



# **FINAL EVALUATION**

**Transforming Residential Institutions for Children  
and Developing Sustainable Alternatives**

**Financed by the EU, implemented by UNICEF Serbia**

**Prepared by Ana Redžić  
June 2011**

## CONTENTS

Acronyms and abbreviations	4
<b>1. EXECUTIVE SUMMARY</b>	
1.1 Context	5
1.2 UNICEF intervention	5
1.3 Main Results	6
1.4 Project relevance	7
1.5 Project effectiveness and impact	7
1.6 Lessons learned	7
1.7 Recommendations	8
<b>2. PROJECT DESCRIPTION</b>	
2.1 Background	9
2.2 UNICEF intervention	10
2.3 Expected results and measurable indicators	11
<b>3. THE ROLE OF PARTNERS INVOLVED</b>	12
3.1 Development of the Working Groups	13
<b>4. PURPOSE OF EVALUATION</b>	12
4.1 Evaluation Criteria	13
4.2 Evaluation scope and objectives	13
4.3 Evaluation methodology and design	13
4.4 Ethical issues	14
<b>5. EVALUATION FINDINGS</b>	<b>16</b>
5.1 Cumulative assessment of results achieved	17
5.2 Results presented through the project components	20
5.2.1 Transformation of residential institutions and inter-municipal and operational planning	20
5.2.2 Strengthening accountability and independent monitoring	23
5.2.3 Strengthening and expanding the existing foster care system and developing urgent and specialized foster care	25
5.2.4 Health-care family support in maternity hospitals	29
5.3 Results presented against evaluation criteria	31
5.3.1 Relevance	31
5.3.2 Effectiveness	32
5.3.3 Sustainability	36
5.3.4 Impact of project intervention	37
5.3.5 Human rights based approach to programming and relevant cross cutting issues	38
5.4 Coordination with other donors' projects	39
<b>6. EVALUATION CONSTRAINTS</b>	<b>39</b>
<b>7. CHALLENGES PUTTING AT RISK FURTHER TRANSFORMATION OF RESIDENTIAL INSTITUTIONS AND DEVELOPMENT OF FOSTER CARE</b>	<b>40</b>

<b>8.</b>	<b>CONCLUSIONS.....</b>	<b>41</b>
<b>9.</b>	<b>RECOMMENDATIONS.....</b>	<b>42</b>
9.1	Recommendations for Ministry of Labour and Social Policy .....	42
9.2	Recommendations for Ministry of Health .....	43
9.3	Recommendations for UNICEF .....	43
<b>10.</b>	<b>GOOD PRACTICES AND LESSONS LEARNED.....</b>	<b>44</b>
10.1	Good practices.....	44
10.2	Lessons learned.....	45
	Annex 1: Evaluation Agenda (interviews / field visits).....	
	Annex 2: Interview questions .....	
	Annex 3: Sources of data.....	

## **ACCRONIMS AND ABBREVIATIONS**

BFHI	Baby Friendly Health Initiative in Hospitals
CLDS	Center for Liberal Democratic Studies
CSW	Center for Social Work
CBS	Community Based Services
EU	European Union
LEX	League of experts
LSG	Local Self Government
MoH	Ministry of Health
MoU	Memorandum of Understanding
MoLSP	Ministry of Labour and Social Policy
MoPALSG	Ministry of Public Administration and Local Self Governments
MP	Master Plan for transformation of residential institutions
NPM	National Preventive Mechanism
OPCAT	Optional Protocol to the Convention Against Torture
RFC	Regional Fostering Center
SC	Steering Committee
SIF	Social Innovation Fund
SWDS	Social Welfare Development Strategy
SWL	Social Welfare Law
WG	Working Group
WGAMMI	Working Group on Strengthening Accountability and Monitoring Mechanism
WGFOs	Working Group on General and Specialized Fostering
WGHFSH	Working Group on Health Care and Family Support in Hospitals
WGTRI	Working Group on Transformation of Residential Institutions and Individual Operational Planning

## SECTION 1: EXECUTIVE SUMMARY

This is the report of final evaluation of the project “Transforming Residential Institutions for Children and Developing Sustainable alternatives”, implemented by UNICEF Serbia between 2008 and 2011. The main purpose of this document is to evaluate the final results and achievements of the project in relation to the project log-frame. The broader purpose is to:

- Evaluate contribution of the project to the implementation of the Social Welfare Development Strategy, including contribution to the development of new policies and legislation in the area of child care;
- Identify approaches that were vital for the achievement of results as well as lessons learned and good practice examples that can become a knowledge base for future programming;
- Provide insight into the current status of child care system and strategic recommendations for the next steps in the reform process relevant for all engaged stakeholders.

### 1.1 Context

In 2005 Government of Serbia adopted the Social Welfare Development Strategy (SWDS), main strategic framework for the reform of social welfare system. One of the main goals of SWDS is “improvement of offer and quality of services in all forms of residential placement of beneficiaries”. The strategy foresees decrease of number of children placements in residential institutions and introduction and application of new methodological approaches, new organization of work and guaranteed quality of services, which are to greatest possible extent adjusted to beneficiaries’ needs. The strategy envisages development of new services and service departments which would support the life of children with disabilities or without parental care in the community, such as foster care, respite care, etc.

### 1.2 UNICEF intervention

To respond to the needs of Government of Serbia and more specifically, Ministry of Labour and Social Policy, UNICEF has made a decision to assist MoLSP in their efforts to improve quality of services in residential placements and decrease the number of children placed in residential institutions, through their transformation. UNICEF, in close cooperation with MoLSP, designed the project “Transforming Residential Institution for Children and Developing Sustainable Alternatives”, which started in 2008, funded by the European Union. The intervention was built on results and recommendations from a previous external evaluation of deinstitutionalization process in Serbia (2006) and Assessment of Child Protection in Serbia, conducted in 2007.

The overall **purpose** of the project was to reduce the number of children in residential institutions in Serbia by 25% by 2011, through the transformation of residential institutions and development of local institutional capacities for provision of family support and family substitute services.

The implementation of the project was organized through four components, with the establishment of four multi-sector thematic Working Groups:

1. Transformation of institutions and inter-municipal and operational planning for children;
2. Strengthening accountability and monitoring mechanism;
3. General and specialized fostering;
4. Health-care family support in maternity hospitals.

Respective multi-sector Working Groups consisted of representatives of relevant ministries, experts, practitioners, representatives of professional associations and representatives of trade unions. The main role of Working Groups was to advise and oversee project implementation as well as to provide strategic direction and endorse policy documents and recommendations.

The technical and organizational support to these four Working Groups was provided through four UNICEF contracting partners, who worked closely with Project Management Unit and who were ultimately responsible for implementation of these project's components.

### 1.3 Main Results

During last three years the number of children in residential institutions has dropped for 29,5%. Project made significant progress towards achieving the project purpose, through the efforts and results made that could be assessed from two perspectives: First, the results and impact that the project made on the legislative framework through which further transformation of residential institutions for children will be pursued, and the second, the results made in developing education programmes and capacity building of stakeholders to enable them to respond to reforms.

Through wide participatory approach the **Master Plan for Transformation of Residential Institutions for Children** for the period 2009 – 2013 has been developed. Master Plan focuses on decreasing the number of children placed in homes for children without parental care by 50% during next five years, increasing the number of foster families and maintaining and developing social care services within local communities. The main target of the Master Plan is **transformation of all residential institutions** for children without parental care **into small capacities centres for temporary/prolonged placement of children with disability** and **development of other services**, in accordance with the needs in local community. An important aspect is **a ban on the admission of children aged zero to three years into residential institutions**.

**Individual Operational Plans (IOP)** for institutions have been developed for 12 residential institutions for children without parental care intended to enter the process of transformation. IOPs provided a set of recommendations for the framework for transformation of institutions, development of the social care services in the next five years and resources needed for this process. In addition to this, IOPs for 5 more residential institutions for children without parental care in Belgrade have been completed.

**Two Regional Plans for Niš district and South Banat district** have been developed with the purpose to map the services needed in both regions and propose the sets of measures and actions to ensure deinstitutionalization of children and actions needed to minimize further institutionalization of children.

Main inputs from the Master Plan have been included in the new **Decision on Network of Residential Institutions**, which establishes legal framework for the transformation of institutions to be endorsed.

Furthermore, significant inputs from the Master Plan have been incorporated in the new Social Welfare Law (SWL), which introduced following provisions:

1. A ban on institutionalization of children aged zero to three;
2. Introduction of group homes and small residential units as new forms of placement;
3. Introduction of special purpose transfers for community based services for communities where residential institutions will be transformed, and
4. Financing of supported housing services for persons with disabilities from the national level.

Project provided also significant inputs to the new Social Welfare Law in relation to strengthening accountability and monitoring mechanism of staff in residential institutions for children, through special provisions regulating membership of the **Governing Boards** in residential institutions and **sanctioning** of inappropriate code of conduct of staff in residential institutions for children.

Very good results have been achieved through providing support and strengthening of foster care in Serbia. Project directly influenced the new Social Welfare Law to give priority to the foster care as one of the forms of alternative family placement. The new Law regulates the types of foster care, standards and requirements for the assessment of suitability for the provision of family placement. Furthermore, it regulated the status of foster families and financial support to them.

A specific Model for Individual Assessment of the Needs for Children with Disabilities and Their Families has been developed through this project. This model supposes to introduce a more systematic approach in assessing the needs of children with disabilities, identifying the advantages and constraints in order to provide inputs to development of the individual plan of social protection for children with disabilities.

The project strengthened the mechanism for prevention of further institutionalization of newborn children with disabilities, at the level of maternity hospitals, through development of a new model of actions and procedures. The new model includes the new way of establishing communication with the parents of new born children with disabilities, through a holistic approach. This model became an integral part of the Professional Methodological Guidance for Implementation of National Health Programme for Children, Youth and Women.

The project encouraged wide participatory approach of all important stakeholders and their active contribution to all phases of project implementation. Project significantly built capacities of all stakeholders involved through various educational programmes designed and accredited.

#### **1.4 Project Relevance**

The project "Transforming residential institutions for children and developing sustainable alternatives" has been relevant and appropriate for the context and within the overall efforts of the Government of Serbia to reform social welfare system. It was consistent with the main policy documents and strategic plans developed at the national level, such as Social Welfare Development Strategy and National Action Plan for Children (2004-2013).

#### **1.5 Project Effectiveness and impact**

Project has a very good record of success in completing project activities, and in achieving most of the expected results. The project made significant impact on legislative framework in Serbia, through incorporation of provisions in the new Social Welfare Law. The new Law creates an environment for successful implementation of transformation of residential institutions for children, prevention of further institutionalization of newborn children at risk and further development of all types of foster care in Serbia, regulating their standards, functioning and financing.

Project built capacities of the child care system to respond to the needs of the most vulnerable groups of children in Serbia and brought systemic changes through development of policies and procedures, which will, if implemented accordingly, contribute to the realization of the child's right to live in a family environment.

#### **1.6 Lessons Learned**

The project's progress over the period 2008 and 2011 generates number of lessons learned that could be used for future programming:

1. **Importance of a broad participatory approach of all stakeholders**, which was crucial in ensuring their ownership of project's results;
2. **Changing of legislative framework** through which transformation process could be pursued needs to be followed by **intensive capacity building** of all important stakeholders, as to ensure adequate implementation of new legislation;
3. Investing efforts into creating **a mechanism at the operational level of the leading ministry**, which could ensure sustainability of the management of the reforms, beyond external support;
4. Investing sufficient time and resources into **creating partnerships and functioning channels of communication** between MoLSP and residential institutions, which could decrease the resistance of residential institutions towards transformation process and ensure sustainability of the reform;

5. Strengthening the **cooperation with local self governments** from the beginning of transformation process to ensure their support to development and sustainability of community based services.

## 1.7 Recommendations

The recommendations proposed in this report are divided into three groups and entail a set of actions that need to be taken up primarily by the Ministry of Labour and Social Policy to ensure continuation of transformation of residential institutions for children and further development of the foster care, building on results achieved during the implementation of this project. However, besides recommendations for MoLSP this section also contains recommendations for the Ministry of Health and UNICEF.

**Recommendations for MoLSP** include a set of actions aimed at improving management capacities and further planning of transformation of residential institutions within the MoLSP, provision of further support and education to residential institutions, establishment and capacity building of new Regional Centers for Fostering, strengthening of partnerships with local self governments and improvement of data about children.

In terms of **recommendations for the Ministry of Health**, they are mostly related to creation of conditions for further and full implementation of Professional Methodological Guidance for Implementation of National Health Programme for Children, Youth and Women throughout Serbia in all maternity hospitals (with respect to communication aspect), further education of medical staff (medical doctors, nurses) and necessary actions for further strengthening of communication with parents of newborns at risk, with the aim to minimize institutionalization of such newborns.

Special attention has been given to recommendations that might help finalization of the Action Plan for implementation of Baby Friendly Health Initiative in Hospitals.

And last but not least, this section contains a number of **recommendations for UNICEF** with the aim to improve future programming and consider possibility to provide further support to transformation of residential institutions. Main recommendations relate to use of experiences, knowledge, lessons learned and partnerships created through this project to support transformation of big residential institutions accommodating children with disabilities. Recommendations are also related to provision of support to civil society and independent institutions to enable them to independently monitor further transformation of residential institutions and continuation of cooperation with MoH on finalization of the Action Plan for BFHI to ensure it focuses enough on the communication aspect and activities necessary for providing further prevention mechanism to institutionalization of newborn children at risk.

## **SECTION 2: PROJECT DESCRIPTION**

### **2.1 Background**

In 2005 Government of Serbia adopted the Social Welfare Development Strategy (SWDS), the main strategic framework for the reform of social welfare system in Serbia. The overall goal of the reform is development of integral welfare system in which social actors use existing resources in the most efficient way, along with the development of new resources to create accessible, high quality and diverse services. The main aspects of social policy reform, stipulated in SWDS are deinstitutionalization, decentralization and democratization of social care and protection services, involvement of local community in provision of social services and greater partnership with civil society.

In the past, high level centralization, limited budgets of local self governments and their insufficient engagement in social welfare system caused a situation where community based services were not developed to enable children to satisfy their needs in their family, be it close or extended family, in an efficient way. This resulted in overemphasized placement of children in residential institutions even when actual situations did not always require such measures. Furthermore, centralized approach in planning placements to residential institutions, combined with insufficient financial and human resources at the local level created layers of institutions not able to either efficiently meet the needs of children or offer adequate services.

One of the main goals of SWDS is “improvement of offer and quality of services in all forms of residential placement of beneficiaries”. The strategy foresees decrease of number of children placement in residential institutions and introduction and application of new methodological approaches, new organization of work and guaranteed quality of services, which are to greatest possible extent adjusted to beneficiaries’ needs. The strategy envisages development of new services and service departments which would support living of children with disabilities or without parental care in the community, such as foster care, respite care, etc.

In addition to transformation of institutions and development of new services, the strategy foresees a comprehensive programme of building capacities of the cadre/staff of residential institutions for their new competencies and duties.

The other policy document that puts a great emphasis on deinstitutionalization and encourages family based care is National action Plan for Children, adopted by the Government of Serbia in 2004. The National Action Plan for Children (2004-2013) presents sets of measures, activities and programmes that should be undertaken in order to create as favourable as possible conditions for children development and social integration.

Ministry of Social Affairs at the time (current Ministry of Labour and Social Policy) started the first steps in transformation of residential institutions in early 2002, as a part of overall reforms of social welfare system.

In 2006 the external evaluation of the deinstitutionalization process was conducted by UNICEF in cooperation with the Ministry of Labour and Social Policy. The evaluation report provided a comprehensive roadmap of short, medium and long-term policy recommendations and actions that need to be taken to achieve deinstitutionalization and transformation of children services.

In 2007 UNICEF conducted an Assessment of Child Protection in Serbia, while in May 2008 UNICEF and MoLSP signed a Memorandum of Understanding (MoU) which represented a framework for cooperation on the development of a comprehensive system of support for children in the community that would reduce the need for institutionalized placements.

## 2.2 UNICEF intervention

Recognizing the ambition of the reforms ahead and the fundamental changes, which need to take place at both national and local levels, UNICEF, in close cooperation with MoLSP, designed the project “Transforming Residential Institution for Children and Developing Sustainable Alternatives”, which started in 2008, financed by the EU.

The overall **purpose** of the project was to reduce the number of children in residential institutions in Serbia by 25% by 2011, through the transformation of residential institutions and development of local institutional capacities for provision of family support and family substitute services.

The **objective of the project** was to ensure full capacity of the child care system in responding to the needs of most vulnerable groups of children in Serbia. In line with Social Welfare Development Strategy and National Action Plan for Children the project aim was to support and assist the Ministry of Labour and Social Policy and Ministry of Health in:

1. Transforming residential institutions into child-centered community based services which respond to local needs
2. Strengthening and expanding the existing foster care system and developing urgent and specialized fostering
3. Building professional capacities needed for transformed and decentralized system of child care

The project purpose was foreseen to be achieved through the following **project activities**:

1. Adoption of the individual operational plan of transformation of social protection institutions based on the analysis of the encountered situation and identified needs, finalization of the master plan for the transformation of institutions, articulation of regional reform plans.
2. Development of the curricula, training programme, and articulation of professional standards for community-based social services in 12 social protection institutions. Development of the programme to be carried out simultaneously with the adoption of individual operational plans of transformation that should give insight into the training needs as a basis for programme development.
3. Organization of training for professional staff of social protection institutions on the delivery of new services, i.e. day care centre activities. The training should involve approx. 240 professionals (approx. 20 x12 institutions).
4. Development of the curricula, training programme, and articulation of professional standards for:
  - a. planning, assessment, preparation and recruitment of foster families, monitoring the child placement and provision of support to children and foster families;
  - b. development of urgent and specialized fostering.
5. Delivery of the training programme for professional staff on: a) planning, assessment, preparation and recruitment of foster families, monitoring child placement and provision of support to children and foster families b) development of specialized/urgent foster care. Training should include approx. 300 professionals from all major cities (22).
6. Assessment, preparation and recruitment of the families for urgent and specialized/ foster care. The training should include approx. 100 families in total.
7. Development of curricula, training programme, and articulation of professional standards for outreach family support services for the provision of the support to families with children with developmental disabilities.
8. Delivery of the training programme for outreach family support services. The training is planned for approx. 5 participants from 22 districts (110 participants).

9. Development of the curricula, training programme, and articulation of standards for provision of guidance and support to parents running the risk of abandoning their children for the social and health care staff of maternity hospital.
10. Delivery of the training programme for social and health care staff of 10 maternity hospitals in Serbia. Training programme planned to be delivered to approx. 50 participants (5 participants per maternity hospitals).
11. Promotional activities for awareness rising throughout the project implementation (production of promotional material, media conferences, round table discussions, press-releases, video spots).

### **2.3 Expected results and measurable indicators**

Expected results and measurable indicators against which the progress of the project will be evaluated are the following:

1. Number of children in institutions decreased by 25 % by the year 2011
2. Number of children in foster families increased by 20% by the year 2011
3. Specialized and urgent foster care models developed – approx. 300 professional staff trained for planning, assessment, preparation and recruitment of foster families, monitoring the child placement and provision of support to children and foster families; 100 foster families trained to take care of children in “special circumstances” within urgent and specialized fostering
4. 25 social protection institutions undergo transformation so that:
  - a. 50% (12 institutions) will transform into community-based social services on the basis of local priorities
  - b. one quarter will be closed
  - c. one quarter will maintain residential capacity for urgent and short-term placement (cumulative result of the activities 1-3)
5. Staffing requirements are met for the delivery of outreach support services for families with children with developmental disabilities (110 professionals from the social and health care system trained)
6. Professionals (social and health care workers) from 10 maternity hospitals are trained for the provision of support to parents with the aim of preventing child abandonment
7. Awareness of the child protection professionals and general public is raised on the need for improved integration and provision of equal opportunities to vulnerable children in Serbia.

### **SECTION 3: THE ROLE OF PARTNERS INVOLVED IN PROJECT IMPLEMENTATION**

The project has been designed with the full involvement of MoLeSP. The design team had regular meetings with MoLSP Assistant Minister responsible for the Child Care and Social Protection to feed back progress on the project design, address any issues arising and to ensure MoLSP support. The full project design was presented to the Minister, State Secretary and relevant Assistant Ministers and received their full endorsement.

In line with UNICEF rules and contracting procedure Project Management Unit (PMU) was created at the beginning of project's implementation, consisting of UNICEF staff. The main task of the PMU was to ensure effective implementation of the project activities and efficient use of financial and human resources.

The primary stakeholder and the partner in this project was Ministry of Labour and Social Policy (MoLSP), which, according to the Social Welfare and Development Strategy, has a key role and main responsibility in transforming institutions for children in Serbia.

Another important stakeholder in this project was Ministry of Health (MoH), since the focus of project activities was on building capacities of health professionals and building the mechanisms for preventing institutionalization of new born children where the risk that parent would abandon their newborns is present.

Taking into consideration the nature of de-institutionalization process and the fact that its successful implementation depends on strong connections between the central and local level, another Ministry that had an important role in this project was the Ministry of Public Administration and Local Self Government (MoPALSJG).

Representatives of all three Ministries along with representatives from UNICEF and EU Delegation, which funded this project, were members of the Steering Committee, the body established at the beginning of project implementation. Steering Committee was chaired by MoLSP and its main responsibility was to oversee implementation of the project, provide strategic direction and support.

This close working relationship with MoLSP and other stakeholders was maintained throughout project implementation by:

- Strong leadership of MoLSP Assistant Minister for the Child Care and Social Protection in overall implementation of this project
- UNICEF PMU conducting joint project planning in close cooperation with the Assistant Minister responsible for the Child Care and Social Protection and reporting to the same authority;
- The participation and leading role of State Secretary from MoLSP and the Assistant Ministers from Ministry of Health, representative from MoPALSJG in the Steering Committee
  
- A number of representatives from MoLSP and MoH being involved in the project's implementation through the Working Groups;
- A number of experts, professionals, practitioners, being involved in the project's implementation through the work undertaken within residential institutions, hospitals, Centers for Social Work, etc;
- A number of right-holders - foster parents, children in care, families with children with disability) being involved in the related assessments and design of new models / education programmes aimed at increasing professional standards of practice (through discussions in focus groups and piloting new programmes).

### 3.1 Development of the Working Groups

Even though it was not envisaged originally, during the inception phase the implementation of the project was organized through four components (for easier project management) that were directly related to specific project activities<sup>1</sup> and expected results. For each of the components, one multi-sector thematic Working Group was established:

1. Transformation of institutions and inter-municipal and operational planning for children (activities 1, 2 and 3 contributing to expected results 1 and 4)
2. Strengthening accountability and monitoring mechanism<sup>2</sup> (activity 1 contributing to expected result 1)
3. General and specialized fostering (activities 4, 5, and 6 contributing to expected results 1, 2 and 3)
4. Health-care family support in maternity hospitals (activities 7, 8, 9 and 10 contributing to expected results 1, 5 and 6).

Each of the Working Groups was chaired and coordinated by relevant ministry representatives. Representatives from MoLSP were coordinators for the first three Working Groups while the fourth Working Group was coordinated by a representative from the Ministry of Health.

In order to ensure that the results of the project become ownership of actors who are ultimately responsible for implementation of the child care reform in Serbia, respective multi-sector Working Groups consisted of representatives of relevant ministries, experts, practitioners, representatives of professional associations and representatives of trade unions. The main role of the Working Groups was to advise and oversee project implementation as well as to provide strategic direction and endorse policy documents and recommendations.

The technical and organizational support to these four Working Groups was provided through the following UNICEF contracting partners, who worked closely with Project Management Unit and who were responsible for implementation of project components.

- Component 1 – Centre for Liberal Democratic Studies, Belgrade Link 011
- Component 2 – League of Experts (LEX)
- Component 3 – Belgrade Centre for Fostering
- Component 4 – Belgrade Centre for Child Rights and Belgrade Institute for Public Health

---

<sup>1</sup> Project activities 1-10 were classified and managed within the appropriate project components/ thematic working groups, while the activity 11, related to promotional activities was directly managed and implemented by the PMU.

<sup>2</sup> During the initial phase of the project it was agreed that increasing the accountability of institutions/staff in work with children shall also represent an important part of the initiative. It was concluded that relevant specific activities shall be introduced in relation to strengthening the governing boards of institutions, setting up systems for citizens' monitoring and management arrangements which hold staff accountable (as a part of Activity 1 contributing to Expected result 1)

## SECTION 4: PURPOSE OF EVALUATION

As defined by the Terms of Reference the **immediate purpose** of this evaluation is to evaluate the final results and achievements of the project in relation to the project log-frame.

### **The broader purpose is:**

- To evaluate contribution of the project to the implementation of the Social Welfare Development Strategy, including contribution to the development of new policies and legislation in the area of child care;
- To identify approaches that were vital for the achievement of results as well as lessons learned and good practice examples that can become knowledge base for future programming;
- To provide insight into the current status of child care system and strategic recommendations for the next steps in the reform process relevant for all engaged stakeholders.

The evaluation of the project coincides with the finalisation of the first year of implementation of the two other UNICEF projects<sup>3</sup> aimed at supporting process of de-institutionalisation, development of community based services and enhancing social inclusion. It is supposed to provide value added to the ongoing monitoring of these projects thus ensuring that all the initiatives are harmonized and build on achievements of each of the projects. .

The evaluation results shall also specifically inform the process of finalisation of the Action plan for the institutionalisation of the Baby Friendly Hospital Initiative Plus (mid of 2011) by the Ministry of Health with regards to the quality communication aspects in providing early gate-keeping and prevention of institutionalisation of children at risk / with disability.

### **4.1 Evaluation Criteria**

During this evaluation five standard UNICEF evaluation criteria were used:

1. Relevance
2. Effectiveness
3. Sustainability
4. Impact
5. Human rights-based approach and relevant cross cutting issues

It is important to emphasize that during the implementation of this project two annual monitoring missions have been conducted. One of the main focuses was to assess efficiency of the project, which was highly evaluated in both reports. Therefore, this criteria has not been used during this final evaluation mission.

### **4.2 Evaluation Scope and Objectives**

From the above mentioned criteria, five objectives have been developed to specify the scope and focus of the Evaluation. The five objectives are summarized:

---

<sup>3</sup> IPA Social Inclusion (EU funded) and Deinstitutionalisation of children in institutions (Ministry of Foreign Affairs Italy)

**Objective 1:** Assess to what extent is the Project responding to the priorities defined in the Social Welfare Development Strategy

**Objective 2:** Asses to what extent does the Project meet the outcomes as defined by the Project log-frame

**Objective 3:** Asses to what extent are the project outcomes achieved, sustainable

**Objective 4:** Asses to what extent has the Project increased system's capacities to continue with child-care reform

**Objective 5:** Asses to what extent do the project outcomes contribute to achievement of children's rights and to what extent have they contributed to addressing key cross-cutting issues

### 4.3 Evaluation Methodology and Design

The credibility of an evaluation's conclusions rests on the quality of the evidence that supports them. This, in turn depends on the appropriateness of the evaluation design and methodology for data collection. In this section, evaluation design and methods that were used to conduct evaluation are listed:

1. An introductory briefing
2. A comprehensive desk review of external and internal documents
3. An extensive round of interviews with key stakeholders
4. Field visits to three types of institutions
5. A de-briefing on the preliminary findings of the evaluation (Preliminary Draft Report)
6. Presentation of main findings, conclusions and recommendations (Draft Evaluation Report)
7. A Final Evaluation Report

The evaluation was designed as a summative, using non-experimental approach. It was conducted in the period from 21<sup>st</sup> April to 10<sup>th</sup> of June 2011.. Evaluation was designed to provide answers to the key questions under each of the evaluation criteria as outlined by the ToR.

The beginning of evaluation assessment consisted of **analytical research (desk review)** of all relevant documents and reports provided, to get familiar with the policy basis and expected outputs that need to be delivered within the proposed timeframe. Documents included project documents, previous monitoring reports, key national policies and legal documents. Special attention was given to the project log-frame and action plans against which project progress was supposed to be evaluated.

The second phase of evaluation was based on **empirical research**, which was performed through **direct interviews with stakeholders and followed by the content analysis**. The methodology used entailed a wide consultative process with various stakeholders/partners to enable appropriate data collection and generate evidence to substantiate all findings, ensuring that the data collection methods and data analysis is credible and accurate.

Based on information available through the desk review a **stakeholder mapping** has been done to capture the role of different stakeholders and impacts of the project, as well as to understand the factors contributing to the results achieved during the project implementation. The Evaluation Team had direct individual/group interviews with the broad list of project stakeholders who represented following groups:

1. Steering Board members
2. Working Groups' members and WG Coordinators
3. Implementing partners
4. Social welfare institutions (residential institutions and centres for social work)
5. Professionals working with children in the social/child protection and health sector
6. Foster families
7. Representatives of donor community and partners from other projects engaged in this field.

Please note that the evaluation team did not have interviews with children in care and biological families of

newborn children with disability although they are among the key rights holders (“ultimate beneficiaries” as stated in the DoA).

As for the first group, the main reason was the fact that most of the children being in residential care are those with complex behaviour difficulties and / or disability. Interviewing them would require additional competencies / skills (extended team of evaluators) which was not possible to ensure in the given time-frame and resources available. Without these prerequisites, interviews would produce serious ethical concerns.

When speaking about biological families of newborns with disability, there was no possibility to identify and contact them, since the official system of evidence still doesn’t allow tracking (from maternity hospitals to other systems / services). Other ways of identification would seriously violate their right to privacy.

During the period between 4<sup>th</sup> and 16<sup>th</sup> May 2011 37 individual interviews / group discussions were organized. Interview consultations were held with 76 relevant stakeholders (please see Annex 1) at all levels and were organized through **structured and semi-structured interviews**. Specific interviewed questions were developed for different stakeholders (please see Annex 2).

**Field visits** – during the evaluation, the Evaluation Team conducted three field visits (please see Annex 1) to collect data from selected stakeholders of the project (staff from residential institutions, foster families, professionals from Centre for Social Work, visiting nurses, local self governments). Residential institutions visited were in Ćuprija, Niš and Sombor, selected to comply with the following criteria: a) institution fully in process of transformation, b) institution to be closed down c) institution where transformation is “on-hold” or “blocked”.

The data gathered (please see Annex 3) were analysed, triangulated and compared with different data sources. Where appropriate a standard rating / grading system was used (1-5: 1 = no results or absent, 2 = poor, 3 = satisfactory, 4 = very good, 5 = excellent)

The evaluation was performed by two consultants: Ana Redžić, Team Leader and Sinisa Biljman, Assisting Consultant.

#### **4.4 Ethical issues**

Special measures were put in place to ensure that the evaluation process is ethical and that interviewees can openly express their opinions. Discussions held will be kept in strict confidentiality. Names of stakeholders interviewed do not appear in the report. Children were not interviewed during evaluation process.

## **SECTION 5: EVALUATION FINDINGS**

This section presents main findings of the evaluation mission. As previously stated information are collected through a detailed desk review and a number of interviews with stakeholders.

The main findings will be presented at three levels.

1. **Cumulative assessment of results achieved** against specific expected measurable results as defined by the Description of Action (LogFrame),
2. **Results presented through the project components** against the four main components (organized around thematic groups of activities contributing to specific expected results – see chapter 3.1)
3. **Results presented against evaluation criteria**

## 5.1 Cumulative assessment of results achieved

No	Result expected	Activities contributing	Results achieved
1	<i>Number of children in institutions 25% lower by 2011</i>	<i>Cumulative results of activities 1-11</i>	<ul style="list-style-type: none"> <li>The total number of children and youth (up to 26) in residential care has dropped by 29,5% in comparison to the base-line<sup>4</sup> (2007 – 2.569, 2010 – 1.811).</li> </ul>
2	<i>Number of children in foster families increased by 20% by 2011</i>	<i>Cumulative result of activities 4-6</i>	<ul style="list-style-type: none"> <li>The total number of children and youth (up to 26) in foster families increased by 27% during the project implementation (2007 – 4.410, 2010 – 5.628).</li> </ul>
3	<i>Models of foster care and urgent placement in foster families developed – about 300 professionals trained in planning, preparation and recruitment of foster families, children placement monitoring and providing support to children in foster families: 100 families trained to take care of children under “special circumstances” within the framework of urgent placement in foster families and specialized foster care</i>	<i>Cumulative result of activities 4-6</i>	<ul style="list-style-type: none"> <li>Total of 5 models related to foster care were developed and accredited by the respective social welfare system authority. All the programmes are aimed for fostering counsellors / professionals being responsible to assess, prepare, supervise and provide continual support to foster families carrying for children in need for additional, tailor-made support responding to their individual needs.</li> <li>In addition to developing and accrediting models for specialized foster care, three groups of general trainings have been designed to ensure that professionals directly working on foster placement apply the same minimum standards.</li> <li>Total number of professionals trained is 550 (83% more than expected).</li> <li>Total number of foster families trained for specialized and urgent fostering is 220 (120% more than expected).</li> </ul>
4	<i>25 social care institutions transformed as followed: a) 50 % (12) will be transformed into community social services</i>	<i>Cumulative result of activities 1-3</i>	<ul style="list-style-type: none"> <li>So far - 9 residential institutions have at least one community service initiated, 1 child home fully closed its residential capacity, 3 regional fostering centres have been established. Heaving in mind the late endorsement of the Master plan by the respective ministry, the results defined have not been fully achieved. However, it is realistically to expect that they will be</li> </ul>

- <sup>4</sup> Please note that rough base-line as included in DoA was related to year 2006. However, by applying more accurate approach in assessing project results and ensuring that indicator captures to maximum possible extent the project implementation time-line, this result is calculated based on end-year data for 2007 (2.569) and 2010 (1.811).

	<p>based on local priorities</p> <p>b) One quarter (6) will be closed</p> <p>c) One quarter (6) will retain their placement capacities for urgent and short term placement</p>		<p>reached in the medium-term.</p> <ul style="list-style-type: none"> <li>The five-year Master plan on transformation of institutions was developed and it is followed by detailed individual operational plans for all child homes for children without parental care. It defines targets as they relate to both total decrease of residential capacities by 2013 (up to 50%) and specific institutions' objectives (closing-down / scaling-down / transforming). The Master plan has been legitimized through the adoption of the Decision on the network of social care institutions in December 2010. It establishes <i>legal framework</i> for the transformation of institutions to be endorsed by defining the new reduced capacity for each residential institution and deadline for transformation to be finalized.</li> <li>The Master plan <i>foreseen</i> gradual introduction of small residential capacities for 20-40 children in 12 institutions for children with more severe disability and children with challenging behaviour. The residential placement of children without parental care shall no longer be a child-care option, unless it is of a short-term nature, ie. transitory / urgent solution. The released resources / facilities will be used for opening of 6 new regional fostering centres as well as for provision of outreach care to families. All transformed institutions should have at least one alternative service developed in accordance with the needs in local community. The Master plan clearly determines institutions which will close their child departments within next five years (4 – Kuline, Sremcica, Knjazevac, Cuprija).</li> </ul>
5	<p>The needs for staff providing assistance and support services to families hosting children with disabilities are met (110 professionals of the social and health care system trained)</p>	<p>Cumulative result of activities 7-8</p>	<ul style="list-style-type: none"> <li>Based on the analysis of the capacities and needs of the visiting nurses system (patronage) in providing outreach support to families with children with disabilities and its role in networking at local level (referring) to promote multi-professional and multi-sectoral approach to social inclusion, the training programme was designed and accredited by the respective health care accreditation authority.</li> <li>The programme was implemented in 70 municipalities (which makes 40% of the total number) and total of 486 professionals benefited, which is 386% more than expected (317 nurses and 169</li> </ul>

			professionals from centres for social work and other local actors such as nurseries).
6	<i>Professionals (social and health workers) of 10 maternity hospitals trained for providing support to parents aimed at prevention of child abandoning</i>	<i>Cumulative result of activities 9-10</i>	<ul style="list-style-type: none"> <li>• The new model of actions and procedures for maternity hospitals and children departments has been developed and became an integral part of Professional Methodological Guidance for Implementation of National Health Programme for Children, Youth and Women. The model includes the formation of an advisory team in maternity / specialized hospitals which is specially trained to support parents of new-borns and which follows clearly defined procedures.</li> <li>• Following the model developed, a two-level educational training (basic and advanced) has been developed and accredited with the respective health system accreditation authority. A total of 153 health and social workers from 21 maternity hospitals and 28 specialized child hospitals (almost 5 times more than expected) attended initial course, while 50 of them went through advanced course.</li> </ul>
7	<i>Raised awareness of professionals in child protection area and that of the general public about the need to promote integration and offer equal possibilities to vulnerable groups of children of population in Serbia</i>	<i>Activities 11</i>	<ul style="list-style-type: none"> <li>• The project put a strong emphasis on awareness raising among professionals (internal communication) from the system which was achieved not only through extensive use of regular communication means (such as professional newsletter, conferences) but predominantly by ensuring their active participation in activities (from developing transformation plans to designing / piloting education programs).</li> <li>• In terms of external communication, project used every opportunity to promote not only the project activities and results as such, but predominantly to send across social inclusion messages and communicate the right of every child to live in family environment. All conferences have been well covered by good representation, followed by press releases and articles or featured in the media.</li> </ul>

## 5.2 Results presented through the project components

### 5.2.1 Transformation of residential institutions and inter-municipal and operational planning

*To tackle the issues of transformation of residential institutions the project invested significant efforts in the planning of transformation and capacitating of the cadre to enable them to respond to the reform process.*

*Main achievements of this component include:*

- *Development of the Master Plan*
- *Development of Individual Operational Plans for transformation of residential institutions and Regional Plans for the development of the social care services for children and youth*
- *Incorporation of main recommendations from the Master Plan into institutional and legislative framework through which transformation of residential institutions will be pursued*
- *Development of education programme of support and capacity building of staff in residential institutions*

#### Development of the Master Plan

The Master Plan for the period 2009 – 2013 has been developed, through a wide participatory approach, which builds on the past results of social care reforms. More than 100 experts, professionals, managers/directors from residential institutions and representatives of trade unions have been involved in the development of the Master Plan.

Master Plan focuses on decreasing the number of children placed in homes for children without parental care by 50% during the next five years, increasing the number of foster families and maintaining and developing social care services within local communities. The central concern of the Master Plan are children placed in social care residential institutions, which includes institutions for children with disabilities and children without parental care.

The main target of the Master Plan is **transformation of all residential institutions** for children without parental care **into small capacities centers for temporary/prolonged placement and development of other services**, in accordance with the needs in local community. An important aspect of the Master Plan is **a ban on the admission of children aged zero to three years into residential institutions**.

During development of the Master Plan two parallel processes have been conducted – development of Individual Operational Plans for residential institutions and Regional Plans for the development of the social care services for children and youth.

#### Development of Individual Operational Plans for residential institutions

Individual Operational Plans (IOP) for 12 residential institutions<sup>5</sup> for children have been developed, with the aim to analyze the situation in residential institutions for children without parental care intended to enter the process of transformation. IOPs provide a set of recommendations for the framework for

---

<sup>5</sup> Individual Operational Plans have been developed for Aleksinac, Banja Koviljača, Bela Crkva, Čuprija, Kragujevac, Kruševac, Negotin, Niš, Pančevo, Sombor, Sremska Kamenica, Užice.

transformation of institutions, development of the social care services in the next five years and resources needed for this process.

Although not envisaged originally, additional five Individual Operational Plans for residential institutions for children in Belgrade<sup>6</sup> have been completed during the course of the project.

The comprehensive planning of transformation of individual residential institutions was organized through a consultative process and wide participation of the staff from residential institutions, representatives from Centers for Social Work (CSW) and representatives of local self governments (LSG). Operational Plans were fully taken into consideration during the development of the Master Plan, which ensured strong **bottom-up approach** in this process. Furthermore, active participation of professionals from residential institutions in development of the Master Plan, through Individual Operational Plans, ensured development of the recommendations for policy options based on their experience and needs, which ensured strong **ownership** of all involved over this result.

In order to support development of the IOPs and the Master Plan, cost analyses of transformation for eight residential institutions have been developed by MoLSP staff and external experts. However, these analyses have not been utilized by decision makers and stakeholders involved in planning of transformation, as they were described as rigid, not providing straight forward information about financial implications of transformation process and very difficult for use.

#### Regional Plans for the development social care services for children and youth

Project design envisioned drafting of a framework for development of municipal social care services but on the district level. In order to model this approach two Regional Plans for the development of social care services for children and youth are developed<sup>7</sup>. When choosing the regions two things were taken into consideration: the number of institutions situated on the district territory that are included in the Master Plan and number of children from the region placed in the residential care institutions. The Regional Plans recognize the services needed in both regions and propose the sets of measures and actions to ensure deinstitutionalization of children and actions needed to minimize further institutionalization of children.

#### Planning as a platform for providing the inputs to legal and institutional framework

The main achievement of this support was not only development of the Master Plan, but processes and relationships built around it. The Master Plan provided significant inputs to the Ministry of Labour and Social Policy to prepare new **Decision on network of residential institutions**. The new Decision on network of institutions establishes legal framework for the transformation of institutions to be endorsed. It proposes the new – reduced capacity for each residential institution and deadline for transformation to be finalized. The new Decision on network of institutions has been adopted by the Government of Serbia in December 2010.

Planning work related to development of the Master Plan coincided with the work done by the Ministry of Labour and Social Policy to develop the new Law on Social Protection. To support process of transformation of residential institutions for children a special Working Group on Transformation of Institutions and Inter-municipal and Operational Planning<sup>8</sup> has been created at the beginning of project implementation. The main task of the Working Group was to analyze, guide and monitor the process of

---

<sup>6</sup> In Belgrade IOPs have been developed for following residential institutions: Jova Jovanović Zmaj, Zvečanska, Božidar Adžije, Drinka Pavlović, Moša Pijade.

<sup>7</sup> Regional Plans have been developed for Niš and South Banat districts.

<sup>8</sup> WGTRIC composed of relevant high ministerial staff, professionals, directors of residential institutions, trade unions, practitioners and experts.

developing the Master Plan as well as to provide strategic direction and endorse policy documents and recommendations.

*Through the mechanisms created at the level of the Working Group, the project succeeded to influence decision makers in MoLSP, which resulted in incorporation of provisions in the new Law on Social Protection. This result creates an environment for successful implementation of transformation of residential institutions, which has been perceived as one of the main achievements of the project. The key elements of the Master Plan are incorporated into specific provisions of the new Law:*

1. A ban on institutionalization of children aged zero to three;
2. Introduction of group homes and small residential units as new forms of placement;
3. Introduction of special purpose transfers for community based services for communities where residential institutions will be transformed;
4. Financing of supported housing services for persons with disabilities from the national level.

#### Capacity building of staff in residential institutions

The Master Plan puts a strong emphasis on continual education and professional development of the staff in residential institutions, to enable them to participate in the process of transformation and respond effectively to the new ways of working introduced through transformation of their institutions.

Therefore, in parallel with the planning (development of the Master Plan and individual Operational Plans) the significant work has been done through the project to build capacities of the professionals working in residential institutions for children to prepare them for new duties and responsibilities. Based on detailed analysis of the needs, reflected in individual operational plans, two areas were identified where professional standards and competences should be increased to enable staff from 12 residential institutions to respond to the process of transformation:

1. Work with children with disability;
2. Work with children with challenging behaviour.

Two training programmes were designed and accredited by the Commission for accreditation of training programmes for social protection practitioners. The programmes were designed to enable:

1. Building capacities of the staff from residential institutions to provide high quality professional care to children in residential setting so that children acquire necessary skills that would prepare them to leave institutions;
2. Transfer of knowledge from professional staff to non-institutional community based services.

Programme for work with children with disabilities was realized in 5 groups including 99 professionals from all 12 residential institutions intended to enter transformation process, while programme related to work with children with challenging behaviour included 57 professionals.

#### Summary of project achievements on transformation of residential institutions

Project gave significant contribution to creation of enabling environment for implementation of transformation of residential institutions for children and had significantly influenced legislative framework through which transformation of residential institutions will be pursued.

The approach taken through planning at the local level and at the level of the Working Group, involving stakeholders from both central and local level in planning, analyzing and providing recommendations for policy development, was crucial in ensuring strong ownership of all actors responsible for the transformation process. Furthermore, their active participation ensured development of recommendations for policy options based on their experiences, needs and opinions which was also important for ensuring ownership of all involved over this result.

Wide participation of professionals from residential institutions in different levels of project implementation and specifically designed education programmes significantly built their capacities, which could contribute to improvement of care for children in residential institutions. Comparative analysis of individual training evaluations shows that the participants were highly satisfied with the training (on the scale from 1-5 they rated the training content / usefulness average grade 4,7). However, due to the lack of good qualitative indicators and since the transformation of residential institutions has not yet taken place it is difficult to measure impact on improvement on care for children in these institutions. However, this wide participation contributed to the gradual decrease of resistance among stakeholders towards the transformation process, helped them to understand the process and created opportunity for their active participation and contribution.

All interviewed professionals from residential institutions stated that they feel comfortable and capable to assume new roles and ready for taking over new responsibilities and challenges that implementation of transformation process will bring. However, the level to which their capacity was increased cannot be evaluated due to the fact that real transformation of residential institutions has not yet started, and there were little or almost no opportunity for professionals to apply new skills.

Project served as a catalyst for creating relationships between different stakeholders through involving them in various phases of project implementation and education programmes. Project was of particular importance for maintaining the relationship and communication between MoLSP and residential institutions, and residential institutions and CSWs and local self government.

#### 5.2.2 Strengthening accountability and independent monitoring

*Through working on increasing the labour accountability of staff in residential institutions the project achieved significant results:*

- *The new Rule book on work accountability of staff in residential institutions has been developed*
- *The regulatory framework has been strengthened through incorporation of the provisions into the new Law on Social Protection that regulate the work of Governing Boards, code of conduct and sanctioning of inappropriate conduct of professionals in residential institutions*
- *Participation of civil society representatives in the Governing Boards in residential institutions has been ensured*
- *Capacity of the Governing Board members and other stakeholders has been increased*

Although originally not planned, during the development of the Master Plan and setting the ground for transformation of residential institutions, the need arose for creation of the mechanism to increase labour accountability of staff working in residential institutions for children. This has been seen as very important part of the overall transformation process, since it brings protection of beneficiaries' rights into focus not only of the transformation process but more importantly of the regular functioning and delivering of services to children placed in residential institutions.

To tackle the issue of inappropriate conduct of staff in residential institutions in a most efficient way as well as to develop the best possible solution for this problem, the Working Group on Strengthening Accountability and Monitoring Mechanism<sup>9</sup> (WGAMMI) has been created. The main task of the WGAMMI was to:

---

<sup>9</sup> The WGAMMI was composed of a number of experts and practitioners, professionals from the Centers for Social Work and representatives from civil society and Republican Ombudsman Office.

1. Strengthen regulatory framework related to staff conduct in residential institutions for children;
2. Strengthen Governing Boards in residential institutions to enable better control and protection of beneficiary's rights.

#### Development of the new Rule Book on work accountability of staff in residential institutions

Following a comprehensive analysis of the situation in the field (including analysis of opinions and recommendations given by institutions' managers and professionals) it was concluded by the representatives of the WGAMMI that the only efficient way to regulate the work of the staff in residential institutions and provide mechanism for regulating inappropriate staff conduct would be through introduction of specific normative framework. For this purpose the new model of the national Rule Book on work accountability of staff in residential institutions has been developed.

The main challenge in drafting the Rule Book was the fact that the work on new Law was still ongoing, while it was supposed to provide legal framework for implementation of the new Rule Book. Since the work on accountability and independent monitoring for residential institutions coincided with the work on preparation of the new Law on Social Protection, the strong cooperation was created with the Working Group in MoLSP, working on the new Law on Social Protection.

#### WGAMMI inputs to the new legislative framework

Through good cooperation established between two Working Groups harmonization of their activities has been ensured, which resulted in incorporation of certain provisions of the Rule Book into the new Law on Social Protection. This provided the basis for further regulation of labour-legal accountability at the level of by-laws. More specifically, the provisions related to **improved work of Governing Boards** in residential institutions as well as provisions related to **code of conduct** for the staff and **sanctioning** for inappropriate conduct of professionals in residential institutions have been included in the final version of the Law on Social Protection.

An important change that has been introduced as a direct input of the WGAMMI is **participation of civil society** in the Governing Boards in residential institutions (representatives of associations, involved in protection of the rights of children placed in residential institutions). This could ensure an additional quality control mechanism for oversight over work of residential institutions and their actions taken to improve protection of rights of beneficiaries.

To further enhance monitoring mechanisms over the functioning of residential institutions, special provisions have been included in the new model of the Rule Book related to development of the external experts' body responsible for independent monitoring. Unfortunately, these provisions have not been included in the new Law on Social Protection. However, since the process of drafting the by-laws is still ongoing, it is expected that the proposed Rule Book will be further used as a valuable source for adoption of accompanying by-laws and other acts.

#### Change management: Capacity building of local stakeholders

In parallel with the development of normative regulations that should increase labour accountability of staff in residential institutions, efforts have been made to strengthen capacities of members of the Governing Boards as well as national stakeholders that were recognized as important partners in the reform process.

The training (in a form of a conference) has been organized for Governing Board members of all residential institutions in Serbia. The main objective was to brief participants about recent developments in relation to the work on accountability of staff in residential institutions and to provide opportunity for their contribution to development of a model which would ensure effective protection of children in residential institutions.

Since the new Law has been adopted only in April 2011, which is just a month before final evaluation took place, it is too early to evaluate the results or the impact of the provisions in the new Law. However, evaluation found that the knowledge and interest of different managers/directors of residential institutions about the roles of the Governing Boards in residential institutions varies, which might have an impact on implementation of this aspect of the new Law, thus jeopardizing further process of reform.

Therefore, further education of the Governing Board members would be of great importance for effective implementation of the labour accountability aspect of the new Law on Social Protection.

One of the main advantages of this project was responsiveness to the needs of national stakeholders that were recognized as important partners in the reform process. Having in mind important role the Republican Ombudsman might have in independent monitoring as well as future establishment of the National Preventive Mechanism (NPM) in accordance with the Optional Protocol to the Convention Against Torture (OPCAT), which will focus on preventing eventual cases of torture, or inhumane or degrading treatment, special training has been organized to further strengthen capacities of Ombudsman's team to monitor potential violations of child rights in residential institutions for children.

#### Summary of project achievements on accountability of staff in residential institutions and monitoring mechanism

Project provided significant inputs to the new Law on Social Protection, which are of great importance for improvement of labour accountability of staff in residential institutions and monitoring of their work. If the new Law is implemented accordingly, this could ensure improvement of conditions in residential institutions for children, increase their protection and respect of their rights.

The project responded to the needs of national stakeholders that were recognized as important partners in the reform process and built capacities of Ombudsman's team to monitor potential violations of child rights in residential institutions for children, which will ensure independent oversight over work of residential institutions.

#### 5.2.3 Strengthening and expanding the existing foster care system and developing urgent and specialized foster care

*Following the request from MoLSP one of the aims of this project was to assist MoLSP and other partners responsible for developing and strengthening foster care, to build their capacities and develop a set of normative regulations necessary for creation of positive environment for further development and support to foster care in Serbia, particularly in relation to special and urgent foster care.*

*The main results achieved through this project in the area of foster care are following:*

- *Creation of enabling environment for further development of foster care, through strengthening of legislative framework*
- *Empowerment of future agents of change through capacity building*
- *Development of education programmes for different stakeholders*
- *Development of a model of assessment of needs of children with disabilities and their families*

Transformation of residential institutions is a very complex and multi-sectoral process. Its successful implementation does not only depend on the extent to which the number of children in residential institutions is decreased but also depends on the extent to which alternative services are developed and environment created to enable and support children to live in a family environment.

One of the main recommendations of the Master Plan on transformation of residential institutions for children is creation of a comprehensive plan for expanding existing and developing new foster families

that would support smooth transfer of children from residential institutions as well as prevent new institutionalization of children.

In order to increase the number of foster families in Serbia and to provide them with continuous support and education through specialized centers for fostering, MoLSP envisaged development of a network of 16 Regional Fostering Centers (RFC) throughout Serbia. Their primary responsibility would be to develop policies for strengthening foster care within their regions, recruit new foster families, provide training and regular support to them, and to act as an agent of change in the process of further development of specialized and urgent fostering.

However, due to the ban on new employment in public administration and lack of funds available, the new Decision on network of institutions (adopted in December 2010) regulated development of a network of only 6 new Regional Centers for fostering and adoption<sup>10</sup>, in addition to already existing two, one in Miloševac and another one created in 2008 - Belgrade Center for Fostering, which was the main partner in implementation of this project component.

#### Creation of enabling environment through legislative framework

One of the main objectives of the project was to advance foster care in Serbia through development of normative regulations to meet the needs of children with disabilities, urgent fostering and care of newborns and babies, introduction of unified professional approach to foster care and intensive capacity building of all important stakeholders (staff from residential institutions, professionals in CSW, foster families).

To achieve this, the Working Group on General and Specialized Fostering<sup>11</sup> (WGFOF) has been established, with the task to analyze current situation and develop and propose a set of measures and actions that need to be taken to improve foster care in Serbia.

*Through assistance provided by the project, Belgrade Center for Fostering and the WGFOF provided significant inputs to provisions related to foster care, which are incorporated into the new Law on Social Protection. The new Law gives **priority to foster care as one of the forms of alternative family placement**. It regulates the types of foster care, standards and requirements for the assessment of suitability for the provision of family placement. Furthermore, the new Law regulates the status of foster families and financial support to them.*

The work of the WGFOF coincided with the work of the Working Group within MoLSP responsible for development of the new Rule Book for Fostering. The WGFOF provided **significant inputs to development of the Rule Book** on Fostering that would rely on social protection law as well as on family law. It is expected that the new Rule Book will be adopted as a by-law, which would standardize all types of foster care, regulate their functioning and financing.

#### Empowerment of future agents of change through capacity building

Since it was established, Belgrade Center for Fostering received considerable support provided through this project, with the main aim to build its own capacities and to introduce new professional practices and programmes of support (in particular those related to special and urgent fostering) to enable further building of capacities of professionals as well as foster families.

---

<sup>10</sup> The new Decision on network of institutions envisages establishment of 6 new Regional Centers for Fostering and Adoption: Niš, Čuprija, Kragujevac, Bela Crkva, Novi Sad and Subotica.

<sup>11</sup> The WGFOF consisted of representatives from MoLSP, Republican Institute for Social Protection, representatives from residential institutions, civil society organizations, Belgrade Center for Fostering.

During the course of the project, Belgrade Center for Fostering developed and delivered four training programmes on special fostering, targeting foster families. In designing the programmes thematic focus groups have been realized with foster families and children in foster care with a view to ensure that their needs and opinions are taken into account. For each of the programmes developed a training for trainers was organized for staff responsible for preparation of foster families for regular and specialized foster care (babies at risk, children with Down syndrome, children with intellectual disabilities) as well as urgent foster care.

Belgrade Center for Fostering organized total of eight (groups of) training programmes for professionals from Centers for Social Work (working on fostering), residential institutions and foster families. Even though it was not originally planned, the project provided considerable support to Belgrade Center for Fostering to build capacities of staff that will work in new Regional Fostering Centers, which was important for creating necessary conditions for smooth and swift mobilization of new RFCs, once they are established.

During implementation of this project, out of eight training programmes, four have been accredited and integrated into the system mechanism for professional development and support to foster families. In addition to this 550 professionals and 220 foster families, from 156 towns in Serbia have been trained.

Intensive training programmes that have been conducted brought a significant change in capacities, attitude and practices related to foster care, in particular urgent and specialized foster care. The professionals from residential institutions gained knowledge that would be of great importance in their future work within RFCs. Training programmes helped them not only to understand the importance of development of the foster care but to become more open to the new roles and responsibilities. The training participants evaluated the trainings with an average grade 4.6 (on the scale from 1-5) and most of them strongly expressed an opinion that continual education is needed having in mind a complex role attributed to them whether being fostering counsellors (in fostering centres) or case-managers (in centres for social work).

Project built capacities of professionals from Centers for Social Work to effectively work on planning, supporting, assessing and monitoring foster families. Even though CSWs have been already officially responsible for foster care in Serbia, training programmes broadened their knowledge and understanding particularly about specialized foster care (as reported by 80% of interviewed professionals).

The project made significant investment in trainings organized for foster families, which have brought change in their attitude toward foster care, in particular specialized and urgent foster care. This contributed to the increase of number of foster families interested in providing regular and specialized foster care in Serbia. All of the interviewed foster families (4) reported that trainings affected on their positive attitude towards specialized fostering. One of them specifically stressed that she herself started promoting fostering among her friends and that a couple of them directly approached centre for social work to get more official information. Many families are already on the waiting lists, which have either passed the training programmes or wait to be trained. Training programmes helped foster families to understand the importance of providing foster care, built their knowledge about their roles and responsibilities as foster parents and strengthened cooperation with other partners in community (CSWs, schools, health centers, etc).

Training for trainers that was organized through implementation of this project was important for building capacities of cadre and enabling them to provide continuous programmes of support to foster families. Trainers that were trained would be valuable resource in future, particularly once new RFCs are established, to continue building capacities of new foster families and provide assistance to the professional staff of new RFCs.

However, even though considerable investments have been made in building capacities of different stakeholders, the evaluation found that the training received is not sufficient and continual education provided to professionals from residential institutions as well as to the foster families (in particular to foster families with children with disabilities) would be of essential importance. This is particularly important also

having in mind that there is some time-gap between trainings completed and possibility to apply knowledge and skills gained. This concern was specifically raised by all of the professionals interviewed from the residential institution which has been transformed into regional fostering centre (slow administrative procedure which resulted in prolonged establishment of the new 'legal entity').

#### Development of a Model for assessment of needs of children with disabilities and their families

With the aim of improving planning of the type and intensity of support to children with disabilities, a specific Model for Individual Assessment of the Needs for Children with Disabilities and Their Families has been developed by one of the project partners, NGO "FAMILIA".

To support application and use of this model in practice, special training programme has been developed and accredited. The programme has been piloted on 200 individual cases in 40 CSWs. Until the end of the project 75 professionals from CSW have received certificates for further application of this model in their daily work.

This model introduced a more systematic approach in assessing the needs of children with disabilities, identifying the advantages and constraints, thus providing the inputs to development of the individual plan of social protection for children with disabilities. It significantly built capacities of professionals in CSWs to work effectively on planning the intensity and type of support to children with disabilities and their families. The training realized was evaluated by all the participants by the average score 4,8 (on the scale from 1-5). Professionals from CSWs found it extremely useful and as the only comprehensive approach to the planning of support and assessing the needs of children with disabilities (reported by 80% of professionals interviewed).

#### Summary of project achievements on Strengthening and expanding the existing foster care system and developing urgent and specialized foster care

Through influencing the new Law on Social Protection and introducing the provisions that give priority to foster care as one of the forms of alternative family placement, significant contribution has been made to creation of an environment that supports further development of foster care.

Intensive education programmes brought a significant change in capacities, attitude and practices related to foster care, in particular urgent and specialized foster care. The project built capacities of all stakeholders responsible for development of foster care, in particular development of specialized foster care.

Through participation in different training programmes the knowledge, willingness and interest of professionals from residential institutions for further development of foster care was increasing, which significantly contributed to gradual decrease of their resistance towards transformation process.

Support provided to foster families significantly increased their confidence and capacities for specialized fostering. It enabled them to deal with various situations and build cooperation with other stakeholder in local communities.

The responsive nature of the project had a positive impact on new Regional Centers for Fostering. Trainings provided to future RFCs built their capacities and enabled them to respond to new roles and responsibilities in a professional manner, once they are established. Through trainings provided the strong partnerships with Belgrade Center for Fostering have been built.

The support provided to Belgrade Center for Fostering established it as a strong partner, capable in delivering "know how" to future Regional Fostering Centers, based on its knowledge and experience, which will be of great importance for building capacities of future RFCs.

#### 5.2.4 Health-care family support in maternity hospitals

*Looking at the transformation process from broader perspective, the need has arisen to establish a preventive mechanism at the level of maternity hospitals, which would minimize institutionalization of newborn children with disabilities. Main achievements of the work on establishing preventive mechanism at the level of hospitals include:*

- *A model of actions and procedures for maternity hospitals and children departments has been developed and it includes a new way of establishing communication with parents of newborn children with disabilities*
- *Creation of enabling environment for introducing new ways of work*
- *Education programmes and capacity building*

Maternity hospitals are the place where the first contact between parents and new born children with disabilities is established. According to data, in the past more than 70% of children in institutions aged zero to 7 were coming to residential institutions from maternity hospitals. The trends has shown that very rarely other alternatives have been offered to parents in the past, so “preferred” solution was placement of new born children with disabilities in specialized residential institutions.

At the same time, in cases when parents decided to take their baby home, very little or almost no support has been provided to them in a very difficult and challenging situation, so most of the families later abandon their children and decided to place them in residential institutions.

Therefore, one of the main aims of this project was to provide support to the Ministry of Health to create a mechanism at the level of maternity hospitals that would prevent further institutionalization of children at risk. This entails introduction of standardized practice of communication with parents in hospitals as well as development of capacities of professionals in hospitals to enable them to offer high quality support to parents in a professional manner. Having in mind the important role of the visiting nurses in delivering health care and counselling, the other aspect of this project was strengthening the network between visiting nurses and other stakeholders in local communities (CSWs, schools, local self governments) with the aim to provide support to families with the newborn with disabilities (once they leave hospitals) and prevent further institutionalization of such children.

Development of a mechanism for preventing institutionalization of newborn children with disabilities

To achieve objectives of this component the new **model of actions and procedures for maternity hospitals and children departments** has been developed, through the work of the Working Group on Health Care and Family Support in Hospitals (WGHFSH) that was established. Prior to designing the model well planned consultative process was organized with health professionals, CSOs and parents of children with disability.

The new model of actions and procedures for maternity hospitals and children departments includes a new way of establishing communication with parents of new born children with disabilities, through a holistic approach. It also envisages creation of **counselling teams** in all maternity hospitals, who are educated to apply new procedure in providing support to parents, better flow of information and improved communication, which should significantly decrease number of children placed in residential institutions.

The most important achievement was that this model of support became an integral part of Professional Methodological Guidance for Implementation of National Health Programme for Children, Youth and Women. The whole package of procedures developed by Belgrade Center for Children Rights and approved by the WGHFSH has been mainstreamed into the Professional Methodological Guidance.

Significant inputs related to communication with parents of newborn children with disabilities have also become an integral part of the Communication Guide for Medical Doctors and Midwives in Maternity Hospitals and National Guide for Pediatricians.

#### Development of educational programmes for medical doctors

In order to standardize the approach for implementation of the new model of actions and procedures for maternity hospitals and children departments in all hospitals in Serbia, a two-level educational training has been developed and accredited. Special **Manual for Counselling Work in Hospitals** (with parents of newborn children with disabilities) has been developed and distributed to all hospitals. Around 150 doctors have been included in this education programme.

Education programme was one of first programmes organized for medical doctors in maternity hospitals, focusing on communication aspect, in this particular case on communication with parents of newborn children at risk. The training programme helped medical doctors to understand the importance of establishing communication with parents through a more holistic approach. The usefulness of the trainings was rated by the participants 4.5 (on the scale from 1-4), while 70% on them stated that they have improved the knowledge considerably.

The evaluation found that there is still resistance among medical doctors to apply new model of work. However, the trends are changing in a positive direction. Many maternity hospitals established counselling teams, medical doctors are more willing to communicate openly with parents, to offer support to parents through providing advice, instructions related to support services, etc (as reported by the implementing partner for this component and a professional from maternity hospital during evaluation interviews).

Even though there are no official data, according to MoLSP the number of children with disabilities coming to residential institutions from maternity hospitals is significantly decreased. A ban on institutionalization of children aged zero to three along with education programmes for medical doctors and the work by counselling teams contributed to this result. According to data of one maternity hospital in Belgrade (maternity hospital "Zvezdara"), during 2010 out of 20 newborn with disabilities only one child has been sent to residential institution, which is considered as a great success.

#### Development of educational programmes for visiting nurses and other professionals

Visiting nurses have an important role in prevention of institutionalization of children with disabilities and furthermore in ensuring greater inclusion of children with disabilities in both health and educational systems. Their role has been recognized as very important in establishing strong connections with other important actors, such as professionals for CSW, schools, local self governments, civil society.

In order to strengthen the network of nurses throughout Serbia and to develop their partnerships with other stakeholders in communities, a special educational programme for visiting nurses and above mentioned actors has been designed and accredited. Through 15 trainings covering 95 towns in Serbia, organized by Belgrade Institute for Public Health, 486 professionals have been trained, out of which 317 visiting nurses. The **Manual for Work in Communities, with Families of Children with Disabilities** has also been produced and distributed to all health centers in Serbia.

Programme of education strengthened awareness among visiting nurses about the importance of developing strong partnerships with other stakeholders at the local level, such as LSGs, CSWs, schools, hospitals, civil society to ensure inclusion of children with disabilities in education and all aspects of social life (as reported by 86% of trainees in training evaluation questionnaires).

Visiting nurses gained necessary knowledge and skills provide effective support to parents of children with disabilities thus preventing further institutionalization of children. There are more open to cooperate with

other important stakeholders in their communities, in particular with CSWs and civil society, and enable better flow of information between parents and other stakeholders<sup>12</sup>.

Even though it is still too early to see concrete results of programme of education, the evaluation found that awareness of visiting nurses about social inclusion in general and importance of strong partnerships with other actors for the benefit of children with disabilities is very high, which was the result of this project as well (as stated by all interviewed visiting nurses and representatives of the implementing partner during evaluation interviews).

Summary of project achievements on development of preventive mechanism of further institutionalization

The new model of actions and procedures for maternity hospitals and children departments has been developed and became an integral part of Professional Methodological Guidance for Implementation of the National Health Programme for Children, Youth and Women

Project introduced establishment of counselling teams in maternity hospitals, which should provide support to parents, better flow of information and improved communication, which should, in a short term, decrease number of children placed in residential institutions.

Education programme significantly strengthened the network of visiting nurses in Serbia and raised their awareness about the importance of developing strong partnerships with other stakeholders in communities.

### **5.3 Results presented against evaluation criteria**

#### 5.3.1 Relevance

The project "Transforming residential institutions for children and developing sustainable alternatives" has been relevant and appropriate for the context and within the overall efforts of the Government of Serbia to reform social welfare system. It was consistent with the main policy documents and strategic plans developed at the national level, such as Social Welfare Development Strategy and National Action Plan for Children (2004-2013).

During the design phase, as well as over the course of the project, considerable efforts have been put in applying the objectives from Social Welfare Development Strategy, related to the reform of existing placement services, namely:

1. Transformation of institutions and reducing the number of children in institutions to the minimum
2. Development of other types of services and capacitating cadres for new contents of work.

Through development of the Master Plan and individual Operational Plans, significant contribution has been made to the achievement of the goals of the SWD strategy related to the adoption of a medium-term plan for transformation of institutions, as well as separate plans for each institution.

---

<sup>12</sup> Three the most relevant skills gained, as reported by the trained visiting nurses are: 1. Communication skills, 2. Working with children with disability and 3. Cooperation and linking with other local actors.

Implementation of this project coincided with the work done by the Ministry of Labour and Social Policy to develop the new Social Welfare Law. Inputs provided by the Master Plan have been highly appropriate and relevant for development of the new Social Welfare Law and new Decision on network of institutions.

The project has been built on recommendations from previous interventions<sup>13</sup> and has been designed to carefully target the gaps within the system in order to answer to the needs of the target groups. The project demonstrated great flexibility to changing circumstances by re-shaping implementation plans, what contributed to effective coordination with two other relevant donor projects in the field of deinstitutionalisation and fostering and maintained its relevance along the project life.

Project objectives were appropriate and realistic in general, while the planning of activities was very strong. It has been done on annual basis with full participation and endorsement by the Ministry of Labour and Social Policy, which increased relevance of project activities. However, the expected result No 4 is assessed as being overoptimistic (25 social protection institutions undergo transformation so that: a) 50% will transform into community-based services on the basis of local priorities, b) one quarter will be closed, c) one quarter will maintain residential capacity for urgent and short-term placement). The project design was not realistic in envisioning these results within the given project time frame. It didn't sufficiently take into account complicated and slow administrative procedures (adoption of legislative acts needed at all levels, budget planning, etc.) that are preconditions for the full implementation of the transformation plans.

### 5.3.2 Effectiveness

Project has a very good record of success in completing project activities, and in achieving most of the expected results. All activities planned have been completed within the agreed timeframe. Some of the new activities have also been included over the course of the project and implemented with high efficiency, such as development of additional 5 Individual Operational Plans for residential institutions and capacity building of professionals that will work in Regional Fostering Centers.

Most of the results have also been achieved and some of them exceeded expectations defined in the logframe. For example, the results related to delivering of training for different target groups (professionals from CSW, residential institutions, visiting nurses and foster families) quite far exceeded the original number of participants to be trained.

The most important results achieved so far relate to indicators No 1 and No 2. Number of children in institutions over the period of project implementation decreased by 29,5% while the number of foster families increased by 27%.

However, the results related to the indicator 4 have been only partially achieved. The project document envisaged 25 institutions going through transformation, with a detailed breakdown by institution and level of transformation envisaged. The result envisaged closure of 6 institutions, which has not been achieved. However, the way the indicator was defined it is not clear whether it is expected that residential institutions are just closed or transformed into community based services. Although the indicator as such was not well defined and the time frame to reach the result was not realistic, it can be stated that a solid ground has been made to enable achievement of this result in a longer term, but not over the course of the project implementation.

One of the main project's strengths was flexibility to adjust to different circumstances and use them as opportunities for introducing systemic positive changes thus maximizing the overall impact of the project. The comment made by around 70% stakeholders interviewed was: *"The project allowed for re-design of activities based on emerging needs and changing environment"*. This was achieved through regular

---

<sup>13</sup> Evaluation of deinstitutionalization process in Serbia (2006) and Assessment of Child Protection in Serbia, conducted (2007)

monitoring of project implementation, close consultations and detailed planning of activities with MoLSP and other relevant stakeholders.

For example, even though establishment of Regional Fostering Centers has not been one of the project's outcomes, the project recognized the importance of preparing the ground for their effective work, once they are established. Therefore, professionals from CSWs and residential institutions, who might work in RFCs, have been trained through this project to become able to work on new duties and responsibilities, once the RFCs are operational.

Due to the significant savings that have been made in project implementation it was possible to expand mainly capacity building project activities to cover higher number of training beneficiaries. In order to utilise the funds and keep the quality, project received a 6 months non-cost extension.

#### Project contribution to transformation of residential institutions and development of alternative services

The project has assisted the MoLSP to take a systemic approach to transformation of residential institutions for children through efforts made to also strengthen other processes that would support its successful implementation (strengthening of foster care, capacity building of professionals, inputs to legislation, development of alternative services, strengthening of preventive mechanism for further institutionalization, etc).

Project gave significant contribution to creation of enabling environment for implementation of transformation of residential institutions for children and had significantly influenced legislative framework through which transformation of residential institutions will be pursued. Main recommendations from the Master Plan have been incorporated into the new Social Welfare Law which is of significant importance for creation of such environment that would enable implementation of the transformation.

Significant efforts have been put in planning to enable the system to successfully support the transformation process, which included development of at least one community service. However, the actual transformation of residential institutions has yet not happened, or at least not to the extent envisaged by the Master Plan.

So far, only one residential institution for children has been closed (Ćuprija) with the intention to be transformed to a Regional Fostering Center. Delays in adoption of new Decision on network of institutions and lack of funds available caused establishment of only one RFC during the course of the project (Belgrade Center for Fostering in 2008). Establishment of six new RFCs, envisaged by the new Decision on network of institutions have not yet been approved by Government of Serbia.

Comprehensive preparatory process included intensive programme of support of staff in residential institutions, with the aim to enable them to respond to the transformation in a professional manner. All professionals from residential institutions interviewed expressed great satisfaction with the type and quality of training provided. Education programmes designed and conducted through project implementation significantly strengthened capacities of professionals in residential institutions and enabled them not only to actively participate in the planning of transformation process, but to provide high quality professional care to children in residential setting.

One of the main advantages of training programmes was their ability to serve as catalysts for establishing relationships between different stakeholders. Furthermore, educational programmes have helped professionals to understand the reforms, adjust to the new circumstances thus gradually decreasing the resistance towards the process of transformation, as stated by all professionals from institutions and MoLSP representatives interviewed. Professionals from residential institutions became more open to new ways of work and willing to effectively contribute to further reform process. One of the comments emphasized by many stakeholders was: *“Through participation in different trainings and planning of transformation of our institution we have managed to overcome fear and resistance and now we are ready to offer solutions”*.

As stated in section 5.2.1. significant work has been done through the project to build capacities of the professionals working in residential institutions for children to prepare them for new duties and responsibilities. However, educations delivered will not be sufficient for the participants to feel completely comfortable in the new roles as all of them have emphasized the importance of providing continual education, especially when institutions in question enter the process of transformation.

Also, even though the resistance has been significantly decreased, it should not be completely neglected and strong mechanisms need to be put in place to ensure further commitment and participation of staff in transformation process.

Project contribution to the strengthening of foster care and increasing the number of children in foster families

The project made significant contribution in incorporating provisions related to foster care into the new Social Welfare Law, in particular provisions related to foster care for children with disabilities. Furthermore, it provided significant inputs to development of the new Rule Book, which supposes to be adopted as a by-law and which would standardize all types of foster care, regulate their functioning and financing.

Total of five training programmes have been accredited and integrated into the system mechanism for professional development and support to foster families.

As emphasised in section 5.2 3 intensive training programme has been conducted for foster families, future trainers for foster families, professionals from CSWs and residential institutions. Based on project's flexibility, training has been conducted for professionals from residential institutions and CSW, who are envisaged to work in six new Regional Centers for Fostering. The results of this training were two-fold:

1. Capacities of the professionals envisaged to work in RFCs are built;
2. Strong synergies have been created with the Belgrade Center for Fostering, which supposes to provide "know how" to future RFCs.

The project's interventions have brought change in practices related to foster care, in particular to specialized and urgent foster care and increased the number of families interested in providing foster care. As reported by the Director of the Centre for Fostering Belgrade, during the project course 120 children with disability were placed in foster families (45% from their biological families, 21% from maternity hospitals and 14% from residential institutions). Education programmes designed and conducted significantly built capacities of professionals from residential institutions and helped them to participate more openly in further development of foster care.

The evaluation found that project significantly increased the confidence and capacities of foster families, through educational programmes provided. Training programmes focusing on specialized fostering, helped foster families to understand the importance of providing foster care to children with disabilities, built their knowledge about roles and responsibilities as foster parents and raised their awareness about necessary cooperation with other partners in community (CSWs, schools, health centers, etc).

As a direct result of these education programmes there are new families on waiting lists, which have either passed the necessary training programmes or wait to be trained. As already said, all of the interviewed foster parents are very positive about the usefulness of the trainings. One foster parent, interviewed during evaluation mission specifically stated: *"These trainings taught me everything. They provided very basic information about foster care but also some very useful instructions for actions in difficult situations. Before, I knew nothing, but now I feel happy and fully capable to deal even with most difficult challenges."*

The training also built capacities of professionals working in CSWs to work effectively on planning, supporting, assessing and monitoring foster families. However, the real issue is priority they give to foster care among other task in their daily work. The CSWs have legal responsibility for foster care in Serbia. They will continue being responsible for assessing the needs of children, planning care and monitoring of child care, even after establishment of new Regional Fostering Centers. The role of new RFCs would be

to provide effective support to foster families and to create policies for development of foster care within their regions. However, the evaluation found that, in the absence of RFCs, there is a huge gap in terms of support CSWs currently provides to foster families, due to the huge workload. All of the interviewed foster families agree that support provided by CSWs is not sufficient and that it is not rarely that they feel helpless in dealing with even daily challenges in carrying for children. More regular support from professional staff would be of essential importance.

The evaluation found that the real challenge is not general or urgent foster care, but further development of specialized foster care. The experience shows that the number of children with disabilities placed in foster care did not increase at the same pace as the number of children without parental care placed in foster care. Children with disabilities are still predominantly placed in institutional care (there is an estimation that they make around 70% of all children in residential care), which is indicative of the insufficient development of foster care for this beneficiary group.

Unfavourable aspect related to efficient specialized foster care is a lack of community based services available to foster families with children with disabilities. Cooperation with local self governments varies a lot and mainly depends on individual interest of Municipal Counsellors. Even though all municipalities have developed local social welfare strategies, the support to alternative services for children with disabilities is still very low. Although the number of local municipalities that provide financing to community based services is on increase it is still far from real needs (in 2008 19% of local governments financed day care centres, while in 2010 it was reported by 35% of them).

Evaluation also found that the training foster families received related to specialized fostering is valuable, but it is not sufficient, so all of them emphasized the importance of continual education.

It is expected that the new Social Welfare Law will clearly regulate all types of foster care, standards and requirements for the assessment of suitability for the provision of family placement, as well as the status of foster families and financial support to them. The extent to which all types of foster care will be developed in future will actually depend on the level of implementation of the new Law.

#### Project contribution to strengthening preventive mechanism for further institutionalization of children

The main advantage of this project was that it approached the process of transformation of residential institutions from broader perspective, and made significant efforts to establish preventive mechanism at the level of maternity hospitals, which would minimize institutionalization of new born children with disabilities.

The main achievement of this part of the project was that the new model of actions and procedures for maternity hospitals and children departments has been developed and became an integral part of Professional Methodological Guidance for Implementation of National Health Programme for Children, Youth and Women. The model includes a new way of establishing communication with parents of new born children with disabilities, through a holistic approach. It also envisages creation of counselling teams in all maternity hospitals and child departments, who are educated to provide support to parents, better flow of information and improved communication, which should significantly decrease the number of children placed in residential institutions.

During project implementation very good results have been achieved, training programme was accredited, many medical doctors have been trained, and most of targets have been exceeded. Medical staff interviewed reported the changes introduced through this project and impact on their work. Evaluation found that even though there is still resistance among medical doctors to apply new model of work, the trends are changing in a positive direction.

However, in order to achieve real prevention of institutionalization at the level of hospitals full implementation of Professional Methodological Guidance for Implementation of National Health Programme for Children, Youth and Women need to be ensured. Furthermore, education of medical

doctors in Serbia and distribution of manuals need to continue, as well as creation of counselling teams for work with parents of newborn children with disabilities in all maternity hospitals.

#### Outreach support to families with children with disabilities

The project made significant efforts to further empower the role of visiting nurses in the prevention of institutionalisation and enable them to establish strong connections with professionals from CSWs, schools, local self governments, civil society.

Programme of education raised awareness among visiting nurses about the importance of developing strong partnerships with other stakeholders at the local level, such as LSGs, CSWs, schools, hospitals, to ensure inclusion of children with disabilities in education and all aspects of social life. Furthermore, all of the interviewed visiting nurses as well as the Belgrade Institute for Public Health representatives are of opinion that the education programme significantly strengthened the network of nurses in Serbia and relationship between the Institute for Public Health and visiting nurses at the local level.

The evaluation found that project increased capacities of visiting nurses to provide support to families of children with disabilities thus preventing further institutionalization of children. As a result of this project, the knowledge of visiting nurses about social inclusion in general and importance of developing strong partnerships with other actors for the benefit of children with disabilities is very high, which will be in function of supporting wider efforts related to prevention of further institutionalisation of children with disabilities.

#### 5.3.3 Sustainability

Sustainability can be defined as the extent to which the objectives of a development activity will be followed beyond the support of external assistance and the extent to which the beneficiaries are not only willing and able to take responsibility, but also to preserve the positive changes occurred during project implementation. In this section, the sustainability will be evaluated through the ownership built and commitment to further reform.

##### Ownership

The main challenge identified throughout project implementation was how to ensure maximum level of ownership by the Ministry of Labour and Social Policy and Ministry of Health from one side and practitioners and staff from residential institutions on the other side, as this was the only way to ensure sustainability of the results achieved.

The way the project was designed and various mechanisms created offered strong platform for participation of all important actors in different phases of project implementation. The approach taken through the work of the Working Groups, involving stakeholders from both central and local level in planning, analysing and providing recommendations for policy development, was crucial in ensuring strong ownership of all actors responsible for the transformation process. Furthermore, their active participation ensured development of recommendations for policy options based on their experiences, needs and opinions which was important for ensuring ownership of all involved over this result.

Equally important, high level participation of all important stakeholders (representatives from ministries, CSWs, residential institutions, civil society, trade unions, public institutions, experts, etc) in different levels of project implementation contributed to the decrease of resistance among stakeholders towards the transformation process, helped them to understand the process and created opportunity for their active participation and contribution.

One of the main achievements of this project was the ability to influence the work of MoLSP and MoH through the mechanisms created at the level of Working Groups. Direct and active involvement of high ministerial representatives in the Working Groups created an excellent opportunity for their

representatives to analyse, propose and shape recommendations and policy options, which was crucial for ensuring ownership of ministries.

#### Commitment to further reforms

The commitment of various stakeholders at the local level to further transformation process is not questionable. They see it as an inevitable process which requires development and further strengthening of partnerships not only with respective ministries, but with other partners at the local level, such as local self governments, civil society, etc.

The MoLSP commitment to child care reform and furthermore to transformation process is not questionable either. High management representatives from MoLSP, including the Minister, keep sending very strong messages about the importance of further work on transformation process. The incorporation of the most important recommendations from the Master Plan in the new Social Welfare Law and further adoption of certain provisions in the form of by-laws clearly demonstrate strong MoLSP commitment to furthering the transformation process and reforming the child care system.

However, the main challenge remains capacity of MoLSP to successfully prioritize and lead overall implementation of the new Social Welfare Law, within which overall transformation of residential institutions for children will be implemented. It seems that there is not strong mechanism at the operational level of MoLSP, which would further ensure effective implementation of the Master Plan, beyond the UNICEF support. At the moment it is not clear by whom and how strong leadership will be provided, which might have effects on expected dynamic of implementation of the Social Welfare Law and further transformation of residential institutions for children.

The other important challenge is related to financial resources available for the transformation process and keeping the momentum created with UNICEF support. Unless the funds are earmarked in the MoLSP budget for 2012 implementation of the Master Plan might be jeopardized. Furthermore, commitment of local self governments to financially support and maintain alternative services developed in communities where residential institutions are transforming would be an important pre-requisite for successful transformation process.

#### 5.3.4 Impact of project intervention

The impact project made could be evaluated from two perspectives. First, the impact made on legislative framework through which further transformation of residential institutions for children will be pursued, and the second, the results made in developing education programmes and capacity building of stakeholders to enable them to respond to reforms.

The project succeeded to influence decision makers in MoLSP which resulted in incorporation of provisions in the new Social Welfare Law, which will create an environment for successful implementation of transformation of residential institutions, prevention of further institutionalization of newborn children at risk and further development of all types of foster care in Serbia, regulating their standards, functioning and financing.

Significant investment, provided through this project, in building capacities of all stakeholders involved has made significant shift in capacities of partners, their empowerment and change in attitude towards the process of transformation of residential institutions for children.

Project significantly strengthened capacities of ministries and residential institutions to enable them to respond to transformation process. Centers for Social Work and foster families have also significantly benefited from contribution by UNICEF, through the intensive work during last three years. Different programmes of support have been developed and accredited to support further education of professional staff and foster families.

One of the advantages of this project was that even though the project budget allowed engagement of international consultants/experts only few of them were hired internationally. The preference was to work with national consultants, which created great opportunity for building capacities of local experts and stakeholders during project implementation. This approach allowed development of a pool of certified national trainers, accreditation of national programmes, which strongly contribute to sustainability of results achieved and further transfer of knowledge and skills within their communities.

Even though the project was not directly working with final beneficiaries, who are children in residential institutions, solid base has been made and necessary conditions created for improvement of their lives. The intensive process of building capacities of residential institutions, centers for social work and local self governments has not only contributed to enabling professionals for new duties and responsibilities, but, in a longer term, would be in function of improving the quality of life of beneficiaries using placement services.

In general, project built capacities of the child care system to respond to the needs of the most vulnerable groups of children in Serbia and brought systemic changes through development of policies, which will, if implemented accordingly, contribute to the realization of the child's right to live in a family environment.

#### 5.3.5 Human rights based approach to programming

The goal of the current UNICEF country programme in Serbia is to support the Government to develop a comprehensive system that will contribute to elimination of the need for an institutionalised placement of children without parental care and to introduce mechanisms which will enable their placement within the community. Hence, it is rather necessary to develop both, the programme and essential financial mechanisms, to ensure sustainability of support services to families and children for living in a community. Elimination of institutionalised placement of these children is a significant step forward in ensuring respect for human rights and, in particular, rights of the child.

A human-rights based approach to programming was used throughout the project, beginning with the assessment and analysis of the situation. Research carried out prior to the project's development carefully examined the underlying causes of and contributing factors to the problem and assessed the capacity gaps of duty-bearers and rights holders. The approach of the project has been participatory, helping duty-bearers to get actively engaged, enhance their understanding of children's rights to live in dignity, to be protected from violence and abuse and live in a family environment. The approach also helped duty bearers at all levels build their capacities and fully recognize their own responsibilities to protect children's rights. The strong focus on enhancing accountability mechanisms, through Governing Boards of residential institutions and the Republican Ombudsman, are also been important dimensions of a human rights-based approach.

At the same time, the project has worked to empower rights holders, most specifically parents of children with disabilities. Of particular note is the work with the health system which has aimed to help parents of newborns with disabilities access clear and appropriate information, make informed choices, and identify and take advantage of the various forms of support their child needs.

#### Promotion of child rights

Through good communication of activities and outputs of this project within the system (at the level of Working Groups, with representatives of professional associations, residential institutions, ministries, public institutions, CSWs, civil society, foster families) and outside the system (through the media) project significantly contributed to promotion of children rights, especially to the right to live in a family environment. This project, along with complimentary work undertaken by UNICEF has helped to raise public awareness of the rights of children with disabilities to grow up in a family environment and to be included in school and community life.

## Equity

In light of the fact that the Project's overall objective was to ensure full capacity of the child care system in responding to the needs of the most vulnerable groups of children it is clear that the Project's activities towards transformation of residential institutions without parental care and institutions for children with disabilities, as well as activities related to strengthening specialized foster care were set forth bringing positive impact on the disadvantaged groups, in this case especially children with disabilities. Positive impacts are the same for various groups of children, be it boys or girls, children without parental care or children with disabilities.

The project's interventions aimed at creating necessary conditions for children with disabilities to leave residential institutions and use other types of social care such as foster services are creating conditions for greater inclusion of children with disabilities in education and health systems, and ensuring that the principles of equal opportunity are promoted.

### 5.4 Coordination with other donors' projects

During project's implementation close coordination has been maintained with two other donors' project:

1. Save the Children UK project "Special Care for Special Need" (EU funding), focusing on providing support to specialized foster care and
2. Project funded by the Ministry of Foreign Affairs of Italy on de-institutionalization of children in institutions, focused on the regions of Nišava, Pirot, Jablanica and Toplica.

Strong synergies have been created with the SCFUK programme of support, through the joined planning of *capacity building activities related to foster care*. Having that in mind it is not possible to assess to what extent UNICEF specific intervention contributes to the results as they relate to increased professional capacities (to train and support foster families) and it can be considered as a joint result (while policy level achievements are clearly connected with UNICEF intervention). When it is about the other project, it is evident that it strongly builds on specific policy and capacity building achievements of UNICEF project as a basis for developing and implementing concrete activities aimed at facilitating transformation of 3 institutions in selected regions (preparation of 40 children with moderate and severe disability to be replaced into trained foster families and / or high quality small residential units in 3 transformed residential institutions).

## SECTION 6: EVALUATION CONSTRAINTS

It is extremely important to highlight several constraints, which, to certain extent, had an impact on final evaluation and therefore on the scope of information and detail analysis included in the Final Evaluation Report.

The first and major constraint was timeframe. The period of time given for organizing and conducting the interviews with all relevant stakeholders and partners on this project was very short. Due to the public holidays only 10 working days were available for this extensive work, including the conducting of three field visits to residential institutions, maternity hospitals, visiting nurses and municipal authorities.

The second constraint was related to very short and non-flexible deadlines, especially the period envisaged for the Preliminary Draft Evaluation Report (the deadline for producing this report was 3 weeks after the beginning of final evaluation mission).

Third constraint was related to availability of data necessary for completion of the report. Due to this constraint the evaluator was not able to assess, for example, what was happening with the new born children at risk after they left maternity hospitals with their parents (whether they continued to leave in a family environment or have been sent to some of the residential institutions). Due to the fact that there is

no system in place for consistent monitoring and tracking the changes within one family in maternity hospitals and beyond that, the evaluator was not able to assess the impact this project made in stages after children left maternity hospitals.

Finally, there was constrain related to time-frame and resources available. Namely, the evaluator was not able to interview children in care since most of them being in residential institutions are those with complex behaviour difficulties and / or disability. Interviewing them would require additional competencies / skills (extended team of evaluators) which was not possible to ensure in the given time-frame and resources available.

## **SECTION 7: CHALLENGES PUTTING AT RISK FURTHER TRANSFORMATION OF RESIDENTIAL INSTITUTIONS AND DEVELOPMENT OF FOSTER CARE**

Even though most of the expected results of the project have been achieved and the project made a significant impact on the legislative framework as well as on overall capacities of the social system, there is a number of challenges that might put at risk further transformation of residential institutions and development of alternative services. They will be presented in the second part of this section.

- 1. Financial resources** available for the transformation process. Even though the new Social Welfare Law ensures special purpose transfers for municipalities with residential institutions undergoing transformation process, the actual funds will not be available until the sub laws that regulate them are adopted, which is expected to be finalised until January 2012. Having in mind that the deadline for Line Ministries' budget submissions (for 2012 annual budget) is July 2011 it would be very important to have clear prioritization of institutions that will be closed – transformed during next financial year and earmarked this funds in the MoLSP budget lines for 2012. This will be extremely important for keeping the momentum created through detailed planning of transformation process and for smooth continuation of the reform process.
- 2. MoLSP capacities** to ensure effective leadership and monitoring of the implementation of the new Social Welfare Law and implementation of the Master Plan. Unless MoLSP creates a mechanism (appoints a team or a person) to lead and oversee implementation of the Master Plan as well as the new Social Welfare Law, the dynamic and sequencing of both processes might become vulnerable as well. Furthermore, in terms of special purpose transfers that the new Law introduces, the MoLSP needs to determine a plan for their implementation and create mechanisms for their monitoring and evaluation.
- 3. Lack of consistent data** on children in residential institutions and children within foster care system. The particular challenge presents lack of data available on children with disabilities within foster system, even in biological families. There are no clear criteria developed for categorization of level of disability of children, which represents additional challenge. There are some attempts by Republican Institute for Social Protection, MoLSP, DILS<sup>14</sup> project to develop systems for data collection about children, but their activities are not always well coordinated and harmonized.
- 4. Capacities of staff in residential institutions** - even though significant investments have been made in building capacities of staff in residential institutions to enable them to effectively respond to the transformation process, their capacities still pose a challenge in furthering of this process. Furthermore, the “resistance factor” should not be neglected and it can be overcome only through regular communication and work in partnership with MoLSP.

---

<sup>14</sup> DILS – PROJECT DELIVERY OF IMPROVED LOCAL SERVICES, funded by the World Bank loan, implemented within MoH, MoLSP and Ministry of Education.

5. **Cooperation with local self governments** - So far, the relationship and cooperation with local self governments has not been very successful and was based more on personal relationships rather than on particular strategy. Cooperation with LSGs needs to be strengthened to ensure that they are responsible for delivering and financing community based services at the local level, especially in light of the new Social Welfare Law and special purpose transfers.
6. **Transformation of residential institutions accommodating children with disabilities** that have not been tackled so far. Timely and detailed preparation for transformation of these institutions would be very important, as well as creation of positive, supportive environment for their successful transformation (delivery of alternative services, further strengthening of specialized foster care, etc).
7. The other challenge will be how to ensure existence and functioning of **independent monitoring** over the work of residential institutions for children, since the recommendations related to creation of an expert body has not been included in the new Law. One option proposed for providing independent monitoring of residential institutions for children was through the Republican Ombudsman Office. However, the fact that National Prevention Mechanism of torture (NPM) has not been yet formed presents a significant challenge. Furthermore, even though the NPM might be formed in the course of 2011 it is a question what resources will be allocated to this new institution, and which form will it take. Most probably the Serbian Ombudsman in cooperation with other institutions will perform the role of NPM, which also raises concerns of its capacity to efficiently perform this task.
8. In light of greater **involvement of civil society in monitoring** the work of residential institutions, insufficient capacities of these organizations to work effectively on this issue pose a significant challenge.
9. Opening of new **Regional Centers for Fostering** – even though it is expected that Government will approve MoLSP request for opening of three Regional Fostering Centers in Čuprija, Niš and Kragujevac, it is still uncertain when other three in Vojvodina Province (Novi Sad, Bela Crkva, Subotica) will be opened. Another challenge is **human and financial resources** that would be allocated to these institutions.
10. The other challenge posed, is **lack of cooperation between MoLSP and Provincial Secretariat for Social Protection**, which slows down opening of three RFCs in Vojvodina Province and further transformation of residential institutions in Vojvodina Province.
11. Lack of **consistent and regular communication** between MoLSP and residential institutions. This created uncertainty among staff in residential institutions, which might diminish the momentum created for successful transformation of institutions.
12. Future **cooperation between Regional Fostering Centers and Centers for Social Work** might pose significant challenge to further development of foster care in respective regions. Furthermore, **capacities of staff in CSWs** to provide effective support to foster families especially in places where there will be no presence of RFCs present the big challenge.

## SECTION 8: CONCLUSIONS

Project was implemented within relatively stable political environment in Serbia, which enabled participation of high ministerial staff in project implementation and provided them an opportunity for pursuing development of policies within their ministries. On the other side, establishment of the Working Groups and active involvement of national stakeholders in planning, shaping and development of plans for their institutions as well as in development of national policies ensured strong ownership of the results achieved, thus providing sustainability of the transformation process beyond project's end date.

The fact that project was highly relevant to the context and based on main strategies and policy documents that determine the path for the reform of social welfare system, built strong project's reputation among partners and ensured high interest of stakeholders in participating in its implementation.

Project managed to develop a critical lobbying mechanism that reached the decision makers. Project's attribution to development of the Master Plan, incorporations of provisions into the new Social Welfare Law that would give legitimacy to future process of transformation of residential institutions for children as well as to further development of foster care, in particular specialized fostering, is out of question. Support that the project provided to various stakeholders at the central and local levels was a main driving force in developing more systemic approach to transformation of residential institutions for children and creation of environment that would fully support this complex and highly demanding process.

A major effort through project implementation was made to build the capacities of different stakeholders not only to successfully work on the transformation process but to enable them to further develop and support all types of foster care, in particular specialized fostering.

However, even though ownership and commitment of stakeholders to further transformation process is not questioned, still there are few challenges that might compromise the future process. Successful implementation of the new Social Welfare Law will require substantial human resources at the local level and equally important at the level of MoLSP. MoLSP ability to work effectively on prioritization and sequencing of activities envisaged in the new Law, as well as on overall implementation and monitoring would be a main prerequisite to its success.

Evaluation concluded that transformation of big residential institutions for placing children with disabilities pose a significant challenge. Timely and detailed preparation would be of essential importance for successful transformation of these institutions. This will require stronger cooperation with local self governments and other stakeholders at the local level.

The main challenge in the upcoming period is actual implementation of the reforms envisaged by the new Decision on network of residential institutions, especially in relation to transformation of residential institutions for children and establishment of Regional Fostering Centers.

The process of transformation of residential institutions is ongoing. Solid base has been created for further reforms in this field through adoption of the new Social Welfare Law. Strong mechanisms have been created for prevention of further institutionalization and control of quality of services in residential placements. However, both capacity and resources need to be strengthened further to ensure efficient implementation of the Master Plan, which will, if implemented accordingly, have positive impact on lives of children with disabilities.

## **SECTION 9: RECOMMENDATIONS**

The recommendations proposed in this report are divided into three groups and entail a set of actions that need to be taken up primarily by the Ministry of Labour and Social Policy to ensure continuation of transformation of residential institutions for children and further development of the fostering care, building on results achieved during the implementation of this project. However, besides recommendations for MoLSP this section also contains recommendations for the Ministry of Health and UNICEF.

### **9.1 Recommendations for Ministry of Labour and Social Policy**

1. Define the exact number of residential institutions for children without parental care that will be transformed during the 2012 and ensure necessary financial resources are included in MoLSP budget by June-July 2011 (following the deadlines for preparations for annual budget);
2. Develop the plan with clear prioritization, sequencing and dynamic for implementation of activities envisaged by new Social Welfare Law and implementation of the Master Plan and mechanisms for monitoring their implementation. Appoint a team or a person, at operational level, that will be responsible for coordination of the process of transformation and effective communication with residential institutions.
3. Provide continuous programmes of support and education to the staff in residential institutions to further build their capacities and enable them to respond effectively to transformation process and

deliver services in professional manner; provide opportunities for continual capacity building of Governing Board members to ensure their work is improved.

4. Develop unified system for monitoring the number of children in residential institutions, foster care, children with disabilities in biological families and newborn at risk in maternity hospitals. This will enable proper monitoring of the trends of “flows” of children from residential institutions to biological or foster families and from biological families or maternity hospitals to residential institutions. Consider using the national census (that will be organized in October 2011) as a framework for collection of administrative data about children. Explore possibilities for harmonization of different activities related to development of mechanisms for providing data about children. Ensure mechanisms for monitoring data are developed in an open and transparent way and in accordance with the needs of future data users (policy/decision makers).
5. Continue to strengthen cooperation with local self governments; build more active involvement of LSGs in the transformation process, through providing formal, regular update about the process and next steps (particularly in towns with residential institutions going through the transformation process); in light of the new Social Welfare Law ensure greater familiarization of LSGs with the responsibilities in implementation of the Law;

## **9.2 Recommendations for Ministry of Health**

1. Ensure full implementation of Professional Methodological Guidance for Implementation of National Health Programme for Children, Youth and Women throughout Serbia in all maternity hospitals (with respect to communication aspect);
2. Ensure further education of all medical doctors in Serbia and distribution of manuals. Include nurses in this training programme, since they are usually main point of contact with mothers in maternity hospitals;
3. Develop specific provisions for all hospitals and child departments to create counselling teams for work with parents of newborn children with disabilities.
4. Ensure development of single Action Plan for implementation of Baby Friendly Health Initiative in Hospitals that will include activities related to BFHI Plus (do not develop BFHI Plus as a separate programme);
5. Include accredited programme of education for medical doctors in hospitals, developed through UNICEF support, in the Action Plan for implementation of the BFHI in hospitals. Include nurses in this training programme as well.
6. Include this educational programme as one of the mandatory training courses for young medical doctors during their specialization studies.

## **9.3 Recommendations for UNICEF**

1. Provide support to MoLSP and big residential institutions accommodating children with disabilities to implement their individual Operational Plans for transformation. Assist them to prepare detailed individual plans for children with disabilities to move either to institutions with small capacities or to foster families and facilitate relationship between different professionals working on preparation of children to leave residential institution;
2. Consider providing support to MoLSP to develop unified system for monitoring the number of children in residential institutions, foster care, children with disabilities in biological families and newborn at risk in maternity hospitals. This could foster the cooperation between MoLSP and other actors working on developing the systems for monitoring (Republican Institute for Social Protection, Statistical Office of the Republic of Serbia, DILS project), harmonize their efforts and achieve complementarities of activities.

3. Consider providing support to civil society organizations and independent institutions to enable them for efficient monitoring of the work of residential institutions;
4. Continue strong cooperation with MoH on development of Action Plan for BFHI to ensure it contains communication aspect and activities necessary for providing further prevention mechanism to institutionalization of newborn children at risk.
5. More attention should be given to development of better project indicators. Most indicators developed for this project are on the level of activities and are not objective or purpose oriented. Designing such a complex, multi-sectoral and multi-year projects in such a complex and changing political environment usually requires development of SMART indicators (specific, measurable, achievable, realistic and time bound) with clearly developed baseline. Design of projects should be reinforced through:
  - Development of SMART indicators
  - Defining the baseline for all indicators
  - Use monitoring missions to review appropriateness and relevance of indicators and adjust them accordingly.

## **SECTION 10: GOOD PRACTICES AND LESSONS LEARNED**

### **10.1 Good practices:**

#### **1. Use of national experts/consultants**

The decision to use national experts to the maximum extent possible, even though project budget allowed engagement of international consultants/experts created excellent opportunity for building local capacities during project implementation, developing pool of national trainers, accreditation of national programmes, etc.

#### **2. Building capacities of stakeholders at all target levels**

Capacity was built through the provision of trainings and education on subjects appropriate to different stakeholders, as well as through involvement in project activities, such as planning, development of the Master Plan, provision of recommendations for policy development.

#### **3. Development of synergies and strong cooperation with another EU funded project, implemented by Save the Children UK “Special care for special needs”**

The project invested a lot of efforts to create strong synergies and cooperation with SCFUK programme of support, through the joined planning (for activities where that was possible), which increased overall impact of both interventions. The complementarities of activities were so high that, for example, beneficiaries were not making difference between programmes supported by two international organizations.

#### **4. Contracting of national implementing partners for different project’s components**

This was seen as a good practice since it decreased burden on PMU responsibility for technical implementation of different components, and created space to PMU for active engagement on policy dialogue. At the same time it increased capacities of local partners and built their networks with different stakeholders.

#### **5. Allowing for flexibility of the project in order to respond to the changing environment and demands from stakeholders - Project allowed great flexibility in implementation of different activities and facilitated change based on demand from local level, which strengthened leadership and ownership of the results achieved.**

#### **6. Giving enough importance to ensuring that the PMU is highly capable and responsive**

PMU developed very good reputation among all stakeholders. The PMU is viewed as highly capable, efficient, cooperative, responsive, facilitative, flexible and committed.

7. **Relevant composition and high capability of the Working Groups ensured their influence on policy development.** Working Groups were relevant in their compositions and highly capable in analyzing, developing and proposing recommendations for policy development within both, MoLSP and MoH. This was crucial for ensuring their high credibility and success to influence policies within both ministries.

## 10.2 Lessons learned:

1. The environment needs to be created to allow and encourage wide participation of all important stakeholders at all levels of the reform process, planning, analyzing and providing recommendations for policy development based on their experiences, needs and opinions. This is crucial in **ensuring strong ownership** of all actors responsible for the transformation process.
2. **Changing of legislative framework** through which transformation process could be pursued needs to be followed by **intensive capacity building** of all important stakeholders, as to ensure adequate implementation of new legislation.
3. More efforts should be invested into **ensuring sustainability of the effective management of the reforms** by leading ministry (MoLSP). The project might have envisaged stronger support to MoLSP in order to ensure the creation of a mechanism for sustainable management of further transformation of residential institutions at the operational level.
4. **Enhancing cooperation and communication as well as working in partnerships** between MoLSP and residential institutions is the only way to ensure successful transformation of residential institutions. Investing sufficient time and resources into creating partnerships and functioning channels of communication could significantly decrease the resistance of residential institutions toward transformation process and ensure sustainability of the reform.
5. Strengthening the **cooperation with local self governments** from the beginning of transformation process ensures their support to development and sustainability of community based services that would encourage the increase of number of children with disabilities in foster care.