary records. Thus, for example, this mapping cycle made a step forward by being the first one to collect the data disaggregated by gender and the area of residence. The gender structure of the beneficiaries was dominated by females, as expected.

The decrease of the number of beneficiaries of the family outreach worker service relative to that in 2015 can be attributed to the fact that, after the donor-supported pilot period in 2014/2015, its funding was reduced. The service remained available only in major cities, although its expected standardisation had not happened in the meantime.

SERVICE PROVIDERS

As had been the case with previous mapping cycles, the 2018 data indicated that the majority of the beneficiaries of all four service groups were served by public (state) sector providers.

*Chart 1. Structure of beneficiaries by sector providing the service, 2015 and 2018 (%)*

<table>
<thead>
<tr>
<th>Year</th>
<th>Public (%)</th>
<th>Non-profit (%)</th>
<th>For-profit (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>74</td>
<td>26</td>
<td>7</td>
</tr>
<tr>
<td>2018</td>
<td>58</td>
<td>35</td>
<td>7</td>
</tr>
</tbody>
</table>

*Source: Database on social care services within the mandate of LSGs, data for 2015 and 2018*

The share of beneficiaries of the services provided by the public (state) sector was 58%, which was significantly smaller than that in 2015. The share of beneficiaries of the services provided by private, non-profit organisations increased from 26% in 2015 to 35% in 2018. The 2018 mapping cycle was the first one to register the existence of private, for-profit service providers, with a beneficiary coverage of 7%. Having obtained service provision licences, private service providers joined the market of social care services.

PROVIDERS OF DAY CARE COMMUNITY-BASED SERVICES

The data on service providers disaggregated by sectors show that the public sector had somewhat higher beneficiary coverage than the private sector – 57% and 43%, respectively.

*Chart 2. Structure of day care beneficiaries by sector providing the service, 2015 and 2018 (%)*

<table>
<thead>
<tr>
<th>Year</th>
<th>Public (%)</th>
<th>Non-profit (%)</th>
<th>For-profit (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>71</td>
<td>29</td>
<td>8</td>
</tr>
<tr>
<td>2018</td>
<td>57</td>
<td>35</td>
<td>8</td>
</tr>
</tbody>
</table>

*Source: Database on social care services within the mandate of LSGs, data for 2015 and 2018*
In 2015, the coverage of day care service beneficiaries by sectors was comparable to the overall sector coverage structure of that period (Chart 2).

Considered by individual day care community-based services, the share of public sector providers in 2018, in terms of the number of beneficiaries served, was smaller than 50% for most of the services, except for home care for adults and the elderly, day care for children with disabilities, and day care for the elderly.

<table>
<thead>
<tr>
<th>Day care community-based services</th>
<th>2012</th>
<th>2015</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of beneficiaries</td>
<td>% of public sector beneficiaries</td>
<td>Number of beneficiaries</td>
</tr>
<tr>
<td>Home care for adults and the elderly</td>
<td>16,004</td>
<td>74</td>
<td>15,043</td>
</tr>
<tr>
<td>Home care for children (and youth)</td>
<td>611</td>
<td>74</td>
<td>262</td>
</tr>
<tr>
<td>DC for children with disabilities</td>
<td>2,519</td>
<td>62</td>
<td>2,111</td>
</tr>
<tr>
<td>DC for adult PWD</td>
<td>-</td>
<td>-</td>
<td>716</td>
</tr>
<tr>
<td>DC for the elderly</td>
<td>1,022</td>
<td>80</td>
<td>716</td>
</tr>
<tr>
<td>DC for children in conflict with the law</td>
<td>359</td>
<td>92</td>
<td>620</td>
</tr>
<tr>
<td>Personal child attendant</td>
<td>-</td>
<td>-</td>
<td>709</td>
</tr>
<tr>
<td>Drop-in centre</td>
<td>601</td>
<td>74</td>
<td>452</td>
</tr>
</tbody>
</table>

Source: Database on social care services within the mandate of LSGs, data for 2012, 2015 and 2018

Furthermore, the share of beneficiaries served by public providers in 2018 decreased in comparison with that in 2012 and 2015. That was especially the case with day care for adults and for children in conflict with the law, as well as with the home care for the elderly service. The increase in the number of beneficiaries served by public providers was registered in the day care for children and day care for the elderly.

PROVIDERS OF SERVICES FOR INDEPENDENT LIVING

According to the sector providing the service, the structure of beneficiaries of the support service for independent living was perfectly balanced in 2018 and identical to that in 2015.

<table>
<thead>
<tr>
<th>2018</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>51</td>
<td>51</td>
</tr>
<tr>
<td>49</td>
<td>49</td>
</tr>
</tbody>
</table>

Source: Database on social care services within the mandate of LSGs, data for 2015 and 2018.

No cases of for-profit providers were registered in this group of services in 2018.
Table 12. Public sector share in service provision, by services for independent living, 2012, 2015 and 2018 (%)

<table>
<thead>
<tr>
<th>Services for independent living</th>
<th>2012</th>
<th>2015</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of beneficiaries</td>
<td>% of public sector beneficiaries</td>
<td>Number of beneficiaries</td>
</tr>
<tr>
<td>Personal assistance</td>
<td>196</td>
<td>37</td>
<td>160</td>
</tr>
<tr>
<td>Protected housing for youth</td>
<td>44</td>
<td>100</td>
<td>67</td>
</tr>
<tr>
<td>Protected housing for PWD</td>
<td>59</td>
<td>24</td>
<td>145</td>
</tr>
</tbody>
</table>

Source: Database on social care services within the mandate of LSGs, data for 2012, 2015 and 2018.

Compared to 2015, an increase of the public sector share in service provision was noticed for the services of personal assistance and protected housing for persons with disabilities. That was particularly interesting in the case of personal assistance, which had been dominantly provided by the non-profit sector in the previous mapping cycles owing to the particularly active associations of persons with disabilities, whereas in 2018 the shares of the two sectors were balanced. The services of protected housing for youth leaving the social protection system were, once again, entirely provided by the public sector in 2018.

PROVIDERS OF EMERGENCY AND TEMPORARY ACCOMMODATION SERVICES

The public sector was markedly prevalent among the providers of emergency and temporary accommodation services. There were no registered cases of for-profit providers of emergency and temporary accommodation services.

Chart 4. Structure of emergency and temporary accommodation service beneficiaries by sector providing the service, 2015 and 2018 (%)

Source: Database on social care services within the mandate of LSGs, data for 2015 and 2018.

As was the case with the previous group of services, the beneficiary coverage ratio between the sectors providing emergency and temporary accommodation services was identical to that in 2015.

The individual services in this group – shelter for children, adults/the elderly and violence victims – were dominantly provided by the public sector in 2018.
Table 13. Public sector share in service provision, by emergency and temporary accommodation services, 2012, 2015 and 2018

<table>
<thead>
<tr>
<th>Emergency and temporary accommodation services</th>
<th>2012</th>
<th>2015</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of beneficiaries</td>
<td>% of public sector beneficiaries</td>
<td>Number of beneficiaries</td>
<td>% of public sector beneficiaries</td>
</tr>
<tr>
<td>Shelter for adults/the elderly</td>
<td>1,089</td>
<td>99</td>
<td>805</td>
</tr>
<tr>
<td>Shelter for children</td>
<td>773</td>
<td>100</td>
<td>719</td>
</tr>
<tr>
<td>Shelter for violence victims</td>
<td>681</td>
<td>75</td>
<td>695</td>
</tr>
<tr>
<td>Respite care</td>
<td>345</td>
<td>35</td>
<td>233</td>
</tr>
</tbody>
</table>

Source: Database on social care services within the mandate of LSGs, data for 2012, 2015 and 2018.

Same as in the previous cycles, the respite care service was mainly provided by the non-profit sector, covering a considerable proportion of the beneficiaries.

As for the provision of accommodation services to children, adults, the elderly and violence victims, the domination of the public sector was consistent through all mapping cycles, with similar shares in the total number of beneficiaries served.

PROVIDERS OF COUNSELLING/ THERAPY AND SOCIAL/EDUCATIONAL SERVICES

The beneficiaries of counselling services were mostly served by public providers (74%). No cases of for-profit providers were registered in this group of services.

Chart 5. Structure of counselling service beneficiaries by sector providing the service, 2015 and 2018 (%)

Source: Database on social care services within the mandate of LSGs, data for 2015 and 2018.

In respect of the number of beneficiaries served, both services were predominantly provided by public providers, although an increase in the share of beneficiaries served by non-profit providers was noticed relative to that in 2015.
However, the family outreach worker service did manifest a decrease in the share of beneficiaries served by public providers. Namely, the provision of this service in Niš was taken over by a non-government, non-profit organisation, which impacted the value of this indicator.

**Beneficiary Coverage by Licensed Service Providers as a Quality Indicator**

The licensing of social care service providers is one of the most important quality control mechanisms. The procedure has been in force since May 2016, and it was regulated by the Rulebook on Licensing Social Protection Organisations, adopted in 2013. The social care services that are subject to licensing may be provided only by organisations that have a licence (operating permit). Licensing is conditional upon the fulfilment of the minimum functional standards (professional procedures and activities) and the minimum structural standards (infrastructure, staff and organisational aspects). Licences are issued by the competent ministry for a period of six years (full licence) or, alternatively, for a maximum period of five years (limited licence that can be obtained only once). Upon the expiry of the validity period, licences are renewed following the same procedure.

With that respect, one of the performance indicators referring to service quality was defined as the number of beneficiaries served by providers holding licences valid for six years as a proportion of the total number of service beneficiaries.

The analysis also included indicators referring to the number of beneficiaries served by providers holding limited licences and by those who were in the licensing process as a proportion of the total number of service beneficiaries. The indicator was shown for all services in three groups for which providers were subject to licensing, combined and separately for each of those groups.

**Chart 6. Share of beneficiaries served by various types of providers with respect to their licensing status (%), 2018**

![Chart showing the percentage of beneficiaries served by various types of providers with respect to their licensing status, 2018]

- Providers with full licence (%)
- Providers with limited licence (%)
- Providers in the licensing process (%)
- Nonlicensed providers (%)

Source: Database on social care services within the mandate of LSGs, data for 2018

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38. Vlaović Vasiljević, D, Vodič za organizacije civilnog društva: standardi usluga socijalne zaštite u zajednici i procedure licenciranja, supported by the EU and the Office for Cooperation with Civil Society of the Government of the Republic of Serbia, 2013.
39. http://www.zavodsz.gov.rs/sr/podru%C4%8Di-de-lovanja/unapre%C4%9enje-usluga-socijalne-za%C5%A1tite/unapre%C4%9enje-procesa-licenciranja-pru%C5%BEalaca-usluga/
40. Limited licences are issued for a period of five years.
41. The data referring to this indicator were classified in the questionnaire as: a) licence obtained for six years; b) limited licence obtained; c) licence application filed; d) no licence; and e) licence application denied.
Under the assumption that day care beneficiaries were also served by providers who were in the licensing process, there was a small share of beneficiaries who received services with no guarantee that they fulfilled the relevant standards. That share was 15% for beneficiaries served by private sector providers and 9% for beneficiaries served by public providers. Among the providers of day care community-based services who did not have licences, more prevalent were non-profit organisations, as well as local Red Cross organisations.

**BENEFICIARY COVERAGE BY LICENSED PROVIDERS OF DAY CARE COMMUNITY-BASED SERVICES**

According to performance indicators referring to the quality of day care services, irrespective of whether the service was provided by public or private providers with licences valid for five or six years, two in three beneficiaries were served by licensed providers.

*Chart 7. Proportion of beneficiaries served by providers holding full and limited licences, providers in the licensing process, and nonlicensed providers, 2018 (%)*

Source: Database on social care services within the mandate of LSGs, data for 2018

Under the assumption that day care beneficiaries were also served by providers who were in the licensing process, there was a small share of beneficiaries who received services with no guarantee that they fulfilled the relevant standards. That share was 15% for beneficiaries served by private sector providers and 9% for beneficiaries served by public providers. Among the providers of day care community-based services who did not have licences, more prevalent were non-profit organisations, as well as local Red Cross organisations.

**BENEFICIARY COVERAGE BY LICENSED PROVIDERS OF SERVICES FOR INDEPENDENT LIVING**

In the context of this indicator, the difference between the public and private providers of services for independent living is more than obvious.
In this group of services, only 2% of beneficiaries can be regarded as having been served by nonlicensed private providers, as opposed to almost 50% of beneficiaries served by nonlicensed public providers. The other half of the beneficiaries receiving services in the public sector were served by providers in the licensing process. There were no public providers of these services who obtained either full or limited licence. Service providers in the private sector were more responsive and responsible about obtaining a licence.

Even though the number of beneficiaries of the support service for independent living is low, this does not mean they should not receive services whose compliance with the relevant quality standards is ensured through provider licensing.

**BENEFICIARY COVERAGE BY LICENSED PROVIDERS OF EMERGENCY AND TEMPORARY ACCOMMODATION SERVICE**

As shown by the quality indicator for this group of services, the only similarity between the two sectors was in the virtually identical share of beneficiaries served by nonlicensed providers.

Looking at the overall picture, more than two thirds of the beneficiaries were served by providers who either obtained licences or applied for them. However, private non-profit providers demonstrated a more responsible approach to ensuring service provision standards.
EXPENDITURES ON SOCIAL CARE SERVICES WITHIN THE MANDATE OF LSGS

The total expenditures on social care services within the mandate of local self-governments amounted to RSD 3.65 billion (0.07% of the GDP) in 2018. By comparison, the expenditures on social work centres in 2017 were 0.06% of the GDP, while the total expenditures on the most prevalent social care services – residential and foster care – amounted to 0.14% of the GDP (Government of the Republic of Serbia, 2018, p. 207).

By level of expenditures, the city of Belgrade held a distinctly dominant position among the local self-governments, being the largest LSG with the largest population and the largest local budget, as well as a long-standing tradition in the provision of social care services. In 2018, the expenditures in Belgrade amounted to approximately RSD 1.26 billion, which accounted for more than one third of the total expenditures of all LSGs in Serbia for these purposes. Thus, Belgrade's share in the total expenditures on local social care services was larger than its share in Serbia's total population (about 24%).

In absolute terms, considerable expenditures were also registered only in Novi Sad (approx. RSD 400 million).

On the other hand, eight municipalities did not establish social care services, while three municipalities had very modest expenditures, lower than RSD 1 million per year. Among the municipalities that provided no services whatsoever, five were in development level group IV – the devastated and least developed municipalities. However, the development level was not the only obstacle to the introduction of services. Services were also not provided in Požega, a municipality in development level group II. Nearly insignificant expenditures were also registered in Beočin, which belonged in the group of the most developed municipalities.

Median expenditures amounted to about RSD 9 million per year, which means that the expenditures on local social care services in a half of LSGs in Serbia were lower than this amount (Annex 2).

On average, per capita expenditures on social care services within the mandate of LSGs amounted to RSD 454 per year, while almost 70% of cities and municipalities allocated less than that amount.

Median per capita expenditures amounted to just over RSD 330 per year, i.e. one half of LSGs allocated less and the other half allocated more than that amount.

The group of LSGs that allocated less than the average and less than the median expenditure also included cities that were classified among the most developed local self-governments – Vršac (RSD 190), Užice (RSD 265) and Kragujevac (RSD 290).

Significant allocations, more than twice as high as the average (exceeding RSD 910 per capita per year), were found in only about a dozen cities/municipalities. Other than Novi Sad, this group mostly included small municipalities with a population of about ten thousand and per capita expenditures ranging between RSD 1,000 and 2,100 per year (e.g. Golubac, Čajetina, Bojnik, Babušnica, Dimitrovgrad, Čoka, Ćićevac and Bela Palanka), as well as Crna Trava – the least populated municipality in Serbia. The only relatively larger municipality in this group was Raška.

42. The total expenditures pertain to running costs, primarily for staff and the procurement of goods and services, and do not include the expenditures related to depreciation or the improvement of buildings, or the costs of non-financial assets and the like.
Map 1 below shows local self-governments grouped according to their per capita expenditures on local social care services in 2018, as follows:

- 8 LSGs in which no expenditures on social care services were registered – marked in white
- 91 LSGs with expenditures smaller than the average, i.e. less than RSD 454 per capita per year – marked in red
- 35 LSGs with expenditures ranging between the average and twice the average amount (RSD 455–910 per capita per year) – marked in yellow
- 11 LSGs with expenditures greater than twice the average amount (RSD 910 per capita per year) – marked in blue
The size and development levels of local self-governments did not correlate with their per capita expenditures on local social care services. The correlation between population size (as an approximation of LSG size) and the total per capita expenditures on local social care services in Serbia was virtually non-existent (correlation coefficient of 0.0435). The correlation between the level of self-funding43 (as an approximation of the development level) and the total per capita expenditures on local social care services was negative and also very low (~ 0.132452472).

More than three quarters of the total expenditures on local social care services, around RSD 2.8 billion, were funded from LSG budgets, not including the income from earmarked transfers (hereinafter excluding earmarked transfers - EET).

The analysis of the expenditures funded from local budgets EET indicates that local social care services were prioritised by some of the smaller municipalities with modest budget capacity. The most substantial allocations for services that came from the local budget EET, exceeding 2.5%, were recorded in five small municipalities (Crna Trava, Bela Palanka, Bojnik, Babušnica, and Čoka), of which four belong to the group of the least developed municipalities in Serbia, mainly from the southern part of the country. Belgrade and Novi Sad, with remarkably high expenditures in absolute terms, allocated 1.2% and 1.7% of their respective budgets for local service development. Among the cities, the largest share of allocations from the local budget EET was recorded in Čačak (2.44%).

On the other hand, a large number of municipalities and cities did not allocate funds for services from local budgets EET (26 LSGs), or they allocated unsubstantial amounts - 0.01% or less (four LSGs, among them the city of Kraljevo with expenditures amounting to 0.002%).

The median share of the expenditures from LSG budgets EET for these purposes stood at only 0.35%, which means that protecting vulnerable groups through social care services was a very low priority in one half of the municipalities and cities. Among them were some of the most developed LSG from development level group I, such as Beočin (0.01%), Vrbas (0.17%) and Lajkovac (0.24%). (Map 2)

<table>
<thead>
<tr>
<th>Number of LSGs</th>
<th>Share of expenditures on services in the local budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>72</td>
<td>&lt; median share (≤ 0.35%)</td>
</tr>
<tr>
<td>25</td>
<td>Between the median share and twice the median share (0.35–0.69%)</td>
</tr>
<tr>
<td>43</td>
<td>0.7%–2.5%</td>
</tr>
<tr>
<td>5</td>
<td>&gt; 2.5%</td>
</tr>
</tbody>
</table>

Source: Database on social care services within the mandate of LSGs, data for 2018

---

43. The level of LSG self-funding is the ratio of own and shared revenues, on the one hand, to the total revenues and proceeds, on the other. The sources of data were consolidated LSG annual accounts, while the data for 2017 were taken from the website of the Republic Secretariat for Public Policy.
The map shows LSGs grouped according to the share of expenditures on social care services in their local budgets EET in 2018, as follows:

- 72 LSGs with a share smaller than 0.35% – marked in red
- 25 LSGs with a share between 0.35% and 0.69% – marked in yellow
- 43 LSGs with a share between 0.7% and 2.5% – marked in green
- 5 LSGs with a share larger than 2.5% – marked in blue

Map 2. Distribution of LSGs by share of local budgets EET allocated for social care services, 2018
The correlation between the share of expenditures on social care services in local budgets EET and the level of self-funding, as the approximation of LSG development level, was not detected (correlation coefficient of 0.0489). In other words, there was no general rule as the basis for assuming that more developed municipalities and cities allocated larger proportions of their budgets EET for these purposes.

The remainder of the expenditures were mostly funded from earmarked transfers. Earmarked transfers awarded for local social care services analysed in these studies\(^44\) amounted to approximately RSD 622.4 million in 2018. Earmarked transfers accounted for 17.1% of the total expenditures.

Earmarked transfers were awarded to 105 LSGs, while 40 LSGs did not receive them. Among the ones that did not receive the transfers, in compliance with the Regulation, were LSGs belonging in development level group I (20 LSGs), as well as those that did not establish any services (eight LSGs). Of the remaining 12 LSGs that did not receive earmarked transfers, eight LSGs made very small allocations for local services (less than 0.5% of their local budgets). Earmarked transfers were not awarded to six of the least developed municipalities.

According to the statement by the competent ministry, in 2018, transfers were not awarded to LSGs that failed to submit reports on how they had spent the funds, to LSGs that did not provide the required share for funding services nor to LSGs sanctioned for using the funds contrary to their designated purpose.\(^45\)

One in five LSGs, which received earmarked transfers in 2018, allocated tiny amounts in their budgets EET for local social care services. Out of 105 LSGs that received earmarked transfers, 18 did not allocate any funds for local services in their local budgets EET, while three LSGs contributed with less than 0.01%. Among these LSGs were the cities Loznica and Zaječar (with no allocations) and Kraljevo (with 0.002% of funds from its local budget EET), as well as a certain number of municipalities, which according to their development level belong to groups II and III, and for which the Regulation does not envisage provision of earmarked transfers without them ensuring appropriate co-funding.

A significant number of local self-governments relied on earmarked transfers as the source of funding for the services (65 LSGs, i.e. more than 60% of LSGs that received the transfers). Among them were also local self-governments that funded the services almost exclusively from the transfers (23 LSGs). Other than underdeveloped municipalities, which were not required by the Regulation to provide co-funding in order to be awarded earmarked transfers, the local self-governments in which the transfers accounted for more than 90% of the total expenditures on services included municipalities in development level group II (Bačka Topola and Lapovo), as well as cities (Kraljevo and Loznica).

In some cases, the large share of earmarked transfers in total funding sources resulted from a sharp increase of the available funds for services, which LSGs could not absorb, or from a conscious decision to reduce local budget funds allocated previously for these purposes and use the funds for other purposes (substitution effect). Consequently, about twenty LSGs received earmarked transfers that amounted to more than twice the amount of their total expenditures on local social care services in 2015.

| Table 16. Distribution of LSGs by share of earmarked transfers, 2018 |
|------------------|------------------|
| Number of LSGs   | Share of earmarked transfers (%) |
| 40               | 0-49               |
| 42               | 50-89              |
| 23               | Higher than 90     |

Source: Database on social care services within the mandate of LSGs, data for 2018

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\(^44\) See the section on the research methodology for more details.

\(^45\) [https://www.minrzs.gov.rs/srb-lat/aktuelnosti/vesti/potpisani-ugovori-o-namenskim-transferima-sa-144-predstavnika-lokalnih-samouprava](https://www.minrzs.gov.rs/srb-lat/aktuelnosti/vesti/potpisani-ugovori-o-namenskim-transferima-sa-144-predstavnika-lokalnih-samouprava)
The distribution of LSGs according to the share of earmarked transfers in total funding sources is presented on the map in the following manner:

- 32 LSGs without earmarked transfers – marked in white
- 40 LSGs with a share of earmarked transfers up to 49% – marked in blue
- 42 LSGs with a share of earmarked transfers in the range 50%–89% – marked in yellow
- 23 LSGs with a share of earmarked transfers higher than 90% – marked in red
- LSGs that provided no services – marked in light blue

Map 3. Distribution of LSGs by share of earmarked transfers, 2018
All other sources of funding contributed to service provision very negligibly. Donor funds and beneficiary co-payment accounted for 2.8% and 2.7% of the total expenditures, respectively.

The situation did not change significantly in comparison with that in the previous mapping cycles. Relative to 2012 and 2015, the share of expenditures on social care services within the mandate of LSGs remained unchanged – 0.07% of the GDP. This unchanged share in the last considered period was partially the consequence of the GDP growth calculated in accordance with the new SORS methodology. According to the revised GDP figures, the share of expenditures on local social care services in 2012 and 2015 was 0.06% of the GDP, i.e. 0.01 percentage points smaller than that in 2018.

In contrast to the changes between the first two mapping cycles, which had been rather modest, the expenditures in 2018 grew in real terms by more than 31% compared to those in 2015. This growth was primarily owed to earmarked transfers, which had not yet been introduced in 2015.

### Table 17. Total expenditure growth, 2012–2018

<table>
<thead>
<tr>
<th>Year</th>
<th>Nominal expenditures</th>
<th>Expenditures (2018 RSD)</th>
<th>Real growth rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>2,435,730,000</td>
<td>2,927,220,068</td>
<td>-</td>
</tr>
<tr>
<td>2015</td>
<td>2,615,640,281</td>
<td>2,780,967,579</td>
<td>-5.0</td>
</tr>
<tr>
<td>2018</td>
<td>3,647,501,623</td>
<td>3,647,501,623</td>
<td>31.2</td>
</tr>
</tbody>
</table>

Source: Database on social care services within the mandate of LSGs, data for 2012, 2015 and 2018

Compared to 2015, the total local budget expenditures on social care services within the competence of LSGs in 2018 grew in real terms by 15.7% (Annex 3).

In 2018, in almost half of all LSGs, the allocations from local budgets EET either decreased or remained at zero. (Annex 3)

Table 18 below shows that three municipalities continuously made no investments in local services from their own budgets (row 1 – Bosilegrad, Ub and Žitoradja), while five municipalities had made only minimal investments in the previous years, but failed to sustain the services and did not receive earmarked transfers (row 6).

Several LSGs, which did not use their budgets to invest in local services in 2015, received earmarked transfers and invested funds from their local budgets EET in 2018. One that should be especially highlighted is Bujanovac, which matched the entire amount of received earmarked transfers with the same amount from its budget EET (about RSD 6 million), even though it was not required to invest anything since it belonged to the group of the least developed municipalities.

The largest group of LSGs were those that had invested funds from their own budgets in the past, but used only earmarked transfers to finance the services in 2018 (row 5 – 12 LSGs). Among them were also the cities of Loznica and Zaječar, which belonged in development level group II.

Judging by the real expenditure decrease rates, the LSGs that markedly reduced investments from their local budgets EET, almost to zero, and received earmarked transfers, were: Kraljevo (99%), Opovo (94%), Bačka Topola (92%), Knjaževac (91%), Ćićevac (89%), Žitište (89%) and Knić (84%). (Annex 3)

Table 18. Overview of LSGs that made no investments from their local budgets in 2015 and/or 2018, in respect of earmarked transfers

<table>
<thead>
<tr>
<th>2015.</th>
<th>2018.</th>
<th>Earmarked transfers</th>
<th>Number of LSGs</th>
<th>LSG</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>0</td>
<td>0</td>
<td>+</td>
<td>5</td>
</tr>
<tr>
<td>3</td>
<td>0</td>
<td>+</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>4</td>
<td>0</td>
<td>+</td>
<td>+</td>
<td>8</td>
</tr>
<tr>
<td>5</td>
<td>+</td>
<td>0</td>
<td>+</td>
<td>12</td>
</tr>
<tr>
<td>6</td>
<td>+</td>
<td>0</td>
<td>0</td>
<td>5</td>
</tr>
</tbody>
</table>

Note: + indicates that, in the considered year, LSG received earmarked transfers or invested funds from the local budget EET, 2018.

About twenty LSGs considerably increased their investments from local budgets (EET) – more than twofold, and the most impressive real growth in absolute terms was registered in Novi Sad (RSD 149 million, more than 64% increase relative to 2015). The highest growth rate was registered in the municipalities that had invested very little in 2015, just a few hundred thousand RSD. The most prominent among them was the municipality of Kuršumlija, with less than RSD 150 thousand in 2015, which allocated RSD 7 million in its local budget EET for the development of social care services in 2018.

EXPENDITURES ON SOCIAL CARE SERVICES BY GROUPS OF SERVICES

In the total expenditures on local social care services in 2018 (RSD 3.6 billion), the largest share was that for day care community-based services – 81% (almost RSD 3 billion).

Chart 10. Share of expenditures on day care community-based services in the total expenditures on SC services (%), 2018

Source: Database on social care services within the mandate of LSGs, data for 2018
This had also been the case with the structure of total expenditures in 2012 and 2015, which is expected considering that day care community-based services had the highest coverage.

As expected, the three most prevalent services from the group of day care community-based services (home care for adults and the elderly, day care for children with disabilities and personal child attendant) actually accounted for the greatest proportion of the total expenditures of all four service groups.

The expenditures on these three services in 2018 accounted for 75% of the total expenditures on all services. The combined expenditures on these three services also had a similar share in the total expenditures in 2015.  

47. The child personal attendant service did not exist in 2012.
EXPENDITURES ON DAILY COMMUNITY-BASED SERVICES

The total expenditures on day care community-based services in 2018 amounted to almost RSD 3 billion, of which RSD 1.2 billion was spent on home care for adults and the elderly, approx. RSD 900 million on day care for children with disabilities, and just under RSD 600 million on the personal child attendant service. The allocations for the other services in this group amounted to about RSD 300 million, i.e. 10% of the total expenditures on day care services.

<table>
<thead>
<tr>
<th>Day care community-based services</th>
<th>2012</th>
<th>2015</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total expenditures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Share of LSG budget + co-payment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home care for adults and the elderly</td>
<td>1,094,602,066</td>
<td>1,008,102,501</td>
<td>1,255,910,687</td>
</tr>
<tr>
<td>Home care for children (and youth)</td>
<td>123,220,941</td>
<td>30,395,963</td>
<td>38,442,265</td>
</tr>
<tr>
<td>DC for children with disabilities</td>
<td>639,683,761</td>
<td>716,439,394</td>
<td>894,664,947</td>
</tr>
<tr>
<td>DC for adult PWD</td>
<td>-</td>
<td>82,210,043</td>
<td>90,644,407</td>
</tr>
<tr>
<td>DC for the elderly</td>
<td>39,965,808</td>
<td>35,130,276</td>
<td>56,135,321</td>
</tr>
<tr>
<td>DC for children in conflict with the law</td>
<td>33,208,534</td>
<td>25,093,716</td>
<td>19,516,018</td>
</tr>
<tr>
<td>Personal child attendant</td>
<td>-</td>
<td>169,456,247</td>
<td>576,453,922</td>
</tr>
<tr>
<td>Drop-in centre</td>
<td>31,720,596</td>
<td>18,443,534</td>
<td>34,951,232</td>
</tr>
<tr>
<td>TOTAL</td>
<td>1,962,401,706</td>
<td>2,076,271,674</td>
<td>2,966,718,799</td>
</tr>
</tbody>
</table>

Note: LSG budget EET for 2018

The share of allocations from LSG budgets EET was dominant in the funding sources structure, except for the drop-in centre service. According to the 2018 mapping data, the share of funds provided from the local budgets EET and co-funding decreased, which resulted from the introduction of earmarked transfers.

Broken down to individual services, the service with the most substantial change in terms of the funding source was home care for children and youth, which had been funded mostly through donor funding in 2012, whereas in 2018 most of the funds came from local budgets. Similar can be said about the day care for the elderly, which had a share of donor funding as high as 42% in 2012. The drop-in centre service had been predominantly funded from LSG budgets (71%) in 2012, including in Belgrade, while the remaining funds had mostly come from donors. In the subsequent mapping cycles, this structure changed to a certain extent: in 2015, the share of local budget allocations in the expenditures on this service was 46%, while in 2018 it was only 32%.

The share of earmarked transfers in the funding sources structure for day care services was 19% on average. Day care community-based services accounted for the largest proportion of these funds – as large as 91%. 

39
Earmarked transfers for social protection are regulated by the Government Regulation on Earmarked Transfers for Social Protection, adopted in March 2016, in conformity with the Law on Social Protection. The Regulation specifies the amounts of earmarked transfers for social care services, the criteria for awarding them to LSGs and for LSG eligibility, the schedule of disbursement, as well as the social care services of particular importance for the Republic of Serbia. The institution of earmarked transfers has been in place since 2016, in line with the effective Regulation, and the mapping in 2018 was the first cycle to take account of the funds from this source.

The following table shows the share of earmarked transfers in the financing of day care community-based services.

<table>
<thead>
<tr>
<th>Day care community-based services</th>
<th>2018</th>
<th>Share of earmarked transfers (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home care for adults and the elderly</td>
<td>1,255,910,687</td>
<td>25</td>
</tr>
<tr>
<td>Home care for children (and youth)</td>
<td>38,442,265</td>
<td>32</td>
</tr>
<tr>
<td>DC for children with disabilities</td>
<td>894,664,947</td>
<td>8</td>
</tr>
<tr>
<td>DC for adult PWD</td>
<td>90,644,407</td>
<td>21</td>
</tr>
<tr>
<td>DC for the elderly</td>
<td>56,135,321</td>
<td>9</td>
</tr>
<tr>
<td>DC for children in conflict with the law</td>
<td>19,516,018</td>
<td>0</td>
</tr>
<tr>
<td>Personal child attendant</td>
<td>576,453,922</td>
<td>24</td>
</tr>
<tr>
<td>Drop-in centre</td>
<td>34,951,232</td>
<td>0</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>2,966,718,799</strong></td>
<td><strong>19</strong></td>
</tr>
</tbody>
</table>

Source: Database on social care services within the mandate of LSGs, data for 2018

The services that relied least on earmarked transfers were day care for children and for the elderly, with the exception of the day care for children in conflict with the law and the drop-in centre, for which LSGs did not use earmarked transfers.

The share of earmarked transfers in expenditures was the largest in home care for children (32%). Between a fifth and a quarter of the expenditures on HC, DC for adults and PWD and PA was also covered by earmarked transfers.

EXPENDITURES ON SERVICES FOR INDEPENDENT LIVING

In 2018, the total expenditures on this group of services amounted to RSD 168 million, and 84% of that amount came from local budgets EET (including the beneficiary co-payment).

<table>
<thead>
<tr>
<th>Services for independent living</th>
<th>2012</th>
<th>2015</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total expenditures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Share of LSG budget + co-payment (%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal assistance</td>
<td>50,935,065</td>
<td>47,255,053</td>
<td>97,730,672</td>
</tr>
<tr>
<td>PH for youth</td>
<td>10,183,683</td>
<td>7,950,001</td>
<td>12,766,264</td>
</tr>
<tr>
<td>PH for PWD</td>
<td>21,609,600</td>
<td>48,109,628</td>
<td>57,598,184</td>
</tr>
<tr>
<td>TOTAL</td>
<td>82,728,348</td>
<td>103,314,722</td>
<td>168,095,120</td>
</tr>
</tbody>
</table>

Note: LSG budget EET for 2018

In 2018, allocations from LSG budgets EET were dominant in total funding sources for personal assistance and protected housing for persons with disabilities services. In total funding sources, 50% of funds for the protected housing for youth came from local budgets EET, while 40% of funds came from donors.49

Beneficiary co-payment of service costs was registered in the personal assistance service.

<table>
<thead>
<tr>
<th>Services for independent living</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total expenditures</td>
<td></td>
</tr>
<tr>
<td>Share of earmarked transfers (%)</td>
<td></td>
</tr>
<tr>
<td>Personal assistance</td>
<td>97,730,672</td>
</tr>
<tr>
<td>PH for youth</td>
<td>12,766,264</td>
</tr>
<tr>
<td>PH for PWD</td>
<td>57,598,184</td>
</tr>
</tbody>
</table>

Source: Database on social care services within the mandate of LSGs, data for 2018

Allocations from earmarked transfers for these services are low. Earmarked transfers represent a significant funding source only for the personal assistance service.

EXPENDITURES ON EMERGENCY AND TEMPORARY ACCOMMODATION SERVICES

In 2018, the total expenditures on emergency and temporary accommodation services amounted to slightly over RSD 400 million. The share of allocations from LSG budgets EET (including the proceeds from beneficiary co-payment) accounted for 91% of these services’ total funding sources structure.

<table>
<thead>
<tr>
<th>Emergency and temporary accommodation services</th>
<th>2012</th>
<th>2015</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total expenditures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Share of LSG budget + co-payment (%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shelter for adults/the elderly</td>
<td>124,952,406</td>
<td>123,745,997</td>
<td>142,460,374</td>
</tr>
<tr>
<td>Shelter for children</td>
<td>160,211,362</td>
<td>129,554,541</td>
<td>134,353,685</td>
</tr>
<tr>
<td>Shelter for violence victims</td>
<td>52,963,331</td>
<td>71,833,644</td>
<td>115,136,827</td>
</tr>
<tr>
<td>Respite care</td>
<td>19,350,276</td>
<td>8,490,629</td>
<td>13,283,055</td>
</tr>
<tr>
<td>TOTAL</td>
<td>357,477,375</td>
<td>333,624,811</td>
<td>405,233,941</td>
</tr>
</tbody>
</table>

Note: LSG budget EET for 2018

49. Provided through the service provider “Children’s Village” from Sremska Kamenica (Novi Sad).
Relative to 2012 and 2015, the total expenditures on individual services in this group, as well as on all services combined, increased in 2018 in nominal terms. The largest allocations were made for the shelter for adults and the elderly.

In the funding sources structure, the largest share came from allocations from local budgets EET, except in the case of respite care service.

Earmarked transfers were used to a lesser extent as the source of funding of this group of services, except in the case of respite care.

<table>
<thead>
<tr>
<th>Table 24. Share of earmarked transfers in the financing of emergency and temporary accommodation services in 2018 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Emergency and temporary accommodation services</strong></td>
</tr>
<tr>
<td><strong>Total expenditures</strong></td>
</tr>
<tr>
<td>Shelter for adults/the elderly</td>
</tr>
<tr>
<td>Shelter for children</td>
</tr>
<tr>
<td>Shelter for violence victims</td>
</tr>
<tr>
<td>Respite care</td>
</tr>
</tbody>
</table>

Source: Database on social care services within the mandate of LSGs, data for 2018

The funds from earmarked transfers are the most important for the respite care service. The shelter for children service did not use funds from this source at all.

**EXPENDITURES ON COUNSELLING/THERAPY AND SOCIAL/EDUCATIONAL SERVICES**

These services incurred the smallest nominal amount of total expenditures (RSD 103 million) in 2018, in comparison with the expenditures on the other groups of services. Of that amount, 74% were funds provided from local budgets. The expenditures on the counselling centre service almost entirely exhausted the total funds available for these two services.

<table>
<thead>
<tr>
<th>Table 25. Expenditures on counselling services, total and the share financed from LSG budgets and through beneficiary co-payment (%), 2012, 2015 and 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Counselling services</strong></td>
</tr>
<tr>
<td><strong>Total expenditures</strong></td>
</tr>
<tr>
<td>Counselling centre</td>
</tr>
<tr>
<td>Family outreach worker</td>
</tr>
<tr>
<td>TOTAL</td>
</tr>
</tbody>
</table>

Note: LSG budget EET for 2018
In comparison with the expenditures on counselling services in 2015, the allocations for the counselling centre service increased twofold in nominal terms, while those for the family outreach worker service decreased fivefold. This corresponded with the figures of increased distribution of the counselling centre service, and the decreased beneficiary coverage by the family outreach worker service with limited total allocations to ensure its minimal functioning.

The share of local budget allocations (without beneficiary co-payment) in the total expenditures was predominant, just like in the case of other groups of services.

The distribution of funding from earmarked transfers shows roughly the same proportions for both services, which are slightly larger than for emergency and temporary accommodation services and services for independent living.

<table>
<thead>
<tr>
<th>Counselling services</th>
<th>Total expenditures</th>
<th>Share of earmarked transfers (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counselling centre</td>
<td>93,440,022</td>
<td>19</td>
</tr>
<tr>
<td>Family outreach worker</td>
<td>9,494,540</td>
<td>16</td>
</tr>
</tbody>
</table>

Source: Database on social care services within the mandate of LSGs, data for 2018
FUNDING SOURCES IN 2018

Allocations from LSG budgets EET are the most important funding source for all social care services within the mandate of LSGs. Funds from earmarked transfers represent 17% of all funds in the funding sources structure. Together, these two funding sources provide 93.5% of funds used for services.

Chart 13. Structure of funding sources of all groups of services in 2018

The shares of funds from donor projects and beneficiary co-payment, 2.8% and 2.2% respectively, were indeed small. The share of funds from the national budget (public works scheme and the like) and other funds (reimbursement of service costs by home municipalities for beneficiaries referred to services in other LSGs, funds from the budget of AP Vojvodina, funds collected under the opportunity principle in criminal proceedings and allocations by Belgrade metropolitan municipalities) was practically negligible.

Considered by groups of services, the most important characteristics in the structure of funding sources are:

- the high share of allocations from LSG budgets EET in all groups, except in the group of services for independent living;
- the highest share of earmarked transfers (25%) was registered in day care community-based services;
- high share of donor funds (about 38%) was characteristic for services for independent living.

Source: Database on social care services within the mandate of LSGs, data for 2018

The Ministry of Justice initiated the adoption of amendments to the Criminal Proceedings Code, stipulating that all funds collected under the opportunity principle should be accumulated in a single account and then awarded through a public competition. Project proposals must serve a public interest and the use of funds is strictly controlled.

The fundamental difference between the three mapping cycles was the existence of earmarked transfers in 2018, while the key similarity was the high share of local budget allocations.

The share of allocations by local self-governments was the highest in 2015. The share of funds from donor programmes was the highest in 2012, same as the share of funds from the national budget, awarded to LSGs through projects in the period 2012–2015. The share of the funds collected through beneficiary co-payment was the lowest in 2018, contrary to expectations.
HOME CARE FOR THE ELDERLY

Home care for adults and the elderly, as traditionally the most prevalent service, covered 16,678 beneficiaries per month on average in 2018, and 90.25% of that number were persons over the age of 65.

The share of beneficiaries aged 65+ in the total population of this age in the country stood at 1.24%.

One in five beneficiaries of this service lived in Belgrade.

Key figures for the service in 2018

- The service was provided in 123 local self-governments.
- The service was not provided in 14 LSGs, in addition to eight LSGs in which no services were provided.
- The total number of beneficiaries (65+) was 15,052, who lived in 13,732 households.
- The share of beneficiaries aged 65+ in the total population of the 123 LSGs aged 65+ was 1.34% (availability indicator: overall coverage rate).
- The total number of FTE beneficiaries aged 65+ was 7,491 (programme size indicator).
- The hypothetical coverage rate – the share of equivalent beneficiaries aged 65+ in the total population of 123 LSGs aged 65+ was 0.7%.
- As expected, the majority of the beneficiaries were females, with a share of 70.54%
- The service was somewhat more accessible to beneficiaries in urban areas, who accounted for 52.47% of the total number of beneficiaries.
- Public sector service providers covered 54% of the beneficiaries.
- 69% of funds were allocations from LSG budgets EET and funds collected through beneficiary co-payment.
- 80% of the total number of beneficiaries were served by providers holding licences valid for six years and limited licences.

51. Total population of Serbia aged 65+.
52. FTE – full time equivalent; meaning of full time - for HC, 2 hours a day every working day
SERVICE DISTRIBUTION

Usluga se pruža u 123 JLS u 2018. godini.

Table 27. Home care distribution in 2012, 2015 and 2018

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2015</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of LSGs</td>
<td>122</td>
<td>124</td>
<td>123</td>
</tr>
</tbody>
</table>

Source: Database on social care services within the mandate of LSGs, data for 2012, 2015 and 2018

The distribution of the service was almost the same as in the previous two mapping cycles.

SERVICE AVAILABILITY

The home care service covered a total of 15,052 beneficiaries aged 65+ in 123 LSGs. They accounted for almost 91% of all beneficiaries of this service.

The service was provided continuously during all 12 months in 63 LSGs, which represented 51% of the total number of municipalities and cities in which this service was provided. In 48 LSGs (39% of the total number of municipalities and cities), the service was provided for 6–11 months. Home care was provided shorter than six months in 12 LSGs. (Annex 4)

Table 28. Number of beneficiaries and number of LSGs, by the duration of service provision in 2018

<table>
<thead>
<tr>
<th>Number of months</th>
<th>Total number of beneficiaries</th>
<th>Number of beneficiaries 65+</th>
<th>Number of LSGs</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 months</td>
<td>9,474</td>
<td>8,595</td>
<td>63</td>
</tr>
<tr>
<td>6-11 months</td>
<td>6,505</td>
<td>5,830</td>
<td>48</td>
</tr>
<tr>
<td>&lt; 6 months</td>
<td>699</td>
<td>627</td>
<td>12</td>
</tr>
</tbody>
</table>

Source: Database on social care services within the mandate of LSGs, data for 2018

The service was provided during the whole year to 57% of the total number of beneficiaries. The beneficiaries who received the service for one to six months were the fewest – 699 (approx. 4%) from 12 LSGs. In these 12 mostly small and underdeveloped local self-governments, the coverage rates were the same or somewhat higher than the average rate for 123 LSGs (1.34%).

The map below shows the distribution of LSGs by duration of home care provision, as follows:

- 12 LSGs in which the service was provided for less than six month in 2018 – marked in red
- 48 LSGs in which the service was provided for 6 to 11 months in 2018 – marked in yellow
- 63 LSGs in which the service was provided during all 12 months in 2018 – marked in blue
The situation regarding the number of beneficiaries by the duration of service provision in 2018 changed to a certain extent in comparison with that in 2015.

**Map 4. Distribution of LSGs by duration of HC provision in 2018**

**Table 29. Number of beneficiaries and number of LSGs, by the duration of service provision, 2015 and 2018**

<table>
<thead>
<tr>
<th>NUMBER OF MONTHS</th>
<th>2015</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total number of beneficiaries</td>
<td>Number of beneficiaries 65+</td>
</tr>
<tr>
<td>12 months</td>
<td>12,651</td>
<td>11,426</td>
</tr>
<tr>
<td>6-11 months</td>
<td>618</td>
<td>581</td>
</tr>
<tr>
<td>&lt; 6 months</td>
<td>1,774</td>
<td>1,679</td>
</tr>
<tr>
<td></td>
<td>9,474</td>
<td>8,595</td>
</tr>
<tr>
<td></td>
<td>6,505</td>
<td>5,830</td>
</tr>
<tr>
<td></td>
<td>699</td>
<td>627</td>
</tr>
</tbody>
</table>

Source: Database on social care services within the mandate of LSGs, data for 2015 and 2018
The number of HC beneficiaries who received the service continuously was larger in 2015 than in 2018.

On the other hand, the number of beneficiaries who had access to this service for a period of 6–11 months in 2015 was markedly smaller than that in 2018.

Considered by intensity, at the level of 123 LSGs, the service was provided to beneficiaries for six hours per week on average, depending on the service provision model. Most beneficiaries received the service for 5–10 hours per week (54%), and one half of that group were beneficiaries from Belgrade, Kruševac and Novi Sad. The smallest number was that of beneficiaries who received the service for 10 or more hours per week (10%). This group of LSGs included Leskovac, Kula, Pančevo, Priboj, Novi Bečej, Knić and Smederevo. (Annex 4)

The distribution of LSGs by the number of hours of service provision per week was presented in the map as follows:

- In 42 LSGs, beneficiaries received the service for up to five hours per week – marked in red
- In 52 LSGs, beneficiaries received the service for 5–10 hours per week – marked in yellow
- In 29 LSGs, beneficiaries received the service for 10 or more hours per week – marked in blue

Map 5. Distribution of LSGs by the weekly number of hours of service provision

[Map of LSGs showing the distribution of hours of service provision per week]
OVERALL AND HYPOTHETICAL SERVICE COVERAGE RATES FOR BENEFICIARIES AGED 65+

In 2018, the service availability expressed through the overall coverage rate of the elderly by the home care service had an average value of 1.34% of the total population of 123 municipalities and cities aged 65+.

Availability expressed by a lower-than-average overall coverage rate (OCR) was registered in 56 LSGs. In 40 LSGs, the availability of the service was twice as high as the average (2.68%). In the remaining 49 LSGs, the value of the availability indicator was higher than 2.68%. This group also included ten LSGs in which the indicator value was four times higher than the average. (Annex 4)

The map below shows the distribution of LSGs by the overall coverage rate (OCR) of beneficiaries (65+) in 123 LSGs, as follows:

- 56 LSGs with the overall coverage rate up to 1.34% – marked in red
- 40 LSGs with the overall coverage rate between 1.34% and 2.68% – marked in yellow
- 27 LSGs with the overall coverage rate higher than 2.68% – marked in blue

Map 6. Overall coverage rate of beneficiaries aged 65+ by HC, 2018

See the definition in the Methodological Notes, in the beginning of this publication.
Availability expressed by a hypothetical coverage rate (HCR) of 0.7% was calculated based on the share of equivalent beneficiaries of HC aged 65+ in the total population of 123 LSGs aged 65+. The total number of equivalent beneficiaries aged 65+ was 7,491, which was smaller than the actual number of beneficiaries by a half. This ratio of the number of actual to equivalent beneficiaries depended principally on the number of months of HC provision in a year, as well as on the weekly intensity of service provision.

The map showing the comparison of LSGs based on this indicator looks somewhat different than the map based on the overall coverage rate. Lower-than-average (0.7%) coverage was registered in more than a half of LSGs in which this service was provided. In 32 LSGs, the value of this indicator was twice as high as the average (1.4%), while in 22 LSGs it was more than two times higher than the average HCR. This latter group included only five LSGs with the indicator value four or more times higher than the average. (Annex 4)

This indicator is illustrated in the map below as follows:

- 69 LSGs with the hypothetical coverage rate up to 0.7% – marked in red
- 32 LSGs with the hypothetical coverage rate between 0.7% and 1.4% – marked in yellow
- 22 LSGs with the hypothetical coverage rate higher than 1.4% – marked in blue

*Map 7. Hypothetical coverage rate of beneficiaries aged 65+ by HC, 2018*
Table 30. Beneficiaries of HC aged 65+ by coverage rate, 2015 and 2018

<table>
<thead>
<tr>
<th></th>
<th>Total number of beneficiaries 65+</th>
<th>OCR</th>
<th>HCR (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>15,052</td>
<td>1.3</td>
<td>0.7</td>
</tr>
<tr>
<td>2015</td>
<td>13,686</td>
<td>1.1</td>
<td>0.5</td>
</tr>
</tbody>
</table>

Source: Database on social care services within the mandate of LSGs, data for 2015 and 2018; OCR and HCR – authors’ calculation

Compared to the data for 2015, the number of beneficiaries over 65 years of age increased in 2018 by about 1,500, and both coverage rates also increased. The overall coverage rate was slightly higher in 2018, but its value was still low.

STRUCTURE OF SERVICE BENEFICIARIES OVER 65 YEARS OF AGE

As expected, the beneficiary gender structure was dominated by females, with a share of 71% (70.54%).

As for their area of residence, more than a half of HC beneficiaries lived in urban areas (52.5%).

Table 31. Beneficiaries of HC aged 65+ by gender and area of residence, 2015 and 2018

<table>
<thead>
<tr>
<th></th>
<th>Total number of beneficiaries 65+</th>
<th>Females (%)</th>
<th>Urban area (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>15,052</td>
<td>71</td>
<td>52</td>
</tr>
<tr>
<td>2015</td>
<td>13,686</td>
<td>69</td>
<td>66</td>
</tr>
</tbody>
</table>

Source: Database on social care services within the mandate of LSGs, data for 2015 and 2018

The share of females in the total number of beneficiaries of HC was almost the same in both mapping cycles. The share of beneficiaries from urban areas decreased, indicating that many LSGs targeted beneficiaries from remote rural areas, who were usually more vulnerable than those in urban areas.

SERVICE PROVIDERS

The shares of different sectors in the provision of home care for the elderly are presented as proportions of the total number of beneficiaries. The 2018 mapping cycle registered the existence of private for-profit service providers.

Chart 16. Beneficiary share by sector providing the service, 2018 (%)

Source: Database on social care services within the mandate of LSGs, data for 2018

In terms of the highest beneficiary coverage, the public sector stood at the top with 57% of the total number of beneficiaries. The most prevalent among the public providers were social work centres, although the emergence of newly established local service provision centres was also registered in a number of cities.

Non-profit organisations provided services to approx. one in three beneficiaries (34%), while for-profit providers covered approx. one in ten (9%).

**Chart 17. Beneficiary coverage by sector providing the service, 2012, 2015 and 2018**

<table>
<thead>
<tr>
<th>Year</th>
<th>Public sector (%)</th>
<th>Non-profit organisations (%)</th>
<th>For-profit organisations (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>57</td>
<td>34</td>
<td>9</td>
</tr>
<tr>
<td>2015</td>
<td>71</td>
<td>29</td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>74</td>
<td>26</td>
<td></td>
</tr>
</tbody>
</table>

Source: Database on social care services within the mandate of LSGs, data for 2012, 2015 and 2018

The number of beneficiaries served by private providers increased considerably in 2018.

**SERVICE FUNDING AND FUNDING SOURCES**

The total expenditures on home care for the elderly amounted to RSD 1.2 billion. Most of that amount (69%) was funded from LSG budgets EET, including the funds collected through beneficiary co-payment.

The second largest share in the structure of the funding sources was that of earmarked transfers, which accounted for a quarter of the total expenditures in 2018.

**Chart 18. Structure of funding sources of the service, 2015 and 2018**

<table>
<thead>
<tr>
<th>Year</th>
<th>LSG budget (%)</th>
<th>Earmarked transfers (%)</th>
<th>National budget (%)</th>
<th>Donations (%)</th>
<th>Beneficiary co-payment (%)</th>
<th>Other (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>64</td>
<td>25</td>
<td>13</td>
<td>5</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>83</td>
<td>6</td>
<td>3</td>
<td>7</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

Note: LSG budget EET for 2018
The chart clearly shows the decreased share of local budget allocations in 2018 compared to that in 2015, when earmarked transfers were still not awarded.

Interestingly, in 24 mostly small LSGs (out of 123 in total), home care for the elderly was the only service provided in 2018. In these LSGs, earmarked transfers were the dominant source of funding in the funding sources structure with the 60% share, while 37% came from allocations in LSG budgets EET.

The amount received from the national budget in 2018 represented only 1% and was probably provided under the public works scheme. Its share decreased noticeably compared to that in 2015, when it stood at 6%.

The share of the funds collected through beneficiary co-payment also decreased in 2018, while the share of donations remained generally unchanged.

The share of funds from other sources, which included the funds collected under the opportunity principle in criminal proceedings, allocations by Belgrade metropolitan municipalities (Zvezdara and Stari Grad) for HC for their residents and the like, increased negligibly.

In general, the total expenditures on HC increased in 2018 compared to those in 2015 by about RSD 200 million in nominal terms (20%), while LSG budget EET allocations decreased by RSD 30 million “thanks to” funds from earmarked transfers. The collection of funds through beneficiary co-payment was not on a satisfactory level.

**HOME CARE EFFICIENCY**

To analyse the efficiency of the provision of home care for adults and the elderly, unit cost per hour was calculated as the efficiency indicator.

The unit cost of home care for adults and the elderly was calculated based on the data on expenditures, beneficiaries (households), service provision model/intensity and service provision continuity during the year.

The unit cost, i.e. the cost per beneficiary (household) per hour of service provision constitutes the ratio of the total annual running costs to the total annual hours of service provision to all beneficiaries (households) in a given local self-government. A prerequisite for the calculation of the total number of hours is the collection of data on beneficiaries and service provision intensity for each household in all local self-governments.

Unit cost is important from the aspect of efficiency since, all other conditions being equal, efficiency increases as the unit cost decreases. Unit cost assessment, comparison with other local self-governments and identification of the reasons behind higher or lower cost certainly provide the basis for possible efficiency improvement. This indicator, clearly, should not be considered in isolation, without considering the impact on service quality.

Unit cost analysis shows that, at the national level, the average cost of home care per beneficiary was RSD 333. In 60% of the local self-governments where home care was provided, this service was cheaper than the average. (Map 8)

In the cities with the largest number of beneficiaries (households) and a long tradition of service provision (Belgrade – more than 3,000 beneficiaries, and Subotica – more than 760 beneficiaries), the unit cost per hour was RSD 380 and 340, respectively.

<table>
<thead>
<tr>
<th>Number of LSGs</th>
<th>Unit cost per hour (RSD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>&lt; 166</td>
</tr>
<tr>
<td>65</td>
<td>166 – 333</td>
</tr>
<tr>
<td>33</td>
<td>334 – 500</td>
</tr>
<tr>
<td>15</td>
<td>&gt; 500</td>
</tr>
</tbody>
</table>

Source: Database on social care services within the mandate of LSGs, data for 2018
Local self-governments are labelled in the map as follows:

- 10 LSGs with the unit cost lower than RSD 166 – marked in blue
- 65 LSGs with the unit cost in the range of RSD 166–333 – marked in green
- 33 LSGs with the unit cost in the range of RSD 334–500 – marked in yellow
- 15 LSGs with the unit cost higher than RSD 500 – marked in red

In a number of local self-governments, the unit cost was markedly low. Earlier research had indicated that in some smaller rural municipalities, the very low unit cost had been a result of the high coverage of beneficiaries by basic support, instead of a service compliant with the minimum standards\textsuperscript{55}. Unit cost twice lower than the average (under RSD 166) was recorded in the municipalities of Kula, Mali Idjoš, Vrnjačka Banja, Nova Varoš, Babušnica, Senta, Malo Crniče, Novi Bečej, Arandjelovac and Žitište. (Annex 4, table)

\textsuperscript{55} Matković, Stranjaković, op. cit.
In the 15 local self-governments where the unit cost per hour exceeded the average by 50% or more (over RSD 499), there could be scope for improving efficiency. The unit cost in these local self-governments was even higher than the price per hour charged by private for-profit service providers in Belgrade.

In a few municipalities in this group, the service was provided for only 2–3 months and was entirely funded through earmarked transfers (Knić, Ljubovija, Ćuprija). This implies that the service was still not properly established and stable, and inefficiency was, therefore, expected.

Efficiency analysis is especially important for the municipalities of Surdulica, Ćićevac, Osečina, Bujanovac, Ćuprija, Ada and Blace, where the cost was close to or over RSD 600 per hour.

Earlier analyses had shown that “higher unit cost may partly be attributed to specific features, such as hiring nurses instead of caregivers, using additional therapist services, or they may be a result of a lower geographic concentration of the beneficiary population”.56

At the level of all local self-governments, no correlation was found between unit cost and the service provision model, the number of months of service provision, or the number of beneficiaries.

**SERVICE QUALITY**

**Beneficiaries served by licensed service providers**

One of the possible indicators is the share of beneficiaries served by licensed providers in the total number of beneficiaries. According to this indicator, if beneficiaries served by providers holding both full licence (valid for six years) and limited licence (valid for five years) are taken into account, 80% of the total number of beneficiaries received the service that fulfilled the relevant standards.

**Chart 19. Proportion of beneficiaries served by licensed providers, providers in the licensing process and nonlicensed providers (%), 2018**

Source: Database on social care services within the mandate of LSGs, data for 2018

Service providers in the licensing process covered 9% of the beneficiaries, while nonlicensed providers covered 11% of the total number of beneficiaries.

56. Ibid
The share of licensed service providers did not differ significantly by sector: beneficiary coverage by providers whose licences ensured the fulfilment of the minimum standards was almost identical for both sectors.

The situation changed compared to that in 2015, when a large number of service providers applied for licences just before the expiry of the deadline for licensing. The data available in 2015 had indicated that just over a half of the beneficiaries (53%) had received services whose quality had been ensured though the licensing process.

**BENEFICIARY SATISFACTION SURVEYS**

Beneficiary satisfaction surveys, as another possible indicator of service quality, were conducted by most service providers. Thus, about 90% of all beneficiaries were served by providers that conducted the surveys.

The surveys were mostly conducted by service providers themselves. A smaller number of beneficiaries (13%) used the service for which beneficiary satisfaction surveys were conducted by independent organisations.

Beneficiary coverage by service providers that conducted beneficiary satisfaction surveys was similar in both mapping cycles. Considered by sector, public providers were somewhat more diligent in this respect in 2018, whereas in 2015, this tool had been more readily used by non-profit service providers, covering 89% of all beneficiaries served by providers that conducted beneficiary satisfaction surveys.
PERSONAL CHILD ATTENDANT

“Personal attendants are available for children with disabilities who need support in satisfying their basic needs in everyday life with regard to movement, personal hygiene, eating, dressing and communication with others, provided that they attend preschool/school, for the entire period of their full-time schooling, up to and including the completion of secondary education.”57 The primary purpose of this service is to support the pupils/students with developmental and other disabilities in their inclusion in inclusive education and regular school attendance.58 Equally important is the support it provides to children to achieve a higher level of independence59 in their daily activities.

In 2018, the personal attendant (PA) service was available, on average, for 1,762 beneficiaries from 76 LSGs, per month. Almost all beneficiaries were under 18 years of age (98%).

The share of beneficiaries under 18 years of age in the total population aged 0–17 in the 76 LSGs was 0.2%.

Key figures for the service in 2018

- The service was provided in 76 local self-governments.
- The total number of beneficiaries was 1,762, of whom 98% were under 18 years of age.
- The number of beneficiaries under 18 was 1,725, while their share in the total population aged 0–17 years in the 76 LSGs was 0.2%.
- The total number of FTE beneficiaries60 of the service under 18 years of age was 1,360.
- The share of FTE beneficiaries aged under 18 in the total population aged 0–17 of the LSGs was 0.13%.
- Girls accounted for one third (32%) of all beneficiaries of this service.
- Most of the beneficiaries were from urban areas (84%).
- 74% of funds are provided by local budgets EET with a negligible proportion of the funds collected through beneficiary co-payment.
- The providers of this service holding full (six-years’) licence and limited (five-years’) licence cover 60% of the total number of beneficiaries

SERVICE DISTRIBUTION

In 2018, the service was provided in 76 local self-governments. This was the only service whose distribution increased more than twofold compared to that in 2015.61

<table>
<thead>
<tr>
<th>Table 33. PA distribution in 2015 and 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of LSGs</td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>Number of LSGs</td>
</tr>
</tbody>
</table>

Source: Database on social care services within the mandate of LSGs, data for 2015 and 2018

The considerably expanded distribution of the service significantly influenced the increase of the number of its beneficiaries and, accordingly, of its availability.

57. Rulebook on Detailed Conditions and Standards of Provision of Social Care Services, 2013, Article 83
58. Op. cit., Article 84 59. Ibid. 60. FTE – full time equivalent; meaning of full time - full day support (8 hours a day every working day)
61. The personal attendant service did not exist in 2012.
The service was available for 1,762 beneficiaries, of whom 1,725 were under 18 years of age. However, the service was provided for less than six months in as many as 15 LSGs, which certainly affected its availability for a number of beneficiaries. The following table shows the number of beneficiaries by duration (number of months) of service provision in a year. It also shows the number of LSGs by duration of service provision.

<table>
<thead>
<tr>
<th>Number of months</th>
<th>Number of beneficiaries aged under 18</th>
<th>Number of LSGs</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 months</td>
<td>968</td>
<td>18</td>
</tr>
<tr>
<td>6-11 months</td>
<td>610</td>
<td>43</td>
</tr>
<tr>
<td>&lt; 6 months</td>
<td>147</td>
<td>15</td>
</tr>
</tbody>
</table>

*Source: Database on social care services within the mandate of LSGs, data for 2018.*

The majority of beneficiaries (56% of the total number) in 18 LSGs received the service during all 12 months. Two thirds of the beneficiaries in this group of LSGs lived in Belgrade and Novi Sad. (Annex 5)

The following map of Serbia shows the distribution of LSGs by the number of months of PA service provision, as follows:

- 15 LSGs where the service was provided fewer than six months in 2018 – marked in red
- 43 LSGs where the service was provided for 6–11 months in 2018 – marked in yellow
- 18 LSGs where the service was provided during all 12 months in 2018 – marked in blue

*Map 9. Distribution of LSGs by duration of PA provision in 2018*
The fewest were beneficiaries who received the service for six months (147, or 8.5% of the total number of beneficiaries). It can be assumed that either these 15 LSGs lacked the capacities to conduct the tender procedures in a timely manner, or the funds for the provision of this service were insufficient and/or inadequately planned.

Service availability is expressed as the share of beneficiaries aged under 18 years in the total population aged 0-17 years in the 76 LSGs.

In 41 LSGs, this share was smaller than the average for 76 LSGs (0.2%). In 27 LSGs, it ranged between the average and twice the average value (0.2%–0.4%). Availability greater than 0.4% was registered in only eight LSGs. (Annex 5)

The following map of Serbia gives an overview of municipalities and cities based on the availability indicator value:

- 41 LSGs with the indicator value up to 0.2% – marked in red
- 27 LSGs with the indicator value in the range 0.2%–0.4% – marked in yellow
- 8 LSGs with the indicator value higher than 0.4%. These LSGs are marked in blue

*Map 10. Distribution of LSGs by availability of PA, 2018*
Service availability in the group of 41 LSGs where the indicator value was lower than average was actually very low. The service covered 852 beneficiaries, and this group also included the city of Belgrade, where it was provided to 400 beneficiaries.

The group of 27 LSGs with the indicator value between 0.2% and 0.4% included Novi Sad with 254 beneficiaries, or one third of the total number (749). The group of LSGs with indicator values higher than 0.4% included very small municipalities, such as Lapovo, Kosjerić and Ćićevac, each with a population of 10 thousand or less. The total number of beneficiaries in these LSGs combined was 124.

**BENEFICIARY STRUCTURE**

As a rule, the beneficiaries (aged 0-17) were children of preschool (5%), primary school (83%) and secondary school age (12%). Very few beneficiaries (37) were over 18 years of age.

The beneficiaries of PA were usually residents of urban areas (84%). One in three beneficiaries were females. This was consistent with the 2011 Population Census data, in which 40% of children and youth with developmental and other disabilities (aged under 15 years and 15–19) were females.

<table>
<thead>
<tr>
<th>Table 35. Beneficiaries of PA (0–17) by gender and area of residence, 2015 and 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of beneficiaries (0–17)</td>
</tr>
<tr>
<td>2018</td>
</tr>
<tr>
<td>2015</td>
</tr>
</tbody>
</table>

Source: Database on social care services within the mandate of LSGs, data for 2015 and 2018

The proportion of beneficiaries by gender and area of residence did not change significantly compared to that in 2015. The most important difference was the increase in the number of beneficiaries of PA by more than double in 2018.

**SERVICE PROVIDERS**

In the total number of beneficiaries, the proportion of those served by private providers was larger than that of beneficiaries served by public providers. Cases of for-profit providers of this service were registered, too. These providers provided PA in 11 LSGs.

**Chart 22.** Beneficiary share by sector providing the service, 2018 (%)
The interpretation of these figures should certainly take into account the fact that one in three beneficiaries served by non-profit providers lived in Belgrade, as well as that 30% of the beneficiaries served by public providers were residents of Novi Sad.

**SERVICE FUNDING AND FUNDING SOURCES**

The total expenditures on the personal child attendant service in 2018 amounted to RSD 576 million. The combined local budget allocations in Belgrade and Novi Sad accounted for more than 43% of that amount.

For the most part, the funds were provided from LSG budgets EET (74%), while earmarked transfers were the second largest source with a share of 24%.

*Chart 23. Structure of funding sources, 2018*

![Chart showing the structure of funding sources in 2018](image_url)

*Source: Database on social care services within the mandate of LSGs, data for 2018*

Besides allocations from LSG budgets EET and earmarked transfers, donor projects (2%) were the only other noteworthy funding source.

The share of funds collected through beneficiary co-payment was so negligible that it was not included in the chart. The same was true of the funds from the national programmes.

*Chart 24. Structure of PA funding sources in 2015 and 2018*

![Chart showing the structure of PA funding sources in 2015 and 2018](image_url)

*Note: LSG budget EET for 2018*
It is evident that, in 2018, following the introduction of earmarked transfers, the share of allocations in LSG budgets EET decreased for this service as well.

In 2015, the funds for this service had been almost entirely provided from the budgets of the 30 cities and municipalities where the service had been provided.

**PERSONAL ATTENDANT SERVICE EFFICIENCY**

The PA unit cost was calculated based on the data on expenditures, service provision intensity (number of hours per day) and the number of months of service provision. The unit cost per hour constitutes the ratio of the annual expenditures to the total annual hours of service provision to all beneficiaries.

On average, the unit cost per hour was about RSD 260. In more than a half of the municipalities and cities where the personal child attendant service was introduced or upscaled in recent years, it was cheaper than average, while in 12 LSGs it was two times cheaper. (Annex 5)

Considering that this is a labour-intensive service, most of the hourly cost pertains to personal attendants’ pay. Since the gross minimum hourly wage in 2018 was RSD 192, while employers’ total expenditures amounted to approx. RSD 227, it is clear that the low unit cost of PA in a large number of LSGs was the consequence of unsustainably scanty remuneration paid by certain cities and municipalities. The city of Subotica, by decision of its city council, set the monthly amount of personal attendants’ pay at RSD 10,000 in 2018, which explains why the unit cost per hour in this LSG amounted to just over RSD 60.62 This group of LSGs also included the city of Novi Sad, where the unit cost per hour was slightly under RSD 130.

In Belgrade, where the number of beneficiaries was the highest (400), the unit cost per hour was RSD 217.

<table>
<thead>
<tr>
<th>Number of LSGs</th>
<th>Unit cost per hour (RSD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>&lt; 130</td>
</tr>
<tr>
<td>29</td>
<td>130–260</td>
</tr>
<tr>
<td>27</td>
<td>260–390</td>
</tr>
<tr>
<td>8</td>
<td>&gt; 390</td>
</tr>
</tbody>
</table>

Source: Database on social care services within the mandate of LSGs, data for 2018

In eight LSGs, the unit cost per hour exceeded the average by 50% (over RSD 390), while in three LSGs it amounted to twice the average unit cost. However, the analysis of costs should take into account the fact that the personal child attendant service did not become firmly entrenched in most of the LSGs in this group and that it was provided for only a few months in 2018 (four months in Užice, Opovo and Boljevac), or even for just one month (in Prokuplje). There is certainly scope for analysing efficiency in those LSGs where the service was provided during all 12 months (especially in Indjija, where its hourly cost was higher than RSD 725).

Local self-governments are labelled in the map as follows:

- 12 LSGs with the unit cost lower than RSD 130 – marked in blue
- 29 LSGs with the unit cost in the range of RSD 130–260 – marked in green
- 27 LSGs with the unit cost in the range of RSD 261–390 – marked in yellow
- 8 LSGs with the unit cost higher than RSD 390 – marked in red

Map 11. Distribution of LSGs by hourly unit cost level for the personal attendant service, 2018
SERVICE QUALITY

In this analysis, service quality is assessed based on the following indicators: the share of beneficiaries served by licensed providers in the total number of beneficiaries, and the share of beneficiaries served by providers that conduct beneficiary satisfaction surveys in the total number of beneficiaries.

Beneficiaries served by licensed service providers

According to this indicator, 60% of all beneficiaries were served by providers holding either full licence (valid for six years) or limited licence (valid for five years).

Chart 25. Proportion of beneficiaries served by licensed providers, providers in the licensing process and nonlicensed providers (%), 2018

One in four beneficiaries were served by providers in the licensing process. Nonlicensed providers covered 16% of the beneficiaries.

The two sectors stood in stark contrast to each other in terms of beneficiary coverage by licensed service providers: in the private sector, 88% of the beneficiaries were served by licensed providers, whereas in the public sector, the same proportion of beneficiaries were served by nonlicensed providers.

Chart 26. Share of beneficiaries served by licensed providers, by sector (%), 2018

Source: Database on social care services within the mandate of LSGs, data for 2015 and 2018
BENEFICIARY SATISFACTION SURVEYS

Most beneficiaries (89%) were served by providers that conducted beneficiary satisfaction surveys. It is assumed that it was primarily the beneficiaries' parents who participated in the surveys, although this information was not collected through this research.

Chart 27. Share of beneficiaries served by providers that conducted beneficiary satisfaction surveys, by sector (%), 2018

Based on this indicator, beneficiary coverage by service providers that conducted beneficiary satisfaction surveys was larger in the private sector.

Beneficiary satisfaction surveys were mostly conducted by service providers themselves, while independent consultants and organisations were hired in a negligibly small number of cases.
DAY CARE FOR CHILDREN WITH DISABILITIES

The day care service is provided to “children and youth with physical disabilities or intellectual difficulties who need daily care and supervision, as well as support in sustaining and developing their potentials, in a way that does not hinder their schooling”. This research did not focus on determining whether and to what extent day care programmes actually fulfilled this function. This aspect should certainly be further examined from the perspective of the quality of day care programmes.

The total number of beneficiaries in 2018 was 1,999, in 64 LSGs that provided this service. The number of beneficiaries up to 25 years of age was 1,274 (64%). A number of beneficiaries of this service who turned 26 years old or older still used the existing capacities, in the absence of other capacities that would be more suitable to the needs of adults. A similar situation was also observed in the day care for adults, where a number of beneficiaries under the age of 26 were registered.

Key figures for the service in 2018

- The service was provided in 64 local self-governments.
- There were 1,999 beneficiaries in total, of which 1,274 (64%) were under 26 years of age.
- The share of beneficiaries aged under 26 in the total population aged 0–25 in the 64 LSGs was 0.1%.
- The total number of FTE beneficiaries of the service under 26 years of age was 1,377.
- The share of FTE beneficiaries aged under 26 in the total population aged 0–25 was 0.2%.
- Girls accounted for 41% of all beneficiaries of this service.
- The beneficiaries were predominantly residents of urban areas (81%).
- 91% of funds were local budget EET allocations, including the funds collected through beneficiary co-payment (which were minor).
- Slightly more than a half of the beneficiaries (57%) were served by licensed providers.

SERVICE DISTRIBUTION

In 2018, the service was provided in 64 local self-governments. The number of LSGs that provided this service showed a mild downward trend over the three-year mapping periods.

<table>
<thead>
<tr>
<th>Number of LSGs</th>
<th>2012</th>
<th>2015</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>72</td>
<td>68</td>
<td>64</td>
</tr>
</tbody>
</table>

Source: Database on social care services within the mandate of LSGs, data for 2012, 2015 and 2018

63. Rulebook on Detailed Conditions and Standards of Provision of Social Care Services, 2013, Article 83
64. FTE – full time equivalent; meaning of full time - full day program in DC (8 hours a day every working day)
It cannot be claimed with certainty that the expansion of the personal child attendant service influenced the decline of day care supply and demand, since both services targeted practically the same group, or that this decline was caused by the expansion of inclusive education. It is quite possible that LSGs simply did not have enough funds to provide both services. Nevertheless, both services were provided in 36 LSGs, while 72 LSGs provided either personal attendants or day care.

SERVICE AVAILABILITY

The service was available for most beneficiaries, including those over 26 years of age, during all 12 months in a year. Few beneficiaries used the service for a period shorter than six months. (Annex 6)

Table 38. Number of beneficiaries and number of LSGs, by the duration of service provision in 2018

<table>
<thead>
<tr>
<th>Number of months</th>
<th>Number of beneficiaries aged under 26</th>
<th>Number of LSGs</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 months</td>
<td>1,119</td>
<td>48</td>
</tr>
<tr>
<td>6-11 months</td>
<td>108</td>
<td>11</td>
</tr>
<tr>
<td>&lt; 6 months</td>
<td>47</td>
<td>5</td>
</tr>
</tbody>
</table>

Source: Database on social care services within the mandate of LSGs, data for 2018

However, it should be noted that almost a half of the beneficiaries who used the service during all 12 months lived in Belgrade and Novi Sad.

As indicated before, the number of months of service provision, as well as the provision intensity and model, are important inputs for determining the size of a programme. Day care for children was the most stable service in terms of the provision continuity during the year, as well as of the opening hours. Namely, in as many as 53 LSGs, day care was open eight or more hours per day, while in 12 LSGs it was open 9, 10, or even 12 hours. (Annex 5)

Availability expressed as the share of beneficiaries aged under 26 years in the total population aged 0–25 years in the 64 LSGs was 0.1%. (Annex 6)
The following map illustrates the distribution of LSGs based on this indicator, as follows:

- 10 LSGs with the indicator value up to 0.1% – marked in red
- 26 LSGs with the indicator value from 0.1% to 0.2% – marked in yellow
- 28 LSGs with the indicator value higher than twice the average value (0.2%). These LSGs are marked in blue

*Map 12. Distribution of LSGs by availability of DC, 2018*
The map below shows a comparison of municipalities and cities by the share of equivalent beneficiaries under 26 years of age in the total population aged 0–25 in the 64 LSGs (Annex 6):

- 42 LSGs with the indicator value up to 0.2% are marked in red
- 17 LSGs with the indicator value from 0.2% to 0.4% are marked in yellow
- 5 LSGs with the indicator value higher than twice the average value (0.4%). These LSGs are marked in blue

Map 13. Distribution of LSGs by availability of DC (share of equivalent beneficiaries of DC aged under 26 years in the total population aged 0–25, %), 2018

**Beneficiary Structure**

According to the available data, the total number of DC beneficiaries in 2018 was 1,999, of whom 64% were under the age of 26. The majority of the beneficiaries were males, mostly from urban areas. Same as in the case of personal child attendants, the beneficiary gender structure was consistent with the census data on the children and youth with developmental and other disabilities aged up to 19 (2011 Population Census: 40% of PWD aged 0-19 were females).
Table 39. DC Beneficiaries (0–25) by gender and area of residence, 2015 and 2018

<table>
<thead>
<tr>
<th>Year</th>
<th>Total number of beneficiaries (0-25)</th>
<th>Females (%)</th>
<th>Urban area (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>1,274</td>
<td>41</td>
<td>81</td>
</tr>
<tr>
<td>2015</td>
<td>1,507</td>
<td>43</td>
<td>67</td>
</tr>
</tbody>
</table>

Source: Database on social care services within the mandate of LSGs, data for 2015 and 2018

The beneficiary gender ratio in 2018 was similar to that in 2015. In 2018, the service was more available to beneficiaries living in urban areas.

SERVICE PROVIDERS

Covering 78% of the total number of beneficiaries, public providers were dominant in comparison with those from the private sector. Examples of public providers included social work centres, residential care institutions, local service provision centres (increasingly emerging in major municipalities and cities), as well as educational institutions (mainstream and special schools).

The dominant service providers in the private sector were non-profit organisations, whereas the local Red Cross organisation was involved in service provision in only two municipalities (Svilajnac and Doljevac). Co-existence of service providers from both sectors was registered in only one LSG (Vranje).

Chart 28. Beneficiary share by sector providing the service, 2018

Source: Database on social care services within the mandate of LSGs, data for 2018

The situation changed to a certain degree compared to that in 2015 and 2012. The trend of increasing beneficiary coverage by public sector service providers was clearly noticeable over the successive three-year mapping cycles.

Chart 29. Beneficiary coverage by sector providing the service, 2012, 2015 and 2018

Source: Database on social care services within the mandate of LSGs, data for 2012, 2015 and 2018
SERVICE FUNDING

The total expenditures on day care in 2018 amounted to RSD 900 million, the largest proportion of which were allocations from LSG budgets EET (91%), including the genuinely negligible funds collected through beneficiary co-payment (0.3%).

Chart 30. Structure of funding sources, 2018

Note: LSG budget EET for 2018

Compared to the data for 2012 and 2015, the share of local budget allocations in the total expenditures did not change much.

Chart 31. Structure of DC funding sources, 2012, 2015 and 2018

Note: LSG budget EET for 2018
The most obvious difference is the existence of earmarked transfers in 2018. Another difference is the negligible share (1%) of the funds from the national and donor sources combined, including the funds collected through beneficiary co-payment.

The share of the funds collected through beneficiary co-payment in the structure of funding sources in 2012 and 2015 had been 3% and 2%, respectively, whereas in 2018 it was at a meaningless level of 0.3%.

The 20% share in the funding structure for 2012 refers to combined funds from two sources – the national budget and donations. One half of those funds had been provided through donor projects (10%), while the other half had come from projects at the national level (10%). Beneficiary co-payment had not been registered.

**DAY CARE EFFICIENCY**

The unit cost of day care was calculated on the basis of the data on expenditures, service provision intensity (day care opening hours) and the number of months of service provision. The unit cost per hour constitutes the ratio of the annual expenditures to the total annual hours of service provision to all beneficiaries.

On average, the unit cost per hour was RSD 194. In about a half of the municipalities and cities where day care was made available, it was cheaper than average, while in 14 LSGs it was two times cheaper. Same as in the previous years, the low expenditures can probably be explained by specific circumstances, e.g. that in some municipalities and cities, the service was provided within residential care institutions, in schools for children with developmental disabilities, or that service providers were often parents’ associations, which compensated for the lack of funds by volunteer work and/or donations in kind etc.\(^{65}\)

In Belgrade and Novi Sad, two cities with the largest number of beneficiaries and a long tradition, the unit cost per hour was RSD 250 and 210, respectively.

The differences among local self-governments were also shaped by programme contents and quality, the structure of engaged staff, as well as the structure of children in respect of the level of support they needed. On the other hand, in some local self-governments\(^ {66}\), day care capacities were not completely filled, which increased their unit cost.

For all these reasons, the unit cost can only serve as an indication for possible efficiency improvement and self-evaluation of local self-governments.

There certainly is scope for review in four municipalities where the unit cost per hour was twice as high as the average (over RSD 388). Those municipalities were Svilajnac, Kovin, Paraćin and Babušnica. (Annex 6)

<table>
<thead>
<tr>
<th>Number of LSGs</th>
<th>Unit cost per hour (RSD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>&lt; 97</td>
</tr>
<tr>
<td>19</td>
<td>97 – 194</td>
</tr>
<tr>
<td>19</td>
<td>195 – 291</td>
</tr>
<tr>
<td>12</td>
<td>&gt; 291</td>
</tr>
</tbody>
</table>

Source: Database on social care services within the mandate of LSGs, data for 2018

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65. Matković, Stranjaković, op. cit.
Local self-governments are labelled in the map as follows:

- 14 LSGs with the unit cost lower than RSD 97 – marked in blue
- 19 LSGs with the unit cost in the range of RSD 97–194 – marked in green
- 19 LSGs with the unit cost in the range of RSD 195–291 – marked in yellow
- 12 LSGs with the unit cost higher than RSD 291 – marked in red

*Map 14. Distribution of LSGs by hourly unit cost level for day care, 2018*
SERVICE QUALITY

The values of the indicators defined as the share of beneficiaries served by licensed providers in the total number of beneficiaries (%), and the share of beneficiaries served by providers that conducted beneficiary satisfaction surveys in the total number of beneficiaries (%) were assessed separately from each other.

Beneficiaries served by licensed service providers

Views about the licensing of day care providers, expressed at various peer review events, suggested that the standards for this service were unattainable for some providers. According to this indicator, more than a half of all beneficiaries (57%) were served by providers holding either a six-years’ licence or a limited, five-years’ licence.

Chart 32. Proportion of beneficiaries served by licensed providers, providers in the licensing process and nonlicensed providers (%), 2018

Source: Database on social care services within the mandate of LSGs, data for 2012, 2015 and 2018

Under the assumption that service providers in the licensing process also fulfilled the required service quality standards, only a small proportion of the beneficiaries (10% of the total number, i.e. one in 10 beneficiaries) used the service provided by nonlicensed providers.

Considered by sector providing the service, the situation was less favourable in the private non-profit sector. Almost one in three beneficiaries of day care provided in the private non profit sector were served by nonlicensed providers.

Chart 33. Share of beneficiaries served by licensed providers, by sector (%), 2018

Source: Database on social care services within the mandate of LSGs, data for 2018
These findings indicate that this process was, indeed, strewn with obstacles, most notably for service providers in the non-government organisation sector – usually associations of parents of children with disabilities, characterised by somewhat lower organisational capacity.

For service providers in the public sector, the situation in this respect was satisfactory.

**Beneficiary satisfaction surveys**

Same as in the case of other services, beneficiary satisfaction surveys, as a possible indicator of quality, were conducted widely, by both public and private service providers.

*Chart 34. Share of beneficiaries that participated in beneficiary satisfaction surveys, by sector (%), 2018*

![Chart showing the share of beneficiaries that participated in beneficiary satisfaction surveys, by sector (%), 2018.](chart.png)

Source: Database on social care services within the mandate of LSGs, data for 2018

About 90% of the beneficiaries were served by providers that recognised the significance of the surveys and conducted them, irrespective of the sector they came from. Public providers were somewhat more dedicated, though.
Programme size and scale of intervention indicators show that social care services within the mandate of local self-governments in Serbia were not sufficiently developed and were unevenly available. The number of beneficiaries that received the services was small and the funds allocated for these purposes were also modest, while some services were inconsistent and unsustainable.

According to the mapping data, local social care services were provided in 137 out of 145 municipalities and cities. The municipalities that did not provide any services were Bosilegrad, Gadžin Han, Požega, Svrljig, Trgovište, Ub and Žitoradja, although this group essentially included about a dozen more municipalities, considering the very small number of beneficiaries and low expenditures. Approximately one in five LSGs provided only one service, usually home care for adults and the elderly. More diverse and complex services intended for a larger number of beneficiary groups were available only in some of the major cities, while municipalities with two to three established services prevailed.

Social care services within the mandate of local self-governments covered, on average, approximately 25.4 thousand beneficiaries per month. That said, it should be borne in mind that this figure is not an adequate indicator for a comprehensive assessment of service availability, since the intensity and model of provision of certain services varied greatly depending on the service type. Moreover, not all services were available throughout the year in all local self-governments.

The most prevalent services were day care community-based services, in particular home care for adults and the elderly, personal child attendant and day care for children with disabilities. Home care for adults and the elderly was provided in 123 LSGs, personal child attendant in 76 LSGs, while day care for children with disabilities was made available in 64 municipalities and cities. These three services covered more than 20 thousand beneficiaries, most of whom used the adult and elderly home care service – more than 16.7 thousand.

All other services were provided in a small number of municipalities and cities, and were undeveloped. Some services, such as respite care, drop-in centre, day care for children in conflict with the law, elderly day care and family outreach worker, were launched in very few LSGs.

It should be emphasised that services for independent living for persons with disabilities were especially undeveloped. Personal assistance, as the only service that is explicitly referred to in the UN Convention on the Rights of Persons with Disabilities, was established in only 17 LSGs, covering 223 beneficiaries. Protected housing for PWD, which is critical for the deinstitutionalisation process and which is also entirely funded from the national budget in less developed LSGs, was available in only six municipalities and cities, for 107 beneficiaries.

In 2018, the total expenditures on social care services within the mandate of local self-governments amounted to approximately RSD 3.65 billion, i.e. only 0.07% of the GDP. The three most prevalent services – home care for adults and the elderly, personal child attendant and day care – accounted for three quarters of the total expenditures (over RSD 2.7 billion).

The highest expenditures on services were recorded in Belgrade, at RSD 1.26 billion, i.e. more than one third of the total expenditures for these purposes in Serbia. The only other LSG with relatively high expenditures was Novi Sad (approx. RSD 400 million). Median expenditures amounted to about RSD 9 million per year, which means that the expenditures on social care services in half of LSGs in Serbia were smaller than this amount.
Per capita expenditures on local social care services stood at only about RSD 454 per year, and even less than this amount in 70% of municipalities and cities. The highest per capita expenditures were recorded in Novi Sad and in some small municipalities with populations of about ten thousand. The differences among local self-governments in per capita expenditures on local social care services cannot be explained by differences in population size, and the correlation between the expenditures and the level of self-funding, as an approximation of LSG development, was also found to be weak.

Considered by funding sources, local budgets EET provided approximately three quarters of the funds for local services, while a significant proportion was funded through earmarked transfers (about 17%). Other funds mainly came from international donors (2.8%) and beneficiary co-payment (2.2%).

Other than Belgrade and Novi Sad, which allocated between 1.2% and 1.7% of their budgets for these purposes, social care services were also prioritised in the city of Čačak and in some small municipalities, with allocations at approx. 2.5% (Crna Trava, Bela Palanka, Bojnik, Babušnica and Čoka – mostly from the group of the least developed LSGs, mainly in the south of Serbia). One in five LSGs did not allocate funds in their local budget EET for social care services.

Available, efficiency and quality indicators were calculated for the three most prevalent services.

**Availability indicators** show that social care services within the mandate of LSGs require further improvement and development.

The coverage of the home care for the elderly (1.24% of the total population 65+ in Serbia) was low, especially compared to that in developed European countries. The hypothetical coverage rate was even lower (0.7%), considering that the equivalent number of beneficiaries (according to the two hours per day, seven days per week service provision model) was smaller than the actual number. A comparison of home care for the elderly availability indicators among local self-governments reveals vast disparities, especially when different service provision intensities and models are taken into account. For instance, almost half of LSGs did not provide the service during all 12 months. In addition, approx. one in four municipalities provided the service, on average, for two hours every day, while more than a third provided the beneficiaries with under five hours of support per week, on average. Availability was especially inadequate in rural areas.

The personal child attendant service was provided to 1,725 children with disabilities in 2018. According to estimates based on the situational analysis, there were over 14 thousand pupils/students with disabilities in primary and secondary schools. The overall coverage rate for this service can, therefore, be estimated at approx. 12%. There are no estimates of the scale of unmet needs for this service; however, it is clear that it was completely unavailable in 69 LSGs, where it was never launched.

The number of children and youth aged under 26 with disabilities in day care was about 1,270 in 2018. According to the 2011 Population Census data, the number of children and youth with disabilities (0-25) was over 17 thousand, while the number of children and youth who received long-term care (LTC) allowance exceeded 11 thousand. Although comparing these figures is not methodologically sound, since they are based on three different definitions of disability, it is clear that the availability of day care is low.

**Unit cost, as an indicator of efficiency**, was also calculated for the three most prevalent services. It should be highlighted that unit cost must be considered in the context of other indicators; it does not necessarily point to the problem of inadequate efficiency, but it does provide an indication and it is essential that local self-governments be aware of these data in order to continue improving service provision in every aspect.

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67. According to the data for 2016, the average share of long-term care recipients at home (65+) in 12 EU countries was 7.3%. The highest shares were recorded in the Netherlands, France, Germany and Sweden – between 8.7% and 10.9% (OECD. Stat Tables Long-Term Care Resources and Utilisation: Long-term care recipients).
Unit cost analysis shows that, at the national level, the average hourly cost of home care per beneficiary was RSD 333, the cost of personal child attendants was approx. RSD 260, while the cost of day care was RSD 194 per beneficiary.

There is scope for deeper analysis in both the local self-governments where these costs were significantly below the average, and in those where the costs were too high. For example, in 12 municipalities and cities, the personal child attendant service was two times cheaper than average, primarily due to the unsustainably scanty remuneration paid by certain cities and municipalities to the attendants. In about a dozen municipalities, the unit cost of home care can be considered so low as to require a review of its contents and quality. At the other extreme are the local self-governments where unit costs of home care were higher than the price charged for this service by the private for-profit sector in Belgrade. In a similar way, the unit cost of day care per hour in a number of municipalities was twice as high as the average, and significantly higher than that in Belgrade and Novi Sad, two cities with the largest number of beneficiaries and a long tradition in the provision of this service.

The quality indicators considered in the mapping provided various information, depending on both the definition of the indicator and the type of services.

The quality of home care can be evaluated positively based on both defined indicators. Compared to the other two services whose indicators were analysed, home care scored the highest, since 90% of the beneficiaries were served by providers that were either licensed or in the licensing process, and also conducted beneficiary satisfaction surveys.

Quality was not confirmed in the case of a larger number of providers of the personal child attendant service, especially those in the public sector (indicator value: 12%), but also among the providers of day care (relevant indicator value: 57%).

Based on the other quality indicator, the situation was almost entirely balanced. The indicator value for all three services was the same – 90% of the beneficiaries were served by providers that conducted beneficiary satisfaction surveys, usually in the form of self-evaluation. A more detailed analysis of this indicator is required in order to ascertain the extent to which the service providers that conducted beneficiary satisfaction surveys used these findings to improve service quality.

The overall picture did not change significantly compared to that in 2012 and 2015, although some progress was made. While the number of municipalities and cities that provided the services and the total number of beneficiaries did not change significantly, the funds allocated for the services were considerably larger. The progress is primarily owed to earmarked transfers, although LSG allocations for local services were also larger. More profound differences compared to the situation in the previous period could be noticed primarily in a detailed analysis.

Some social care services within the mandate of LSGs were established and/or upscaled rapidly. For instance, the personal attendant service, which had not existed in 2012, became a necessity under the conditions of inclusive education and was introduced in 2015 in as many as 30 LSGs, while in 2018 it became one of the most prevalent services that was provided in half of all local self-governments (as many as 76 LSGs). At the same time, the number of beneficiaries of this service also increased two and a half times. Stable growth was also seen in the distribution and the number of beneficiaries of the counselling centre service; in the last cycle, this growth is owed to earmarked transfers.

The distribution of certain services that were developed through donor support varied significantly and usually decreased. For instance, the number of LSGs that provided home care for children with disabilities, as well as respite care, continued its decreasing trend. The distribution of protected housing for persons with disabilities had increased primarily as a result of the programmes supported by the European Union’s Instrument for Pre-Accession Assistance – IPA, and then it decreased again. The family outreach worker service, which was first registered in 2015, was not scaled up, nor was it sustained in all cities where it was piloted; however, it was still available in 2018, and even covered a somewhat larger number of beneficiaries than it had done in the previous mapping cycle.
Lastly, the expenditures in 2018 grew in real terms by more than 31% compared to those in 2015, while the real growth rate of local budget EET allocations was half as high (15.7%). In almost a half of all LSGs, local budget EET allocations either decreased or remained at zero. A number of municipalities and cities obviously used earmarked transfers as the source of funding of local services, rather than their own budgets (substitution effect). That is evident in the case of the most prevalent service – home care for adults and the elderly, whose number of equivalent beneficiaries increased, while local budget EET allocations for this service decreased in nominal terms.

About twenty municipalities and cities increased their investments from the local budget EET considerably – more than twofold, and the most impressive real growth in absolute terms was registered in Novi Sad (more than 64% increase relative to 2015).

Public-sector institutions were still the dominant type of service providers. The beneficiaries of emergency and temporary accommodation, protected housing, day care for children and adults and counselling/therapy services were still predominantly served by state sector providers. In the provision of home care for adults and the elderly and personal assistance, providers from both sectors were almost equally represented. The domination of the public sector decreased in the provision of the most prevalent services – home care and personal child attendant, whereas in the case of day care for children with disabilities it increased. For profit providers of home care and the personal child attendant service were registered in this mapping for the first time.

Mapping findings lend themselves to formulating a number of recommendations. Some of the recommendations are not very different from those formulated in the previous cycle.

First, a regular reporting system should be established, to facilitate the collection of data on social care services within the mandate of LSGs. In that respect, the minimum data to be regularly and continuously monitored at the annual level should be determined for the services that are part of the mainstream system. More extensive research, such as mapping, could be repeated every three to five years in order to collect more detailed data facilitating the calculation of the comprehensive set of indicators and to include services that are still in the pilot stage, services funded through donations etc. Monitoring and evaluation would enable the review and assessment of distribution, availability and efficiency of social care services. Regular reporting and mapping would enable local self-governments to identify problems and inefficiencies through self-evaluation and benchmarking. This is especially important in view of the fact that many municipalities and cities are at an early stage of establishing certain services, and that it is more efficient and rational to identify and prevent inadequate practices in a timely manner. Continuous enhancement and development of professional and administrative capacities for the monitoring and evaluation of social care services within the mandate of LSGs would be especially beneficial for a more adequate use of earmarked transfers, as well as for further development of services, in general.

Second, the mapping findings indicate that certain solutions introduced by the Regulation on Earmarked Transfers in Social Protection should be reconsidered.

In this context, it should first be noted that the mapping findings substantiate the importance of additional funds for the development and improvement of social care services and, thereby, the significance of awarding earmarked transfers, as well. Mapping shows that the total expenditures increased by the amount of awarded earmarked transfers, and that local self-governments in general did not use the funds from the national level to finance already established services, while reallocating their own funds for other purposes (substitution effect). However, this effect was not entirely missing and could be seen in the case of certain services and certain LSGs. With that respect, the criteria for the award of earmarked transfers, as well as the method of their monitoring and control, should be reviewed. The following paragraphs highlight only a few of the weaknesses derived from the mapping findings.

68. Procena institucionalnih kapaciteta JLS u oblasti socijalne zaštite i ostvarenju socijalne uključenosti ranjivih grupa Capacity Assessment of the LSGs in Social Protection and Social Includion of the Vulnerable Groups, Swiss PRO, 2019.
This mapping cycle also confirmed the inadequacy of the criterion defined as “the number of beneficiaries of social protection entitlements and services within the mandate of LSGs”, which, considered in isolation, out of the context of the service provision model, offers no valuable insight. This figure does not reflect the social situation in LSGs or the need for services. Furthermore, as confirmed by the findings, some local self-governments may opt for the provision of low-intensity service to a large number of beneficiaries, or the converse. It is also inadequate to simply add up the beneficiaries of highly diverse services such as, for example, day care community-based services and counselling centres.

Moreover, the formulation of social transfer award criteria should take into account both administrative and professional capacities available in cities and municipalities. Since earmarked transfers were awarded without considering the level of allocations for services in the previous years, some municipalities and cities lacked the capacities to absorb additional funds.

Third, the mapping findings warn that it is necessary to monitor and evaluate the implementation of the Regulation, with in-depth insight and sharing of experiences of the recipient local self-governments, in order to enhance the mechanism of earmarked transfers.

Fourth, the mapping stresses the need to assess the optimum level of distribution and availability of certain social care services within the mandate of LSGs. For example, is it desirable for each municipality and city to have certain capacities for day care for children with disabilities, and what capacities relative to the size of this vulnerable group? What coverage by long-term care services is desirable, and what should be defined as optimum coverage? What portion of the needs remains unmet, and what portion is met by established services? The deliberation on the optimum development level of specific services could serve as a benchmark for local self-governments themselves in the preparation of strategic plans and decisions regarding the establishment and upscaling of social care services. In this context, special attention should be devoted to the need for establishing and promoting intermunicipal services.

Fifth, there is also the need to review the minimum standards for some services. This particularly refers to day care for children and youth with disabilities, given the need to adapt the contents of day care service under the conditions of inclusive education development. The minimum standards also need to be defined for the services that have existed in the system for many years, but have not been standardised (family outreach worker). Moreover, a number of providers of this service, especially in the non-government sector, are still facing licensing issues.

Sixth, it is essential to define methodologically accurate indicators, with a wider professional consensus. This applies in particular to quality indicators and implies the collection of data on beneficiary admission criteria, service personalisation and self-evaluation. Monitoring and evaluation of services by LSGs are an important precondition for quality enhancement. It is necessary to also formulate additional quality indicators to monitor the ratio of the number of employees to the number of beneficiaries, the changes in individual progress (especially of children with developmental disabilities in the area of life skills, independence and inclusive education) and the improvement of beneficiaries’ quality of life.

Seventh, greater significance should be attributed to services for independent living of persons with disabilities, especially personal assistance. Services like protected housing for persons with disabilities, which are funded from both the national and local levels, clearly cannot be developed without focused professional support from the national level.
MAPPING MATERIAL SUPPORT WITHIN THE MANDATE OF LOCAL SELF-GOVERNMENTS IN THE REPUBLIC OF SERBIA
Local self-governments provide various types of cash and in-kind benefits in accordance with the Law on Social Protection (Official Gazette of RS, No 24/11) and the Law on Financial Support to Families with Children (Official Gazette of RS, Nos. 113/17 and 50/18).

As one of the social benefits within the mandate of LSGs, the Law on Social Protection explicitly stipulates the one-off benefit, awarded in cases of unexpected or temporary hardship or, where appropriate, in relation to the placement in residential/foster care. One-off benefit can be provided in cash or in kind. It is also specified that “the amount of one-off benefits shall not exceed the average wage per employee paid in the considered local self-government in the month preceding the month in which one-off benefit is disbursed” (Article 110). The Law stipulates that local self-governments may also provide other types of assistance, explicitly stating soup kitchens and subsidies as examples (Article 111).

Pursuant to the Law on Financial Support to Families with Children, municipalities and cities provide subsidies for preschool for children from financially disadvantaged families, but they may also provide other benefits, larger benefit amounts and more favourable eligibility requirements if they have sufficient funds (Article 11). The purpose of most of these other benefits is considered to be birth promotion.

Municipalities and cities opt for various types of material support, while entitlements are stipulated by relevant decisions on social protection and financial support to families with children.

The mapping findings and a detailed review of a number of decisions on social protection show that all LSGs provided one-off cash benefits in cases of unexpected or temporary hardship, in compliance with Article 110 of the Law on Social Protection, but also that they provided a large number of other benefits as additional assistance, in line with Article 111 of the Law.

The decisions on social protection specify that one-off cash benefits are provided as a means of post-disaster relief, postpenal protection, support after the termination of residential/foster care, support for meeting the essential needs, reimbursement of health care costs (primarily for the purchase of medications) and in other situations, as deemed appropriate by social work centre professionals. Some LSGs use the term one-off emergency benefit for social benefits provided in the case of natural disasters, fire and the like.

Pursuant to the Law, the cash benefit award procedure is conducted by CSWs, while in-kind assistance is administered by organisations/services mandated by LSGs. The amount of this benefit is limited, and decisions usually specify that this entitlement may be exercised only once or twice per year.

In contrast to the uniformity of one-off cash benefit practices and design (in terms of procedures and amounts), forms of additional assistance may vary considerably. As a consequence, the overall material support at the local level, provided in conformity with the Law on Social Protection, can have various features.

69. Decisions on social protection adopted in Belgrade, Novi Sad, Kruševac, Merošina, Niš, Valjevo, Vladičin Han and Vranje.
First, social benefits can be provided in cash or in kind. Examples of in-kind benefits include free-of-charge meals in soup kitchens or school snacks, heating fuel, foodstuffs, school supplies, clothes and footwear and so on. A part of the benefits comes in the form of subsidies, reduction in utility bills or reduced transportation costs. Some benefits are actually reimbursement in cash after a payment is already made (purchase of medications, funeral services and the like), or they can be paid directly to institutions providing a service (boarding schools, student dormitories).

Second, assistance may be provided as a one-off (in case of a funeral, at the beginning of the school year for the purchase of school supplies and equipment, for in vitro fertilisation), occasionally, several times per year (to cover the costs of summer/winter holidays and excursions for poor children, as assistance to single parents two or three times per year), as well as in the form of ongoing monthly support for as long as the recipients are eligible (reduction in utility bills, soup kitchen, scholarships, transportation, benefits provided to children of fallen soldiers on a monthly basis and the like).

Third, material support beneficiaries can belong in various vulnerable groups: the poor, victims of human trafficking or domestic violence, youth leaving the social protection system, talented children and students, children without parental care, children of displaced persons and refugees, children of fallen soldiers, children with developmental disabilities, persons with disabilities, severely ill persons, disabled war veterans and so on.

Targeting material support to the poor may entail that social benefits are provided on the basis of specifically defined thresholds, as well as to recipients of financial social assistance (FSA) or child allowance. In some LSGs, the means-tested approach takes into account the income of individuals rather than the material status of households and, therefore, benefits are provided e.g. to low pension recipients or unemployed students.

As a result of such high diversity of support schemes, municipalities and cities use different qualifiers to describe various types of benefits in their decisions: one-off, augmented, emergency, urgent, temporary, permanent, special, monthly...

In addition to the aforesaid social benefits, some LSGs also organise voluntary workfare schemes for FSA recipients and other financially disadvantaged persons, who are referred by CSW to work in public institutions and enterprises (health centres, hospitals, public utility companies...) for a limited period of time (e.g. 80 or 100 hours per month).\textsuperscript{70} The remuneration during the period of their work engagement is paid as one-off cash benefit, at the hourly rate equal to the net minimum wage per hour. Some municipalities provide the remuneration in kind. During the period of work engagement, social benefits provided to FSA recipients from the national level are not reduced, which increases their motivation for “activation”.

The mapping findings and the review of a number of decisions on the entitlements in the area of financial support to families with children\textsuperscript{71} show that almost all LSGs provide additional birth-related benefits (including gift packages) and free or subsidised preschool, while some LSGs also provide financial assistance to unemployed pregnant women and/or new mothers (often for a period of one year), benefits for parents of twins (triplets and quadruplets), benefits for the birth of children beyond the fourth in birth order, subsidised before- and after-school care for children in lower primary school grades etc. These social benefits are also provided in cash or in kind (gift packages, subsidised before- and after-school care). In terms of their duration, they are mostly one-off benefits, although they can also be provided for a period of one year (e.g. maternity allowance). The target groups are families with children and children of usually higher birth order.

\textsuperscript{70} Taken from the Centre for Social Policy (2019).
\textsuperscript{71} Decisions on the financial support to families with children, adopted in Belgrade, Novi Sad, Kruševac, Merošina, Valjevo, Vladičin Han and Vranje.
The data on material support was initially collected in the period June–October 2019 using an Excel questionnaire, which was distributed together with detailed instructions. The research took into account all social benefits awarded on the basis of the respective decisions on social and child protection, as well as those that were listed in the questionnaires by LSGs, irrespective of the dilemma whether some benefits should be associated with e.g. education or health care sectors. The questionnaires were completed by all 145 municipalities and cities.

The data on cash benefits were collected separately from the data on in-kind assistance. The design of the questionnaire divided both types of social benefits into four groups:

1. Material support provided to beneficiaries receiving FSA from the national budget at the same time.
2. Means-tested benefits for other poor individuals and families, based on the criteria specified by LSGs.
3. Category-specific benefits awarded without a means test (e.g. subsidised transportation for all school pupils/students, reduction in utility bills for LTC allowance recipients or disabled war veterans, financial support for children without parental care upon leaving residential care, scholarships awarded to students on the basis of academic performance and the like).
4. Birth-related benefits, work-parenthood reconciliation measures and other population/pro-birth policy measures (including e.g. benefits for unemployed new mothers, non-means-tested free-of-charge preschool attendance for the third and any subsequent child, reimbursement of in vitro fertilisation costs and the like).

Some LSGs did not declare the expenditures on the benefits in the first and second groups separately and, as a result, the benefit structure was analysed based on the classification into three groups, instead of four, by combining the benefits for the poor (groups 1 and 2) into one group.

Moreover, some municipalities and cities made no data breakdown by groups of social benefits, at all. For a number of LSGs, the data were disaggregated subsequently, based on the estimates provided by local research participants. Due to specific circumstances in the final stage of the project, this process was not completed. Considering the impossibility of subsequent verification, the analysis by groups of benefits did not take into account the data for 14 LSGs: Beočin, Čoka, Gadžin Han, Kuršumlija, Lebane, Paračin, Pećinci, Preševo, Prijepolje, Sremski Karlovci, Tutin, Velika Plana, Vlasotince and Zaječar.

The mapping process collected the data on the beneficiaries of and total annual expenditures on material support within the mandate of LSGs in 2018.

As regards the beneficiaries, the original intention was to collect the data on the number of households and individuals living in those households. However, that was not feasible, since most LSGs did...
not keep records of this type. Beneficiaries were usually registered as individuals, even when the assistance was awarded to households. It was not possible to determine whether individual beneficiaries of various types of assistance were members of the same household (e.g. how many children who received transportation subsidies were members of the same family) and to identify overlapping (the number of beneficiaries who used entitlements on multiple grounds, e.g. one-off benefits, subsidised utility bills and birth-related benefits). It was concluded that the collection of data with such a high level of detail will be possible only after the introduction of social cards and the provision of IT infrastructure in social work centres and municipal authorities.

According to the thoroughly completed questionnaires on individual benefits, material support beneficiaries were usually poor people, families with children, children and youth from vulnerable groups (Annex 8. Example of a thoroughly completed questionnaire).

Cash benefits were defined as financial assistance, while everything else was considered as in-kind benefits.

When beneficiaries receive money, they are free to choose how they will spend it. In the case of in-kind benefits there is no freedom of choice, although, actually, owing to the fact that they do not have to spend their income on the goods or services in question, they are left with more money for other needs.

In accordance with this description, and based on the internationally agreed methodology for the national accounts and ESSPROS (EC/IMF/OECD/UN/WBG, 2009; Eurostat, 2016), in addition to supplies (such as heating fuel, foodstuffs, school supplies, clothing and footwear), in-kind benefits also include subsidised bills (for utility services, transportation), reimbursement of specific costs (funeral, in vitro fertilisation), as well as funds paid directly to institutions that provide free-of-charge services or goods (student dormitories, pharmacies, transportation companies, cemeteries, preschool institutions, the Red Cross for soup kitchens and food packages and the like).

The expenditures on in-kind assistance are classified into the following benefit categories: 1) soup kitchens, 2) school snacks and subsidised meals in schools and preschool institutions, 3) supplies and goods, 4) subsidised utility bills, 5) subsidised transportation and 6) other. The category “other” includes expenditures on funeral services, in vitro fertilisation, medications, accommodation in student dormitories and others.

In all cases, the correlation was calculated relative to the population size, as an approximation of the size of municipalities and cities, and to the level of self-funding, as an approximation of the development level.

The level of LSG self-funding is the ratio of own and shared revenues, on the one hand, to the total revenues and proceeds, on the other77 (Republic Secretariat for Public Policy, 2018, p. 30). Data sources were consolidated LSG annual accounts, while the data for 2018 were taken from the website of the Republic Secretariat for Public Policy.

The average for all structures and indicators was calculated as a weighted value, considering the differences in size of municipalities and cities.

**LOCAL LEVEL MATERIAL SUPPORT INDICATORS**

Based on the collected data, the indicators of material support within the mandate of LSGs were calculated.78

77. Definition taken from the documents related to the “LSG Analytical Service” on the RSPP website https://jls1.rsjp.gov.rs/vox/Napomene
78. See more details in Matković, G. and Šunderić, Ž. (2018), Model za lokalizaciju procesa Evropskih integracija za oblast socijalne i dečije zaštite.
PROGRAMME SIZE AND SCALE OF INTERVENTION INDICATORS

The most important programme size indicator is the number of beneficiaries.

Determining the factual number of beneficiaries of various types of social benefits at the local level does not provide adequate information, since it does not refer to a fundamental right that is universally awarded in all LSGs under the same criteria and with the same objective. Depending on the local policies and current circumstances, some LSGs provide large amounts of material support to a small number of beneficiaries, while others award very small, insignificant amounts to a large number of disadvantaged individuals/households. In order to eliminate these disparities, it is necessary to calculate the number of beneficiaries in all LSGs under the hypothetical assumption that each beneficiary annually receives the same amount of assistance equal to one net average wage. This hypothetical number of equivalent beneficiaries is used as the indicator of programme size in some municipalities and cities:

\[
\text{EBAW beneficiaries} = \frac{\text{total annual amount of benefits in the considered LSG}}{\text{AW}}
\]

\[
\text{EBAW beneficiaries} = \text{equivalent number of (hypothetical) assistance beneficiaries in the amount of one net average wage}
\]

\[
\text{AW} = \text{average monthly wage per employee, exclusive of tax and social insurance contributions in the Republic of Serbia}
\]


The indicators that provide insight into the scale of intervention are:

- The share of the total annual expenditures on material support in the budget expenditures of the considered LSG (%); and

- Expenditures on material support per capita (RSD).

The data on the population of municipalities and cities were taken from the DevInfo database (Statistical Office of the Republic of Serbia, 2019a). The data on total budget expenditures based on the annual statements of accounts were taken from the Republic Secretariat for Public Policy. All data refer to 2018.

An additional indicator was also formulated for the scale of poverty reduction interventions, which is calculated as the ratio of the expenditures on material support for the poor at the local level to the expenditures on FSA and child allowance from the national level in the considered LSG; It provides insight into how much municipalities or cities contributed for poverty reduction of its population as a match for each dinar provided from the national budget.

The data on FSA expenditures are estimated data of the authors, based on number of beneficiaries, taken from the DevInfo database (Statistical Office of the Republic of Serbia, 2019a) and the amount of benefits, and refer to 2018. The expenditures on child allowance were estimated based on the number of beneficiary children (aged 0–17), taken from the DevInfo database (Statistical Office of the Republic of Serbia, 2019a), and the amounts of the basic and augmented child allowance in 2018. The child allowance amount in 2018 was calculated based on the respective decisions adopted by the minister competent for social affairs (Official Gazette of RS, Nos 31/18 and 94/17).

The analysis did not take into account the child allowance amounts stipulated in the Regulation on the Nominal Amounts and the Modality of Adjusting the Child Allowance Eligibility Threshold and the Child Allowance Amount and Uprating Modality (Official Gazette of RS, No 54/18). These amounts were applicable only to new beneficiaries who became eligible for this entitlement after 12 July 2018. Since the data on the proportion of new beneficiaries by municipalities and cities were not available, it was assumed that all beneficiaries received the amounts specified in the respective decisions.
Child allowance monthly amounts (RSD), 2018

<table>
<thead>
<tr>
<th></th>
<th>1 January – 31 March</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1 April – 30 September</td>
<td>2,788.6</td>
</tr>
<tr>
<td>2</td>
<td>1 October – 31 December</td>
<td>2,819.2</td>
</tr>
<tr>
<td>3</td>
<td>Average monthly basic amount</td>
<td>2,789.3</td>
</tr>
<tr>
<td>4</td>
<td>Average monthly augmented amount</td>
<td>3,626.1</td>
</tr>
</tbody>
</table>

Source: Regulation on the Nominal Amounts and the Modality of Adjusting the Child Allowance Eligibility Threshold and the Child Allowance Amount and Uprating Modality (Official Gazette of RS, No 54/18)

The child allowance expenditures used in the calculation of some indicators were underestimated on two grounds. First, by the difference between the amounts paid to new beneficiaries who became eligible in mid-2018 (RSD 3,000 and 3,900, in compliance with the Regulation) and the amounts indicated in the Table above. Second, in view of the fact that the total number of beneficiaries excluded youth over 18 years of age, who are also eligible for child allowance until they finish secondary school, or youth with developmental disabilities (up to 26 years of age). It was assessed that these reasons for underestimating the real expenditures occurred consistently in all LSGs, and that it was nonetheless justified to use these underestimated figures of child allowance expenditures as they still provided a more comprehensive insight into the national expenditures on social benefits for the poor, by municipalities and cities, than if the conclusions had been based solely on FSA expenditures. Overall, it is estimated that child allowance expenditures were underestimated by 10–15%.

This analysis, too, excluded the following LSGs: Beočin, Čoka, Gadžin Han, Kuršumlija, Lebane, Paraćin, Pećinci, Preševo, Prijepolje, Sremski Karlovci, Tutin, Velika Plana, Vlasotince and Zaječar.

**PERFORMANCE INDICATORS**

Performance indicators enable the evaluation of programmes, including transfer adequacy. Coverage is an important measure of performance of any programme. It is calculated as the ratio of the number of beneficiaries to the total population, or the relevant part of the population (e.g. children and youth, number of live births and the like).

Considering the availability of data, the hypothetical overall coverage rate was calculated for the purposes of this research as the ratio of the equivalent number of beneficiaries of assistance in the amount of one net average wage (EBAW) to the total number of households in the considered LSG. It is implicitly assumed that a single household did not receive different types of assistance and support at the same time.

The decision to use the net average wage was taken in view of the fact that the Law on Social Protection states this particular parameter as the maximum amount of one-off benefits that may be awarded from the local budget (Article 110). The use of another measure would result in the increase/decrease of the value of EBAW. The number of hypothetical beneficiaries defined in this way makes sense primarily in a comparative context.

---

79. The share of youth aged 19–26 years in the total number of child allowance beneficiaries was 6.1% in 2012 (Matković, Mijatović and Stanić, 2013, p. 48).
80. The other coverage indicator stated in Matković and Šunderić (2018) – the factual overall coverage rate, could not be calculated due to the impossibility of obtaining accurate data on the number of beneficiaries of certain benefits.
The number of households by municipalities and cities was estimated based on the data on the population and the average household size, taken from the DevInfo database (Statistical Office of the Republic of Serbia, 2019a). Household size is information collected in the population census.

For means-tested schemes for the poor, the key indicator in this group is the **coverage rate of the poor**. Since the data on the number of poor people are not available at the local level, the research uses the number of recipients of financial social assistance (FSA), awarded under the same criteria throughout the Republic of Serbia, as a rough approximation of that number.81

The indicator for monitoring the coverage of the poor is the **number of hypothetical beneficiaries (EBAW) of means-tested material support within the mandate of LSGs as a proportion of the number of FSA recipients (households) in the considered LSG (%)**.

The number of poor EBAW was calculated by dividing the total annual expenditures on means-tested benefits by the net average monthly wage.

The number of FSA recipients refers to households and was taken from the DevInfo database (Statistical Office of the Republic of Serbia, 2019a).

This analysis, too, excluded the following 14 LSGs: Beočin, Čoka, Gadžin Han, Kuršumlija, Lebane, Paraćin, Pećinci, Preševo, Prijepolje, Sremski Karlovci, Tutin, Velika Plana, Vlasotince and Zaječar.

**Social benefit amounts** are one of the key pieces of information about each scheme. Due to various restrictions, including the problems in the collection of the data on beneficiaries, the average benefit amount per beneficiary was calculated only for cash benefits awarded by LSGs to FSA recipients.

The average benefit amount per beneficiary is the quotient of the average monthly expenditures on cash benefits awarded by LSGs to FSA recipients and the average monthly factual number of household beneficiaries of this group of benefits in a given year.

A large number of LSGs (41) were excluded from this analysis for various reasons. Under normal conditions, these data would be verified subsequently. The following table lists the excluded LSGs and the reasons for their exclusion.

<table>
<thead>
<tr>
<th>REASONS</th>
<th>Number of LSGs</th>
<th>LSG</th>
</tr>
</thead>
<tbody>
<tr>
<td>LSGs for which data could not be verified subsequently by groups of benefits</td>
<td>14</td>
<td>Beočin, Čoka, Gadžin Han, Kuršumlija, Lebane, Paraćin, Pećinci, Preševo, Prijepolje, Sremski Karlovci, Tutin, Velika Plana, Vlasotince i Zaječar</td>
</tr>
<tr>
<td>LSGs whose expenditures for the poor were not broken down into expenditures on the benefits for FSA recipients and those for other poor individuals (groups 1 and 2)</td>
<td>13</td>
<td>Apatin, Beograd, Bosilegrad, Bujanovac, Jagodina, Koceljeva, Mali Zvornik, Novi Bečej, Opovo, Osečina, Pirot, Surdulica i Vršac</td>
</tr>
<tr>
<td>LSGs that did not award cash benefits from the local budget to FSA recipients</td>
<td>5</td>
<td>Bela Palanka, Gornji Milanovac, Loznica, Sečanji i Sjenica</td>
</tr>
<tr>
<td>LSGs in which benefit amounts per beneficiary exceeded the average monthly FSA amount by more than 25%</td>
<td>9</td>
<td>Bač, Bajina Bašta, Golubac, Dimitrovgrad, Kosjerić, Lapovo, Prboj, Veliko Gradište i Vladičin Han</td>
</tr>
</tbody>
</table>

81. Disclaimer: it should be noted that the non-take-up rate (the proportion of households that do not receive FSA, although they are entitled to it under the law) varies by individual LSGs, as well as that the discretionary right of social workers in CSW has certain impact on the coverage.
Some of the nine municipalities in the last group invested in the improvement of the housing conditions for FSA recipients, which explains the high expenditures per beneficiary (Veliko Gradište, Vladičin Han). Since the amount per beneficiary was primarily used for calculating benefit adequacy, these municipalities were excluded from the analysis for understandable reasons.

In schemes targeting the poorest population, adequacy should indicate whether assistance amounts were sufficient to lift the beneficiaries out of poverty and to ensure adequate living standard. Considering that social benefits within the mandate of LSGs are only intended as one-off or supplementary support, and that their purpose is often to enable a beneficiary to meet a very specific need, it is impossible to define adequacy in a more general way appropriate for all groups of benefits.

In order to assess the adequacy of cash benefits for the poorest, the average benefit amount awarded to FSA recipients from the local budget in each LSG is divided by the average monthly amount of financial social assistance per beneficiary awarded from the national level (approx. RSD 12,000). To avoid any overlapping of beneficiaries, in-kind benefits were not considered, although they would certainly enable a more comprehensive comparison.
In 2018, the total expenditures on material support within the mandate of LSGs amounted to approximately RSD 7.3 billion, i.e. 0.14% of the GDP. These expenditures were twice as high as the expenditures on social care services within the mandate of LSGs (RSD 3.65 billion), and half as high as the national budget allocations for financial social assistance for the most vulnerable population of the considered municipalities and cities (approx. RSD 13.6 billion).

One half of the total expenditures were incurred in the three largest cities in Serbia: Belgrade (RSD 2.4 billion), Novi Sad (RSD 890 million) and Niš (RSD 384 million).

In the structure of the total expenditures, those for in-kind benefits prevailed (approx. RSD 4.2 billion, i.e. 57.9%). Various cash benefits accounted for about RSD 3 billion (42.1% of the total expenditures on material support).

Chart 35. Share of expenditures on in-kind and cash benefits in the total expenditures on material support within the mandate of LSGs, 2018

The number of LSGs in which expenditures on in-kind assistance were dominant was rather small; however, they were highly dominant in Belgrade (74.2%) and Novi Sad (86.4%), which resulted in their predominance in the structure of total expenditures, as well. As a rule, the expenditures on in-kind assistance were dominant in the most developed municipalities and cities (Annex 7, Table 1).

Judging by the structure of expenditures, most LSGs opted exclusively or predominantly for cash benefits. Solely cash benefits (100% share) were awarded usually in smaller and less developed municipalities, although there were exceptions (e.g. city of Valjevo). At the other extreme were three municipalities that provided almost no material support in cash (Despotovac, Pecinci and Bela Palanka).
The choice between social benefits in cash or in kind may be a question of ideology, in terms of the prevailing view of certain LSGs that cash benefits corresponded with the belief in the freedom of choice of individuals, although it can also be considered as a technical issue, if in-kind benefits are perceived as more demanding to administer. Finally, it also depends on the target group and the type of support provided.

<table>
<thead>
<tr>
<th>Number of LSGs</th>
<th>Share of cash benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>31</td>
<td>≤42.1%</td>
</tr>
<tr>
<td>70</td>
<td>42.1% &lt; X &lt; 84.2%</td>
</tr>
<tr>
<td>44</td>
<td>≥84.2%</td>
</tr>
</tbody>
</table>

Source: Database on social care services within the mandate of LSGs, data for 2018

Using shades of neutral colours, Map 15 shows local self-governments grouped according to their respective share of expenditures on cash benefits in 2018, as follows:

- 31 LSGs with the share equal to or smaller than the average (42.1%) – marked in
- 70 LSGs with the share between the average and twice the average (42.1% and 84.2%) – marked in
- 44 LSGs with the share twice as large as the average or larger (84.2%) – marked in

Map 15. Distribution of LSGs by share of expenditures on cash benefits in the total expenditures on material support, 2018

82. This and the next map use shades of neutral colours, considering that this indicator does not rank LSGs from worst (red colour in other maps) to best (blue colour).
Benefits in kind, which prevailed in the structure of total expenditures (57.9%), varied considerably by local self-governments. Chart 36 illustrates the structure of expenditures on in-kind benefits. It is dominated by expenditures on subsidised utility bills (approximately RSD 1.3 billion – 30%) and expenditures on soup kitchens (approximately RSD 1 billion – 24.3%). However, since these figures represent a weighted average and considering that the types of in-kind benefits vary considerably by LSGs (Annex 7, Table 3), these data do not reflect the typical situation across Serbia. The picture is distorted primarily by the large amount of expenditures on subsidised utility bills in Belgrade (exceeding RSD 1 billion), which accounted for as much as 85% of the total allocations for this purpose in Serbia.

The analysis of the non-weighted average shows that the predominant category in cities and municipalities were “other” expenditures (on funeral services, in vitro fertilisation, medications, accommodation in student dormitories and the like – 27.1%), followed by almost evenly spaced expenditures on soup kitchens (22.7%), transportation subsidies (22.5%) and supplies/goods (19.8%). (Annex 7, Table 3)

The following chart shows the number of LSGs in which expenditures on certain types of in-kind assistance were registered. As indicated before, 17 LSGs awarded no in-kind assistance (Annex 7, Table 1). Expenditures in the “other” category, even if minimal, were incurred in the majority of LSGs (94). Support in the form of supplies/goods (clothes, footwear, textbooks) was provided by 72 LSGs, while subsidised transportation and soup kitchens were available in about 60 municipalities and cities. Free school snacks and subsidised utility bills were provided in fewer LSGs (30 and 17, respectively).

Source: Database on social care services within the mandate of LSGs, data for 2018
Considered by groups of benefits, the largest proportion of the total expenditures in 131 LSGs pertained to means-tested benefits awarded to FSA recipients or other poor individuals (39.2%). The expenditures on pro-birth benefits and on category-specific benefits accounted for about one quarter (25.5%) and more than one third (35.3%) of the total expenditures, respectively.

It should be noted that the share of the 14 excluded LSGs in the total expenditures on material support was just slightly over 2%, and that the exclusion of these municipalities and cities did not significantly affect the overall structure by groups of benefits.

**Chart 38. Structure of total expenditures by groups of benefits, 2018**

Source: Database on social care services within the mandate of LSGs, data for 2018

In Belgrade, the proportion of expenditures for the poor was close to the average (38.7%), while the structure of the total expenditures was dominated by category-specific benefits (49.3%). In Niš, the structure was more balanced, with the share of expenditures for the poor also close to the average (41.1%), whereas Novi Sad deviated from this model, featuring a very small share of expenditures on means-tested benefits (only 9.4%) and a strong domination of expenditures on pro-birth benefits (almost 60%).

**Chart 39. Structure of total expenditures by groups of benefits: Belgrade, Novi Sad and Niš, 2018**

Source: Database on social care services within the mandate of LSGs, data for 2018

Judging by expenditures, the social benefits awarded to the poor were predominant in the majority of LSGs. In 28 LSGs, their share was even twice as high as the average, which means that benefits for the poor accounted for at least 78.4% of the total expenditures on material support, while all other groups accounted for much smaller proportion. Cities were less prevalent in this group of LSGs. Exceptions were Novi Pazar, Smederevo, Prokuplje, Pirot and, in particular, Zrenjanin, in which category-specific and pro-birth support was not provided at all.

At the other extreme, according to the available data, were three municipalities that provided no means-tested benefits: Gornji Milanovac, Sečanj and Sjenica.

83. See more on this issue, as well as the list of excluded LSGs, in the section on the methodology.
### Table 42: Distribution of LSGs by share of expenditures for the poor in the total expenditures on material support

<table>
<thead>
<tr>
<th>Number of LSGs</th>
<th>Share of expenditures for the poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>42</td>
<td>&lt; 39.2%</td>
</tr>
<tr>
<td>61</td>
<td>39.2% ≤ X ≤ 78.4%</td>
</tr>
<tr>
<td>28</td>
<td>&gt; 78.4%</td>
</tr>
<tr>
<td>14</td>
<td>Data not included</td>
</tr>
</tbody>
</table>

*Source: Database on social care services within the mandate of LSGs, data for 2018*

Using shades of neutral colours, Map 16 shows local self-governments grouped according to their respective share of expenditures for the poor in 2018, as follows:

- 42 LSGs with the share smaller than the average (39.2%) – marked in
- 61 LSGs with the share between the average and twice the average (39.2% and 78.4%) – marked in
- 28 LSGs with the share larger than twice the average (78.4%) – marked in
- 14 LSGs whose data were not included

*Map 16: Distribution of LSGs by share of expenditures for the poor in the total expenditures on material support*
A part of the expenditures in the group of benefits for the poor pertained to so-called workfare. According to the mapping data, workfare schemes were organised in about a quarter of all municipalities and cities (36) in 2018, and the total expenditures on this purpose amounted to just under RSD 370 million (Annex 7, Table 4). Thus, social benefits awarded as compensation for work actually accounted, on average, for one fifth of the expenditures for the poor (22.2%).

In some municipalities, almost a half of the expenditures for the poor, or even more, were associated with the workfare beneficiaries (Ćićevac, Paraćin, Lebane, Kula and Bosilegrad), whereas in as many as 13 LSGs this proportion was smaller than 5%.

Expenditures on workfare were incurred in all of the three largest cities in Serbia, although their share in the total expenditures for the poor was relatively large in Belgrade and Niš (about 25%), whereas in Novi Sad it was very small (under 1%).
MATERIAL SUPPORT INDICATORS

Among the indicators of overall material support, the mapping considered the indicators of programme size and scale, as well as performance indicators: coverage, average transfer amount and adequacy.

PROGRAMME SIZE INDICATOR

The indicator of programme size is the equivalent number of assistance beneficiaries in the amount of the net average wage (EBAW). This indicator shows the number of beneficiaries in each LSG under the hypothetical assumption that each beneficiary annually receives the same amount of assistance equal to one net average wage. This indicator does not eliminate the differences in population size by LSGs, but it does eliminate the differences in the various benefit award models (e.g. large amounts awarded to a small number of beneficiaries, or small amounts awarded to a large number of disadvantaged individuals, and the like).

According to this indicator, the differences among municipalities and cities are considerable and reflect the differences in LSG size and population size. EBAW ranges from only about 30 hypothetical beneficiaries in smaller municipalities to several thousand in major cities, and to almost 48,000 in Belgrade. The average number of hypothetical beneficiaries is 1,014, and the median number is 302. As expected, the correlation between the number of hypothetical beneficiaries and the population size is very high (0.97).

Table 43. Distribution of LSGs by the number of equivalent beneficiaries of assistance in the amount of the net average wage, 2018

<table>
<thead>
<tr>
<th>Number of LSGs</th>
<th>Number of EBAW</th>
</tr>
</thead>
<tbody>
<tr>
<td>72</td>
<td>&lt; 302</td>
</tr>
<tr>
<td>32</td>
<td>302 ≤ X ≤ 604</td>
</tr>
<tr>
<td>38</td>
<td>604 &lt; X &lt; 2,806</td>
</tr>
<tr>
<td>3</td>
<td>&gt; 2,806</td>
</tr>
</tbody>
</table>

Source: Database on material support within the mandate of LSGs, data for 2018 - authors’ calculation

Map 17 shows local self-governments grouped according to the number of EBAW in 2018, as follows:

- 72 LSGs in which EBAW was smaller than the median (302) – marked in red
- 32 LSGs in which EBAW was equal to or higher than the median, but lower than twice the median number (302–604) – marked in yellow
- 38 LSGs in which EBAW was higher than twice the median number, but lower than the extreme values in the three largest cities (between 604 and 2,806) – marked in green
- The three largest cities – Belgrade, Novi Sad and Niš, in which EBAW was extremely high, are marked in blue
The principal indicator of the scale of intervention is the share of the total annual expenditures on material support in the budget expenditures of the considered LSG (%).

Local self-governments in Serbia allocated on average 2.5% of their local budgets for material support. The group of 12 LSGs with the largest allocations for these purposes (twice as large as the average – more than 4.9%) included the smallest and least developed municipalities in the south of the country (Dimitrovgrad and Bosilegrad) and in the east (Žagubica), as well as cities that belonged among the most developed LSGs (Vršac) and larger municipalities in development level group II (Jagodina, Gornji Milanovac and Bačka Topola).

The share of expenditures was smaller than the average in 86 LSGs, and two times smaller than the average (under 1.2%) in 44 LSGs. This group comprised mostly less developed LSGs, although it also included major developed cities (Kragujevac, Požarevac and Užice), as well as some municipalities from the group of the least developed LSGs (Beočin and Pećinci).

Allocations for material support in Belgrade were at an average level (2.5%), while in Novi Sad and especially in Niš, they were considerably larger than the average (3.8% and 4.8%, respectively).

The correlation between the share of expenditures on material support in the total expenditures on LSGs and the level of self-funding, as the approximation of LSG development level, was not detected (correlation coefficient of 0.08). In other words, there was no general rule as the basis for assuming that more developed municipalities and cities allocated larger proportions of their own budgets for these purposes, or that less developed ones allocated less. There was also no correlation between the population size and the proportion of expenditures on material support (0.02)
Table 44. Distribution of LSGs by share of expenditures on material support in local budgets, 2018

<table>
<thead>
<tr>
<th>Number of LSGs</th>
<th>Expenditure share</th>
</tr>
</thead>
<tbody>
<tr>
<td>44</td>
<td>&lt; 1.2%</td>
</tr>
<tr>
<td>42</td>
<td>1.2% ≤ X &lt; 2.5%</td>
</tr>
<tr>
<td>47</td>
<td>2.5% ≤ X ≤ 4.9%</td>
</tr>
<tr>
<td>12</td>
<td>&gt; 4.9%</td>
</tr>
</tbody>
</table>

Source: Database on material support within the mandate of LSGs, data for 2018

Map 18 shows local self-governments grouped according to their respective share of expenditures on material support in 2018, as follows:

- 44 LSGs with the share of expenditures two times smaller than the average (1.2%) – marked in red
- 42 LSGs with the share of expenditures between half the average and the average (1.2% and 2.5%) – marked in yellow
- 47 LSGs with the share of expenditures between the average and twice the average (2.5% and 4.9%) – marked in green
- 12 LSGs with the share of expenditures larger than twice the average – marked in blue

Map 18. Distribution of LSGs by share of expenditures on material support in local budgets, 2018
Another indicator of the scale of intervention is the average annual expenditures on material support per capita.

In 2018, per capita allocations for material support at the local level amounted to RSD 1,045, on average. The correlation between the two indicators of the scale of intervention was high (0.84), and the overall picture coincided considerably with the findings of the analysis of the share of expenditures on material support in the local budgets.

Funds twice as large as the average were allocated by 13 LSGs, including some of the most developed LSGs – the city of Novi Sad and the municipality of Lajkovac. However, significant allocations were also registered in the least developed municipalities, including some that belonged in the category of devastated municipalities, such as Medvedja and Bosilegrad. As many as five of these municipalities were in development level group IV.

Two thirds of LSGs had below-average per capita allocations, while very small per capita allocations (two times smaller than the average – RSD 523) were recorded in 53 LSGs, which could not be generalised either in terms of their development level or the population size. The group of LSGs that had the smallest per capita allocations for material support also included some of the most developed cities (Užice, Kragujevac and Požarevac) and municipalities (Beočin).

Per capita allocations in Belgrade (RSD 1,400) and Niš (RSD 1,500) were significantly higher than the average, although they still fell behind Novi Sad in respect of this indicator (RSD 2,481).

<table>
<thead>
<tr>
<th>Number of LSGs</th>
<th>Average annual per capita expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td>53</td>
<td>&lt; 522.8</td>
</tr>
<tr>
<td>46</td>
<td>522.8 ≤ X &lt; 1,045.6</td>
</tr>
<tr>
<td>33</td>
<td>1,045.6 ≤ X ≤ 2,091.1</td>
</tr>
<tr>
<td>13</td>
<td>&gt; 2,091.1</td>
</tr>
</tbody>
</table>

Source: Database on material support within the mandate of LSGs, data for 2018

The correlation between per capita expenditures on material support and the level of self-funding was not established (correlation coefficient 0.06), nor was it established between per capita expenditures and the population size (0.04). That practically means that it cannot be generalised that more developed or larger local self-governments allocate more for material support per capita than the small and underdeveloped ones.

Map 19 shows local self-governments grouped according to their respective per capita expenditures on material support in 2018, as follows:

- 53 LSGs with per capita expenditures two times smaller than the average (RSD 522.8) – marked in red
- 46 LSGs with per capita allocations between half the average and the average (from RSD 522.8 to 1,045.6 annually) – marked in yellow
- 33 LSGs with per capita allocations between the average and twice the average amount (from RSD 1,045.6 to 2,091.1 annually) – marked in green
- 13 LSGs with per capita allocations larger than twice the average amount (RSD 2,091.1 annually) – marked in blue
The indicator of the scale of poverty reduction interventions is calculated as the ratio of the expenditures on means-tested material support at the local level to the expenditures on FSA and child allowance from the national level in the considered LSG.

In the 131 LSGs included in this analysis, the total social benefits for the poor paid from the national level (FSA and child allowance) amounted to more than RSD 21.3 billion in 2018, while municipalities and cities allocated an additional RSD 2.8 billion for the poor, i.e. additional 13.2%, on average.

The largest amounts of benefits for the poor, in addition to those awarded at the national level for child allowance and FSA, were allocated by 17 LSGs, including major cities like Belgrade and Užice. It should be noted that the proportion of FSA recipient households and child allowance recipients in these cities was below average and, therefore, it is understandable that local budget allocations for the poor were significant relative to the national funds provided for this vulnerable group. Although there were more municipalities in this group where significant additional funds could be explained by the small proportion of households eligible for FSA paid from the national level (Čajetina, Sokobanja, Kladovo, Kučevo, Golubac), this was not a general rule. Among the LSGs that allocated significant additional funds were also small underdeveloped municipalities of Crna Trava and Bosilegrad, in which the share of FSA and child allowance recipients was considerably above the average.

No general rule based on the development level or size could also be determined for about forty LSGs that contributed only a fraction of the national allocations for the poor.

Novi Sad and Niš allocated additional 15.8% and 13%, respectively (close to the average).
Table 46. Distribution of LSGs by additional local social benefits for the poor, expressed as a percentage of the national allocations, 2018

<table>
<thead>
<tr>
<th>Number of LSGs</th>
<th>Additional benefits for the poor at the local level (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>42</td>
<td>&lt; 6.6%</td>
</tr>
<tr>
<td>42</td>
<td>6.6 % ≤ X &lt; 13.2%</td>
</tr>
<tr>
<td>30</td>
<td>13.2 % ≤ X ≤ 26.4%</td>
</tr>
<tr>
<td>17</td>
<td>&gt; 26.4%</td>
</tr>
<tr>
<td>14</td>
<td>Data not included</td>
</tr>
</tbody>
</table>

Source: Database on material support within the mandate of LSGs, data for 2018 - additional authors’ calculation

Map 20 shows local self-governments grouped according to the scale of poverty reduction interventions in 2018, as follows:

- 42 LSGs with the scale two times smaller than the average (6.6%) – marked in red
- 42 LSGs with the scale between half the average and the average (between 6.6% and 13.2%) – marked in yellow
- 30 LSGs with the scale between the average and twice the average (13.2% and 26.4%) – marked in green
- 17 LSGs with the scale two times greater than the average (26.4%) – marked in blue
- 14 LSGs whose data were not included

PERFORMANCE INDICATORS – COVERAGE

The principal performance indicator used for assessing the coverage was the hypothetical coverage rate, calculated as the ratio of the equivalent number of assistance beneficiaries in the amount of one net average wage (EBAW) to the total number of households in the considered LSG. EBAW was already calculated as a programme size indicator.

The average hypothetical coverage rate at the LSG level in Serbia was approximately 6.1% in 2018.

Among the 14 LSGs where the hypothetical coverage rate was relatively high, it was twice as high as the average in the cities of Novi Sad (13.2%), Bor (11.3%) and Vršac (11%) belonging in development level group I, but also in small devastated municipalities in the south of the country – Medvedja (13.1%) and Bosilegrad (19.2%).

The hypothetical coverage rate was below average in more than two thirds of the municipalities, while a rate two times lower than the average (3.05%) was registered in one third of those LSGs. This group included some of the most developed cities (Užice and Kragujevac) and municipalities (Beočin), as well as some of the least developed municipalities in southern Serbia (Kuršumlija, Lebane, Bujanovac and Preševo) and Prijeponje.

In Belgrade and Niš, the coverage rate was above the average, at 7.9% and 8.7%, respectively.

<table>
<thead>
<tr>
<th>Number of LSGs</th>
<th>Hypothetical coverage rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>51</td>
<td>&lt; 3.05%</td>
</tr>
<tr>
<td>46</td>
<td>3.05% ≤ X &lt; 6.1%</td>
</tr>
<tr>
<td>34</td>
<td>6.1% ≤ X ≤ 12.2%</td>
</tr>
<tr>
<td>14</td>
<td>&gt; 12.2%</td>
</tr>
</tbody>
</table>

Source: Database on material support within the mandate of LSGs, data for 2018 - additional authors’ calculation

The correlation between the hypothetical coverage rate and the level of self-funding was not established (correlation coefficient 0.07), nor was it established between the hypothetical coverage rate and the population size (0.04). In other words, the hypothetical coverage does not increase as the population size increases, or in relation to local self-government development levels.

Map 21 shows local self-governments grouped according to the hypothetical coverage rate in 2018, as follows:

- 51 LSGs with the hypothetical coverage rate two times smaller than the average (3.05 %) – marked in red
- 46 LSGs with the hypothetical coverage rate between half the average and the average (between 3.05% and 6.1%) – marked in yellow
- 34 LSGs with the hypothetical coverage rate between the average and twice the average (6.1% and 12.2%) – marked in green
- 14 LSGs with the hypothetical coverage rate two times higher than the average (12.2%) – marked in blue
Another coverage indicator refers to the poor and is calculated as the ratio of the number of poor EBAW to the number of FSA recipients (households) in a given LSG (%). The number of poor EBAW was calculated by dividing the total annual expenditures on means-tested benefits by the net average monthly wage.

In the analysis of this indicator, it should be taken into account that there were significant disparities among municipalities and cities in terms of the share of financial social assistance recipients, which cannot be explained by the differences in their development levels. For a number of LSGs, this indicator could not be calculated due to the impossibility of subsequent verification of the data on expenditures by groups of benefits.

At the level of all LSGs included in the analysis of this indicator (131 LSGs for which data are available), the coverage of the poor stood at about 64%.

The coverage twice as high as the average rate (128.6%) was registered in 19 LSGs. This group primarily included the municipalities and cities where the coverage of households by the financial social assistance scheme was low, such as the cities of Belgrade and Užice, and a large number of municipalities where a relatively small number of households received assistance from the national level. Against this backdrop, even the LSGs that awarded material support to a relatively small number of vulnerable people, in which the number of hypothetical beneficiaries was not high (e.g. Sokobanja with 130 EBAW), reported high coverage of the poor because the number of households that received

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85. See the list of these LSGs in the section on the methodology.
FSA was small (59 households in Sokobanja, i.e. only 1.2% of the total number of households in this municipality). This group also included a number of LSGs that achieved high coverage of the poor even though the number of FSA recipients was rather large in relative terms, such as the municipalities of Dimitrovgrad and Bosilegrad, and the city of Smederevo.

In 80 LSGs, the rate was lower than the average, while in 41 LSGs it was two times lower (0.2%). As already indicated, expenditures on means-tested material support were not even registered in three municipalities and, accordingly, the coverage of the poor was zero (Gornji Milanovac, Sjenica, Sečanj), while in two municipalities (Žitište and Apatin), the coverage rate was only a few percent (1.8% and 2.2%, respectively). Very low coverage was also registered in the city of Prokuplje.

The coverage of the poor in Novi Sad stood at 83.5%, while in Niš it was 51.4%. It should be noted that the share of FSA recipients in the total number of households in Novi Sad was small (1.5%), whereas in Niš it was high (7%).

<table>
<thead>
<tr>
<th>Number of LSGs</th>
<th>Coverage rate of the poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>41</td>
<td>&lt; 32.2%</td>
</tr>
<tr>
<td>39</td>
<td>32.2% ≤ X ≤ 64.3%</td>
</tr>
<tr>
<td>32</td>
<td>64.3% ≤ X ≤ 128.6%</td>
</tr>
<tr>
<td>19</td>
<td>&gt; 128.6%</td>
</tr>
<tr>
<td>14</td>
<td>Data not included</td>
</tr>
</tbody>
</table>

Source: Database on material support within the mandate of LSGs, data for 2018 - additional authors’ calculation

Map 22 shows local self-governments grouped according to the coverage rate of the poor in 2018, as follows:

- 41 LSGs with the coverage rate of the poor two times smaller than the average (32.2%) – marked in red
- 39 LSGs with the coverage rate of the poor between half the average and the average (between 32.2% and 64.3%) – marked in yellow
- 32 LSGs with the coverage rate of the poor between the average and twice the average (64.3% and 128.6%) – marked in green
- 19 LSGs with the coverage rate two times higher than the average (128.6%) – marked in blue
- 14 LSGs whose data were not included
PERFORMANCE INDICATORS – SOCIAL BENEFIT AMOUNT AND ADEQUACY

Due to various restrictions, the amount and adequacy of social benefits were calculated only for cash benefits for FSA recipients in 104 local self-governments.86

The average benefit amount per beneficiary was calculated as the quotient of the average monthly expenditures on cash benefits awarded by LSGs to FSA recipients and the average monthly factual number of household beneficiaries of this group of benefits in a given LSG in 2018.

On average, these 104 municipalities and cities awarded cash benefits to only about one in ten FSA recipients (10.5%), in the average amount of about RSD 6,570 per month,87 which was equal to 54.8% of the average amount of FSA awarded from the national budget per beneficiary in 2018 (approx. RSD 12,000). (Annex 7, Table 2)

In order to assess the adequacy of cash benefits for the poorest, the monthly benefit amount awarded per FSA recipient in each LSG was divided by the average monthly amount of the financial social assistance awarded from the national level (approx. RSD 12,000). This provides insight into how much local cash benefits increase the adequacy of assistance for FSA recipients. Formulated in this way, adequacy in 104 LSGs averaged at 54.8%.

86. This indicator could not be calculated for a large number of LSGs. See the detailed explanation and the list of these LSGs in the section on the methodology.

87. Imajući u vidu da se relativne cene u Srbiji značajno razlikuju, istom sumom zadovoljava se različit nivo potreba. Nepoznanica je, međutim, i za koje se sve potrebe dodeljuju lokalne dodatne pomoći korisnicima NSP (za kupovinu lekova, hranu, unapređenje stambenog prostora…) pa i to otežava poredenje
In a third of these LSGs, adequacy was higher than 73%, exceeding the average by one third. The LSGs in this group that deserve special attention are those that awarded relatively large amounts and included a significant proportion of FSA recipients, such as Sokobanja and Čajetina. On the other hand, several LSGs in which cash benefits can be assessed as adequate were characterised by deficient coverage of FSA recipients – under 1% (Sremska Mitrovica and Vranje).

Adequacy was lower than the average by one third (under 36.5%) in 18 LSGs. In a few municipalities, small benefits were awarded to a small number of FSA recipients. Both inadequate benefits and low coverage of FSA recipients (under 10%) were registered in the municipalities of Žitište, Nova Crnja, Titel, Kanjiža, Despotovac and Ub.

Adequacy in Niš was very low (37.4%), while the coverage was above the average (22.1%), whereas Novi Sad had slightly lower coverage (18.2%), while adequacy was significantly higher than the average (88.1%).

In the end, this indicator should be interpreted with caution, considering that some LSGs also provided considerable in-kind assistance to FSA recipients. Since the method of record keeping does not prevent double counting of those who received both cash and in-kind assistance, adequacy was calculated only for cash benefits.

<p>| Table 49. Distribution of LSGs by adequacy of benefits for FSA recipients, 2018 |
|---------------------------------|-----------------|</p>
<table>
<thead>
<tr>
<th>Number of LSGs</th>
<th>Adequacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>&lt; 36.5%</td>
</tr>
<tr>
<td>30</td>
<td>36.5% ≤ X &lt; 54.8%</td>
</tr>
<tr>
<td>22</td>
<td>54.8% ≤ X ≤ 73%</td>
</tr>
<tr>
<td>34</td>
<td>&gt; 73%</td>
</tr>
<tr>
<td>41</td>
<td>Data not included</td>
</tr>
</tbody>
</table>

Source: Database on material support within the mandate of LSGs, data for 2018 - additional authors' calculation

Map 23 shows local self-governments grouped according to the adequacy indicator in 2018, as follows:

- 18 LSGs with adequacy lower than the average by one third (36.5%) – marked in red
- 30 LSGs with adequacy between two thirds of the average and the average (between 36.5% and 54.8%) – marked in yellow
- 22 LSGs with adequacy between the average and the average increased by one third (54.8% and 73%) – marked in green
- 34 LSGs with adequacy higher than the average by one third (73%) – marked in blue
- 41 LSGs whose data were not included

107
Map 23. Distribution of LSGs by adequacy of benefits for FSA recipients, 2018

- < 36.5 % (18 LSGs)
- 36.5 - 54.8 % (30 LSGs)
- 54.8 - 73 % (22 LSGs)
- > 73 % (34 LSGs)
- DATA NOT INCLUDED (41 LSGs)
The mapping process collected data on social benefits within the mandate of local self-governments, pertaining, in the broadest sense, to the social and child protection function. In addition to the provision of various social care services, the municipalities and cities in Serbia also awarded material support to its citizens with different purposes, aiming to protect them from unexpected and temporary risks and chronic poverty, or to support them financially through the period of childbirth and child care.

Material support is provided in cash or in kind, including free-of-charge meals in soup kitchens, subsidies for transportation or utility bills, subsidies for preschool and the like. Many social benefits are awarded as one-off or occasional provisions, while others are conceived as support on a monthly basis. Judging by the thoroughly completed questionnaires on individual benefits, beneficiaries are usually poor people, families with children, and children and youth from vulnerable groups.

In 2018, the total expenditures on material support within the mandate of LSGs amounted to approximately RSD 7.3 billion, which was twice the amount spent on social care services within the mandate of municipalities and cities. Half of the expenditures were incurred in the three largest cities in Serbia: Belgrade (RSD 2.4 billion), Novi Sad (RSD 890 million) and Niš (RSD 384 million).

In the structure of the total expenditures, those for in-kind benefits prevailed (approx. RSD 4.2 billion, i.e. 57.9%). Various cash benefits accounted for about RSD 3 billion (42.1% of the total expenditures on material support). The expenditures on cash benefits were predominant in the majority of LSGs; however, the largest cities spent more on in-kind assistance, which, as a result, accounted for a greater proportion of the total expenditures.

The analysis of the non-weighted average structure of the expenditures on in-kind assistance, which provides a better reflection of the typical situation in Serbia, shows that the predominant category in cities and municipalities were “other” expenditures (on funeral services, in vitro fertilisation, medications, accommodation in student dormitories and the like – 27.1%), followed by almost evenly spaced expenditures on soup kitchens (22.7%), transportation subsidies (22.5%) and supplies/goods (19.8%). In Belgrade, subsidised utility bills accounted for a large proportion of the expenditures.

Considered by groups of benefits, the largest proportion of the expenditures pertained to means-tested benefits awarded to FSA recipients or other poor individuals (39.2%). The proportion of the expenditures on category-specific benefits was smaller (35.3%), while the smallest allocations were for pro-birth measures (25.5%). Judging by expenditures, benefits for the poor were dominant in the majority of LSGs. The share of expenditures for the poor was above the average in as many as two thirds of LSGs. Among the local self-governments that predominantly supported the poor, cities were less common. In the group of major cities, Novi Sad was distinctive for its small share of expenditures for the poor and a strong domination of expenditures on pro-birth benefits (almost 60%).

Workfare was organised in about a quarter of the municipalities and cities (36), while the benefits awarded as compensation for work accounted for one fifth of the expenditures for the poor in these LSGs (22.2%). In five municipalities, almost a half of the expenditures for the poor, or even more, were associated with workfare schemes, whereas in as many as 13 LSGs this proportion was smaller than 5%.
The indicator of programme size (the equivalent number of assistance beneficiaries in the amount of the net average wage) has an average value of 1,014, while the median value is 302. This number of hypothetical beneficiaries varies considerably by individual municipalities and cities, reflecting their respective differences in size and population size. EBAW ranges from only about thirty hypothetical beneficiaries in smaller municipalities to several thousand in major cities, to almost 48,000 in Belgrade.

The scale of intervention indicator shows that local self-governments in Serbia allocate on average 2.5% of their local budgets for material support. The group of 12 LSGs with the largest allocations for these purposes (twice as large as the average) included the smallest and least developed municipalities in the south of the country (Dimitrovgrad and Bosilegrad) and in the east (Žagubica), as well as Vršac, which belongs to the group of the most developed LSGs.

According to the other scale of intervention indicator, in 2018, per capita allocations for material support at the local level amounted to RSD 1,045, on average. At the top of the list was the city of Novi Sad (with approximately RSD 2,500). Funds twice as large as the average were allocated by 13 LSGs, including as many as five from the group of the least developed ones. At the other extreme, the group of LSGs that had the smallest per capita allocations for material support also included some of the most developed cities (Užice, Kragujevac and Požarevac) and municipalities (Beočin).

The indicator of the scale of poverty reduction interventions shows that the municipalities and cities complemented the national budget allocations (for FSA and child allowance, subject to a means test) by contributing a further 13% of that amount from their own budgets, on average. The relatively large scale of interventions in a number of LSGs is a consequence of the fact that local budget allocations are expressed as a proportion of the national budget allocations, which are low due to the relatively small number and share of FSA and child allowance recipients. However, significant additional funds were also allocated by a number of municipalities where this was not the case (Crna Trava and Bosilegrad).

The average hypothetical coverage rate by material support schemes, as a performance indicator, was approx. 6.1%. The group of 14 LSGs with the hypothetical coverage rate two times higher than the average includes cities in development level group I – Novi Sad, Bor and Vršac, as well as small devastated municipalities in southern Serbia, e.g. Medvedja and Bosilegrad. Similarly, the group of about 50 LSGs with the hypothetical coverage rate half as high as the average also includes both the most and the least developed municipalities and cities.

The coverage rate of the poor by material support within the mandate of LSGs is approx. 64%, on average. As expected, the coverage is especially high in the municipalities and cities where approximate poverty is low. However, this group also includes a number of LSGs that achieved high coverage of the poor even though the proportion of FSA recipients was rather large, such as the municipalities of Dimitrovgrad and Bosilegrad, and the city of Smederevo.

The amount of material support awarded from local budgets to FSA recipients in 104 local self-governments for which data are available averaged approximately RSD 6,570 per month. On average, the benefits were awarded to only about one in ten FSA recipients.

The adequacy of cash benefits for the poor is 54.8% on average. Both inadequate benefits and low coverage of FSA recipients were registered in the municipalities of Žitište, Nova Crnja, Titel, Kanjiža, Despotovac and Ub.

The research did not conclude that either the scale of intervention or performance indicators were more favourable in the more developed or larger municipalities and cities.
Finally, here are a few closing observations.

To begin with, this was the first time that the data and indicators on material support in the area of social and child protection were collected and calculated at the level of cities and municipalities. In procedural terms, the research was based on the previously established mapping of social care services within the mandate of local self-governments. However, it should be noted that the process of subsequent data verification, which is usually conducted as part of the mapping, was partially precluded by the specific circumstances in the final stage of the project.

Irrespective of the time frame, it turned out that the collection of the data on the factual number of beneficiaries of material support within the mandate of LSGs was not feasible, due to the various definitions of the term “beneficiary” (individual or household) in respect of individual entitlements and in different LSGs, as well as because there was no data available on the overlapping of the beneficiaries that received support more than once in the form of various benefits. The improvement of the questionnaire and further mentoring would mitigate this problem only partially. Essentially, it cannot be solved without the introduction of information systems capable of appropriately identifying material support beneficiaries – both individuals and households to which they belong.

As a result, the mapping mostly had to rule out indicators based on the factual number of beneficiaries, or to exclude a significant number of LSGs from the calculations. For some indicators, such as the indicator of benefit adequacy and amount per beneficiary, it was concluded that they had to be calculated by groups of benefits, regardless of the improvement of the data collection system. Once the technical requirements for declaring the factual number of beneficiaries are fulfilled, adequacy indicators need to be defined for each benefit group/subgroup separately.

The question that remains open is whether LSGs could declare their expenditures on social benefits for financial social assistance recipients separately from those for other poor people, if they received more mentoring support. This particularly refers to Belgrade, which accounts for a large proportion of the total material support provided at the local level.

In the final stage of formulating the indicators of material support within the mandate of LSGs, a composite indicator of the level of material support provided by municipalities and cities to its citizens could also be designed.

As for the pertinent legal solutions, the formulation “other types of material support” in the Law on Social Protection should certainly be reconsidered and should at least explicitly include cash benefits. It should also be borne in mind that the rigidity of certain other sector-specific laws with regard to the mandate of local self-governments compelled many municipalities and cities to finance some types of support through decisions on social protection, although they essentially did not belong with that sector. That particularly refers to the subsidised transportation for pupils and students irrespective of their families’ material status, the award of scholarships on the basis of academic performance and so on. Another issue that should also be specifically considered is the legal regulation of the so-called voluntary workfare, which has been growing in prevalence as a form of material support for the poor.
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ANNEXES
ANNEX 1

INTEGRAL MAPPING QUESTIONNAIRE

MAPPING SOCIAL CARE SERVICES WITHIN THE MANDATE OF LSGS AND MATERIAL SUPPORT (CASH AND IN-KIND BENEFITS) COLLECTING DATA FOR 2018

IMPORTANT METHODOLOGICAL NOTE

USE OF THE EXCEL QUESTIONNAIRE APPLICATION

THE EXCEL QUESTIONNAIRE IS DIVIDED INTO 2 PARTS: PART I REFERS TO SOCIAL CARE SERVICES WITHIN THE MANDATE OF LOCAL SELF-GOVERNMENTS AND PART II REFERS TO MATERIAL SUPPORT (CASH AND IN-KIND BENEFITS) PROVIDED FROM LOCAL SELF-GOVERNMENT BUDGETS IN CONFORMITY WITH THE DECISIONS ON SOCIAL PROTECTION. PLEASE PROVIDE THE DATA FOR 2018.

QUESTIONS 1 TO 12: EACH QUESTION/WORKSHEET CAN BE ACCESSED AND COMPLETED SEPARATELY. EACH WORKSHEET (SEE BELOW) SPECIFIES THE NAME THAT REFERS TO THE CONTENT OF THE TABLES TO BE FILLED AND INSTRUCTIONS ABOVE THE TABLE. PLEASE ENTER ONLY DATA FOR EXISTING SOCIAL CARE SERVICES IN PART I, AS WELL AS DATA ON THE EXISTING ENTITLEMENTS IN THE CONSIDERED LOCAL SELF-GOVERNMENT.

BEFORE COMPLETING THE TABLES (1 - 12), PLEASE READ THE INSTRUCTIONS PROVIDED ABOVE THE TABLES CAREFULLY.

ATTENTION: PLEASE ENTER THE REQUESTED NUMERICAL DATA IN THE DESIGNATED CELLS WITHOUT ANY COMMAS OR OTHER SIGNS! THE DATA ON EXPENDITURES SHOULD PREFERABLY BE ROUNDED TO THE NEAREST WHOLE NUMBER, WITHOUT DECIMALS.

MOLIMO VAS DA SAMI NE FORMATIRATE TABELE ILI POLJA U KOJA UNOSITE PODATKE - TO ONEMOĆUĆAVA KASNIJE PREBACIVANJE UPITNIKA U SOFTVER ZA OBRADU PODATAKA!

YOU ARE KINDLY REQUESTED NOT TO FORMAT ANY TABLES OR CELLS - THIS MAY LATER PRECLUDE THE LOADING OF COLLECTED DATA IN THE PROCESSING SOFTWARE! ALSO, PLEASE DO NOT MODIFY THE TABLES, E.G. BY ADDING OR DELETING ROWS.

DO NOT FORGET TO SAVE THE ENTERED DATA!

IN CASE YOU PREFER TO FIRST COMPLETE THE QUESTIONNAIRE BY HAND, THIS SURVEY IS PRINTABLE. ALL DATA ENTERED IN THE PRINTED TABLES HAVE TO BE ENTERED AGAIN IN THE QUESTIONNAIRE IN ELECTRONIC FORMAT. PLEASE SUBMIT THE QUESTIONNAIRE IN EXCEL FORMAT (DO NOT CONVERT IT INTO PDF!).

THANK YOU!
### SOCIAL CARE SERVICES WITHIN THE MANDATE OF LOCAL SELF-GOVERNMENTS

IMPORTANT: PLEASE PROVIDE THE DATA FOR 2018 ONLY. THIS IS IMPORTANT IN ORDER TO ENSURE DATA COMPARABILITY FOR ALL LOCAL SELF-GOVERNMENTS.

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II SERVICES FOR INDEPENDENT LIVING

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**I Day Care Community-Based Services**

- 1.1.1
- 1.1.2
- 1.1.3
- 1.1.4
- 1.1.5
- 1.1.6
- 1.1.7
- 1.2.1
- 1.2.2
- 1.2.3
- 1.2.4
- 2.1.1
- 2.1.2
- 2.1.3
- 2.1.4
- 2.1.5
- 2.1.6
- 2.2.1
- 2.2.2
- 2.2.3
- 2.2.4
- 2.3.1
- 2.3.2
- 2.3.3
- 2.3.4
- 2.4.1
- 2.4.2
- 2.4.3

**II Services for Independent Living**

- 4.1
- 4.2
- 4.3
- 6.1.1
- 6.1.2
- 6.2.1
- 6.2.2
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<td>Number of households/ families</td>
<td>Service provision intensity</td>
<td>Total number of caregivers</td>
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<td>Number of households/ families</td>
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**PERSONAL ASSISTANT AND CHILD PERSONAL ATTENDANT**

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<th>Number of households</th>
<th>Number of days per week</th>
<th>Number of hours per day</th>
<th>Number of assistants and attendants</th>
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### Personal Assistant and Child Attendant

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<th>Number of Hours per Day</th>
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### Family Outreach Worker (A)

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### Table 3.2. Day Care

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<td>DC for adults (PWD)</td>
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### Table 3.3. Day Care for Children in Conflict with the Law, Drop-in Centre, Protected Housing, Shelters, Respite Care and Clubs

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### TABLE 3.4. COUNSELLING SERVICE

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### TABLE 3.5. OTHER SERVICES

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### TABLE 4. EXPENDITURES ON SOCIAL CARE SERVICES 2018

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<th>Total annual expenditures on the service in 2018 (RSD)</th>
<th>Number of months of service provision in 2018</th>
<th>Specify from which to which month the service was provided using the drop-down menu (1-12)</th>
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#### I DAY CARE COMMUNITY-BASED SERVICES
### II SERVICES FOR INDEPENDENT LIVING

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### III EMERGENCY AND TEMPORARY ACCOMMODATION SERVICES

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### IV COUNSELLING/THERAPY AND SOCIAL/EDUCATIONAL SERVICES

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### V OTHER SERVICES

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<th>Beneficiary co-payment amount</th>
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**II SERVICES FOR INDEPENDENT LIVING**

| 4.1 | Personal assistant                                                     |                                              |                                                                                    |                                                                                 |                                                                                 |                                |                                                                                 |                                                                                |
| 4.2 | Personal assistant                                                     |                                              |                                                                                    |                                                                                 |                                                                                 |                                |                                                                                 |                                                                                |
| 4.3 | Similar service (specify)                                              |                                              |                                                                                    |                                                                                 |                                                                                 |                                |                                                                                 |                                                                                |
| 6.11 | Protected housing (youth)                                              |                                              |                                                                                    |                                                                                 |                                                                                 |                                |                                                                                 |                                                                                |
| 6.1.2 | Protected housing (youth) |
| 6.2.1 | Protected housing (PWD) |
| 6.2.2 | Protected housing (PWD) |

### III EMERGENCY AND TEMPORARY ACCOMMODATION SERVICES

| 7.1.1 | Shelter for adults/the elderly |
| 7.1.2 | Shelter for adults/the elderly |
| 7.2.1 | Shelter for children |
| 7.2.2 | Shelter for children |
| 7.3.1 | Shelter for victims of violence |
| 7.3.2 | Shelter for victims of violence |
| 7.4.1 | Shelter for victims of human trafficking |
| 7.4.2 | Shelter for victims of human trafficking |

| 8.1 | Respite care |
| 8.2 | Respite care |

### IV COUNSELLING/THERAPY AND SOCIAL/EDUCATIONAL SERVICES

| 9.1 | Counselling |
| 9.2 | Counselling |
| 10.1 | Family outreach worker |
| 10.2 | Similar service (specify) |
| 10.3 | Similar service (specify) |

### V OTHER SERVICES

<p>| 11.1 | Clubs |
| 11.2 | Clubs |
| 12.1 | |
| 12.2 | |
| 12.3 | |
| 12.4 | |
| 12.5 | |
| 12.6 | |
| 12.7 | |
| 12.8 | |</p>
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**II SERVICES FOR INDEPENDENT LIVING**

| 6.1 | Protected housing (youth)                                             | □                  | □                  | □                      | □                      | □                       | □                  | □      | □ | □                          |
| 6.2 | Protected housing (youth)                                             | □                  | □                  | □                      | □                      | □                       | □                  | □      | □ | □                          |
### III EMERGENCY AND TEMPORARY ACCOMMODATION SERVICES

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### IV COUNSELLING/THERAPY AND SOCIAL/EDUCATIONAL SERVICES

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### V OTHER SERVICES

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**II SERVICES FOR INDEPENDENT LIVING**

| 4.1   | Personal assistant |
| 4.2   | Personal assistant |
| 4.3   | Similar service (specify) |
| 6.1.1 | Protected housing (youth) |
| 6.1.2 | Protected housing (youth) |
| 6.2.1 | Protected housing (PWD) |
| 6.2.2 | Protected housing (PWD) |

**III EMERGENCY AND TEMPORARY ACCOMMODATION SERVICES**

| 7.1.1 | Shelter for adults/the elderly |
| 7.1.2 | Shelter for adults/the elderly |
| 7.2.1 | Shelter for children |
| 7.2.2 | Shelter for children |
| 7.3.1 | Shelter for victims of violence |
| 7.3.2 | Shelter for victims of violence |
| 7.4.1 | Shelter for victims of human trafficking |
| 7.4.2 | Shelter for victims of human trafficking |
| 8.1   | Respite care |
| 8.2   | Respite care |

**IV COUNSELLING/THERAPY AND SOCIAL/EDUCATIONAL SERVICES**

| 9.1   | Counselling |
| 9.2   | Counselling |
| 10.1  | Family outreach worker |
| 10.2  | Similar service (specify) |
| 10.3  | Similar service (specify) |
### V OTHER SERVICES

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8. INTER-SECTORAL COOPERATION 2018

Table 8.1. refers to data is there cooperation among different sectors (social protection and education and/or health care and/or ......employment), formalised through signed protocols?

If the answer is YES, tick the box under the question. In the field below, state the exact title of the protocol, the service it refers to and the sectors that signed it (e.g. an inter-sectoral protocol for the home care service has been signed by the LSG, CSW, the Health Centre and a non-governmental organisation - NGO, aimed at ensuring the provision of higher quality home care). Furthermore, give a short description of the service or support provided through inter-sectoral cooperation (a service or a particular measure implemented through the cooperation of various sectors).

Table 8.2. refers to data does the local government also cooperate with other institutions/organisations in the implementation of inter-sectoral measures/policies/services, except CSW?

(Tick the relevant box. Multiple options may be selected.)

- [ ] with schools
- [ ] with the preschool institution
- [ ] with the Health Centre
- [ ] other

Table 8.3. refers to data related to selection of a maximum of 3 institutions/organisations with whom the LSG has cooperated most intensely and assess the intensity of that cooperation?

(Select the institution/organisation and the relevant level of cooperation.)

<table>
<thead>
<tr>
<th>Institution / organization</th>
<th>Low</th>
<th>Medium</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Centre for Social Work (CSW)</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>[ ] school</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>[ ] preschool institution</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>[ ] Health Centre</td>
<td>□</td>
<td>□</td>
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</tr>
<tr>
<td>[ ] other</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

TABLE 8.4. REFERS TO DATA RELATED TO INFORMATION ARE THERE INTEGRATED SERVICES IN LSG? IF YES, LSG ARE INVITED TO STATE THE NAME OF THE SERVICE.: 

PLEASE DESCRIBE THE SERVICE IN ONE SENTENCE:

________________________________________________________________________

________________________________________________________________________
IF SUCH A SERVICE EXISTS, IT IS PROVIDED THROUGH COOPERATION OF THE FOLLOWING SECTORS/INSTITUTIONS

COOPERATION BETWEEN

☐ CSW and NES (if CSW is the service provider)
☐ CSW and a school
☐ CSW and a preschool institution
☐ Health Centre and a service provider
☐ CSW and an NGO (if NGO is the service provider)
☐ CSW, an NGO and the police (if NGO is the service provider)
☐ A school and an NGO (if NGO is the service provider)
☐ A preschool institution, CSW and an NGO (if NGO is the service provider)
☐ other
☐ other

9. SERVICE DEVELOPMENT LEVEL 2018

REASONS FOR INSUFFICIENT SERVICE DEVELOPMENT

Table 9.1. refers to data of LSG personal opinion, do social care services fulfil the needs of community? (please tick the relevant box)

☐ YES, entirely
☐ YES, partially
☐ NO

Table 9.2. refers to information what is the LSG opinion on what is the most important for insufficient development of social care services in its local community.

☐ Insufficient funds
☐ Lack of service provision staff
☐ Insufficient funds and the lack of service provision staff
☐ Inadequate knowledge to establish a service
☐ Other (please specify)

Table 9.3. follow the previous question.

In the table below, for each of the existing social care services, select one of the reasons for their insufficient development level according to your opinion.

1. No need for this service at the local level / few potential clients
2. Highly dispersed or remote settlements in which potential clients live
3. Inadequate knowledge to establish the service
4. Lack of service provision staff
5. The service is not a priority
6. Other (please specify)
<table>
<thead>
<tr>
<th>#</th>
<th>Service</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1.1</td>
<td>Home care for adults and the elderly</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>1.2.1</td>
<td>Home care for children/youth</td>
<td></td>
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</tr>
<tr>
<td>2.1.1</td>
<td>DC for children/youth with disabilities</td>
<td></td>
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<tr>
<td>2.2.1</td>
<td>DC for adults (PWD)</td>
<td></td>
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<tr>
<td>2.3.1</td>
<td>DC for the elderly</td>
<td></td>
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</tr>
<tr>
<td>2.4.1</td>
<td>DC for children/youth in conflict with the law</td>
<td></td>
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<td>3.1</td>
<td>Drop-in centre</td>
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<td>4.1</td>
<td>Personal assistant</td>
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<td>5.1</td>
<td>Personal child attendant</td>
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<tr>
<td>6.1.1</td>
<td>Protected housing (youth)</td>
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<tr>
<td>6.2.1</td>
<td>Protected housing (PWD)</td>
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<tr>
<td>7.1.1</td>
<td>Shelter for adults/the elderly</td>
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<tr>
<td>7.2.1</td>
<td>Shelter for children</td>
<td></td>
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<tr>
<td>7.3.1</td>
<td>Shelter for victims of violence</td>
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<tr>
<td>7.4.1</td>
<td>Counselling</td>
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<td>8.1</td>
<td>Respite care</td>
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<tr>
<td>9.1</td>
<td>Counselling</td>
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<td>10</td>
<td>Family outreach worker</td>
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<td>11.1</td>
<td>Clubs</td>
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<tr>
<td>11.2</td>
<td>Clubs</td>
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</tbody>
</table>
**PART II**

**MATERIAL SUPPORT IN 2018 (CASH AND IN-KIND BENEFITS PROVIDED FROM LOCAL SELF-GOVERNMENT BUDGETS)**

**QUESTIONNAIRE**

**MAPPING MATERIAL SUPPORT**

Name of municipality/city

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Name of the organisation/institution/department</th>
<th>Mobile phone number</th>
<th>Landline phone number</th>
<th>E-mail</th>
</tr>
</thead>
<tbody>
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<tr>
<td>Table 10. CASH BENEFITS 2018</td>
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<td>-----------------------------</td>
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<tr>
<td><strong>#</strong></td>
<td>Cash benefit from the LSG budget - one-off cash benefit (2018)</td>
<td>&quot;Number of households (average, monthly in 2018) /the number includes all single- and multi-member households/&quot;</td>
<td>Number of persons/individuals living in these households (average, monthly in 2018)</td>
<td>Number of persons/individuals if the records are kept for individuals rather than households (average, monthly in 2018)</td>
<td>Total annual expenditures (2018)</td>
</tr>
<tr>
<td>I FINANCIAL SUPPORT FOR BENEFICIARIES WHO ALSO RECEIVE FSA FROM THE NATIONAL BUDGET (2018)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>A 1</td>
<td>Financial support/assistance for beneficiaries who also receive FSA (enter the exact name of the benefit scheme)</td>
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<tr>
<td>A 1.1</td>
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<td>A 1.2</td>
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<td>A 1.3</td>
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<td>A 1.4</td>
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<td>A 1.5</td>
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<td>A 1.6</td>
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<td>A 1.7</td>
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<td>A 1.8</td>
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<tr>
<td>A 2</td>
<td>Financial support on the grounds of work engagement of FSA recipients (enter the exact name of the benefit scheme)</td>
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<tr>
<td>A 2.1</td>
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<td>A 2.2</td>
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<td>A 2.3</td>
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<td>A 2.4</td>
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<td>A 2.5</td>
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<tr>
<td>II FINANCIAL SUPPORT FOR OTHER POOR PERSONS (MEANS-TESTED FINANCIAL SUPPORT) (2018)</td>
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<tr>
<td>B 1</td>
<td>Financial support/assistance for other poor persons subject to a means test (enter the exact name of the benefit scheme)</td>
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<tr>
<td>B 1.1</td>
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<td>B 1.2</td>
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<td>B 1.3</td>
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<td>B 1.4</td>
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<td>B 1.5</td>
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<td>B 1.6</td>
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<td>B 1.7</td>
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<td>B 1.8</td>
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<tr>
<td>B 2</td>
<td>Financial support on the grounds of work engagement of other poor persons (enter the exact name of the benefit scheme)</td>
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<tr>
<td>B 2.1</td>
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<td>B 2.2</td>
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<td>B 2.3</td>
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<td>B 2.4</td>
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<td>B 2.5</td>
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<tr>
<td>III CASH BENEFITS FOR VULNERABLE GROUPS WITHOUT A MEANS TEST (CATEGORY-SPECIFIC CASH BENEFITS) (2018)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>C</td>
<td>Total cash benefits for specific categories / vulnerable groups (enter the exact name of the benefit scheme)</td>
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<tr>
<td>C.1</td>
<td></td>
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<td>C.2</td>
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<td>C.4</td>
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<tr>
<td>C.5</td>
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<tr>
<td>IV BIRTH-RELATED CASH BENEFITS (WITHOUT A MEANS TEST) (2018)</td>
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<tr>
<td>D</td>
<td>Total birth-related cash benefits (enter the exact name of the benefit scheme)</td>
<td></td>
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<tr>
<td>D.1</td>
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<td>D.2</td>
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<td>D.4</td>
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<td>D.5</td>
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</tr>
</tbody>
</table>

Mapping Social Care Services and Material Support Within the Mandate of Local Self-Governments in the Republic of Serbia
### TABLE 10.A - WORKFARE PROGRAMME

**WORKFARE OF FINANCIAL SUPPORT RECIPIENTS:** in the list below select the type of work engagement of financial support recipients that was predominant in 2018. Please take note of some of the common combinations that exist in practice. Only one type of work engagement should be selected.

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Work in public utility enterprises</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Work in public health care institutions</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Provision of assistance to elderly households (as part of HC)</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Provision of the personal assistant and personal child attendant service</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Work in public utility enterprises and public health care institutions</td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Provision of assistance to elderly households (as part of HC) and work in public utility enterprises</td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Provision of the personal assistant and personal child attendant service and work in public utility enterprises</td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Work in temporary jobs in preschool institutions</td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Work in temporary administrative jobs in the municipal/city administration</td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Other (please specify)</td>
<td></td>
</tr>
<tr>
<td>k</td>
<td>Other (please specify)</td>
<td></td>
</tr>
<tr>
<td>#</td>
<td>In-kind assistance in 2018</td>
<td>Number of households/families (including single-member households)</td>
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<tr>
<td>---</td>
<td>--------------------------</td>
<td>-------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td><strong>Total number of beneficiaries (households/families) of in-kind assistance</strong></td>
<td><strong>Number of beneficiaries (households/families) of in-kind assistance on average per month in 2018</strong></td>
</tr>
<tr>
<td>I IN-KIND ASSISTANCE FOR BENEFICIARIES OF FSA FROM THE NATIONAL LEVEL (2018)</td>
<td>1</td>
<td>In-kind assistance for FSA recipients (enter the exact name of the assistance scheme)</td>
</tr>
<tr>
<td>II IN-KIND ASSISTANCE FOR OTHER POOR PERSONS (MEANS-TESTED ASSISTANCE) (2018)</td>
<td>2</td>
<td>In-kind assistance for other beneficiaries (enter the exact name of the assistance scheme)</td>
</tr>
<tr>
<td>III IN-KIND ASSISTANCE FOR VULNERABLE GROUPS WITHOUT A MEANS TEST (CATEGORY-SPECIFIC IN-KIND ASSISTANCE) (2018)</td>
<td>3</td>
<td>In-kind assistance for specific categories (enter the exact name of the assistance scheme)</td>
</tr>
<tr>
<td>IV BIRTH-RELATED IN-KIND ASSISTANCE (WITHOUT A MEANS TEST) (2018)</td>
<td>4</td>
<td>Birth-related in-kind assistance (parenthood support) (enter the exact name of the assistance scheme)</td>
</tr>
</tbody>
</table>

* Total annual expenditures on in-kind assistance awarded directly in the form of goods/supplies (including subsidies) should be expressed in RSD equivalent value

**TABLE 11.A. SOUP KITCHEN**

| If your records on soup kitchens/free meals include only the number of provided meals, rather than the number of soup kitchen beneficiaries, please enter the data on the number of meals and the expenditures in 2018, and leave the cells designated for the number of beneficiaries empty. | Average monthly number of free meals in 2018 | Total number of persons receiving free meals, on average per month | Total number of families/households whose members receive free meals, on average per month | Number of persons that use soup kitchens and do not receive any type of financial support | Number of families/households that use soup kitchens and do not receive any type of financial support | Total annual expenditures (2018) |
|---|----------------|---------------------------------|---------------------------------|---------------------------------|----------------------------------|------------------|--------------------------|
| 1 | Soup kitchen / free meals | | | | | | |
## ANNEX 2

### TOTAL EXPENDITURES ON SOCIAL CARE SERVICES WITHIN THE MANDATE OF LSGS, 2018

**LOCAL BUDGET ALLOCATIONS FOR SERVICES AS A PROPORTION OF THE TOTAL LSG BUDGET EXPENDITURES, PER CAPITA EXPENDITURES**

<table>
<thead>
<tr>
<th>Local self-government</th>
<th>Development level group</th>
<th>Population (2017)</th>
<th>Total budget expenditures according to the LSG annual accounts (2018)</th>
<th>Total expenditures on services</th>
<th>Expenditures on services from LSG budgets EET</th>
<th>Share of expenditures on services from the LSG budget EET in the total LSG budget</th>
<th>Total per capita expenditures on services (RSD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F=E/C*100</td>
<td>G=D/B</td>
<td></td>
</tr>
<tr>
<td>1 Ada</td>
<td>II</td>
<td>16,093</td>
<td>599,742,000</td>
<td>7,510,068.00</td>
<td>4,202,498.81</td>
<td>0.70</td>
<td>466.67</td>
</tr>
<tr>
<td>2 Aleksandrovac</td>
<td>II</td>
<td>24,564</td>
<td>639,041,000</td>
<td>4,000,000.00</td>
<td>4,000,000.00</td>
<td>1.00</td>
<td>162.84</td>
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### Mapping Social Care Services and Material Support with the Mandate of Local Self-Governments in the Republic of Serbia

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**Notes:**
- ID: Identification number
- Population: City population
- Social Care Services: Total social care services
- Material Support: Material support
- Notes: Additional notes or references

**Mapping Social Care Services and Material Support within the Mandate of Local Self-Governments in the Republic of Serbia**

**Table:**

- City names are listed in alphabetical order.
- Population figures are rounded to the nearest 1,000.
- Social care services and material support figures are in euros, rounded to the nearest thousand.
- Notes indicate any additional information or caveats.
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A Source: Regulation on Economic Development of Regions and Local Self-Governments in the Republic of Serbia for the year 2014
B Source: DevInfo database, mid-2017 estimate
C Source: Republic Secretariat for Public Policy, 2018
### ANNEX 3

**GROWTH OF LOCAL BUDGET ALLOCATIONS FOR SOCIAL CARE SERVICES WITHIN THE MANDATE OF LSGs**

<table>
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<th>Local government</th>
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<th>Expenditures in 2015</th>
<th>Expenditures in 2015 expressed in RSD 2018</th>
<th>Expenditures 2018 EET</th>
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**Mapping Social Care Services and Material Support within the Mandate of Local Self-Governments in the Republic of Serbia**
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**TOTAL**

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**Source**

Decree Establishing the Single List of Regions and Local Governments by Development Levels for 2014

## HOME CARE
### DISTRIBUTION, AVAILABILITY AND UNIT COST

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## ANNEX 6

### DAY CARE FOR CHILDREN WITH DISABILITIES

**DISTRIBUTION, AVAILABILITY AND UNIT COST**

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### TABLE 1: SHARE OF EXPENDITURES ON CASH BENEFITS AND IN-KIND ASSISTANCE IN THE TOTAL EXPENDITURES ON MATERIAL SUPPORT, 2018

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A: Source: Regulation on Economic Development of Regions and Local Self-Governments in the Republic of Serbia for the year 2014

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A: Source: Regulation on Economic Development of Regions and Local Self-Governments in the Republic of Serbia for the year 2014
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<td>Žitište</td>
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Non-weighted average | 22.3 | 5.0 | 19.5 | 3.4 | 22.5 | 27.3 |
Weighted average | 24.3 | 5.4 | 5.5 | 30.0 | 18.4 | 16.4 |
<table>
<thead>
<tr>
<th>Local self-government</th>
<th>Development level group</th>
<th>Expenditures on work engagement (RSD)</th>
<th>Share in expenditures on means-tested benefits, %</th>
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<tr>
<td>Aleksinac</td>
<td>IV</td>
<td>3,988,842</td>
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<td>Bač</td>
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<td>1,233,135</td>
<td>15.8</td>
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<td>Bela Palanka</td>
<td>IV D</td>
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<td>Beograd</td>
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<td>Bojniki</td>
<td>IV D</td>
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<td>Kula</td>
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<td>Lebane</td>
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<td>Ljubovija</td>
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<td>Majdanpek</td>
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<td>IV D</td>
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<td>Niš</td>
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<td>230,900</td>
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<td>Sremska Mitrovica</td>
<td>II</td>
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<td>Svrljig</td>
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<td>Trstenik</td>
<td>III</td>
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<td>Užice</td>
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<td>Varvarin</td>
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<td>2,418,390</td>
<td>28.2</td>
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<td>Veliko Gradište</td>
<td>III</td>
<td>1,788,750</td>
<td>13.2</td>
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<td>Vladičin Han</td>
<td>IV D</td>
<td>300,000</td>
<td>4.8</td>
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<tr>
<td>Vranje</td>
<td>II</td>
<td>60,000</td>
<td>0.5</td>
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<tr>
<td>Vršac</td>
<td>I</td>
<td>370,000</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>369,109,731</strong></td>
<td><strong>22.2</strong></td>
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</table>
# ANNEX 8

## EXAMPLE OF THE COMPLETED QUESTIONNAIRE FOR MATERIAL SUPPORT WITHIN THE MANDATE OF LSGS

<table>
<thead>
<tr>
<th>TABLE 1. CASH BENEFITS FROM THE LSG BUDGET / FINANCIAL SUPPORT IN 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>I FINANCIAL SUPPORT FOR BENEFICIARIES WHO ALSO RECEIVE FSA FROM THE NATIONAL BUDGET (2018)</strong></td>
</tr>
<tr>
<td><strong>A 1</strong> Financial support/assistance for beneficiaries who also receive FSA (enter the exact name of the benefit scheme)</td>
</tr>
<tr>
<td>A 1.1. One-off cash benefit for FSA recipients</td>
</tr>
<tr>
<td>A 1.2. One-off emergency benefit</td>
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<tr>
<td>A 1.3. Occasional one-off cash benefit (School supplies for pupils/students receiving FSA)</td>
</tr>
<tr>
<td>A 1.4. Occasional one-off cash benefit (Transportation of pupils/students whose families are FSA recipients)</td>
</tr>
<tr>
<td>A 1.5. Ongoing cash benefit for single-parent families who are FSA recipients</td>
</tr>
<tr>
<td>A 1.6. Occasional one-off cash benefit (Financial social assistance recipients aged 65+)</td>
</tr>
<tr>
<td>A 1.7. One-off benefit for covering the costs of medical treatment and health assessment</td>
</tr>
<tr>
<td>A 1.8. One-off cash benefit for placement of FSA recipients in social care institutions</td>
</tr>
<tr>
<td><strong>A 2</strong> Financial support on the grounds of work engagement of FSA recipients (enter the exact name of the benefit scheme)</td>
</tr>
<tr>
<td>A 2.1. One-off cash benefit on the grounds of work engagement of FSA recipients</td>
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</table>

<table>
<thead>
<tr>
<th><strong>II FINANCIAL SUPPORT FOR OTHER POOR PERSONS (MEANS-TESTED FINANCIAL SUPPORT) (2018)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>B 1</strong> Financial support/assistance for other poor persons subject to a means test (enter the exact name of the benefit scheme)</td>
</tr>
<tr>
<td>B 1.1. One-off cash benefit</td>
</tr>
<tr>
<td>B 1.2. One-off cash benefit to socially disadvantaged families for children in primary school grades I-VIII</td>
</tr>
<tr>
<td>B 1.3. One-off benefit for individuals and families in financial hardship</td>
</tr>
<tr>
<td>B 1.4. Housing and living allowances for members of socially disadvantaged families</td>
</tr>
<tr>
<td>B 1.5. Assistance for financially disadvantaged, unemployed students</td>
</tr>
<tr>
<td>B 1.6. Cash benefits for the purchase of clothes and footwear</td>
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<tr>
<td>B 1.7. One-off benefit for minimum pension recipients</td>
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<tr>
<td><strong>B 2</strong> Financial support on the grounds of work engagement of other poor persons (enter the exact name of the benefit scheme)</td>
</tr>
<tr>
<td>B 2.1. One-off cash benefit as remuneration for work engagement</td>
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</table>
### III CASH BENEFITS FOR VULNERABLE GROUPS WITHOUT A MEANS TEST (CATEGORY-SPECIFIC CASH BENEFITS) (2018)

<table>
<thead>
<tr>
<th>C</th>
<th>Total cash benefits for specific categories / vulnerable groups (enter the exact name of the benefit scheme)</th>
</tr>
</thead>
<tbody>
<tr>
<td>C.1.</td>
<td>Ongoing cash benefit for children without parental care placed in residential or foster care</td>
</tr>
<tr>
<td>C.2.</td>
<td>Ongoing cash benefit for victims of violence</td>
</tr>
<tr>
<td>C.3.</td>
<td>University/college student scholarships</td>
</tr>
<tr>
<td>C.4.</td>
<td>Secondary school student scholarships</td>
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<tr>
<td>C.5.</td>
<td>One-off cash benefit for children with developmental disabilities</td>
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<tr>
<td>C.6.</td>
<td>Cash benefits as fire damage relief</td>
</tr>
<tr>
<td>C.7.</td>
<td>Cash benefit for families with severely ill members</td>
</tr>
<tr>
<td>C.8.</td>
<td>Cash benefit and support for incapacitated individuals and families with incapacitated members</td>
</tr>
<tr>
<td>C.9.</td>
<td>One-off benefit for multi-child families</td>
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### IV BIRTH-RELATED CASH BENEFITS (WITHOUT A MEANS TEST) (2018)

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<th>D</th>
<th>Total birth-related cash benefits (enter the exact name of the benefit scheme)</th>
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<tr>
<td>D.1.</td>
<td>Ongoing cash benefit (for parents of triplets, quadruplets, quintuplets, sextuplets and two sets of twins)</td>
</tr>
<tr>
<td>D.2.</td>
<td>Cash benefit for new mothers</td>
</tr>
<tr>
<td>D.3.</td>
<td>Cash benefit for unemployed new mother</td>
</tr>
<tr>
<td>D.4.</td>
<td>Cash benefit for first-born children</td>
</tr>
<tr>
<td>D.5.</td>
<td>Cash benefit for third-born children</td>
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<tr>
<td>D.6.</td>
<td>Cash benefit for triplets</td>
</tr>
<tr>
<td>D.7.</td>
<td>One-off cash benefit for newborn children</td>
</tr>
<tr>
<td>D.8.</td>
<td>First Baby of the New Year Prize</td>
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