

## Standard Summary Project Fiche – IPA Centralised Programmes

### **Project Number 11: Support for de-institutionalisation and social inclusion of persons with mental disability and mental illness**

#### **1. BASIC INFORMATION**

- 1.1 CRIS Number** 2011/022-585
- 1.2 Title** Support for de-institutionalisation and social inclusion of persons with mental disability and mental illness
- 1.3 ELARG statcode** **03.28 and 19** European standards. Consumer and health protection, social policy and employment
- 1.4 Location** Republic of Serbia
- Implementing arrangements:**
- 1.5 Contracting Authority:** EU Delegation to the Republic of Serbia
- 1.6 Implementing Agency:** EU Delegation to the Republic of Serbia
- 1.7 Beneficiary**
- Ministry: The Ministry of Labour and Social Policy – *lead beneficiary*
- Name: The Senior Programme Officer is Tatjana Matic, Secretary of the Ministry of Labour and Social Policy
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- Ministry: Ministry of Health – *partner beneficiary*
- Name: The Senior Programme Officer is Dr. Danijela Urosevic, Head of the Department for European Integration, Preparation, Monitoring and Implementation of International Projects, Ministry of Health

Steering committee: The Steering Committee will consist of the representatives of the Delegation of the EU to Serbia and the Government of Serbia (representatives of the Ministry of Labour and Social Policy and Ministry of Health). The Steering Committee will lead and coordinate the project.

### **Financing:**

- 1.8 Overall cost:** EUR 5.17 million
- 1.9 EU contribution:** EUR 4.7 million
- 1.10 Final date for contracting:** 2 years after the signature of the Financing Agreement (FA).
- 1.11 Final date for execution of contracts:** 4 years after the signature of the FA.
- 1.12 Final date for disbursements:** 5 years after the signature of the FA.

## **2. OVERALL OBJECTIVE AND PROJECT PURPOSE**

### **2.1 Overall Objective:**

To contribute to enhancing the social inclusion of persons with mental disability and mental health disorders.

### **2.2 Project purpose:**

To enable de-institutionalisation and social inclusion of persons with mental disability and mental health disorders by transforming the institutions to improve services and support development of social and health services at local level.

### **2.3 Link with AP/NPAA / EP/ SAA**

The project directly addresses the short term priority of the **European Partnership** (February 2008), under Political Criteria – Human Rights and Protection of Minorities: “Continue de-institutionalisation, community-based services and aid to dependent persons, including in the field of mental health.” The project aligns with the short term priority under European Standards – Employment and Social Policies: “Develop adequate administrative structures and capacity in the field of health protection,” as well as, the medium term priorities under this section: “Further develop social inclusion and social protection policies” and “Take further efforts to improve the situation of persons with disabilities.”

The project links to Title VIII of the **Stabilisation and Association Agreement (SAA)** between the EU and Serbia – Cooperation Policies (Article 101 – Social Cooperation): “Cooperation shall also seek to support the adaptation of the Serbian social security system to the new economic and social requirements, and shall involve the adjustment of the legislation in Serbia concerning working conditions and equal opportunities for women and men, for people with disabilities and for people belonging to minority and other vulnerable groups”.

The project addresses the following finding of the **European Commission 2010 Serbia Progress Report**, Activities related to *mental health, cancer prevention, communicable diseases* and *alcohol* continued. The Serbian Institute of Mental Health was designated as a WHO Collaborating Centre for mental health care and workforce development. Good cooperation with the European Centre for Disease Prevention and Control continues. However, efforts towards de-institutionalisation and community-based institutions need to continue.

The project links to **UN Convention on the Rights of Persons with Disabilities** which EU had ratified in December 2010 article 4, in “promoting human rights and fundamental freedoms for all persons with disabilities”, as well as **the European Disability Strategy 2010-2020** in the area of Social protection “the EU will support national measures to ensure the quality and sustainability of social protection systems for people with disabilities” and “promote decent living conditions for persons with disabilities”

#### **2.4. Link with 2011-2013 MIPD for Serbia<sup>1</sup>**

Support for de-institutionalisation and social inclusion of persons with mental disability and mental illness falls under the Social Development sector. The main goal is to align social policies in Serbia with EU standards, supporting the country's efforts to adhere to the targets of Europe 2020 in poverty and social exclusion and, in particular to the objectives and actions of the European Platform against Poverty and Social Exclusion.

#### **2.5. Link with National Development Plan (where applicable) N/A**

#### **2.6 Link with national / sectoral plans**

**The Law on Social Welfare** distinctly supports deinstitutionalisation of residential institutions, by underscoring the development of community-based services, in particular daily care services and residence in supportive environment and support for independent living. Institutionalised residence as a concept is no longer in the core of the system but deinstitutionalisation and/or the development of community-based services. The Republic of Serbia has achieved tangible results in this field (more than 180 community-based services have been developed over the past several years, the majority targeting persons with disabilities). Despite these efforts and both, national and donor support, the availability of community-based services across the country is still limited, especially for persons with mental disabilities.

In the field of social welfare, the new legal instruments provide for a system based on distinct service provision standards. The focus is shifted from institutional to alternative or non-institutional protection. This includes facilitated inclusion of the beneficiaries into society and their community, as well as the focus on improving their competencies for independent living in the community. The project hereof creates additional preconditions for supporting the implementation of the law.

The Social Welfare Development Strategy (SWDS), contains the following conclusions “A large number of persons with disabilities and the elderly are not able to satisfy their needs, since there are no guaranteed services of support in a natural environment in more than 100 municipalities. At the same time, there is a lack of accommodation capacities in a number of municipalities. The capacities for the accommodation of residents – persons with disabilities, mentally challenged persons and persons with mental illness – are insufficient and territorially and functionally unavailable. The number of citizens who need support due to

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<sup>1</sup> Multi-Annual Indicative Planning Document

*their physical and mental state is higher than the available capacities, often because of the lack of other services in the local community (daily residence, small residential communities, etc), and their rights are often violated due to the lack of capacity to meet the existential needs adequately. The lack of various forms of support in their natural environment and the quality of services in existing institutions is unbalanced, and sufficient support for preserving mental and physical potentials and improving the quality of residents' lives is not always provided. These institutions accommodate a significant number of beneficiaries with medical indications, psychiatric problems and chronic diseases, as well as terminal conditions, often without adequate material conditions and human resources. The residents are often socially isolated to various degrees. Some groups of beneficiaries who are not accommodated in their natural environment are provided residence in institutions which do not have appropriate programmes for these persons.*" It is a priority to create conditions for using the existing services in the local community which should be inclusive of elderly persons with disabilities, the elderly and all vulnerable groups. Furthermore, the SWD Strategy sets a long-term goal to establish the development of residential capacities for adults and elderly beneficiaries in family accommodation, construction of smaller accommodations close to the natural environment of beneficiaries, as well as an increase in the type, number and quality of services.

The Serbian Government's document "Needs of the Republic of Serbia for International Assistance 2011-2013" envisages the following priorities in the field of social policy which need support from international donors: "*Reduce poverty and social exclusion in Serbia by addressing the needs of disadvantaged groups in a multidimensional way based on a stronger coordination of existing policies and services and the development of community-based solutions.*"

The National Programme for Integration of the Republic of Serbia with the EU (NPI) sets the priorities: "*Further activities of creating conditions for the development of services in the local community which guarantee the protection of vulnerable groups in a less restrictive environment and support for the natural family,*" "*Establishing standards for services in the social protection system*" and "*Facilitating access to and exercising social protection rights for marginalised groups.*"

The National Strategy on Ageing contains among its priorities: "*Establish efficient cooperation between social welfare and health care institutions providing care for the elderly: establish and ensure institutions for long-term care, a sustainable model of financing, establish standards and criteria for launching and monitoring professional work in all institutions which provide, in addition to social services, health care and other services.*" The project aims to advance the model of combined social protection and healthcare services both within the targeted institutions through the training programme, as well as in the local communities by means of the transformation and development plans that will be produced as a tool to guide the sustainable establishment of such services.

In January 2007, the Strategy for the Development of Mental Health was adopted by the Government of the Republic of Serbia. The strategy includes a 10-year action plan aimed at protecting the rights of persons suffering from mental disorders and implementing the process of de-institutionalisation, i.e., the establishment of community mental health care services, prevention of mental disorders and mental health promotion, improvement of the quality of care, advocacy and public representation of the mentally ill. The Ministry of Health and the National Committee have already taken significant steps to implement the strategy: preparing the draft law on the rights of persons with mental disorders; launching the campaign against stigma, discrimination and social exclusion of the mentally ill; opening the first community mental health centre in Nis in October 2005; conducting continuing education in the field of mental health for general practitioners; investing considerable funds to improve the conditions

in psychiatric hospitals, and designing a plan for the reconstruction of large psychiatric hospitals in which the process of deinstitutionalisation has already begun and the number of beds has been considerably reduced. The creation of the transformation and development plans for residential institutions envisioned in this project aligns directly with the strategy's principles and goals. By improving the quality of care for persons with mental disability and mental illness who reside in residential care institutions, the project will directly contribute to enhancing the human rights of this target group, while also promoting deinstitutionalisation and the building of community-based services over the longer term. The project is also founded upon the need to strengthen inter-sectoral cooperation, another priority that is emphasised in the strategy. Capacity building activities in this project will enable provision of the combined social protection and healthcare services as a means of delivering higher quality care to residents of the targeted institutions.

Implementation of the Strategy for the Development of Mental Health is an important long-term process that requires strong cross-sector partnerships involving the entire community – relevant ministries, local self-government, professional associations, non-governmental organisations and the media. Collaboration is essential to achieve the goal of developing a modern health care system in which efforts will be made to prevent the onset of mental disorders, and persons with mental health problems will receive timely and effective treatment and the possibility to remain in their community without being stigmatised due to enduring and widespread prejudices

### **3. DESCRIPTION OF PROJECT**

#### **3.1 Background and justification:**

Within the social protection system, there are 13 residential care institutions for persons with mental disability and mental illness (in Kragujevac, Veliki Popovac, Kulina, Tutin, Stara Moravica, Pancevo, Paracin, Blace, Čurug, Stari Lec, Becej, Novi Knezevac, Aleksinac). According to the Decision on the Establishment of the Network of Social Protection Institutions (April 2008), 3,750 persons with mental disability and mental illness have been placed into residential care institutions and homes (1,500 adults and elderly beneficiaries with mental disability and 2,250 adults and elderly with mental illness). Moreover, some of these institutions like Adult Residential Care Institution “Gvozden Jovančičević” in Veliki Popovac, Adult Residential Care Institution “Male pčelice” in Kragujevac, Residential Care Institution for Persons with Mental Illnesses “Sveti Vasilije Ostroski Cudotvorac” in Novi Bečej, Gerontology Center “Jelenac” in Aleksinac, Adult Residential Care Institution “Otthon” in Stara Moravica and Residential Care Institution for Persons with Mental Illnesses “Čurug” in Čurug accommodate a larger number of beneficiaries than the capacities allow (totally, the capacities envisages 2.493 beneficiaries, whereas there are 2.538 residents), where existing infrastructure is largely outdated and dilapidated, forcing the residents live in extremely adverse conditions.

The major problems have been identified, namely: the quality of services in the existing institutions is unbalanced, meaning that adequate support for maintaining the mental and physical potential of beneficiaries to improve the quality of their lives is not always provided. The residential institutions also accommodate a significant number of beneficiaries with medical indications, psychiatric problems and chronic disease, while often lacking adequate material conditions and human resources. The individual needs of beneficiaries are not treated adequately due to a lack of contemporary training of the staff working in the institutions and/or social and health professionals, the lack of normative and standards for social-health services; inexistent gradual integration of social and health services and the limited

availability of community based services for the targeted group. Moreover, with the experience gained from process of transformation and de-institutionalisation of residential care institutions for children which last from 2001, the process of de-institutionalisation should be carefully, gradually and strategically managed with improved conditions for beneficiaries' everyday lives.

The mental health of the population of the Republic of Serbia is characterised by an increased morbidity and mortality from mental health disorders and behavioral problems related to stress, as a result of events which the population was exposed to in the last decade of the twentieth century (the wars in the region; hyperinflation in 1993; sanctions imposed by the United Nations that lasted three and a half years, the NATO bombing in 1999, that lasted 11 weeks; social transition, financial crises and high unemployment rates). According to the data from the Institute of Public Health of the Republic of Serbia, the prevalence of mental and behavioral disorders increased by 13% from 1999 to 2002.

Disorders related to stress are not the only consequence of past years. Other disorders are also on the rise: depression, the number of suicides, disorders due to psychoactive substance abuse, psychosomatic disorders; delinquency and violence are on the extreme rise, especially among young people. According to the results of the survey "Burden of Disease and Injury in Serbia", ischemic heart disease, cerebrovascular disease, lung cancer, unipolar depression and diabetes accounted for almost two-thirds of the total burden observed for 18 health disorders in Serbia in 2000.

In Serbia there are 5 large psychiatric hospitals (in Gornja Toponica, Novi Knezevac, Vršac, Kovin and in Belgrade "Dr. Laza Lazarević"). In addition, there are 46 psychiatric departments in general hospitals as well as outpatient services in 71 municipal health centres. There are about 6,000 beds, of which 3,000 are the so-called bad beds because they are located in large hospitals. The average treatment duration is 31 days (in Belgrade) and 153 days in special psychiatric hospitals. In Serbia there are 947 psychiatrists, of whom 336 are working in Belgrade. This number is quite sufficient, but it should be noted that many of them work as neurologists, especially in the provincial areas.

The Republic Institute for Public Health in Serbia has reported that the incidence rate of diagnoses connected to mental health disorders is the second highest ranking (after cardiovascular disease) among the population of Serbia. Although these records are dated from 2002, the years leading up to that point had shown that the number of people suffering from some form of mental or behavioural problems was growing. Among the main principles of mental health protection included in the Strategy for Mental Health, it is stated that mental health services should offer modern, comprehensive therapies which should be based at the community level, as close as possible to the family of the individual who is afflicted. Also mentioned is that continuing education is needed for mental health professionals so that they will be able to keep abreast of the latest developments in the field of mental health and to apply these in their regular delivery of health services. The strategy's Action Plan highlights the establishment of Community mental health centres and capacity building of its staff as important steps in the process of deinstitutionalising patients presently residing in large psychiatric hospitals

The first aim of the project is to create conditions for a successful – full or partial, depending on the individual beneficiary's characteristics – social inclusion of the beneficiaries of the residential care institutions into the local community through a system of social and health services. The development of such had started and shall continue in the years to come, with the participation of local authorities, service providers, service users and civil society. The

process is complementary to reforms in the field of mental health and transformation of psychiatric hospitals that aim to promote services in the community which are non-discriminatory, easily accessible and whose work (therapeutic and preventive) is based on evidence and values.

Since the inclusion of beneficiaries into the local community is a highly complex, lengthy and sensitive process, it has to be implemented gradually and with care, so that these categories of the population will be able to enjoy the full range of human rights to the same extent as other members of society. In line with the long-term goal aiming to de-institutionalise beneficiaries and facilitate their incremental inclusion into the local community, it is necessary to develop: 1) an institution transformation plan (i.e. the transfer of beneficiaries from institutions into the local community); followed by 2) a plan for the development of social - health services in the community (in line with the necessity to take care of the institutions' residents established in the transformation plan), linked with all institutions in the healthcare and social welfare system whose beneficiaries include persons with mental disabilities and mental illness.

Moreover, the basic precondition for the de-institutionalisation is the development of services at local level; this process is slow by its nature, especially when it comes to beneficiaries experiencing mental health difficulties and also having in mind the necessity of ensuring strong involvement of local self-governments and other stakeholders at local level. Capacities at national and local level will be strengthened by this project to improve the range and quality of cross-sectoral services in order to enable de-institutionalisation for persons with mental disability and mental illness.

Therefore, the project aims to support the process of preparation and implementation of the above mentioned transformation, and the preparation and start of implementation of a development plan as well as any innovative services to be created using a grant scheme funding the local self-governments and their partners, civil society organisation, service providers, residential institutions and other eligible stakeholders in developing and implementing the models of services to achieve a gradual de-institutionalisation for persons with mental disability and mental illness.

This project addresses the need to institute cross-sector cooperation regarding adequate care for the mentioned categories of population, particularly the social and health sectors. For instance, the European Commission's Green Paper "Improving the mental health of the population: Towards a strategy on mental health for the European Union" (2005) highlights "the crosscutting relevance of mental health". Furthermore, the European Pact for Mental Health and Well-being (2008) recommends that action for mental health and well-being at EU-level be developed by "involving the relevant policy makers and stakeholders", including those from the health and social sectors.

When it comes to the Republic of Serbia, the need for inter-institutional action in this area arises from, *inter alia*, recommendations given in the Final Report of the "Support to Implementation of Social Welfare Development Strategy" Project (DfID/NMFA) from December 2009: "Stronger partnerships need to be developed between healthcare and social protection sectors, particularly with the aim to establish inter-sectoral consultations in the process of service development." Furthermore, the National Ageing Strategy 2006-2015 indicates that the preservation and improvement of health and, in general, the position of the elderly, particularly calls for a better integration and coordination of healthcare and social services – both in the public administration and the non-profit and private sectors.

The partnership for mental health should be encouraged. Cooperation with the educational and legal systems, the system of social welfare and non-governmental organisations should be encouraged at all levels. There is a need to create a network of institutions and a basis of

personnel, and to establish better cooperation between psychiatrists and healthcare co-workers, psychologists, social workers, nurses, physicians and co-workers in primary healthcare. The future psychiatric services should be focused on the patient, organised for the patients by placing them in the centre of the system. Better coordination between these bodies will contribute to faster reform of the services (Source: National Strategy for the Development of Mental Healthcare, Government of the Republic of Serbia, Ministry of Health, 2007) .

Therefore, by implementing a joint approach of the Ministry of Labour and Social Policy and the Ministry of Health to the training of the staff and by more integrated social and health care services, the project shall enable the reform of existing social and healthcare services currently provided at the institutions, so that the remaining beneficiaries are given better quality of care while residing there. The adopted legal and strategic frameworks for these reforms reflect ownership and commitment on the part of relevant government institutions to address key issues related to mental healthcare. Ministry of Health will continue the development of community based mental health services as the reformation of the existing psychiatric services on the primary health level. The project also supports this process.

At the same time, by improving and supporting the development of social and health services in the local community, the beneficiaries will gradually be prepared to integrate into the family and the local community environment, leading to their full or partial integration in society, depending on the individual capacities of the beneficiaries.

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

#### **Impact:**

The project has been designed with longer-term impact in mind. The drafting of transformation and development plans will support the longer-term aim of deinstitutionalisation and community integration of institutional care residents. The transformation and development plans will lay out the steps that will be taken to support greater social inclusion of persons with mental disability and mental illness, thus paving the way for the development of stronger community based services that will provide greater opportunities for the integration of dependent persons into society. The project thus aims to contribute to the improvement of the quality of life of persons with mental disability and mental illness by enabling the creation of alternative services within the natural, local community environment.

#### **Catalytic effect:**

The development of combined community-based social protection and healthcare services will be an important stimulus to local-self governments for further strengthening of an integrated services at the local level in the field of social, education and employment services.

#### **Sustainability:**

As envisaged in the various national investment plans, Serbia is striving to develop local community services that will provide for greater social inclusion and improved quality of life for vulnerable persons. As an integral part of this, partnerships among government social protection and healthcare provision bodies, civil society organisations and the private sector will be encouraged to help establish sustainable models of financing the combined social healthcare services. The creation of transformation and development plans foreseen in this project will advance the efforts that have already been made to develop a system of social-health services at the local community level.

The residential care institutions for persons with mental disability and mental illness are funded by the Government of Serbia through the Budget of the Ministry of Labour and Social Policy, from which in 2009 657.735€ (58.276.000 dinars, exchange rate 88,60 NBS, dated January, 1<sup>st</sup> 2009) have been allocated for investment projects and equipment and 234.184€ (20.749.000 dinars, exchange rate 88,60 NBS, dated January, 1<sup>st</sup> 2009,) for costs of ongoing maintenance. During the budget year 2010, 260.430 € (24,972,409,dinars, exchange rate 95,89 NBS, dated January, 1<sup>st</sup> 2010) are planned to cover ongoing maintenance costs.

Moreover, the new Law on Social Welfare creates possibility for Local self-governments to receive additional funds from the national level (earmarked transfers) for the development of community-based social services. This mechanism will be available for underdeveloped LSGs and/or LSGs where residential institutions are being transformed but also for development of innovative services.

At the moment within the healthcare system there are psychiatric clinics and hospitals at the tertiary level and psychiatric services at the primary health care level. The length of hospitalisation at the hospital can be significantly shorter, if psychiatric primary health services are organised in a way that can provide good cooperation with all relevant stakeholders (social services, civil sector, employers, local government, educational sector etc.) and that are cooperating in a way that will support every individual patient in a way that all necessary kinds of support will be given

### 3.3 Results and measurable indicators

**Result 1.** Transformation plan for residential and psychiatric institutions and development plan for the cross-sectoral community-based social and health services created.

*Measurable indicators*

- Transformation plan for residential and psychiatric institutions completed by 6 months from the start of project implementation
- Development plan completed by 4 months from the completion of transformation plan

**Result 2.** Capacities at national and local level strengthened to improve range and quality of cross-sectoral services to enable de-institutionalisation for persons with mental disability and mental illness.

*Measurable indicators*

- National minimum standards developed for new combined services and a related Rulebook on normatives and standards of services completed by the end of project implementation
- Number of social workers and medical staff trained to work in a team to provide all necessary services, including newly developed ,to the persons with mental disorders
- Guidelines and manual produced for a relevant grant scheme based on the transformation and development plan as well as best practise developed by the end of 1<sup>st</sup> year of project implementation
- Number of trained potential grant applicants for developing and further implementation of quality proposals to meet needs of persons with mental disability and mental illness
- Number of beneficiaries of residential institutions trained for independent living

- Conferences organised for disseminating best practices on social inclusion of the persons with mental disability at the first interim period (based on EU best practise) and at the end of the project implementation (based on grant recipients experiences)
- Number of community-based services to enable de-institutionalisation for persons with mental disability and mental health disorders, supported and developed at local level till 2015

#### **Activities:**

##### **Activities in line with Result 1 :**

- Create the transformation plan for the institutions, with the participation of civil society and other stakeholders.
- Create the development plan for the cross-sectoral community-based social protection and healthcare services (including funding mechanisms at all levels), with the participation of civil society and other stakeholders.

##### **Activities in line with Result 2 :**

- Support to relevant national institutions in mainstreaming and monitoring of innovative and combined community-based services through development of the minimum national standards
- Develop of a rulebook on normative and standards of combined social protection and healthcare services, including definition of professional work jurisdiction/responsibilities, with the participation of the national Agency for Accreditation of Health Care Institutions, civil society and other stakeholders.
- Develop and deliver a training programme on provision of the combined social protection and healthcare services and team work for medical staff and social workers employed in relevant institutions
- Support to MoLSP to develop and deliver Guidelines for grant applicants, and other relevant documents in line with PRAG) based on transformation and development plans as well as best practise
- Support to all eligible potential grant applicants to develop quality proposals to meet needs of persons with mental disability and mental illness
- Support to the selected grant applicants to successfully implement projects and report on project implementation
- Support to the MoLSP and the MoH to monitor project implementation, raise awareness on social inclusion of persons with mental disability and the de-stigmatisation of persons with mental illness and disseminate best practices
- Develop grant schemes to support development of community- based services to enable de-institutionalisation for persons with mental disability and mental illness

### **3.4 Conditionality and sequencing:**

#### **Conditionality:**

No legislative preconditions need to be satisfied prior to the start of this project.

### **Sequencing:**

Within the activities proposed, sequencing should be as follows: Activities related to creation of the transformation plan for the institutions should be performed before the development plan is created for the community-based social and health services and the capacity building activities for social workers and medical staff at local levels.

Activities related to grant scheme- development of guidelines for call for proposals will be performed based on the results of the transformation plan and priorities for development plan and finalised in last two months of first year of project implementation.

### **3.5 Linked activities**

The results and best practices of the **IPA 2008** project “*Fostering Social Inclusion by Strengthening Institutions that Provide Community-Based Social Protection Services*” should be used in this project’s methodology for creation of development plans for the combined community-based social protection and healthcare services (including funding mechanisms at all levels), with the participation of civil society and other stakeholders.

The results and best practices of the **IPA 2009** project “**Supporting access to rights, employment and livelihood enhancement of refugees and IDPs in Serbia**” should be used in the methodology for grant scheme management in line with PRAG.

The **Social Innovation Fund** is an initiative of the Ministry of Labour and Social Policy which has been in operation since 2003 with the support from CARDS programme funds and in cooperation with the United Nations Development Programme (UNDP) and the Government of the Kingdom of Norway. Its activities have included: Provision of funds for local projects, technical assistance and training for the project implementation partners, monitoring and evaluation of local projects, analysis of the partners’ activities and systematisation and classification of the lessons learned and fundraising and support for the coordination of social policy actors.

The project is part of the overall process of social protection reform, which has been underway in Serbia as of 2003, and gained particular impetus with the adoption of the Social Welfare Development Strategy in 2005, receiving since then strong support through both national financing mechanisms, mainly the National Investment Programme, and donor projects. The **National Investment Plan** supported in 2008 a set of infrastructure related projects linked to the development of capacities in the area of social protection and social service delivery, including financing of the construction of apartments for youth stepping out of the social protection system (as an alternative to half-way houses), in the value of 182,000,000 dinars; the adaptation, reconstruction and renovation of facilities for the placement of youth without parental care at local levels in the value of 80,750,000 dinars; social housing for war veterans in the value of 55,220,000 dinars and housing support for persons with disabilities in the value of 127,000,000 dinars. In 2009, The National Investment Plan supported social residential institutions in the value of 35.690.000 dinars; construction of water waste treatment for the residential institution in Aleksinac in the value of 19.941.000 dinars; adaptation of the dining room in the children’s residential institution in Banja Koviljaca in the value of 3.396.000 dinars; and construction the warm connection between the structures in The Home for the Elderly in Zabucje in the value of 12.353.000 dinars.

The project aim to develop the combined community-based social protection and healthcare services is also complementary to **the World Bank programme “Delivery of Integrated Local Services” (DILS)** which was initiated in 2008, focusing on education, health and social protection development at the local level. By the time IPA 2011 is underway, the WB project

should have the preliminary results on integrated local services. As the WB works through partnerships with central level government, the proposed project can complement it by supporting advances from both a central and local perspective.

**DFID and the Kingdom of Norway** (Ministry of foreign affairs) have supported two significant initiatives in line with the transformation of social protection institutions: support to the implementation of the Social Protection Reform Strategy and support to the Social Innovation Fund, which has as of 2003 supported, through grants competitions, small-scale projects at the local level piloting alternative forms of social services.

In 2008, the project “*Accreditation of training packages for social care professionals*” was implemented with the support of the **Kingdom of Norway**. The project result, accreditation of training packages, could provide a good baseline for the development of this project’s training programme on provision of the combined social protection and healthcare services

The experiences from the project done within the Regional cooperation in Southeast European Health Network “Improving social cohesion through strengthening community-based mental health services” (established community-based service in the municipality of “Mediana” in Nis) will be used in this project as well.

### **3.6 Lessons learned**

The following lessons have been learned from the nearly decade-long social protection reform process through the partnership-based activities of the CARDS financed Social Innovation Fund and Supporting the Implementation of the Social Welfare Development Strategy (DfID and NMFA funded programme): 1. Assure **plurality of service providers**, i.e. support diversity of service providers; 2. Support **local partnerships** and the creation of local networks addressing social problems; 3. Support a **bottom-up approach**, that is, promotion of citizens’ and beneficiaries’ participation in determining priorities and services, as well as in their implementation; 4. Support a **gradual decentralisation process** that slowly started in 2001 and has been accompanied with a growing number of community-based social services. Development of community-based social services has been defined as one of the two main priorities within the Social Welfare Development Strategy in 2005, along with the specific objectives being: the development of an integrated approach in identifying needs and planning of CBSs, the introduction of a system of quality in social welfare; and the establishment territorially and functionally accessible services. Furthermore, amendments to the Law on Social Welfare and Securing Social Security of the Citizens in 2005 foresees that Local Self Governments (LSGs) must secure certain types of social services (extended entitlements), if there is a need in their local community. Since 2006, the Ministry for Human and Minority Rights, Public Administration and Local Self Governments, with support from donor-funded projects, has successfully led the reform process and has been focused on strengthening LSG capacity to more effectively lead and direct social welfare at the local level, supporting service providers to deliver better quality services through the development of national minimum standards with a strong approach to social inclusion and integration of services

This project will promote greater inclusion of disadvantaged people by means of better integrated social and health services at the local level. Development of capacities at the local level prior to the initialisation of concrete activities will help to minimise some of the implementation risks envisaged in relation to cooperation on the part of the local stakeholders. Another relevant success factor will be the willingness of the municipalities to support financially the development of community-based social services. For this reason the proposed project has determined to develop a secure plan for the combined community-based social protection and healthcare services (including funding mechanisms at all levels), with the participation of civil society and other stakeholders. The project also answers to

recommendations given in the Final Report of the “Support to Implementation of Social Welfare Development Strategy” Project (DfID/NMFA) from December 2009: “Stronger partnerships needs to be developed between healthcare and social protection sectors, particularly with the aim to establish inter-sectoral consultations in the process of service development.”

#### 4. INDICATIVE BUDGET (AMOUNTS IN M€)

			TOTAL EXP.RE	SOURCES OF FUNDING								
				IPA EU CONTRIBUTION		NATIONAL CONTRIBUTION					PRIVATE CONTRIBUTION	
ACTIVITIES	IB	INV	M€ (a) = (b) + (c) + (d)	M€ (b)	%*	Total M€ (c) = (x) + (y) + (z)	%*	Central M€ (x)	Regional / Local M€ (y)	IFIs M€ (z)	M€ (d)	%*
Contract 1.1 Service contract	X		2.00 €	2.00 €	100%							
Contract 2.1 Grant contracts	X	X	3.17 M€	2.7 M€	85%	0.47M €	15%		0,47M €			
<b>TOTAL IB</b>			4.2 M €	4.2 M €	100 %							
<b>TOTAL INV</b>			0.97 M €	0.5 M €	51%	0,47M €	49%		0,47 M€			
<b>TOTAL PROJECT</b>			<b>5.17 €</b>	<b>4.70 €</b>	<b>91%</b>	<b>0.47 €</b>	<b>9%</b>		<b>0.47€</b>			

Please note that 30% IPA EU contribution of total 2.1.Grant contracts (3,17 M €) will be used for investments (works/supplies) in development of community-based services.

## 5. INDICATIVE IMPLEMENTATION SCHEDULE

<b>Contracts</b>	<b>Start of Tendering</b>	<b>Signature of contract</b>	<b>Project Completion</b>
Contract 1.1 Service (TA)	T+1Q	T+4Q	T+12Q
Grant Contracts 2.1.	T+5Q	T+7Q	T+12Q

## 6. CROSS CUTTING ISSUES

### 6.1 Equal Opportunity

The project priority is to firmly support the promotion of the mental health and well-being of the population, including adult men and women of all ages as well as ethnic origins and socio-economic groups, and to combat stigma and social exclusion while fostering adequate treatment for people with mental health problems. The further implementation of the plan which will be developed for the combined community-based social protection and healthcare services, as an output of the project, will give people with mental health problems useful assistance for enabling their right to equal and appropriate access to education, training and employment, and ensuring that they receive adequate support for their needs.

### 6.2 Environment

The project will not have a negative effect on the environment.

### 6.3 Minorities

The project's overall aim is to provide support to one of the most vulnerable and marginalised groups in society. Specific actions, appropriate policies and their implementation are necessary to assist the target group's integration into society and to assure that their full scope of rights are observed and respected. The project encourages the development of specialised expertise within the social and mental health workforce to address the specific needs of groups such as those with long-term and severe mental health problems. As a part of this target group, all minorities and ethnic groups will benefit equally from this project.

## **ANNEXES**

- I. Logframe in Standard Format
- II. Indicative amounts contracted and Disbursed per Quarter over the full duration of Programme
- III. Description of Institutional Framework
- IV. Reference to laws, regulations and strategic documents:
  - Reference list of relevant laws and regulations
  - Reference to AP /NPAA / EP / SAA
  - Reference to MIPD
  - Reference to National Development Plan
  - Reference to national / sectoral investment plans
- V. Details per EU funded contract (where applicable)

## ANNEX I: Logical framework matrix

<b>LOGFRAME PLANNING MATRIX FOR Project Fiche</b>			
<b>Project title: Support for deinstitutionalisation and social inclusion of persons with mental disability and mental illness</b>		Contracting period expires two (2) years after signature of Financing Agreement	Disbursement period expires fives (5) years after signature of Financing Agreement
		<b>Total budget : M€5.17</b>	<b>IPA budget: M€4.7</b>
<b>OVERALL OBJECTIVE</b>	<b>Objectively verifiable indicators</b>	<b>Sources of Verification</b>	
To contribute to enhancing the social inclusion of vulnerable groups.	<ul style="list-style-type: none"> <li>▪ The number of members of vulnerable populations that are included within the appropriate segments of social life in the local community</li> </ul>	<ul style="list-style-type: none"> <li>▪ Report on Social Inclusion in the Republic of Serbia</li> </ul>	
<b>SPECIFIC PROJECT PURPOSE</b>	<b>Objectively verifiable indicators</b>	<b>Sources of Verification</b>	<b>Assumptions</b>
To enable deinstitutionalisation and social inclusion of persons with mental disability and mental illness by transforming the institutions to improve services and support development of social and health services at local level	<ul style="list-style-type: none"> <li>▪ Drafted plan of transformation of residential and psychiatric institutions, the plan for the development of social and-health care services in the community and the rules of procedure on norms and standards of socio-health services</li> <li>▪ Trained social workers and medical staff</li> <li>▪ 20 % increase of beneficiaries of community-based social services by the end of 2015</li> </ul>	<ul style="list-style-type: none"> <li>▪ Transformation plan, plan of services and the rules of procedure on norms and standards</li> <li>▪ Training reports</li> <li>▪ Local self government reports</li> <li>▪ MoLSP annual report</li> <li>▪ MoH annual report</li> </ul>	<ul style="list-style-type: none"> <li>▪ Government of the Republic of Serbia continues with the implementation of the Social Welfare Development Strategy and implements the Law on Social Welfare</li> <li>▪ Full commitment of relevant stakeholder at national and local level</li> <li>▪ All institutions allow their employees to take part in the training</li> </ul>

RESULTS	Objectively verifiable indicators	Sources of Verification	Assumptions
1. Transformation plan for residential and psychiatric care institutions and development plan for the cross –sectoral community-based social protection and healthcare services created.	<ul style="list-style-type: none"> <li>▪ Transformation plan for social residential and psychiatric institutions completed by 6 months from the start of project implementation.</li> <li>▪ Development plan completed by 4 months from the completion of transformation plan.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Transformation plan</li> <li>Development plan</li> </ul>	<ul style="list-style-type: none"> <li>▪ Efficient and effective cooperation between local and national stakeholders towards improving quality and range of community-based social services</li> </ul>
2.Capacities at national and local level strengthened to improve range and quality of social and health services to enable deinstitutionalisation for persons with mental disability and mental illness	<ul style="list-style-type: none"> <li>▪ National minimum standards developed for new cross-sectoral services and related Rulebook on normatives and standards of services completed by the end of project implementation</li> <li>▪ Number of social workers and medical staff trained to work in a team to provide all necessary services, including newly developed ,to the persons with mental disorders</li> <li>▪ Guidelines and manual produced for a relevant grant scheme based on the transformation and development plan as well as best practise developed by the end of 1<sup>st</sup> year of project implementation</li> <li>▪ Number of trained potential grant applicants for developing and further implementation of quality proposals to meet needs of persons with mental disability and mental illness</li> <li>▪ Number of beneficiaries of residential institutions trained for independent living</li> <li>▪ Conferences organised for disseminating best practices on social</li> </ul>	<ul style="list-style-type: none"> <li>▪ Rulebook on norms and standards of services</li> <li>▪ Reports from the institutions involved in the project</li> <li>▪ Annual MLSP report.</li> <li>▪ Guidelines for grant Applicants, manuals</li> <li>▪ Minutes</li> <li>▪ LSG data</li> <li>▪ Grant contracts</li> <li>▪ Reports on implementation</li> <li>▪ Monitoring reports</li> </ul>	<ul style="list-style-type: none"> <li>▪ Institutions provide the opportunity for their staff to participate in the trainings.</li> </ul>

RESULTS	Objectively verifiable indicators	Sources of Verification	Assumptions
	<p>inclusion of the persons with mental disability at the first interim period (based on EU best practise) and at the end of the project implementation (based on grant recipients experiences)</p> <ul style="list-style-type: none"> <li>▪ Number of community-based services to enable de-institutionalisation for persons with mental disability and mental health disorders supported and developed at local level by the end of 2015</li> </ul>		
Activities		Means & Costs	Assumptions
<p>1.1 Create the transformation plan for the institutions, with the participation of civil society and other stakeholders.</p>	<p>1.2 Create the development plan for the cross-sectoral community- based social protection and healthcare services (including funding mechanisms at all levels), with the participation of civil society and other stakeholders, including service users.</p>	<ul style="list-style-type: none"> <li>▪ Service Contract 2 M €</li> </ul>	<p>Cooperation among all relevant stakeholders</p>
<p>2.1 Support to relevant national institutions in mainstreaming and monitoring of innovative and cross-sectoral community-based services through development of the minimum national standards</p>	<p>2.2. Develop a rulebook on norms and standards of services in the combined social protection and healthcare institutions, including definition of professional work jurisdiction/responsibilities, with the participation of civil society and other stakeholders.</p>		

2.3. Develop and deliver the training programme on provision of the combined social protection and healthcare services and team work for medical staff and social workers employed in relevant institutions		
2.4. Support to MoLSP to develop and deliver Guidelines for grant applicants, and other relevant documents in line with PRAG) based on transformation and development plan as well as best practise		
2.5. Support to local self governments- potential grant applicants and eligible partners to develop quality proposals to meet needs of persons with mental disability and mental illness		
2.6. Support to selected grant applicants to successfully implement projects and report on project implementation		
2.7. Support to MoLSP and MoH to monitor project implementation, raise awareness on social inclusion of persons with mental disability and mental illness and disseminate best practices		
2.8. Grant scheme to support development of community- based services to enable de-institutionalisation for persons with mental disability and mental illness	Grant scheme: 3,17 M€	

**Preconditions:** Political and economic stability in the country. Interest and willingness by local self governments and social service providers in improving the range and quality of service provision in country.

**ANNEX II: Indicative amounts (in M€) Contracted and disbursed by quarter for the project (IPA contribution only)**

	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
<b>Contracted</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Q5</b>	<b>Q6</b>	<b>Q7</b>	<b>Q8</b>	<b>Q9</b>	<b>Q10</b>	<b>Q11</b>	<b>Q12</b>
Contract 1.1	2.00											
Contract 2.1							2,70					
<b>Cumulated</b>	<b>2.00</b>	<b>2.00</b>	<b>2.00</b>	<b>2.00</b>	<b>2.00</b>	<b>2.00</b>	<b>4.70</b>	<b>4.70</b>	<b>4.70</b>	<b>4.70</b>	<b>4.70</b>	<b>4.70</b>
<b>Disbursement</b>												
Contract 1.1	0,20		0.40		0.40		0.40		0.40			0.20
Contract 2.1							2.20					0.50
<b>Cumulated</b>	<b>0.20</b>	<b>0.20</b>	<b>0.60</b>	<b>0.60</b>	<b>1.0</b>	<b>1.0</b>	<b>3.60</b>	<b>3.60</b>	<b>4.0</b>	<b>4.0</b>	<b>4.0</b>	<b>4.7</b>

### **ANNEX III: Institutional Framework – legal responsibilities and statutes**

The Ministry of Labour and Social Policy consists of the following departments:

- Labour Department
- The Persons with Disability Support Department
- The Family Care and Social Welfare Department
- The Disability and Pension Insurance Department
- The Disabled Veterans' Support Department
- The Department for International Cooperation, European Integrations and Project Management
- The Secretariat
- The Occupational Safety and Health Directorate
- The Gender Equality Directorate
- The Labour Inspectorate

**The Family Care and Social Welfare Department** drafts legislation and regulations on social welfare, family law protection, income support for families with children and offers guidance related to psychological consultation and activities, development of national social welfare strategy, its implementation and follow-up, monitors compliance of social welfare institutions and other service providers, ensures inspection services as well as inspection and control over field-specific activities carried out by the institutions and other service providers, both private and public, involved in the provision of social welfare and protection. The Department is focused to quality mainstreaming into the social welfare system and development of accreditation and licensing of services and service providers, advancement of control management system and promotion of community-based services.

#### **The Department for International Cooperation, European Integrations and Project Management**

The Department consists of two separate units, established in line with Decentralised Implementation System modality for IPA. The Unit for programming EU funded projects coordinates the development of the project proposals through log-frame approach and their elaboration into project fiches, in line with the strategic priorities in the fields of labour, social policy, gender equality and occupational health and safety at work. This unit is participating in the elaboration of Strategic Coherence Framework and OP HRD. The monitoring and implementation unit participates in the drafting of the project ToRs, monitors the financial and technical implementation of IPA according to the PRAG rules, and participates in the definition of evaluation ToRs for projects. The community programme PROGRESS is managed in the Department through the contact persons for antidiscrimination, gender equality, social protection and social inclusion, working conditions and national coordinator for the PROGRESS. The Department is responsible for the international relations with ILO, coordinating activities in reporting on the ratified ILO conventions by the Republic of Serbia. The Department is responsible for the coordination of the European integration activities and tasks, under the competence of the Ministry of Labour and Social Policy.

**The Ministry of Health** consists of the following sectors:

- Sector for the Health Care and Health Inspection
- Sector for Public Health and Sanitary Inspection
- Sector for Health Insurance
- Sector for Financing
- Sector for legal issues
- Sector for European integration and international cooperation
- Directorate for biomedicine

Activities performed by the Sector for European Integration and International Cooperation include: coordination of tasks related to accession to the European Union; monitoring of the implementation of Ministerial duties related to the European integration process; updating of data on adopted laws which have been harmonised with European Union regulations in a common database; coordination of drafting laws within the competency of the Ministry to be compliant with European Union standards; planning, preparation, implementation and monitoring of implementation of EU funded health-related projects; participation in preparation of strategic and programme documents for financing from EU health-related funds; harmonising and monitoring of activities of other entities within the competency of the Ministry throughout planning, preparation, implementation and monitoring of implementation of projects; coordination of activities for providing required national co-financing of EU projects; implementation of measures for establishing, functioning and maintaining a decentralised system of managing EU funds in keeping with required procedures; preparation of reports on activities related to preparation, implementation and monitoring of implementation of EU funded health-related projects; preparation, implementation and monitoring of other projects funded from international sources of financing; participation in tasks related to bilateral cooperation with representatives of European Union member states and other countries through preparation of memorandums of cooperation; cooperation with international health organisations and associations as well as health organisations and facilities of other countries; cooperation with humanitarian and other organisations, organisation of visits of international delegations and other activities from the competency of the Sector.

## **ANNEX IV: Reference to laws, regulations and strategic documents**

### **Laws of the Republic of Serbia:**

Law on Social Welfare

Law on the Prohibition of Discrimination

Law on Financial Support for families with Children

Law on the Prohibition of Discrimination against Persons with Disabilities

Family Law

Health Protection Law

The Law on Public Health – the Law was adopted by the Government in 2010 and this Law covers various area and activities aimed at promoting mental health and public health in Serbia.

Law on Psychoactive Substances

Strategy for the Mental Health Development

### **Regulations:**

The Decision on Social Protection Institutions Network

Rulebook on terms and conditions under which private companies (entrepreneurs) can carry out the activities in the field of psychology.

Rulebook on terms and conditions under which social protection institutions for residential care of children and young persons without parental care and children with behavioural disorders may be established and on rules and standards for their operation and work.

Rulebook on terms and conditions under which the social protection institutions for residential care of pensioners and other persons may initiate their operations and work, carry out their activities as well as on rules and standards according to which they can carry out these activities.

Rulebook on terms and conditions under which the social protection institutions for residential care of adult persons with mental disorders and persons with disabilities may initiate their operations and work, carry out their activities as well as on rules and standards according to which they can carry out these activities.

Rulebook on terms and conditions under which the social protection institutions for residential care of children and young persons with mental disabilities may initiate their operations and work, carry out their activities as well as on rules and standards according to which they can carry out these activities.

### **Strategic Documents**

National strategic documents directly relevant to the project:

- Social Welfare Development Strategy (SWDS)
- National Strategy for the Development of Mental Health Care
- National Strategy on Ageing
- Strategy for the Improvement of the Position of Persons with Disabilities

EU strategic documents directly relevant to the project:

- European Commission Green Paper “Improving the mental health of the population: Towards a strategy on mental health for the European Union” (2005)
- European Pact for Mental Health and Well-being (2008)

### **Link with EP/SAA**

**The European Partnership** (February 2008) envisages the following priorities: “Continue de-institutionalisation, community-based services and aid to dependent persons, including in the field of mental health” and “Develop adequate administrative structures and capacities in the field of health care” (**short-term priorities**), “

The project directly addresses the medium term priority, under European Standards – Employment and Social Policies: “Further develop social inclusion and social protection policies” and “Take further efforts to improve the situation of persons with disabilities.”

**Article 101 (Social cooperation) of the Stabilisation and Association Agreement (SAA) between the EU and Serbia**, envisages that cooperation between EU and Serbia in the field of social policy “... shall also seek to support the adaptation of the Serbian social security system to the new economic and social requirements, and shall involve the adjustment of the legislation in Serbia concerning working conditions and equal opportunities for women and men, for people with disabilities and for people belonging to minority and other vulnerable groups”.

**The European Commission 2009 Serbia Progress Report**, under Political Criteria – 2.2. Human Rights and the Protection of Minorities envisages: “More sustained efforts are needed to improve the social inclusion of children, persons with disabilities and other vulnerable groups.”

Under European Standards – 4.1.8. Social Policies, Employment and Public Health Policy:

- “In the area of mental health, the government continued to take measures aiming at deinstitutionalisation of mental healthcare and at developing and building the capacity of community-based services. However, this reform is proceeding at a slow pace. The related community-based services remain insufficiently developed.”
- “Further efforts are needed in the area of public health in order to strengthen the administrative capacity and implement a more patient-oriented system based on the national strategy for improvement of health service quality and patient safety that was adopted in February 2009.”

## **ANNEX V: Details per EU-funded contract (where applicable):**

**Activities in line with result 1 and 2** will be implemented through a Service Contract for the technical assistance necessary to complete the creation of the transformation plan for the institutions, development plan for the combined community-based social protection and healthcare services, definition of the rule book of standards, development and delivery of the training programme to the medical staff and social workers from the relevant institutions and technical assistance to the Ministry of Labour and Social Policy, local self governments and partners to develop and implement grant scheme in line with PRAG, transformation and development plan and best practises.

### **Service Contract**

Experts will be engaged to work alongside national government counterparts and relevant stakeholders to complete the following tasks which will ensure the achievement of project results:

- Develop a methodology for creating the transformation plan for targeted institutions.
- Develop a methodology for creating the development plan for targeted institutions.
- Cooperate with relevant stakeholders to complete the transformation plans.
- Research, design and produce in cooperation with relevant stakeholders draft on Rulebook on norms and standards of services
- Design and deliver training programme to medical staff and social work professionals on combined social protection and healthcare services and team work which will improve the quality of social protection and healthcare services in relevant institutions.
- Conduct systematic monitoring of the training programme and the process of completing the transformation and development plans.
- Support to MoLSP to develop and deliver Guidelines for grant applicants ,and other relevant documents in line with PRAG) based on transformation and development plan as well as best practise
- Support to local self governments- potential grant applicants and eligible partners to develop quality proposals to meet needs of persons with mental disability and mental illness
- Support to selected grant applicants to successfully implement projects and report on project implementation
- Support to MoLSP and MoH to monitor project implementation, raise awareness on social inclusion of persons with mental disability and mental illness and disseminate best practices
- Organise two conferences on disemminating best practises on social inclusion for persons with menatl disability- the first on EU best practises in the relevant field and the second on disemminating best practises and lessons learned based on project implementation

### **Grant Contract (Call for proposal) in line with Result 3.**

Grant contracts will be awarded to local self-governments and eligible partners (civil society organisations, residential institutions, service providers and other relevant institutions) to develop community –based services to enable deinstitutionalisation of persons with mental disabilities and mental health disorders as well as transformation of institutions in line with transformation plan.

