

Mapping Social Care Services and Material Support within the Mandate of Local Self-Governments in the Republic of Serbia 2021

November 2023

TABLE OF CONTENTS

ACRONYMS	4
INTRODUCTION	6
MAPPING SOCIAL CARE SERVICES WITHIN THE MANDATE OF LOCAL SELF-GOVERNMENTS	7
1. SOCIAL CARE SERVICES WITHIN THE MANDATE OF LOCAL SELF-GOVERNMENTS	8
SOCIAL CARE SERVICES MAPPING METHODOLOGY	8
GENERAL OVERVIEW OF SOCIAL CARE SERVICES	13
1.1 DISTRIBUTION OF SOCIAL CARE SERVICES WITHIN THE MANDATE OF LOCAL SELF-GOVERNMENTS	13
Distribution of day care community-based services	13
Distribution of services for independent living	14
Distribution of emergency and temporary accommodation services	15
Distribution of counselling/therapy and social/educational services	16
1.2 EXPENDITURES ON SOCIAL CARE SERVICES WITHIN THE MANDATE OF LSGs	17
Expenditures on social care services by groups of services	26
Funding sources in 2021	29
1.3 BENEFICIARIES	34
Beneficiaries of day care community-based services	34
Beneficiaries of services for independent living	37
Beneficiaries of emergency and temporary accommodation services	38
Beneficiaries of counselling/therapy and social/educational services	39
1.4 PUBLIC AND PRIVATE SERVICE PROVIDERS	40
Providers of day care community-based services	40
Providers of services for independent living	41
Providers of emergency and temporary accommodation services	42
Providers of counselling/therapy and social/educational services	43
Beneficiaries served by licensed providers as a quality indicator	44
THE MOST PREVALENT SOCIAL CARE SERVICES	48
1.5 HOME CARE FOR THE ELDERLY	48
Service distribution	49
Service availability	49
Structure of HC beneficiaries aged 65+ by gender and area of residence	55
Service funding and funding sources	56
Home care efficiency	56
Service providers	59
Service quality	59
1.6 CHILD PERSONAL ATTENDANT	62
Service distribution	63
Service availability	63
Beneficiary structure	65
Service funding and funding sources	66
Child personal attendant service efficiency	66
Service providers	68
Service quality	69
1.7 DAY CARE FOR CHILDREN AND YOUTH WITH DEVELOPMENTAL AND OTHER DISABILITIES	71

Service distribution	71
Service availability	72
Beneficiary structure	74
Service funding	74
Efficiency of day care for children and youth	75
Service providers	76
Service quality	77
FINDINGS AND RECOMMENDATIONS	79
2. MAPPING MATERIAL SUPPORT WITHIN THE MANDATE OF LOCAL SELF-GOVERNMENTS IN THE REPUBLIC OF SERBIA	87
2.1 LOCALLY PROVIDED BENEFITS	87
2.2 METHODOLOGY	90
Local level material support indicators	91
Programme size and scale of intervention indicators	92
Performance indicators	93
2.3 EXPENDITURES ON MATERIAL SUPPORT WITHIN THE MANDATE OF LSGs	95
Comparison of the key findings in 2018 and 2021	100
2.4 MATERIAL SUPPORT INDICATORS	102
Programme size indicator	102
Scale of intervention indicators	104
Performance indicators – coverage	109
Performance indicators – social benefit amount and adequacy	111
Comparison of indicator values from 2018 and 2021	113
2.5 FINDINGS AND CONCLUDING OBSERVATIONS	114
REFERENCES	118

ACRONYMS

GDP	Gross Domestic Product
CSW	Centre for social work
DC	Day care
CA	Child allowance
LTC	Long-term care
FTE	Full-time equivalent
ESSPROS	European System of Integrated Social Protection Statistics
EU	European Union
EU SHAI	European Union Support to Social Housing and Active Inclusion
HCR	Hypothetical coverage rate
ISC	Inter-Sectoral Committee
LSG	Local self-government
OCB	One-off cash benefit
CPA	Child personal attendant
MoE	Ministry of Education
MoLEVSA	Ministry of Labour, Employment, Veteran and Social Affairs
FSA	Financial social assistance
ET	Earmarked transfer
OCR	Overall coverage rate
FCEI	“Family-Centered Early Intervention” programme
HC	Home care
PE	Preschool education
SORS	Statistical Office of the Republic of Serbia
RISP	Republic Institute for Social Protection
SCTM	Standing Conference of Towns and Municipalities
SH	Supportive housing
SC	Social care
UNICEF	United Nations Children's Fund
UNDP	United Nations Development Programme
UNOPS	United Nations Office for Project Services
LET	Less earmarked transfers (refers to local budgets)
LFES	Law on the Foundations of the Education System

SYMBOLS

-	none/non-existent
...	data not available
0	value smaller than 0.5 of the relevant measurement unit
()	incomplete, insufficiently verified or estimated data
*	corrected data
Ø	average

The views expressed in this publication are entirely those of the authors and their associates, and do not necessarily reflect the official views of the European Union and the UNOPS.

All terms used in the text in the masculine gender shall be deemed to refer to both males and females.

INTRODUCTION

The research *Mapping Social Care Services and Material Support within the Mandate of Local Self-Governments in the Republic of Serbia* (hereinafter: Mapping) is the fourth cycle of reviewing social care services in the Republic of Serbia, as well as the second time that the research has included material support provided from local self-government budgets.

The initiative to conduct a new research cycle referring to 2021, following the campaigns in 2012, 2015 and 2018, was launched by the Ministry of Labour, Employment, Veteran and Social Affairs (MoLEVSA) as part of the *European Union Support to Social Housing and Active Inclusion* (EU SHAI), a programme funded by the European Union and implemented by the United Nations Office for Project Services (UNOPS) in partnership with the Ministry of Labour, Employment, Veteran and Social Affairs (MoLEVSA), the Ministry of Construction, Transport and Infrastructure, the Ministry of Human and Minority Rights and Social Dialogue and in cooperation with the Ministry of European Integration.

The data on social care services and material support within the mandate of local self-governments (LSGs) for 2021, as provided for in the Law on Social Protection,¹ the Rulebook on Detailed Conditions and Standards of Social Care Service Provision² and the Law on Financial Support to Families with Children,³ were collected between March and August 2023.

The first part of the publication analyses the data on social care services, while the second part looks into material support (cash and in-kind benefits) within the mandate of local self-governments.

In addition to the data collected at city and municipality level, the analysis also relied on the data from the 2022 Census of Population, Households and Dwellings, conducted by the Statistical Office of the Republic of Serbia (SORS), including the data from the DevInfo database, the Republic Secretariat for Public Policy, the Republic Institute for Social Protection and other sources, as well as on research in this area.

¹ Law on Social Protection (2011),

<https://www.minrzs.gov.rs/sites/default/files/2018-11/Zakon%20o%20socijalnoj%20zastiti.pdf>

² Rulebook on Detailed Conditions and Standards of Social Care Service Provision (2013, 2018, 2019),
<http://www.pravno-informacioni-sistem.rs/SlGlasnikPortal/eli/rep/sgrs/ministarstva/pravilnik/2013/42/3/reg>

³ Law on Financial Support to Families with Children (2017, 2018, 2021, 2023),
<https://www.paragraf.rs/propisi/zakon-o-finansijskoj-podrsци-porodici-sa-decom.html>

**MAPPING SOCIAL CARE SERVICES
WITHIN THE MANDATE OF LOCAL
SELF-GOVERNMENTS**

1. SOCIAL CARE SERVICES WITHIN THE MANDATE OF LOCAL SELF-GOVERNMENTS

SOCIAL CARE SERVICES MAPPING METHODOLOGY

The research of social care services within the mandate of local self-governments (LSG) adopted a methodology similar to that applied in the previous cycles in order to ensure the comparability of the data and indicators on the distribution, availability, efficiency and quality of local services.

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

Group	Services
<i>Day care community-based services</i> ⁴	<ul style="list-style-type: none"> • Day care (for children and youth, adults and the elderly) • Home care (for children and youth, adults and the elderly) • Child personal attendant (for children with developmental and other disabilities) • Drop-in centre (for street children, i.e. children living and working in the street)
<i>Services for independent living</i>	<ul style="list-style-type: none"> • Personal assistance for adults with disabilities • Supportive housing for youth starting to live independently and/or leaving the care system (hereinafter: supportive housing for youth) • Supportive housing for persons with disabilities⁵
<i>Emergency and temporary accommodation services</i> ⁶	<ul style="list-style-type: none"> • Placement in a shelter (for children and youth, adults and the elderly, victims of violence, trafficking victims) • Respite care
<i>Counselling/therapy and social/educational services</i> ⁷	<ul style="list-style-type: none"> • Counselling centre • Family outreach worker⁸ • Counselling helplines⁹

⁴ Within this group, local self-governments may provide other services also aimed at supporting beneficiaries to remain with their families and in their natural immediate environment.

⁵ Provided and funded by LSGs whose development level is above the national average (Law on Social Protection 2011, Article 209).

⁶ May also include other similar types of accommodation, in compliance with the law.

⁷ Intensive support services for families in crises through counselling and support to parents, foster parents and adoptive parents, families caring for their children or adult members with developmental disabilities; fostering family relations and family reunification; counselling and support in cases of violence, family therapy and mediation; activation and other counselling and education activities.

⁸ Although family outreach worker is not a standardised service, it is included in the mapping owing to its significance in the prevention of the risk of children being separated from the family.

⁹ The data on counselling helplines were not included in this research due to the inability to use the mapping methodology in the analysis, although this is a standardised service. Other services in this group are not standardised, but they are significant in the context of social inclusion of vulnerable groups, and the methodology can be applied to them.

The data to assess service availability, efficiency and quality were collected through the questionnaire (Annex 1).

Type of data	Data
<i>Data required for assessing service availability</i>	<ul style="list-style-type: none"> • Services existing in the local community in 2021, providers of those services and sector (state and/or non-state); • Number of beneficiaries, beneficiaries disaggregated by gender, by age groups (0-5, 6-14, 15-17, 18-25, 26-64, 65-79, 80+), by area of residence/origin, beneficiaries referred to a service from their home local self-government to another municipality/city where a specific service is available; • Number of potential beneficiaries (e.g. the number of elderly people, 65+);
<i>Data required for assessing service efficiency</i>	<ul style="list-style-type: none"> • Intensity of service provision to beneficiary; • Total annual expenditures; • Expenditures by funding sources (local budget, earmarked transfers, other national-level funds, donations, beneficiary co-payment, other – reimbursement of service costs by home local self-governments for beneficiaries referred to services in other local self-governments, funds from the AP Vojvodina budget, funds collected under the opportunity principle in criminal proceedings, allocations by Belgrade metropolitan municipalities and the like); • Period / number of months of service provision during the year;
<i>Data required for assessing service quality</i>	<ul style="list-style-type: none"> • Information on whether service provision staff were certified (i.e. completed an accredited training programme); • Information on whether service providers in the social protection sector had an operating permit (licence) valid for a period of six years, or a limited one, for up to five years, or whether they were in the licensing process (applied for the licence), or had no licence at all; • Information on whether beneficiary satisfaction assessments/surveys were conducted and by whom.

Data collected in this format enable indicator calculation. The indicators used for this analysis were formulated by building on the proposed set of indicators developed in the previous social care services mapping cycles¹⁰, presented in the publication titled *Model za lokalizaciju evropskih integracija za oblast socijalne i dečije zaštite* (Localization model for the European integration process, in the field of social and child protection),¹¹ the proposed social and child protection indicators at the national level,¹² as well as based on the proposals defined in the

¹⁰ Matković, G., Stranjaković, M. (2020), Mapping Social Care Services and Material Support within Mandate of LSG, Social Inclusion and Poverty Reduction Unit supported by the SDC programme https://socijalnoukljucivanje.gov.rs/wp-content/uploads/2020/09/Mapping_social_care_services_and_material_support_within_the_mandate_of_LSG_in_RS.pdf

¹¹ Matković, G., Šunderić, Ž. (2018), *Model za lokalizaciju Evropskih integracija za oblast socijalne i dečije zaštite*, Centar za socijalnu politiku uz podršku Fonda za otvoreno društvo

¹² Matković, G. (2017), Praćenje socijalne uključenosti u Republici Srbiji: Indikatori socijalne zaštite i socijalne sigurnosti, Vlada Republike Srbije, Tim za socijalno uključivanje i smanjenje siromaštva, Republički zavod za statistiku i UNICEF, https://socijalnoukljucivanje.gov.rs/wp-content/uploads/2017/10/Praćenje_socijalne_uključenosti_u_Republici_Srbiji_trece_dopunjeno_izdanje_Indikatori_socijalne_zastite_i_socijalne_sigurnosti.pdf

context of the programme-based classification of local self-government budgets. The proposal also enables referencing the *EU ESSPROS classification (European System of Integrated Social Protection Statistics)*.¹³

The indicators used in this analysis were classified into two groups:

- I. Programme size and scale of intervention indicators;
- II. Performance indicators: service availability, efficiency and quality.

Scale of intervention indicators are: the share of expenditures on social care services in the total local budget expenditures and the total expenditures on services per capita. Monitoring of these indicators' values allows for a comparison over time (analysing progress or regression over the years), as well as a comparison among local self-governments and benchmarking against the national average.

Programme size indicators are primarily defined by the number of service beneficiaries. Simply adding up the number of beneficiaries has no informative value because the services are diverse and vary in terms of model, intensity, and duration of provision (during the year); hence, the number of beneficiaries of individual services needs to be considered on a service-by-service basis.¹⁴ For this reason, the number of service beneficiaries is expressed as the *number of full-time equivalent (FTE) beneficiaries*. The *number of FTE beneficiaries* is calculated following the assumption of uniform intensity (number of hours) of provision of an individual service to all beneficiaries in all LSGs throughout the year.¹⁵ The calculation of FTE beneficiaries takes into account the number of hours of service provision per week and the number of months of service provision in a year in a given LSG, which are the parameters that define service provision intensity.¹⁶

Performance indicators are the overall and hypothetical coverage rates for service availability, the unit cost of a service for efficiency and the quality indicators.

Performance indicators for service availability:¹⁷

- The overall coverage rate (OCR) is defined as the share of the (actual) number of beneficiaries of a service in the total population of a specific age in a given LSG and/or in the total population at the national level;
- The hypothetical coverage rate (HCR) is the share of *FTE beneficiaries* in the total population of a specific age in a given LSG and/or in the total population at the national level. For instance, taking the home care service as an example, if the service was provided for only six months rather than the whole year, for 2 hours per day on all 5 days per week, the HCR is half as high as the OCR. On the other hand, in the case of the day care service, OCR and HCR in most LSGs are balanced, since this service is, as a rule, provided throughout the year without interruption, on a full-time basis of 8 hours per day on all 5 workdays per week. In addition, this

¹³ Ibid.

¹⁴ Matković, G., Šunderić, Ž. (2018).

¹⁵ Ibid.

¹⁶ Matković, G., Stranjaković, M. (2020). Mapping Social Care Services and Material Support within the Mandate of LSG. Social Inclusion and Poverty Reduction Unit supported by the SDC programme https://socijalnouključivanje.gov.rs/wp-content/uploads/2020/09/Mapping_social_care_services_and_material_support_within_the_mandate_of_LSG_in_RS.pdf

¹⁷ Ibid.

service is also characterised by the continuous and stable local budget funding in most LSGs where it is provided.

Performance indicator for service efficiency:

- The unit cost of a service is defined as the unit cost per beneficiary per hour of service provision, or as the ratio of the total annual running costs/expenditures to the total annual hours of service provision to all beneficiaries in a given LSG. *Unit cost is an important determinant of service efficiency since, all other conditions being equal, efficiency increases as the cost decreases. The analysis of the values of this indicator, the comparison with other LSGs or with the national average and the identification of upward or downward cost drivers in individual LSGs can be a solid foundation for increasing efficiency.*¹⁸

Performance indicators for service quality:

- Share of beneficiaries served by licensed providers in the total number of service beneficiaries; and
- Share of beneficiaries served by providers that conduct beneficiary satisfaction surveys.

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

For readers' convenience, acronyms and abbreviated forms of certain terms and concepts were used in the text. For example, the term *local services* refers to social care services within the mandate of LSGs; the acronyms HC, DC and CPA stand for home care, day care and child personal attendants, respectively. *(Service) providers* are *organisations/institutions providing social care (SC) services within the mandate of local self-governments*. *Residential care institutions* or *residential care* means *social care institutions providing care to beneficiaries on a residential basis*. The term *public (state) sector providers* is used for *public sector institutions providing social care services within the mandate of LSGs or the state*, while *for-profit organisations and civil society organisations providing SC services* are referred to as *private for-profit and private non-profit sector providers*.

Specific methodological notes

In order to ensure data comparability, the same data analysis method was used as in the previous mapping cycles, namely: for the purpose of review and analysis, the services were classified into four groups.¹⁹

Data were collected for the four groups of local services irrespective of whether the service providers were licensed or not, in order to obtain a better overview of programme size and scale of intervention, as well as the availability of services.

The section 1.2 – *Expenditures on social care services* shows the proportions of local budget expenditures including beneficiary co-payment proceeds, for the purpose of comparability with the previous mapping cycles.

¹⁸ Matković, G., Šunderić, Ž. (2018), (p. 32)

¹⁹ In compliance with the [Law on Social Protection](#) and the [Rulebook on Detailed Conditions and Standards of Social Care Service Provision](#).

As in the previous cycles, in the course of data analysis, it became clear that some of the services intended for a specific age group (children and youth, adults or the elderly) also included beneficiaries that did not belong to this group. For example, in certain municipalities and cities where day care (DC) for children and youth (aged 0–25) was available, this service was also provided to beneficiaries over 25 years of age, whereas in other LSGs, day care for adult persons with disabilities – PWD (26–64) was also made available to young people (18–25). The approach taken in this analysis was to focus on the total number of beneficiaries of a particular service, as reported by local representatives, since most of those beneficiaries, regardless of their age, belonged in the intended target group. Some indicators (e.g. for home care) were calculated only for specific age groups.

GENERAL OVERVIEW OF SOCIAL CARE SERVICES

The data on social care services within the mandate of local self-governments (LSGs), by groups of services funded in 2021, are presented in the following sections: distribution, expenditures, service beneficiaries and providers, three most prevalent services, home care for the elderly, child personal attendant, day care for children and youth with developmental and other disabilities, and findings and recommendations. They were analysed to gain an insight into service availability, efficiency and quality, and compared with those from the previous mapping cycles wherever appropriate.

1.1 DISTRIBUTION OF SOCIAL CARE SERVICES WITHIN THE MANDATE OF LOCAL SELF-GOVERNMENTS

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

In 2021, social care services within the mandate of LSGs were provided in 142 out of the total number of 145 LSGs. In three municipalities (Alibunar, Beočin and Trgovište), no local social care services were provided.

Distribution of day care community-based services

In 2021, day care community-based services were provided in a total of 142 LSGs. Services for children and youth were provided in 117 LSGs, while those intended for adults and the elderly were available in 128 LSGs.

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

The table below shows the number of LSGs providing each of the day care services, and their share in the total number of LSGs in 2012, 2015, 2018 and 2021.

Table 1.1.1. Distribution of day care community-based services –number of LSGs providing the services and their share in total LSGs (%), 2012, 2015, 2018 and 2021

Day care community-based services	2012		2015		2018		2021	
	Number of LSGs	Share (%)	Number of LSGs	Share (%)	Number of LSGs	Share (%)	Number of LSGs	Share (%)
Home care for adults and the elderly	124	85	122	84	123	85	128	88
Home care for children (and youth)	37	26	20	14	14	10	15	10
DC for children with developmental and other disabilities	71	49	68	47	64	44	61	42
DC for adults with disabilities	-	-	21	14	20	14	15	10
DC for the elderly	12	8	10	7	6	4	*5	3
DC for children in conflict with the law	10	7	6	4	3	2	2	1
Child personal attendant	-	-	30	21	76	52	96	66
Drop-in centre for children	4	3	3	2	2	1	2	1
Drop-in centre for adults	/	/	/	/	/	/	**1	1

Source: Database of social care services within the mandate of LSGs, data for 2012, 2015, 2018 and 2021

* includes the day care centre for the elderly in Kraljevo

** the table also shows the drop-in centre for adults and the elderly in Novi Sad as a separate service

The service whose distribution changed most discernibly was the child personal attendant (CPA). In 2021, CPA was provided in 96 LSGs, which constituted a significant increase compared to the previous mapping cycles. Local self-governments acknowledged the needs of children with developmental and other disabilities and their families for support. Home care for the elderly was also somewhat scaled up in 2021; it was provided in 128 LSGs, or 5 municipalities and cities more than in 2018.

The distribution of other day care community-based services declined to a greater or lesser extent relative to 2018, 2015 and 2012. Scaled-back distribution was also registered in the case of day care for children and youth, which can probably be attributed to the expansion of the child personal attendant service and to the effects of inclusive education. Although one in four beneficiaries of this service belonged to the age group 25+, in the majority of LSGs this service kept the designation *children and youth* in its name, since renaming it would probably also require a new cycle of the licensing process, which is fairly administratively burdensome, especially for private non-profit sector providers. The number of LSGs providing day care for the target group of adults with disabilities also experienced a decline, as did that for the elderly. The day care centre for the elderly in Kraljevo was included in the number of LSGs providing day care for the elderly. However, since *mapping* did not collect qualitative data, it could not be reliably determined whether the support programme provided by this centre fell under the category of day care centres or clubs.

According to the available data, only two cities (Kragujevac and Novi Sad) provided day care for children and youth with behavioural problems (and in conflict with the law), the distribution of this service having also recorded a decline. In view of the positive outcomes of this service documented in some cities in prior years, it is essential to advocate for the establishment and innovation of support and prevention programmes in situations of peer violence and other forms of violence among children and youth, as these phenomena have been increasingly manifesting in local communities.

In addition to drop-in centres for children living and working in the street, a drop-in centre for a new target group – the elderly – was also registered, in Novi Sad. It was included in the table as a separate service, in order to highlight the diversity of available services and acknowledge vulnerable adult and elderly individuals' need for this kind of daily support.

Distribution of services for independent living

Services for independent living were provided in a total of 27 municipalities and cities in 2021, compared to 29 LSGs in 2018.

Table 1.1.2. Distribution of services for independent living –number of LSGs providing the services and their share in total LSGs (%), in 2012, 2015, 2018 and 2021

Services for independent living	2012		2015		2018		2021	
	Number of LSGs	Share (%)	Number of LSGs	Share (%)	Number of LSGs	Share (%)	Number of LSGs	Share (%)
Personal assistance	16	11	17	12	17	12	18	12
Supportive housing for youth	15	10	18	12	14	10	13	9
Supportive housing for adult PWD	5	3	13	9	6	4	5	3

Source: Database of social care services within the mandate of LSGs, data for 2012, 2015, 2018 and 2021

Provided in 18 LSGs, personal assistance was the most prevalent service in this group in 2021. The distribution of services for independent living increased almost negligibly relative to 2018 and 2015, whereas in the case of supportive housing (SH) for youth and persons with disabilities it had recorded a steady decline since 2015.

The services from this group were predominantly organised in major cities; that said, SH for persons with disabilities was also observable in some smaller LSGs with populations of up to 36,000 (Bačka Topola, Bogatić, Kula), which belonged to development level groups II and III²⁰, for which funding is, as a rule, secured at the national level.²¹ The service was also provided in two major cities (Novi Sad and Pančevo) belonging to development group I, as this service legally falls directly within their mandate.²²

Distribution of emergency and temporary accommodation services

Emergency and temporary accommodation services within the mandate of local self-governments were provided in a total of 18 LSGs in 2021, mostly major cities (Belgrade, Čačak, Jagodina, Kragujevac, Leskovac, Niš, Novi Pazar, Novi Sad, Pančevo, Smederevo, Sremska Mitrovica, Vranje and Zrenjanin). However, services from this group were also funded by 5 smaller LSGs, namely: Bački Petrovac, Gornji Milanovac, Medvedja, Priboj and Sremski Karlovci, two of which (Medvedja and Priboj) were underdeveloped.

Table 1.1.3. Distribution of emergency and temporary accommodation services –number of LSGs providing the services and their share in total LSGs (%), in 2012, 2015, 2018 and 2021

Emergency and temporary accommodation services	2012		2015		2018		2021	
	Number of LSGs	Share (%)	Number of LSGs	Share (%)	Number of LSGs	Share (%)	Number of LSGs	Share (%)
Shelter for adults/the elderly	18	12	13	9	12	8	12	8
Shelter for children	9	6	8	5	7	5	5	3
Shelter for violence victims	15	10	15	10	15	10	12	8
Respite care	11	7	9	6	6	4	5	3

Source: Database of social care services within the mandate of LSGs, data for 2012, 2015, 2018 and 2021

Compared to 2018, when services from this group were funded by 26 LSGs, their distribution in 2021 remained the same or even declined. The decline was particularly pronounced in the case of respite care through all mapping cycles since 2012, when this service was launched and developed as part of a program designed for children and youth with developmental disabilities and their families.²³

The fact that services and programmes designed for protecting violence victims did not become more widespread is very concerning, especially in a situation of women and children's increased vulnerability to this serious problem. According to the Republic Institute for Social Protection, the number of reports of domestic violence, especially against women,

²⁰ Regulation Establishing the Single List of Regions and Local Self-Governments by Development Levels for 2014

<https://www.pravno-informacioni-sistem.rs/SlGlasnikPortal/eli/rep/sgrs/vlada/uredba/2014/104/1>

²¹ The use of donor funding for these purposes was also documented.

²² In compliance with the Law on Social Protection, Article 209.

²³ This programme was funded under IPA 2008 and implemented with expert support from UNICEF and local partner organisations. Joined by 41 LSGs, the programme was aimed at launching new services for children with disabilities as part of the national initiative to promote social inclusion of children with disabilities as active participants in the community. In cooperation with the civil society, local self-governments grouped in 10 clusters provided the following services: day care for children with disabilities; home care and assistance for families with children with disabilities; respite care for families with children with disabilities and other services supporting children with disabilities and their families. The programme lasted two years (2011–2013).

has been on a steady increase.²⁴ The prevention of this phenomenon is also a significant aspect, which has achieved certain “progress, but important challenges persist”.²⁵

Distribution of counselling/therapy and social/educational services

The services in this group were provided in a total of 36 LSGs, and the single most prevalent service was the counselling centre. In 2018, counselling services had been provided in 37 cities and municipalities.

Table 1.1.4. Distribution of counselling/therapy and social/educational services –number of LSGs providing the services and their share in total LSGs (%), 2012, 2015, 2018 and 2021

Counselling/therapy and social/educational services	2012		2015		2018		2021	
	Number of LSGs	Share (%)	Number of LSGs	Share (%)	Number of LSGs	Share (%)	Number of LSGs	Share (%)
Counselling centre	21	14.5	29	20	37	25.5	36	25
Family outreach worker	-	-	7	5	5	3.4	3	2

Source: Database of social care services within the mandate of LSGs, data for 2012, 2015, 2018 and 2021

Counselling centre services were provided in one in four LSGs in Serbia. The number of municipalities and cities providing this service was expected to continue growing, judging by the trend of 2012-2015-2018. However, this did not happen.

The family outreach worker service, which is important in the context of social inclusion, is still not standardised, although the standards are prepared. In 2021, it was provided in only 3 LSGs, in contrast to 2018 and 2015, when it was available in 5 and 7 cities/municipalities, respectively. In those previous cycles, it was mostly provided in larger cities where it had been originally piloted in 2014 (Belgrade, Kragujevac, Niš and Novi Sad).

²⁴ RZSZ (2023), Izveštaj o radu centara za socijalni rad za 2022. godinu, <http://www.zavodsz.gov.rs/media/2572/izvestaj-o-radu-csr-u-2022-godini.pdf>

²⁵ “Official Gazette of the RS”, No 47, dated 10 May 2021. Strategy for Preventing and Combating Gender-Based Violence against Women and Domestic Violence 2021–2025, <https://www.pravno-informacioni-sistem.rs/SIGlasnikPortal/eli/rep/sgrs/vlada/strategija/2021/47/1/reg>

1.2 EXPENDITURES ON SOCIAL CARE SERVICES WITHIN THE MANDATE OF LSGs

The total expenditures on social care services within the mandate of local self-governments in 2021 amounted to RSD 4.78 billion (0.08% of the GDP).²⁶ The funds allocated for this purpose amounted to half the expenditures on material support provided at the local level. The expenditures on local social care services²⁷ were also lower than the allocations for residential care services funded from the national budget. According to the MoLEVSA, the total expenditures on residential and foster care in 2020 amounted to RSD 6.8 billion (0.12% of the GDP) (Matković, 2021).

The highest expenditures on local social care services were documented in Belgrade, which is the largest local self-government in Serbia with the largest population and the largest local budget, as well as a long-standing tradition of social care service provision. In 2021, the expenditures on local social care services in Belgrade amounted to approximately RSD 1.7 billion, i.e. more than one third (35.5%) of the total expenditures for these purposes in Serbia. This share was disproportionately large, larger than the respective proportion of Belgrade's population, which stood at 25.3% in 2022 according to the Population Census (Statistical Office of the Republic of Serbia, 2023).

Beside Belgrade, substantial expenditures in 2021, in absolute terms, were registered only in Novi Sad (approx. RSD 636 million).

On the other hand, three municipalities in Serbia (Alibunar, Beočin and Trgovište) allocated zero funds for local social care services, while the expenditures on these services were very low in another three (Malo Crniće, Vrbas and Gadžin Han), below RSD 1.5 million annually. Three of the above six LSGs belonged to the least developed group (Trgovište, Malo Crniće and Gadžin Han), and one was classified as underdeveloped (Alibunar, group III). Services were either not provided at all, or very meagerly funded even in the highly developed municipalities of Beočin and Vrbas (development level group I).

Median expenditures amounted to approximately RSD 10 million per year, which means that the expenditures on local social care services in a half of LSGs in Serbia were lower than this amount, while the other half spent more than that (Annex 2).

Per capita expenditures on social care services within the mandate of LSGs averaged RSD 719 per year, while the median per capita expenditures amounted to RSD 485 (Annex 2).

Below-average per capita expenditures were recorded in 70% of the municipalities and cities. The LSGs that allocated less than the average and less than the median expenditure also included cities that were classified among the highest-developed – Vršac (RSD 216), Užice (RSD 231), Niš (RSD 363) and Kragujevac (RSD 369).

Significant allocations, more than twice the average (exceeding RSD 1,438 per capita per year), were found in only nine cities/municipalities. Besides the city of Novi Sad, this group mostly included small and underdeveloped municipalities with a population of less than ten thousand and per capita expenditures ranging between approximately RSD 1,500 and 2,500 per year (Bosilegrad, Bojnik, Dimitrovgrad, Bela Palanka and Babušnica), as well as Crna Trava – the least populous municipality in Serbia (with a population of only about a

²⁶ Total expenditures refer to running costs, primarily for staff and the procurement of goods and services, and do not include the expenditures related to depreciation or improvement of buildings, or the costs of non-financial assets and the like.

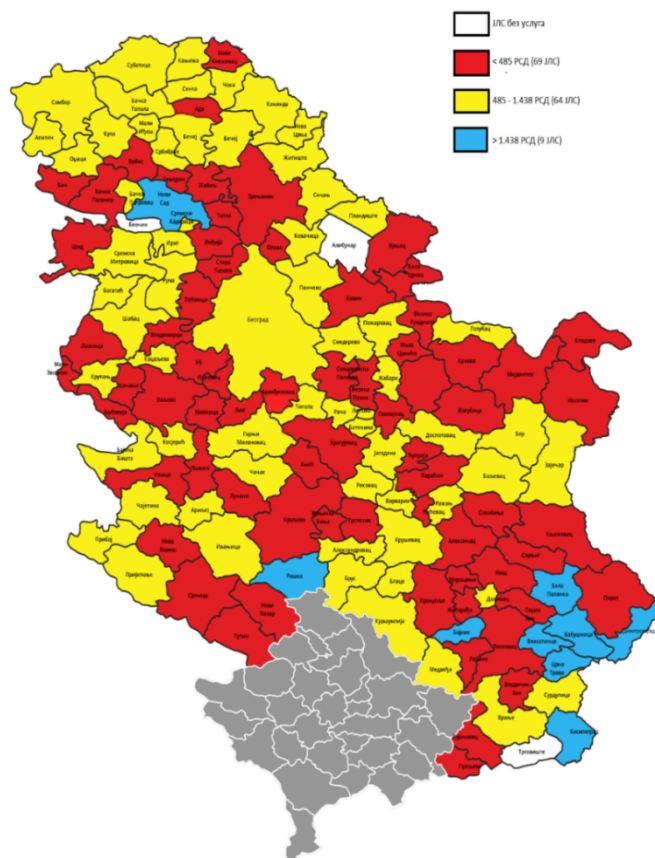
²⁷ The terms “social care services within the mandate of LSGs” and “local social care services” are used interchangeably in this part of the text, with the same meaning, in accordance with the Law on Social Protection, Article 209.

thousand). The only comparatively larger municipalities in this group were Raška and Vlasotince, with populations exceeding 20 thousand, which are also classified in development level group IV.

Map 1.2.1 below shows local self-governments grouped according to their per capita expenditures on local social care services in 2021, as follows:

- 3 LSGs in which no expenditures on local social care services were registered
- 69 LSGs with expenditures below the median, i.e. less than RSD 485 per capita per year – marked in red ■
- 64 LSGs with per capita allocations between the median and twice the average amount (RSD 485–1,438 per year) – marked in yellow ■
- 9 LSGs with per capita allocations larger than twice the average amount (RSD 1,438 per year) – marked in blue ■

Map 1.2.1. Annual per capita expenditures on social care services within the mandate of LSGs, 2021



Local self-governments' size and development levels did not correlate with their per capita expenditures on local social care services. The correlation between population size (as an approximation of LSG size) and the per capita expenditures on local social care services in Serbia was non-existent (correlation coefficient of 0.04). The correlation between the level of

self-funding²⁸ (as an approximation of LSG development level) and per capita expenditures on local social care services was negative, as well as strikingly low (-0.17).

The average share of expenditures on services in the total local budget expenditures was only 1.28% in 2021. In most LSGs, this share stayed below the average (91 LSGs, or almost 63% of all LSGs), and was twice the average (over 2.56%) in only 8 municipalities/cities. These were mostly smaller municipalities from development level group IV, with the exception of the municipality of Arilje (group II) (Annex 2). A more detailed analysis is presented with regard to funding sources, whose structure was considerably heterogeneous across municipalities and cities.

Out of the total expenditures on local social care services, RSD 4.06 billion or about 85% of the funds were provided from the portion of LSG budgets remaining after subtracting earmarked transfers (hereinafter: local budget less earmarked transfers (LET)).²⁹ The average share of expenditures on services in the local budgets LET was 1.09%.

An analysis of the expenditures funded from local budgets LET shows that local social care services were prioritised by some smaller municipalities with modest budget capacities. The largest allocations from local budgets LET for services, with more than 2.5% share in the total budget expenditures, were found in five small municipalities (Bojnik, Bela Palanka, Vlasotince, Babušnica and Crna Trava), all of which were south Serbian municipalities from the least developed group =(Annex 2).

Belgrade and Novi Sad, two LSGs with the highest expenditures in absolute terms, allocated 1.16% and 2.05% of their respective local budgets LET³⁰ for the development of local SC services. Considering cities alone, in addition to Novi Sad, which had the largest proportion of these allocations, a proportion higher than 1.5% was also registered in Vranje, Subotica and Kruševac (Annex 2).

On the other hand, a considerable number of municipalities and cities made no allocations for services in their local budgets LET (12 LSGs), or their allocations were meagre, below 0.1% (7 LSGs) (Annex 2).

The median share of expenditures for these purposes in local budgets LET stood at only 0.7%, which means that a half of all LSGs attached very low priority to the protection of vulnerable groups through local services. These included a large number of the highest-developed LSGs from group I, such as Beočin (no services provided), Vrbas (0.08%), Lajkovac (0.39%), Vršac (0.44%), Bačka Palanka (0.48%), Pećinci (0.5%), Užice (0.5%) and Stara Pazova (0.66%) (Annex 2).

²⁸ The level of LSG self-funding is the ratio of own and devolved revenues, on the one hand, to the total revenues and proceeds, on the other. The sources of data were consolidated LSG annual accounts, while the data for 2021 were taken from the Republic Secretariat for Public Policy website. <https://rsjp.gov.rs/cir/analiticki-servis/>. The data for the municipality of Knjaževac refer to 2020.

²⁹ In the cities and municipalities that did not receive or did not use earmarked transfers, the share of expenditures on local SC services in local budgets was equal to their share in local budgets LET.

³⁰ See previous footnote.

Table 1.2.1. Distribution of LSGs by share of expenditures on local social care services in their local budgets LET, 2021

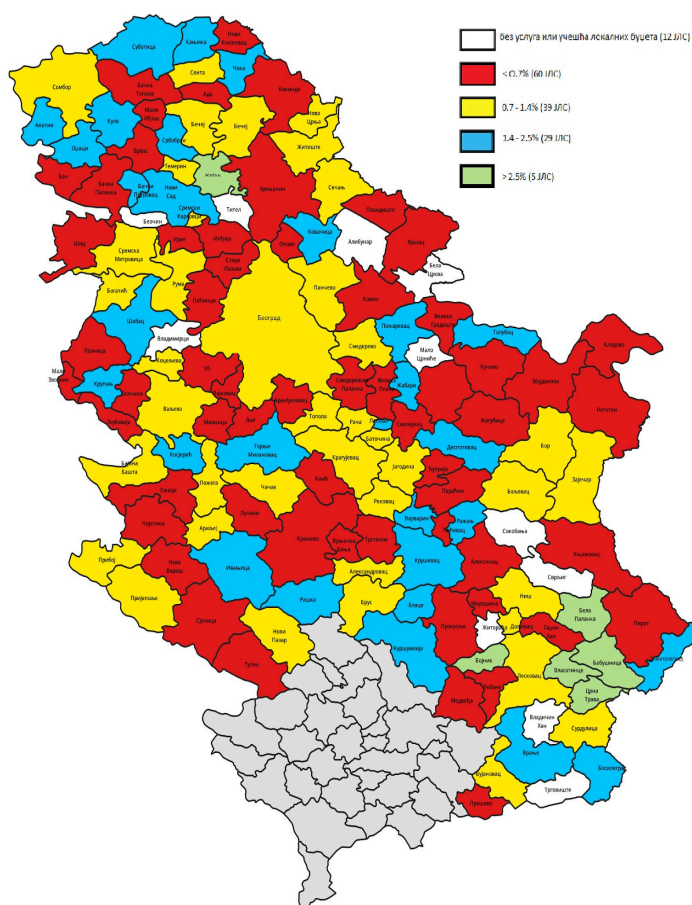
Number of LSGs	Share of expenditures on services in the local budget
9	No allocations in the local budget LET
3	No services provided
60	Share in the local budget LET < median share (< 0.7%)
39	Between the median share and twice the median share (0.7–1.4%)
29	1.4%–2.5%
5	> 2.5%

Source: Database of social care services within the mandate of LSGs, data for 2021

The map shows local self-governments grouped by the share of expenditures on local social care services in their local budgets LET in 2021, as follows:

- 3 LSGs providing no services and 9 LSGs with no local budget (LET) allocations for services – marked in white ...
- 60 LSGs with a share lower than 0.7% – marked in red ■
- 39 LSGs with a share between 0.7% and 1.4% – marked in yellow ■
- 29 LSGs with a share between 1.4% and 2.5% – marked in blue ■
- 5 LSGs with a share higher than 2.5% – marked in green ■

Map 1.2.2. Distribution of LSGs by share of expenditures on social care services in their local budgets LET, 2021



A correlation between the share of expenditures on local social care services in local budgets LET and the level of self-funding, as an approximation of LSG development level, was not found (correlation coefficient of -0.05). In other words, there was no pattern of more developed municipalities and cities allocating larger proportions of their local budgets LET for these purposes.

The remainder of the expenditures were mostly funded from earmarked transfers. According to mapping findings, earmarked transfers for local social care services amounted to approximately RSD 472.2 million in 2021.³¹ Earmarked transfers accounted for 9.9% of the total expenditures (Annex 2A).³²

According to mapping findings, 123 LSGs used earmarked transfers to finance service provision, while 22 LSGs did not receive or did not use these funds. The cities and municipalities that did not receive the transfers, under the Regulation, included LSGs from development level group I (20 LSGs, including the municipality of Beočin, which did not provide any services). Despite having been awarded, earmarked transfers were not used in the municipalities that did not provide any services in 2021 (Alibunar and Trgovište).³³

In the cities and municipalities that received and used the transfers, this source of funding, on average, accounted for more than a quarter of the total expenditures on local SC services (26.1%).

A significant number of local self-governments relied strongly on earmarked transfers as a funding source for the services, with a share of more than 50% in the total funding sources (31 LSGs, or one in four LSGs that used the transfers). The LSGs that funded services predominantly from earmarked transfers also included two municipalities from development level group II (Novi Kneževac and Ada). In the municipality of Ada, earmarked transfers covered approximately 84% of the total expenditures on local SC services, despite the legal requirement for LSGs from this development level group to provide a 30% contribution from their local budgets (Annex 2A).

Fifteen municipalities secured more than $\frac{3}{4}$ of the funds from earmarked transfers, and eight of them relied solely on this source of funding. Five of the municipalities that entirely funded the services from earmarked transfers belonged to development level group III; thus, under the Regulation, they were required to co-fund the services with a contribution of at least 10% (Bela Crkva, Sokobanja, Titel, Vladimirci and Žabalj).³⁴ The other 3 municipalities were from development level group IV and were not required to provide co-funding as a precondition for receiving the transfers (Malo Crniće, Svrlijig and Žitorađa) (Annex 2A).

The LSGs that relied on earmarked transfers to a lesser extent (up to 25%) mostly included municipalities and cities from development level group II (20 LSGs). Among the underdeveloped LSGs, earmarked transfers accounted for less than 25% of expenditures in 18

³¹ According to the decisions specifying the final amounts of earmarked transfers to be awarded, a total of RSD 556 million was allocated in 2021, of which approximately RSD 47 million to municipalities in the territory of Kosovo and Metohija, which were not covered by the mapping. According to a State Audit Institution report, about RSD 20 million of awarded earmarked transfers in 2021 remained unspent, and most of it was not returned to the budget of the Republic of Serbia (State Audit Institution, 2022:12, 40, 53-56). According to the Law on the Annual Statement of Accounts of the 2021 Budget of the Republic of Serbia, out of the planned RSD 553 million, a total of RSD 533.36 million was used (Official Gazette of the RS, 138/2022), including by LSGs in Kosovo and Metohija.

³² Regulation on Earmarked Transfers in Social Protection.

³³ According to the decisions specifying the final amounts of earmarked transfers to be awarded, the municipalities of Alibunar and Trgovište received RSD 2,973,706 and RSD 703,695, respectively (State Audit Institution, 2022:53-56).

³⁴ Regulation on Earmarked Transfers in Social Protection: 18/2016-34, 38/2021-6 (Article 5).

municipalities, 8 of which were classified as devastated areas (Annex 2A). Hence, out of the total of 44 LSGs that were not required to co-fund services, as many as 40% relied on earmarked transfers to a small extent only.

Table 1.2.2. Distribution of LSGs by share of earmarked transfers, 2021

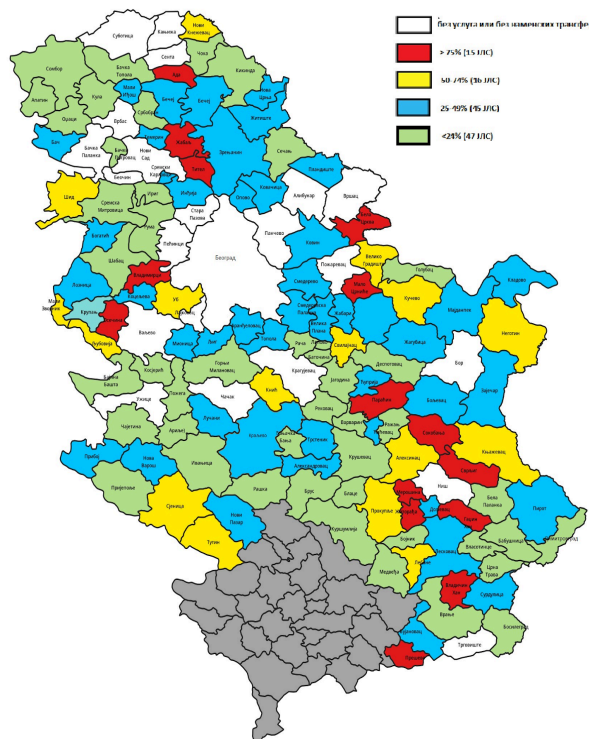
Number of LSGs	Share of earmarked transfers (%)
22	0
47	up to 25%
45	25–49%
16	50–74%
7	75–99%
8	100%

Source: Database of social care services within the mandate of LSGs, data for 2021

The distribution of LSGs by the share of earmarked transfers in local SC service funding sources is presented in the map as follows:

- 3 LSGs providing no services and 19 LSGs without earmarked transfers – marked in white ...
- 15 LSGs with a share of earmarked transfers over 75% – marked in red ■
- 16 LSGs with a share of earmarked transfers in the 50%–74% range – marked in yellow ■
- 45 LSGs with a share of earmarked transfers in the 25%–49% range – marked in blue ■
- 47 LSGs with a share of earmarked transfers up to 25% – marked in green ■

Map 1.2.3. Distribution of LSGs by share of earmarked transfers, 2021



All other funding sources contributed to service provision rather marginally. Donor funds and beneficiary co-payment accounted for 3.2% and 1.6% of the total expenditures, respectively. Only 21 LSGs used donations as a funding source, and their share in the total expenditures on local SC services was significant (over 25%) in only 5 municipalities – Kladovo (26.8%), Žagubica (39.4%), Arilje (45.2%), Kikinda (45.8%) and Medvedja (58.6%).

The changes relative to prior mapping cycles indicate an increase in the overall allocations for social care services within the mandate of LSGs (Centar za liberalno demokratske studije, 2013) (Matković and Stranjaković, 2016) (Matković and Stranjaković, 2020). According to the revised GDP figures, the share of expenditures on local social care services stood at 0.06% of the GDP in 2012 and 2015,³⁵ and at 0.07% in 2018, i.e. 0.01 percentage points lower than in 2021, when it reached 0.08% of the GDP.

The overall allocations in 2021 were larger in real terms than those in 2018 by approximately RSD 860 million, while the real growth rate of the total local budget allocations for social care services within the mandate of LSGs in the same period was 22% (Table 17). The largest growth of expenditures was registered in 2018 – the year when earmarked transfers were taken into account by the mapping process for the first time, whereas real expenditures in 2015 even recorded a decline compared to the 2012 level.

Table 1.2.3. Total expenditure growth, 2012–2021

	Total nominal expenditures	Expenditures (2021 RSD)	Real growth rate (%)
2012	2,435,730,000	3,145,599,115	
2015	2,615,640,281	2,988,435,770	- 5
2018	3,647,501,623	3,919,615,748	31
2021	4,779,622,485	4,779,622,485	22

Source: Database of social care services within the mandate of LSGs, data for 2012, 2015, 2018 and 2021

At the level of individual LSGs, the changes were not uniform. The biggest differences were found in the municipalities where no services existed in 2018, but were provided in 2021 (Bosilegrad, Gadžin Han, Odžaci, Požega, Svrlijig, Ub, Žitorađa), and in those that provided services in 2018, but the services were no longer available in 2021 (Alibunar, Beočin).

An unchanged situation was registered in Trgovište, the only municipality in Serbia that did not provide services either in 2018 or in 2021. Relatively small changes were found in 14 LSGs, in which real expenditures increased or decreased by only 5% (Annex 3).

In 58 LSGs, real expenditures experienced an above-average increase. Among them, the allocations for local SC services more than doubled in as many as 18 LSGs. A particularly substantial increase, ranging between 3- and 5.5-fold, was registered in Despotovac, Bela Crkva, Kladovo, Lapovo, Irig and Negotin (Annex 3).

One in three LSGs decreased their real expenditures by more than 5%. In 19 out of the 47 LSGs in this group, real expenditures decreased by more than a third. Apart from the municipalities of Alibunar and Beočin, where services were completely discontinued, leading

³⁵ Republički zavod za statistiku (2018); Republički zavod za statistiku (2018a)

to a 100% decrease of expenditures, the greatest decrease was recorded in the municipalities of Paraćin, Ada, Malo Crniće and Čičevac (between 71.7% and 88.9%) (Annex 3).

Table 1.2.4. Distribution of LSGs by real growth rate, 2018–2021

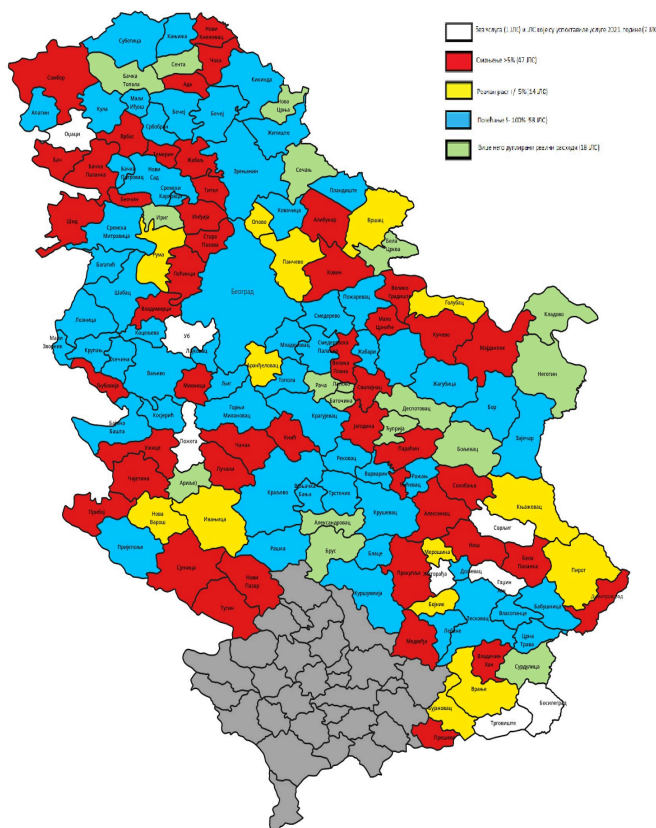
Number of LSGs	Change
7	Did not provide services in 2018, introduced services in 2021
1	Did not provide services in either 2018 or 2021
14	Minor changes, +/- 5%
28	Decrease between 5% and 33%
19	Significant decrease, over 33%
18	Increase between 5% and 22%
40	Above-average increase, from 22% to 100%
18	More than doubled expenditures

Source: Database of social care services within the mandate of LSGs, data for 2018 and 2021

The distribution of LSGs by the real expenditures growth rate in 2021 relative to 2018 is presented in the map as follows:

- 1 LSG with no services in either 2018 or 2021; 7 LSGs that provided no services in 2018, but introduced them in 2021, marked in white ...
- 47 LSGs with a decrease of more than 5% – marked in red ■
- 14 LSGs with real growth rates at +/- 5% – marked in yellow ■
- 58 LSGs with an increase between 5% and 100% – marked in blue ■
- 18 LSGs that increased real expenditures more than twofold – marked in green ■

Map 1.2.4. Distribution of LSGs by real growth rate, 2021



Increase was registered in both the expenditures on local SC services from local budgets LET, and the number of LSGs that made local budget allocations for these services. Real investments from local budgets LET increased significantly, by over a billion dinars in real terms, or by as much as 35.5% relative to 2018. Expenditures from local budgets LET grew at a considerably higher rate than total expenditures.

A large number of LSGs significantly increased their investments from this source, including primarily those that reported expenditures in 2021, after having had no expenditures from local budgets LET in 2018 (21 LSGs).

Furthermore, expenditures from local budgets LET increased more than twofold in 44 LSGs. The highest real growth rates were registered in the municipalities that had invested very little in 2018, just a few hundred thousand dinars or less. A notable example is the city of Kraljevo, which increased its local budget (LET) expenditures on local SC services from only RSD 60.5 thousand in 2018 to more than RSD 17 million in 2021. Significant increases were also registered in a few other cities (Subotica, Šabac and Smederevo) (Annex 3).

However, a notable number of LSGs did not increase investments from their local budgets LET. In 40 local self-governments, local budget (LET) allocations for local SC services either decreased in 2021 compared to 2018 or remained at zero (Annex 3). When earmarked transfers are disregarded, five municipalities continually made no local budget investments in local SC services in either 2018 or 2021. One of them was the municipality of Žitoradja, which neither provided services nor invested in them, and this was the case not only in the last two mapping cycles, but also in 2015 (Matković and Stranjaković, 2016). The situation was also especially unfavourable in 7 municipalities that discontinued investments from their own budgets in 2021 (Table 1.2.5).

Table 1.2.5. LSGs with no investments from local budgets LET, 2018–2021

No investments from LB LET in either 2018 or 2021	Malo Crniće, Svrlijig, Titel, <i>Trgovište</i> , Žitoradja
No investments from LB LET only in 2021	<i>Alibunar</i> , Bela Crkva, <i>Beočin</i> , Sokobanja, Vladičin Han, Vladimirci, Žabalj

Source: Database of social care services within the mandate of LSGs, data for 2018 and 2021

Note: Municipalities that did not provide services are marked in *italics*, while municipalities that had not invested in 2015 either are marked in **bold** letters.

Despite the rise in the number of LSGs that used earmarked transfers, their total amount significantly decreased in 2021 compared to that in 2018, by almost RSD 200 million in real terms, or by 29.4%. In real terms, positive growth was recorded in 5 LSGs, with somewhat more substantial rates found only in Zrenjanin (18.4%) and Kula, where the amount increased more than twofold. Positive developments, of course, also occurred in many LSGs which, according to the 2018 mapping findings, had not used earmarked transfers although they had provided services (18 LSGs) (Table 1.2.6).

After receiving earmarked transfers, five LSGs in this group decreased investments from their local budgets (LET) in 2021 relative to 2018. Instead of using their own budgets to fund local SC services as had previously been the case, these municipalities used earmarked transfers for this purpose (substitution effect). This was especially pronounced in the municipalities of Novi Kneževac (a 64.4% decrease of the local budget LET) and Preševo (-91.8%), as well as in the municipality of Bela Crkva, where the introduction of earmarked transfers resulted in the reduction of expenditures from the local budget LET to zero.

Table 1.2.6. Selected LSGs with changes in earmarked transfers, 2018–2021

LSGs not using ET in 2018, using ET in 2021	Gadžin Han, Bosilegrad, Batočina, Irig, Svrlijig, Kladovo, Novi Kneževac, Požega, Žitoradja, Svilajnac, Bela Crkva, Ub, Aleksandrovac, Despotovac, Odžaci, Negotin, Preševo, Smederevska Palanka
LSGs that reduced LB LET with the introduction of ET	Bela Crkva, Kladovo, Novi Kneževac, Preševo, Svilajnac
LSGs with a positive real growth rate	Varvarin, Srbobran, Zrenjanin, Osečina and Kula

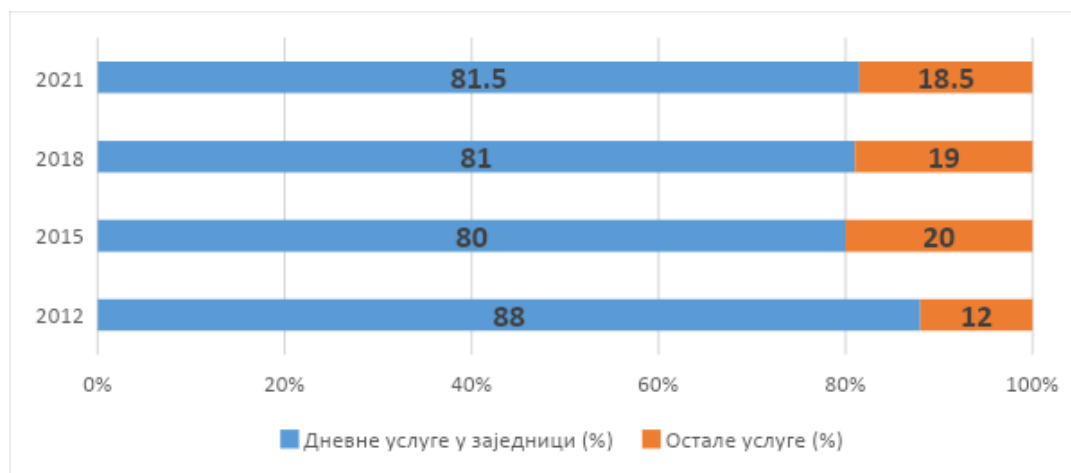
Source: Database of social care services within the mandate of LSGs, data for 2018 and 2021

In all other LSGs, real earmarked transfers decreased in 2021 (100 LSGs). In about one third of the municipalities and cities from this group (31 LSGs), the amount decreased by more than a half (Annex 3).

Expenditures on social care services by groups of services

In the total expenditures on local social care services in 2021 (about RSD 4.78 billion), expenditures on day care community-based services accounted for the largest share – 81.5% (almost RSD 4 billion).

Chart 1.2.1. Share of expenditures on day care community-based services in the total expenditures on SC services, in 2012, 2015, 2018 and 2021 (%)

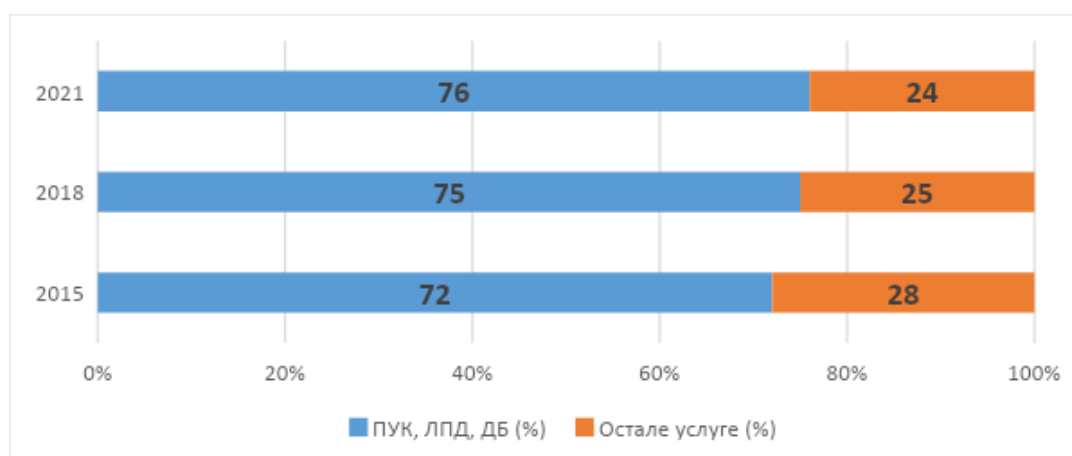


Source: Database of social care services within the mandate of LSGs, data for 2012, 2015, 2018 and 2021

This proportion was also found in all previous mapping cycles (2012, 2015 and 2018), which is not unexpected considering that day care community-based services also had the highest beneficiary coverage. In 2012, the share of expenditures on day care community-based services had been somewhat larger because these services had been developing faster than others.

As expected, the three most prevalent services among day care community-based services (adult and elderly home care, day care for children with developmental and other disabilities and child personal attendant) actually accounted for the greatest proportion of the total expenditures on all four groups of services. The following chart shows a comparison between 3 mapping cycles, starting from 2015, when the child personal attendant service started to expand.

Chart 1.2.2. Expenditures on HC, DC and PA as a proportion of total expenditures on local social care services, 2015, 2018 and 2021 (%)



Source: Database of social care services within the mandate of LSGs, data for 2015, 2018 and 2021

The expenditures on these three services in 2021 accounted for 76% of the total expenditures on all services. The combined expenditures on these three services also had a similar share in the total expenditures in 2015 and 2018.³⁶

Expenditures on day care community-based services

The total expenditures on day care community-based services in 2021 amounted to almost RSD 4 billion, of which RSD 1.4 billion was allocated for home care for adults and the elderly, while the expenditures on child personal attendant and on day care for children with developmental and other disabilities amounted to RSD 1 billion apiece. The expenditures on other services from this group totalled about RSD 270 million.

Table 1.2.7. Expenditures on day care community-based services, total and share funded from LSG budgets LET and through beneficiary co-payment (%), 2012, 2015, 2018 and 2021

Day care community-based services	2012		2015		2018		2021	
	Total expenditures	Share of LSG budget LET + co-payment (%)	Total expenditures	Share of LSG budget LET + co-payment (%)	Total expenditures	Share of LSG budget LET + co-payment (%)	Total expenditures	Share of LSG budget LET + co-payment (%)
Home care for adults and the elderly	1,094,602,066	73	1,008,102,501	90	1,255,910,687	69	1,440,916,139	77
Home care for children (and youth)	123,220,941	15	30,395,963	76	38,442,265	68	41,673,684	80
DC for children with developmental and other disabilities	639,683,761	83	716,439,394	96	894,664,947	91	1,032,797,015	95
DC for adult PWD	-	-	82,210,043	87	90,644,407	72	143,395,456	81
DC for the elderly	39,965,808	54	35,130,276	100	56,135,321	91	13,470,169	85
DC for children in conflict with the law	33,208,534	90	33,208,534	96	19,516,018	100	23,429,305	100
Child personal attendant	-	-	169,456,247	99	169,456,247	74	1,155,194,737	87
Drop-in centres	31,720,596	71	31,720,596	46	34,951,232	32	45,658,240	55
TOTAL	1,962,401,706	85	2,076,271,674	92	2,966,718,799	77	3,896,534,745	85

Source: Database of social care services within the mandate of LSGs, data for 2012, 2015, 2018 and 2021

³⁶ The child personal attendant service did not exist in 2012.

In the structure of total expenditures on day care community-based services, the share of allocations from LSG budgets LET combined with beneficiary co-payment proceeds was large for each of the services, except for the drop-in centre (which does not require co-payment). These shares increased for all services, except for day care for the elderly.

Expenditures on services for independent living

The total expenditures on this group of services in 2021 amounted to just over RSD 258 million, and 92% of that amount, on average, came from local budgets LET (including from beneficiary co-payment).

Table 1.2.8. Expenditures on services for independent living, total and share funded from LSG budgets LET and through beneficiary co-payment, 2012, 2015, 2018 and 2021 (%)

Services for independent living	2012		2015		2018		2021	
	Total expenditures	Share of LSG budget LET + co-payment (%)	Total expenditures	Share of LSG budget LET + co-payment (%)	Total expenditures	Share of LSG budget LET + co-payment (%)	Total expenditures	Share of LSG budget LET + co-payment (%)
Personal assistance	50,935,065	21	47,255,053	91	97,730,672	81	192,202,307	91
SH for youth	10,183,683	100	7,950,001	100	12,766,264	49	7,638,496	79
SH for PWD	21,609,600	72	48,109,628	64	57,598,184	96	58,391,248	97
TOTAL	82,728,348		103,314,722	79	168,095,120	84	258,232,051	92

Source: Database of social care services within the mandate of LSGs, data for 2012, 2015, 2018 and 2021

All services from this group were characterized by a dominant share of allocations from LSG budgets LET in the total expenditures in 2021, even more so than in 2018. The expenditures on the personal assistance service increased twofold, and increase was also registered in the share of beneficiary co-payment. A decreased share in the total expenditures on services for independent living was registered in the case of supportive housing for youth, as the number of beneficiaries per year also decreased by almost a half (Table 1.3.5).

Expenditures on emergency and temporary accommodation services

The total expenditures on emergency and temporary accommodation services in 2021 amounted to RSD 539 million. Local budget allocations (including beneficiary co-payment proceeds) on average accounted for 97% of the total expenditures, and this proportion is similar when services from this group are considered individually.

Table 1.2.9. Expenditures on emergency and temporary accommodation services, total and share funded from LSG budgets and through beneficiary co-payment (%), 2012, 2015, 2018 and 2021

Emergency and temporary accommodation services	2012		2015		2018		2021	
	Total expenditures	Share of LSG budget LET + co-payment (%)	Total expenditures	Share of LSG budget LET + co-payment (%)	Total expenditures	Share of LSG budget LET + co-payment (%)	Total expenditures	Share of LSG budget LET + co-payment (%)
Shelter for adults/the elderly	124,952,406	100	123,745,997	92	142,460,374	96	232,193,288	97
Shelter for children	160,211,362	91	129,554,541	99	134,353,685	96	192,049,166	100
Shelter for violence victims	52,963,331	81	71,833,644	80	115,136,827	87	92,251,081	94
Respite care	19,350,276	31	8,490,629	59	13,283,055	36	22,575,000	95
TOTAL	357,477,375	76	333,624,811	91	405,233,941	91	539,068,534	97

Source: Database of social care services within the mandate of LSGs, data for 2012, 2015, 2018 and 2021

The total expenditures on all services from this group increased in 2021 compared to those in 2012, 2015 and 2018. Considered separately, the expenditures on shelters for adults and the elderly, shelters for children and youth, and respite care increased in 2021 compared to those in 2018. The decrease of expenditures on shelters for violence victims in a situation when the need for this service is pressing in the light of domestic violence and femicide, as reported by the civil society, is a reason for concern.³⁷

Expenditures on counselling/therapy and social/educational services

These services incurred the smallest amount of total expenditures in comparison with other groups of services. The proportion of funds provided from LSG budgets was 81%.

Table 1.2.10. Expenditures on counselling services, total and share financed from LSG budgets LET, in 2012, 2015, 2018 and 2021 (%)

Counselling services	2012		2015		2018		2021	
	Total expenditures	Share of LSG budget LET (%)	Total expenditures	Share of LSG budget LET (%)	Total expenditures	Share of LSG budget LET (%)	Total expenditures	Share of LSG budget LET (%)
Counselling centre	31,910,000	90	47,169,500	98	93,440,022	75	73,920,603	88
Family outreach worker	-	-	46,848,575	11	9,494,540	63	11,866,552	41
TOTAL	31,910,000	90	94,018,075	57	102,934,562	74	85,787,155	81

Source: Database of social care services within the mandate of LSGs, data for 2012, 2015, 2018 and 2021

Compared to 2018, the expenditures on counselling services decreased in 2021, despite the fact that allocations from local budgets LET increased on average. In 2018, LSGs relied on earmarked transfers to a greater extent as a funding source for these services (Table 1.2.14.). The total expenditures on the family outreach worker service were somewhat higher in 2021 than in 2018 in nominal terms, but this came with a significant reduction of the share of expenditures from LSG budgets LET.

Funding sources in 2021

In the structure of total expenditures on all services, allocations from LSG budgets LET, with a share of 85%, were the key funding source for all social care services within the mandate of LSGs in 2021.

Chart 1.2.3. Structure of funding sources of all services in 2021 (%)



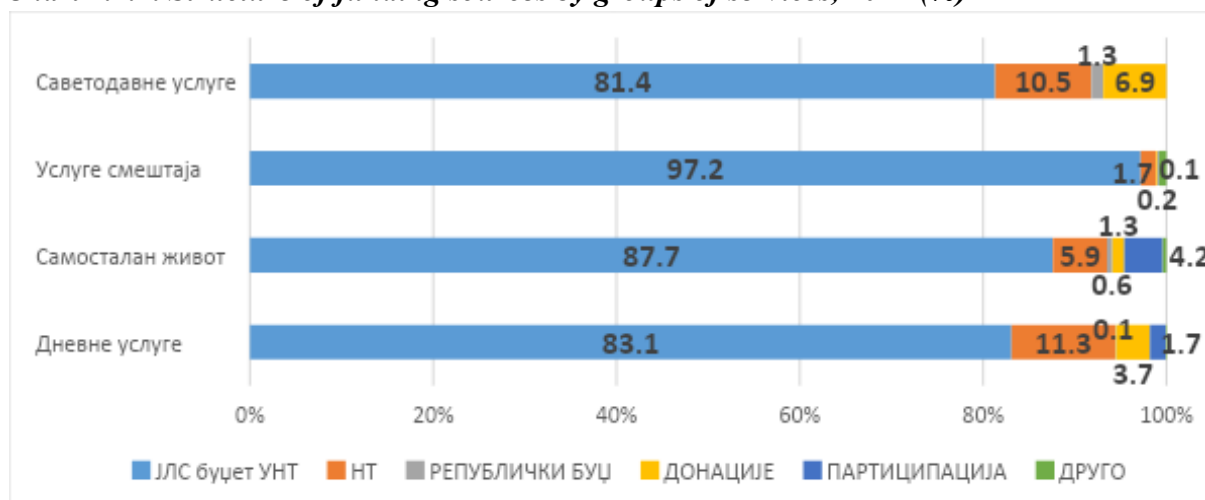
Source: Database of social care services within the mandate of LSGs, data for 2021

³⁷ Autonomni ženski centar (2022). Femicid – ubistva žena u Srbiji – Kvantitativno-narativni izveštaj 1. januar – 30. jun 2022. godine, https://www.womenngo.org.rs/images/femicid/FEMICID_Polugodi%C5%A1nji_Kvantitativno_-_narativni_godi%C5%A1nji_izve%C5%A1taj_2022._godina.pdf

Earmarked transfers accounted for 10% (9.9%) of the funding mix, while the proportion of other sources, such as donations (3.2%), was smaller. Beneficiary co-payment was low, with a share of 1.5%. Contributions from the national budget other than ET, and those from sources designated as *other*³⁸ were negligible – too small to show in the chart.

The proportions of funding sources by groups of services are shown in the following chart. Besides a large share of allocations from LSG budgets LET, earmarked transfers also accounted for a substantial chunk of the funding mix, especially in the case of day care services.

Chart 1.2.4. Structure of funding sources by groups of services, 2021 (%)



Source: Database of social care services within the mandate of LSGs, data for 2018 and 2021

Earmarked transfers as a funding source, by groups of services

Day care community-based services

The institution of earmarked transfers has been in place since 2016 in the field of social care services, in conformity with the applicable regulation.³⁹ Earmarked transfers are an important funding source for day care community-based services. The share of earmarked transfers in the total expenditures on day care community-based services was 11% on average. In the funding mix of all services, day care community-based services had the highest proportion of earmarked transfers – as high as 93%.

The following table shows the share of earmarked transfers in the total expenditures on each day care community-based service and in the total expenditures on this group of services.

³⁸ The sources designated as *other* in the mapping questionnaire included the following options: reimbursement of service costs by home municipalities for beneficiaries referred to services in other LSGs, funds from the AP Vojvodina budget, funds collected under the opportunity principle in criminal proceedings, and allocations by Belgrade metropolitan municipalities.

³⁹ “Official Gazette of the RS”, No 18/2016 and 38/2021; Regulation on Earmarked Transfers in Social Protection

Table 1.2.11. Total expenditures on day care community-based services and share of earmarked transfers, in 2018 and 2021 (%)

Day care community-based services	2018		2021	
	Total expenditures	Share of earmarked transfers (%)	Total expenditures	Share of earmarked transfers (%)
Home care for adults and the elderly	1,255,910,687	25	1,440,916,139	16
Home care for children (and youth)	38,442,265	32	41,673,684	20
DC for children with developmental and other disabilities	894,664,947	8	1,032,797,015	4
DC for adult PWD	90,644,407	21	143,395,456	3
DC for the elderly	56,135,321	9	13,470,169	15
DC for children in conflict with the law	19,516,018	0	23,429,305	0
Child personal attendant	576,453,922	24	576,453,922	13
Drop-in centres	34,951,232	0	45,658,240	0
TOTAL	2,966,718,799	19	3,896,534,745	11

Source: Database of social care services within the mandate of LSGs, data for 2018 and 2021

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

The share of earmarked transfers in total expenditures was the largest in home care for children (20%), while it was also significant in the case of home care for the elderly and day care for the elderly (16% and 15%, respectively).

Services for independent living

In 2021, these services were characterised by a generally low uptake of earmarked transfers. This funding source was not used for supportive housing for persons with disabilities, while its usage for personal assistance decreased to a half of its share in 2018.

Table 1.2.12. Total expenditures on services for independent living and share of earmarked transfers (%), in 2018 and 2021

Services for independent living	2018		2021	
	Total expenditures	Share of earmarked transfers (%)	Total expenditures	Share of earmarked transfers (%)
Personal assistance	97,730,672	14	97,730,672	7
SH for youth	12,766,264	2	7,638,496	2
SH for PWD	57,598,184	2	58,391,248	0
TOTAL	168,095,120	5	258,232,051	6

Source: Database of social care services within the mandate of LSGs, data for 2018 and 2021

Emergency and temporary accommodation services

Earmarked transfers were used to a lesser extent as a funding source for this group of services. In 2021, shelters for children were 100% funded from LSG budgets LET.

Table 1.2.13. Share of earmarked transfers in expenditures on emergency and temporary accommodation services, in 2018 and 2021 (%)

Emergency and temporary accommodation services	2018		2021	
	Total expenditures	Share of earmarked transfers (%)	Total expenditures	Share of earmarked transfers (%)
Shelter for adults/the elderly	142,460,374	4	232,193,288	2
Shelter for children	134,353,685	-	192,049,166	0
Shelter for violence victims	115,136,827	9	92,251,081	5
Respite care	13,283,055	47	22,575,000	5
TOTAL	405,233,941	28	539,068,535	3

Source: Database of social care services within the mandate of LSGs, data for 2018 and 2021

Counselling/therapy and social/educational services

The structure of funding sources shows a solid proportion of earmarked transfers in the case of the family outreach worker service, at almost 60%.

Table 1.2.14. Total expenditures on counselling services and share of earmarked transfers, in 2018 and 2021 (%)

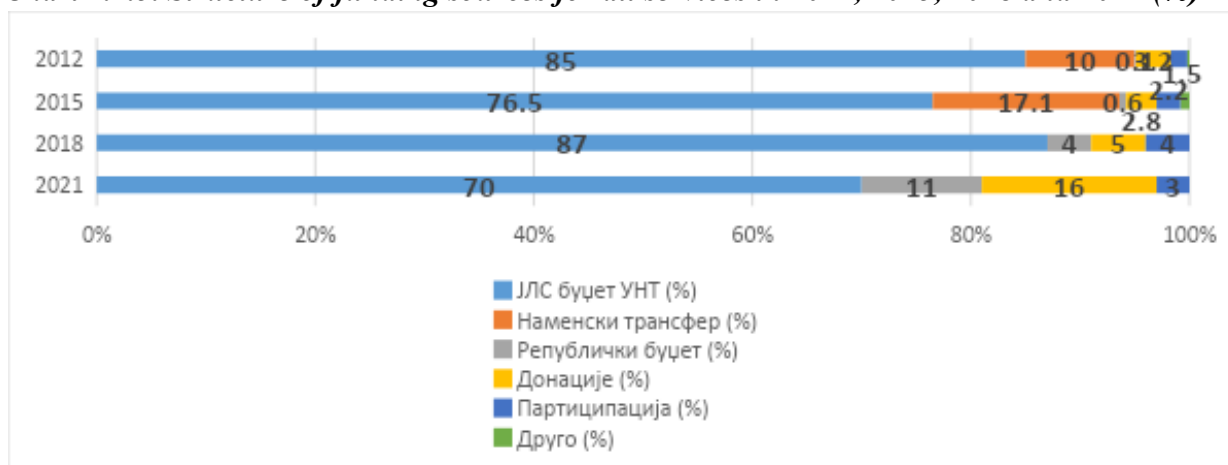
Counselling services	2018		2021	
	Total expenditures	Share of earmarked transfers (%)	Total expenditures	Share of earmarked transfers (%)
Counselling centre	93,440,022	19	73,920,603	3
Family outreach worker	9,494,540	16	11,866,552	59
TOTAL	102,934,562	18	85,787,155	31

Source: Database of social care services within the mandate of LSGs, data for 2018 and 2021

Funding sources, comparative overview: 2012, 2015, 2018 and 2021

The following chart illustrates the structure of funding sources for all services in the 2012, 2015, 2018 and 2021 mapping cycles.

Chart 1.2.5. Structure of funding sources for all services in 2012, 2015, 2018 and 2021 (%)



Source: Database of social care services within the mandate of LSGs, data for 2012, 2015, 2018 and 2021

A shared characteristic of the structures of funding sources over the past dozen years has certainly been the high proportion of local budget allocations. Following the adoption of the Law on Social Protection in 2011, the development of social care services was supported as part of projects implemented at the national level (such as the piloting of earmarked transfers) in 2012 and 2015. The arrival of earmarked transfers as a funding source was recorded in 2018 with a significant share in the total expenditures (17%), and a record high amount of RSD 600 million. Moreover, support to service development through donor programmes is found to be gradually waning. Lastly, it has been detected that the share of beneficiary co-payment proceeds has been decreasing since 2015.

1.3 BENEFICIARIES

In 2021, services from all four groups were provided to just over 23 thousand beneficiaries. Most beneficiaries used day care community-based services.

The total number of beneficiaries is given only for information purposes, since adding up the number of beneficiaries of different services is invalid from a methodological perspective due to diversity of the services, their different provision models and intensity, as well as the number of months they are provided in a year.

Table 1.3.1. Average monthly number of beneficiaries in 2021, by groups of services

Group of services	Number of beneficiaries
Day care community-based services	20,463
Services for independent living	402
Emergency and temporary accommodation services	1,078
Counselling services	1,305

Source: Database of social care services within the mandate of LSGs, data for 2021

Beneficiaries of day care community-based services

Among all services, day care community-based services still had the largest group of beneficiaries. This finding was consistent through all mapping cycles, including in 2021, when this group of services had a commanding share of 90% (89.7%) in the total number of beneficiaries of all services. Within this group, home care (HC) beneficiaries accounted for two thirds of the total number of beneficiaries.

Since day care community-based services consistently had the most beneficiaries among all services, it is also worth presenting *programme size indicators* for this group of services.

The programme size indicator for services is defined as the total (actual) number of beneficiaries who received the service during the year and as the *number of full-time equivalent beneficiaries*.⁴⁰ The number of full-time equivalent (FTE) beneficiaries is calculated following the assumption that all beneficiaries in all LSGs are provided with equal intensity of support throughout the year.⁴¹ Programme size comparison between LSGs is more relevant if *full-time equivalent* rather than actual beneficiaries are considered.⁴²

Table 1.3.2. Programme size indicator of day care community-based services, 2012, 2015, 2018 and 2021

Day care community-based services	2012		2015		2018		2021	
	Number of benefic.	Number of FTE benefic.	Number of benefic.	Number of FTE benefic.	Number of benefic.	Number of FTE benefic.	Number of benefic.	Number of FTE benefic.
Home care for adults and the elderly	16,004	8,083	15,043	7,682	16,678	8,266	14,731	11,400
Home care for children (and youth)	611	413	262	229	227	236	201	177
DC for children with developmental and other disabilities	2,519	2,863	2,111	2,302	1,999	2,191	1,812	1,975
DC for adult PWD	-	-	716	752	449	458	451	455
DC for the elderly	1,022	1,022	561	559	345	325	137	156
DC for children in conflict with the law	359	359	620	620	53	47	75	67
Child personal attendant	-	-	709	492	1,762	1,392	2,711	2,365
Drop-in centres	601	601	452	452	327	327	345	345

Source: Database of social care services within the mandate of LSGs, data for 2012, 2015, 2018 and 2021, and authors' FTE calculations

⁴⁰ Matković, G. and Šunderić, Ž., 2018

⁴¹ See in Methodological Notes.

⁴² *Ibid.*

The most striking difference between the number of actual and FTE beneficiaries was found in the case of home care for the elderly, as in the previous mapping cycles. However, this difference was less pronounced in 2021. In 2021, the service was provided during all 12 months in 76 out of 128 LSGs (61% of the total number of LSGs) (Annex 4), which was better than in 2018, when it was provided continually throughout the year in only 63 out of 123 LSGs.⁴³ In 23 LSGs, the service was provided only for six months or less, which was also reflected in the programme size expressed using the FTE indicator. In 2021, the service was provided for less than 10 hours per week in 51 out of 128 LSGs, considerably fewer than in 2018 (94 LSGs). Programme size increase is reflected as increased number of FTE beneficiaries and is the outcome of a more stable provision of HC throughout the year, as well as of a more intensive provision model, which was predominant in a larger number of LSGs in 2021 than in the previous periods (Annex 4).

On the other hand, in the case of the day care service, irrespective of the target group, the number of FTE beneficiaries was somewhat larger than the actual number of beneficiaries in each mapping cycle. This was primarily due to the length of day care opening hours, which was longer than 8 hours per day in some institutions, this being the benchmark used for determining the number of FTE beneficiaries. For instance, day care for children and youth was open for 8 hours per day or longer in 43 LSGs (70 %), whereas this service was available less than 8 hours per day in only 17 LSGs (29 %). Furthermore, in the majority of LSGs this service was provided throughout the year, during all 12 months, and it had also been identified in the previous mapping cycles as the most stable and consistent social care service at the local level. As an added bonus, its funding was also stable owing to a large share of funds (95%) coming from the local budget LET (Table 1.2.7.).

In the case of day care for adults, the number of FTE beneficiaries was larger than that of actual beneficiaries in 2021/2018, which was more pronounced than for the other two target groups of this service.

The growth rate of the number of beneficiaries of day care services in 2021 ranged between -8% (HC for the elderly) and -84.7% (DC for the elderly). The number of FTE beneficiaries of HC for the elderly grew at a higher rate in 2021 than it did in the previous mapping cycles, primarily owing to the intensity of this service and its all-year-long provision in significantly more LSGs in 2021 than in the previous periods. In the case of HC for children, the number of FTE beneficiaries decreased in 2021, and this change could not be offset even by the more intensive support provided in some LSGs, which had also been the case in 2018.⁴⁴

⁴³ Matković G. and Stranjaković M., Mapping Social Care Services and Material Support within the Mandate of LSG in 2018 (2020)

⁴⁴ Ibid.

Table 1.3.3. Growth rates of the number of actual and FTE beneficiaries of day care community-based services through mapping cycles (%)

Day care community-based services	2015 2012		2018 2015		2018 2012		2021 2018		2021 2012	
	Number of benefic.	Number of FTE benefic.	Number of benefic.	Number of FTE benefic.	Number of benefic.	Number of FTE benefic.	Number of benefic.	Number of FTE benefic.	Number of benefic.	Number of FTE benefic.
Home care for adults and the elderly	-6.0	-5.0	10.9	7.6	4.2	2.3	-11.0	38.0	-8.0	41.0
Home care for children (and youth)	-57.1	-44.6	-13.4	3.1	-62.8	-42.9	-11.5	-25.0	-67.1	-57.1
DC for children with developmental and other disabilities	-16.2	-19.6	-5.3	-4.8	-20.6	-23.5	-9.3	-9.9	-28.9	-31.0
DC for adult PWD	-	-	-37.3	-39.1	-	-	0.5	1	-	-
DC for the elderly	-45.1	-45.3	-38.5	-41.9	66.2	-68.2	-60.3	-52.0	-86.6	-84.7
DC for children in conflict with the law	72.7	72.7	-91.5	-92.4	-85.2	-86.9	41.5	42.5	-79.1	-81.3
Child personal attendant	-	-	148.5	182.9	-	-	53.8	69.9	-	-
Drop-in centres	-24.8	-24.8	-27.7	-27.7	-45.6	-45.6	5.5	5.5	-42.6	-42.6

Source: Database of social care services within the mandate of LSGs, data for 2012, 2015, 2018 and 2021, and authors' FTE calculations

Between 2018 and 2021, the number of beneficiaries of the child personal attendant (CPA) service increased (Table 1.3.3.). Beside CPA, a positive growth rate of the number of beneficiaries in the period 2021/2018 was also found in the case of day care for children in conflict with the law and with behavioural problems, drop-in centres and, discreet but still positive, in the case of day care for adults.

Furthermore, it was found that the number of beneficiaries of DC for children in conflict with the law and with behavioural problems increased in 2021, although the distribution of this service was scaled back compared to that in the previous periods (Table 1.1.1). The problems faced by children and youth, who are the target groups of this service, should receive a lot more attention, at least in larger cities. According to the collected data, in 2021 this service was provided in Kragujevac and Novi Sad, although some programmes offering a certain form of support were also found in Subotica and Kruševac.

As regards the area of residence, the beneficiaries of these services mostly lived in urban areas. Looking at the beneficiaries' gender, women were more represented among the beneficiaries of home care for adults and the elderly, which is to be expected considering women's longer life expectancy and their dominant share in the elderly population.

Table 1.3.4. Beneficiaries of day care community-based services – total, by gender (%) and from urban areas (%), 2012, 2015, 2018 and 2021

Day care community-based services	2012			2015			2018			2021		
	Number of beneficiaries	Females (%)	Urban area (%)	Number of beneficiaries	Females (%)	Urban area (%)	Number of beneficiaries	Females (%)	Urban area (%)	Number of beneficiaries	Females (%)	Urban area (%)
Home care for adults and the elderly	16,004	70	54	15,043	69	66	16,678	71	52	14,731	71	61
Home care for children (and youth)	611	45	36	262	45	45	227	50	67	201	44	65
DC for children with developmental and other disabilities	2,519	47	69	2,111	43	76	1,999	41	81	1,812	40	72
DC for adult PWD	-	-	-	716	40	81	449	85	56	451	38	91
DC for the elderly*	1,022	48	91	561	57	83	445	54	90	137	45	93
DC for children in conflict with the law	359	38	82	620	36	86	53	36	89	75	31	73
Child personal attendant	-	-	-	709	39	87	1,762	32	84	2,711	33	82
Drop-in centres**	601	30	89	452	39	100	327	54	100	345	49	95

Source: Database of social care services within the mandate of LSGs, data for 2012, 2015, 2018 and 2021

NOTES: * includes the beneficiaries of the day care centre in Kraljevo, ** aggregate for drop-in centres for children (Belgrade and Novi Sad) and the drop-in centre for adults and the elderly established in Novi Sad

The number of female beneficiaries of day care community-based services decreased in 2021 relative to 2018, with the exception of HC for the elderly (unchanged) and the child personal attendant (slight increase).

The drop-in centre service was provided in 2 cities – Belgrade and Novi Sad. In Novi Sad, the service was provided to 2 target groups – children and youth, and adults and the elderly. In Belgrade, it was provided to the children and youth target group by 2 service providers – one from the public sector, and another one (covering more beneficiaries) from the private non-profit sector. The fact that children beneficiaries (aged 6–14) accounted for 95% of the total number of beneficiaries in the children and youth target group, as well as that girls in this age group accounted for a half of all beneficiaries, remains a concern.⁴⁵ The beneficiaries of this service were usually children and youth living and working in the street, who are typically exposed to various forms of violence, as well as to child labour abuse, including its most harmful forms.⁴⁶

Beneficiaries of services for independent living

In this group of services, beneficiaries from urban areas prevailed in the personal assistance service and SH for persons with disabilities in 2021.

Table 1.3.5. Beneficiaries of services for independent living – total, by gender (%) and from urban areas (%), 2012, 2015, 2018 and 2021

Services for independent living	2012			2015			2018			2021		
	Number of beneficiaries	Females (%)	Urban area (%)	Number of beneficiaries	Females (%)	Urban area (%)	Number of beneficiaries	Females (%)	Urban area (%)	Number of beneficiaries	Females (%)	Urban area (%)
Personal assistance	196	41	48	160	47	94	223	50.7	91	284	51	92
Supportive housing for youth	44	53	50	67	34	87	50	38.8	87.8	26	38	46
Supportive housing for PWD	59	51	85	145	50	83	107	28	90	92	43	81

Source: Database of social care services within the mandate of LSGs, data for 2012, 2015, 2018 and 2021

⁴⁵ Database of social care services, data for 2021

⁴⁶ Law Ratifying the ILO Worst Forms of Child Labour Convention (2003)

In 2021, the number of personal assistance beneficiaries was larger than in the previous periods, while the number of supportive housing beneficiaries in both target groups was smaller than in 2018 and 2015. This was especially noticeable in the case of SH for persons with disabilities in comparison with the situation in 2018, and even more so in 2015, when the number of beneficiaries increased almost three-fold compared to that in 2012 as a result of the "Open Arms" programme. The programme was financially supported by the Instrument for Pre-accession Assistance.^{47, 48} Following programme completion, the distribution of this service slowly declined, resulting in a decrease in the number of beneficiaries, as well. This is quite unfortunate; however, the adoption of the national strategy for deinstitutionalisation and development of social care services⁴⁹ should help improve the situation through further expansion of services for independent living.

A significant change in the gender structure was found in the case of SH for persons with disabilities. The proportion of urban beneficiaries of SH for youth decreased by almost a half compared to that in 2018.

Beneficiaries of emergency and temporary accommodation services

The number of beneficiaries of each service from this group and all services in total has been on the decline over the past 10 years. The beneficiaries of this group of services predominantly lived in urban areas. As expected, most beneficiaries of shelters for violence victims were females, whereas in the case of shelters for children and adults/elderly, as well as respite care, the majority of beneficiaries were males.

Table 1.3.6. Beneficiaries of emergency and temporary accommodation services – total, by gender (%) and from urban areas (%), 2012, 2015, 2018 and 2021

Emergency and temporary accommodation services	2012			2015			2018			2021		
	Number of beneficiaries	Females (%)	Urban area (%)	Number of beneficiaries	Females (%)	Urban area (%)	Number of beneficiaries	Females (%)	Urban area (%)	Number of beneficiaries	Females (%)	Urban area (%)
Shelter for adults/the elderly	1,089	45	69	805	40	87	647	41	71	489	30	78
Shelter for children	773	29	77	719	32	69	441	39	71	144	36	75
Shelter for violence victims	681	73	37	695	75	71	358	76	66	336	74	63
Respite care	345	48	80	233	47	89	85	48	69	109	42	79

Source: Database of social care services within the mandate of LSGs, data for 2012, 2015, 2018 and 2021

The number of beneficiaries of respite care was larger in 2021 than in 2018, but was still smaller than in 2015 and 2012, whereas in the case of shelters for adults/the elderly and for children/youth it continued a downward trend. The number of beneficiaries of shelters for violence victims in 2021 was only half as high as that in 2012, despite the continuous rise in the number of reports of domestic violence⁵⁰ and the significantly improved legal framework for protection of violence victims.⁵¹

⁴⁷ Matković, G., Stranjaković, M.

⁴⁸ The IPA 2008 funds (EUR 2.3 million) were awarded as grants to 19 projects implemented between June 2014 and December 2015, in amounts ranging from EUR 50,000 to EUR 200,000 per project.

⁴⁹ Strategy for Deinstitutionalisation and Development of Community-Based Social Care Services 2022–2026 <https://www.minrzs.gov.rs/sr/dokumenti/ostalo/sektor-za-socijalnu-zastitu/strategija-deinstitucionalizacije-i-razvoja-usluga-socijalne-zastite-u-zajednici-za-period-2022-2026godine>

⁵⁰ RZSZ (2023), Izveštaj o radu centara za socijalni rad za 2022. godinu

⁵¹ "Official Gazette of the RS" No 94/2016. Law on the Prevention of Domestic Violence

Beneficiaries of counselling/therapy and social/educational services

In 2021, counselling services were characterised by a decrease in the number of beneficiaries of the counselling centre service, as well as of the family outreach worker service. The beneficiaries of both services were predominantly from urban areas, and more than a half were females.

Table 1.3.7. Beneficiaries of counselling services – total, by gender (%) and from urban areas (%), 2012, 2015, 2018 and 2021

Counselling services	2012			2015			2018			2021		
	Number of beneficiaries	Females (%)	Urban area (%)	Number of beneficiaries	Females (%)	Urban area (%)	Number of beneficiaries	Females (%)	Urban area (%)	Number of beneficiaries	Females (%)	Urban area (%)
Counselling centre	2,500	798	1239	63	80	1129	59	73
Family outreach worker	-	-	-	1,152	48	65	387	48	75	176	55	95

Source: Database of social care services within the mandate of LSGs, data for 2012, 2015, 2018 and 2021

Compared to 2018, the number of beneficiaries decreased in 2021. The data on the counselling centre service are not comparable with the data from 2012 due to the change (in 2015) of the format of annual reporting by centres for social work – the institutions providing this service.⁵² The format change clearly also had an impact on the records of beneficiaries, especially on the *average monthly number of beneficiaries* (by year), as a vital piece of information needed for comparison.⁵³ Thus, for example, the 2018 mapping cycle made a step forward by introducing, for the first time, data collection on the beneficiaries of this service disaggregated by gender and area of residence.

The family outreach worker service remained available in only 3 cities (Kraljevo, Novi Sad and Valjevo), which naturally led to a drop in the number of beneficiaries. The service had been piloted in 2014/2015 in Belgrade, Kragujevac, Niš and Novi Sad through donor support, but was also provided in 2015 in another 3 smaller LSGs. Since then, its distribution, as well as the number of beneficiaries, had been decreasing. An earlier evaluation of this service⁵⁴ noted that the impact of the support received by vulnerable families with children was positive in various regards. From the perspective of social protection of families with children, the evaluation identified a substantial improvement of family/parental competencies and enhanced conditions for proper child development in a family setting.⁵⁵ In the context of children's education, the indicators used for measuring progress, in addition to improved school performance, also included regular school attendance, improved behaviour at school, among peers and towards teachers, as well as increased participation in extracurricular activities.⁵⁶ In the field of children's health, parents' awareness of and motivation to use various health care services increased, especially in the field of mental health.⁵⁷ In spite of significant effects of this service, its standardisation is still pending.

⁵² Sintetizovani izveštaj o radu centara za socijalni rad u Srbiji za 2014. (2015) godinu, Republički zavod za socijalnu zaštitu, Beograd, p. 50.

⁵³ See Methodological Notes

⁵⁴ Republički zavod za socijalnu zaštitu (2016), Pilotiranje usluge *porodični saradnik* i evaluacija rezultata pružanja usluge <http://www.zavodsz.gov.rs/media/1204/pilotiranje-usluge-ps2016.pdf>

⁵⁵ Ibid.

⁵⁶ Ibid.

⁵⁷ Ibid.

1.4 PUBLIC AND PRIVATE SERVICE PROVIDERS

The data from 2021 indicate that service providers from the public (state) sector continued to cater to the majority of beneficiaries of all social care services within the mandate of LSGs. The proportion of beneficiaries served by public providers was higher than fifty percent (52%).

Chart 1.4.1. Beneficiary coverage by sector providing the service, 2015, 2018 and 2021 (%)



Source: Database of social care services within the mandate of LSGs, data for 2015, 2018 and 2021

Compared to 2018, the proportion of beneficiaries served by public providers decreased, while the proportion of those served by private non-profit and private for-profit sector providers exhibited a growing trend. In 2015, no cases of private for-profit providers of social care services were found at the local level, making the dominant position of the public sector even more pronounced (74%).

Providers of day care community-based services

In terms of the number of beneficiaries served, day care community-based service providers from the private for-profit and non-profit sector had a slight advantage over those from the public sector in 2021 (51% and 49%, respectively), reflecting the growth of this sector.

Chart 1.4.2. Structure of day care service beneficiaries by sector providing the service, 2015, 2018 and 2021 (%)



Source: Database of social care services within the mandate of LSGs, data for 2015, 2018 and 2021

Considered by individual day care community-based services, public sector providers had a dominant coverage of day care beneficiaries (Table 1.4.1.). This can be attributed to the fact that a decrease in the distribution of these services resulted in the closure of a number of providers from the private non-profit sector, as well as to an increased number of local service centers. This was particularly reflected in DC for adults and children/youth in conflict with the law and with behavioural problems.

A significant increase in the proportion of providers of home care for the elderly from the private non-profit and for-profit sectors was also observed in 2021.

Table 1.4.1. Public sector share in service provision, by day care community-based services, 2012, 2015, 2018 and 2021 (%)

Day care community-based services	2012		2015		2018		2021	
	Number of beneficiaries	% of public sector beneficiaries	Number of beneficiaries	% of public sector beneficiaries	Number of beneficiaries	% of public sector beneficiaries	Number of beneficiaries	% of public sector beneficiaries
Home care for adults and the elderly	16,004	74	15,043	72	16,678	54	14,731	29
Home care for children (and youth)	611	74	262	64	227	32	201	42
DC for children with developmental and other disabilities	2,519	62	2,111	70	1,999	76	1,812	74
DC for adult PWD	-	-	716	70	449	26	451	64
DC for the elderly	1,022	80	716	82	345	90	137	74
DC for children in conflict with the law	359	92	620	100	53	9	75	100
Child personal attendant	-	-	709	57	1,762	39	2,711	31
Drop-in centres	601	74	452	47	327	10	345	16

Source: Database of social care services within the mandate of LSGs, data for 2012, 2015, 2018 and 2021

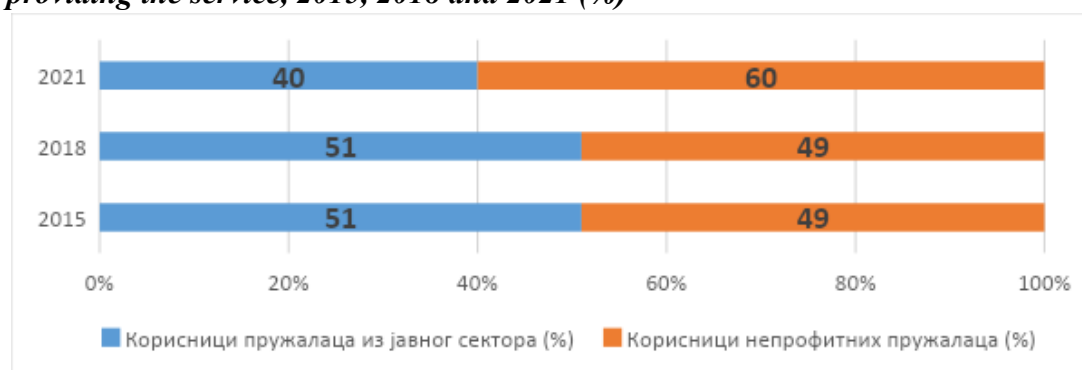
In comparison with the previous mapping periods, the proportion of beneficiaries served by private providers also increased in the case of the child personal attendant service.

Providers of services for independent living

In the group of services for independent living, non-profit sector providers prevailed, as this sector served 60% of beneficiaries of personal assistance.

Personal assistance was the service with the most beneficiaries in this group, hence its strong impact on the overall structure. Private for-profit providers were still not present in this group of services.

Chart 1.4.3. Structure of beneficiaries of services for independent living, by sector providing the service, 2015, 2018 and 2021 (%)



Source: Database of social care services within the mandate of LSGs, data for 2015, 2018 and 2021

The data from the previous mapping cycles (2015 and 2018) showed a fairly balanced proportion of the beneficiaries served by public providers and those served by private non-profit providers, with no cases of service providers from the private for-profit sector.

Looking at each service from this group separately, personal assistance was predominantly provided by private non-profit providers, while the other two services were provided in the public sector.

Table 1.4.2. Public sector share in service provision, by services for independent living, 2012, 2015, 2018 and 2021 (%)

Services for independent living	2012		2015		2018		2021	
	Number of beneficiaries	% of public sector beneficiaries	Number of beneficiaries	% of public sector beneficiaries	Number of beneficiaries	% of public sector beneficiaries	Number of beneficiaries	% of public sector beneficiaries
Personal assistance	196	37	160	21	223	49	284	22
Supportive housing for youth	44	100	67	100	50	100	26	100
Supportive housing for PWD	59	24	145	61	107	77	92	78

Source: Database of social care services within the mandate of LSGs, data for 2012, 2015, 2018 and 2021

The difference between the proportion of public sector beneficiaries of personal assistance in 2018 and 2021 can be attributed to the strengthened capacities of associations of persons with disabilities for obtaining the licence, which made them more competitive in the services market.

As in the previous cycles, supportive housing for youth leaving the care system was entirely provided by public sector providers, as expected.

Providers of emergency and temporary accommodation services

By number of beneficiaries served, the public sector markedly dominated emergency and temporary accommodation services. In 2021, the private sector had a modest share, and the structure by sector providing the service was similar to that in the previous periods. There were no cases of private for-profit providers.

Chart 1.4.4. Structure of emergency and temporary accommodation service beneficiaries by sector providing the service, 2015, 2018 and 2021 (%)



Source: Database of social care services within the mandate of LSGs, data for 2015, 2018 and 2021

As for individual services from this group, the structure of beneficiaries by sector providing the service changed in 2021 only in the case of respite care.

Table 1.4.3. Public sector share in service provision, by emergency and temporary accommodation services, 2012, 2015, 2018 and 2021 (%)

Emergency and temporary accommodation services	2012		2015		2018		2021	
	Number of beneficiaries	% of public sector beneficiaries	Number of beneficiaries	% of public sector beneficiaries	Number of beneficiaries	% of public sector beneficiaries	Number of beneficiaries	% of public sector beneficiaries
Shelter for adults/the elderly	1,089	99	805	96	647	98	489	98
Shelter for children	773	100	719	100	441	100	144	100
Shelter for violence victims	681	75	695	89	358	78	336	73
Respite care	345	35	233	39	85	33	109	79

Source: Database of social care services within the mandate of LSGs, data for 2012, 2015, 2018 and 2021

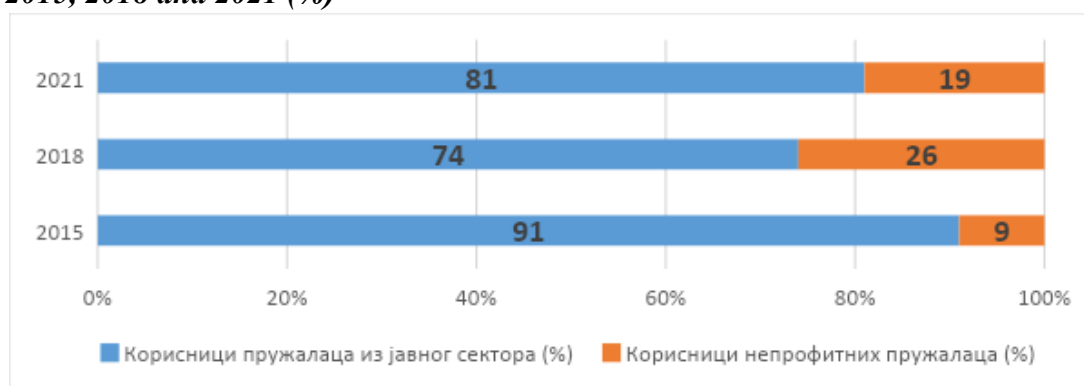
The change in the respite care service in 2021 compared to prior periods can be explained by the establishment of local social care service centres in many municipalities and cities, resulting in the local centralisation of this type of support, as well. Respite care was developed through a donor programme with civil society organisations in 2012.

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

Providers of counselling/therapy and social/educational services

Counselling service beneficiaries were mostly served by public providers (81% of all beneficiaries). No cases of for-profit providers were found in this group of services.

Chart 1.4.5. Structure of counselling service beneficiaries by sector providing the service, 2015, 2018 and 2021 (%)



Source: Database of social care services within the mandate of LSGs, data for 2015, 2018 and 2021

In 2021, the majority of beneficiaries of services from this group were, again, served by public providers, albeit with a discernible increase in the proportion of counselling centre beneficiaries served by private non-profit providers compared to that in 2015 and 2018.

Table 1.4.4. Public sector share in service provision, by counselling services, 2012, 2015, 2018 and 2021 (%)

Counselling services	2012		2015		2018		2021	
	Number of beneficiaries	% of public sector beneficiaries	Number of beneficiaries	% of public sector beneficiaries	Number of beneficiaries	% of public sector beneficiaries	Number of beneficiaries	% of public sector beneficiaries
Counselling centre	2,300	92	798	89	1,239	89	1,129	80
Family outreach worker	-	-	1,152	99	387	73	176	82

Source: Database of social care services within the mandate of LSGs, data for 2012, 2015, 2018 and 2021

With regard to the family outreach worker service, the situation did not change compared to prior periods; it is, however, worth noting that the service was provided in only 3 cities in 2021, namely Kraljevo, Novi Sad and Valjevo, for half as many beneficiaries as in 2018.

Beneficiaries served by licensed providers as a quality indicator

The licensing procedure has been in force since May 2016, and is regulated by the Rulebook on Licensing Social Protection Organisations, adopted in 2013.⁵⁸ This procedure is one of the key quality control mechanisms, as it stipulates that social care services may be provided solely by organisations that have a licence (operating permit). Licensing is conditional upon the fulfilment of the minimum functional standards (professional procedures and activities) and the minimum structural standards (infrastructure, staff and organisational aspects).⁵⁹ Licences are issued by the competent ministry for a validity period of six years (*full licence*) or, alternatively, for a maximum period of five years (*limited licence* that can be obtained only once). Upon expiry of the validity period, licences are renewed following the same procedure.⁶⁰

⁵⁸ "Official Gazette of the RS", No 42 (2013), Rulebook on Licensing Social Protection Organisations, <https://www.pravno-informacioni-sistem.rs/SlGlasnikPortal/eli/rep/sgrs/ministarstva/pravilnik/2013/42/1/reg>

⁵⁹ Vlaović Vasiljević D., *Vodič za organizacije civilnog društva: Standardi usluga socijalne zaštite u zajednici i procedure licenciranja*, podržale EU i Kancelarija za saradnju sa civilnim društvom Vlade Republike Srbije, 2013

⁶⁰

<http://www.zavodsz.gov.rs/sr/podru%C4%8Dje-delovanja/unapre%C4%91enje-usluga-socijalne-za%C5%A1tite/unapre%C4%91enje-procesa-licenciranja-pru%C5%BEalaca-usluga/>

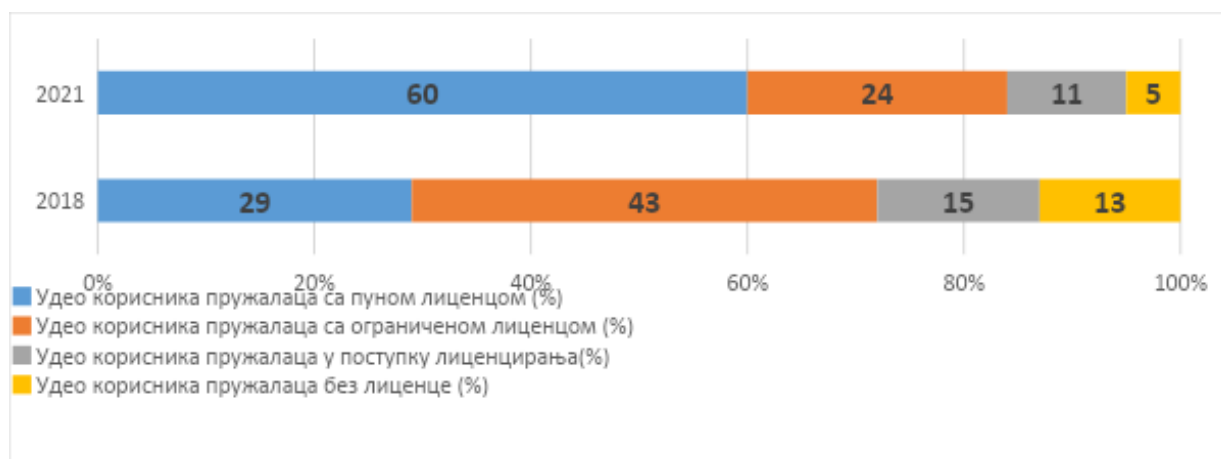
The performance indicator referring to service quality was defined as *the number of beneficiaries served by licensed providers as a proportion of the total number of service beneficiaries*.

The analysis also includes indicators referring to the *number of beneficiaries served by providers holding full and limited licences⁶¹ as a proportion of the total number of service beneficiaries*.⁶² The indicator was presented for all services from the three groups for which providers were subject to licensing, in the aggregate and separately for each of those groups (day care community-based services; services for independent living; and emergency and temporary accommodation services).

The following chart shows the structure of beneficiaries served by providers subject to licensing in 2021, as well as in 2018, when the licensing procedure was already standard practice.

In 2021, 84% of beneficiaries received services whose quality was guaranteed by licensing. Under the assumption that the service providers who applied for licence indeed obtained them in 2022, this means that almost all beneficiaries (95%) received high-quality services.

Chart 1.4.6. Share of beneficiaries served by various types of providers with respect to their licensing status (%), 2018 and 2021



Source: Database of social care services within the mandate of LSGs, data for 2018 and 2021

Progress was evident in this respect compared to 2018, when the proportion of beneficiaries served by licensed providers was lower. This situation is highly beneficial for the entire quality control system in the field of local social care services, but also serves as a guarantee to beneficiaries that the support they receive fulfils the prescribed standards.

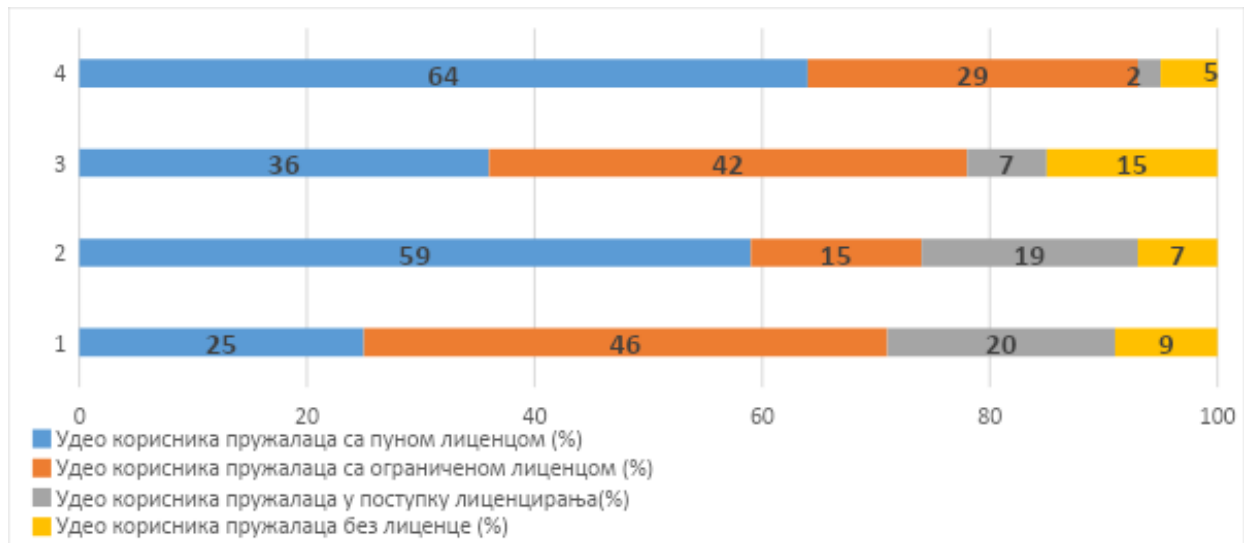
Structure of day care community-based service beneficiaries by providers' licensing status

In 2021, day care community-based service beneficiaries mostly received services of high quality guaranteed by licensing, irrespective of the sector providing the service. This refers to the beneficiaries served by providers with either a six-year licence, or a limited licence.

⁶¹ Limited licences are issued for a period of up to five years.

⁶² The data referring to this indicator were classified in the questionnaire as: a) licence obtained for a period of six years; b) limited licence obtained; c) licence application filed; d) no licence; and e) licence application denied.

Chart 1.4.7. Structure of day care community-based service beneficiaries by providers' licensing status, 2018 and 2021 (%)



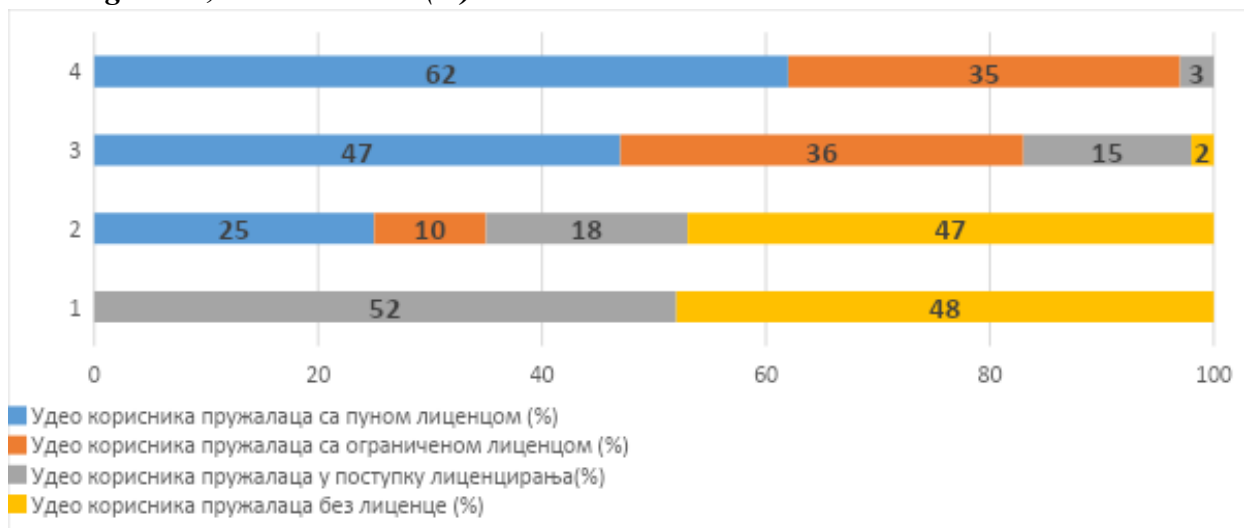
Source: Database of social care services within the mandate of LSGs, data for 2018 and 2021

Chart 1.4.7. clearly shows progress in this field, although the situation in 2018 was also satisfactory. Progress in 2021 was particularly evident with regard to the share of full six-year licences obtained.

Structure of beneficiaries of services for independent living by providers' licensing status

In 2021, progress with regard to licensing was recorded among providers of services for independent living, as well.

Chart 1.4.8. Structure of beneficiaries of services for independent living by providers' licensing status, 2018 and 2021 (%)



Source: Database of social care services within the mandate of LSGs, data for 2018 and 2021

Improvement in 2021 was especially reflected in the proportion of licensed service providers from the public sector, considering that in 2018 they were either in the licensing process or they operated without a licence.

A considerable increase in the share of beneficiaries served by licensed private providers is also evident, since almost all beneficiaries (97%) received high-quality support. This achievement was primarily influenced by the proportion of personal assistance beneficiaries, since private non-profit providers of this service were mostly associations of persons with disabilities, which are more enterprising than other civil society organisations in this field.

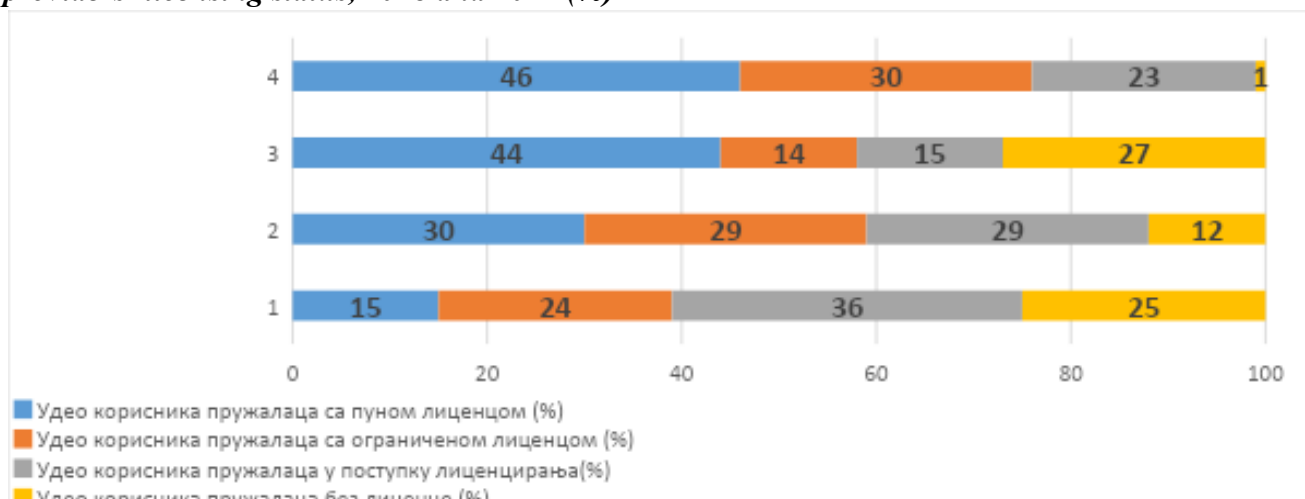
Even though the number of beneficiaries of services for independent living is small, it is important that they receive services whose compliance with the relevant quality standards is ensured through provider licensing.

Structure of emergency and temporary accommodation service beneficiaries by providers' licensing status

More than a half of the beneficiaries of these services in 2021 were served by licensed providers.

Respite care beneficiaries predominantly received support in the private non-profit sector, which was characterised by turnover caused by providers joining or leaving the system. As a reminder, the respite care service was developed as part of a programme intended for children and youth with disabilities and their families, which was supported through the Instrument for Pre-accession Assistance (IPA).⁶³ Since 2013, the distribution of this service, as well as the number of beneficiaries, has been on the decline.

Chart 1.4.9. Structure of emergency and temporary accommodation service beneficiaries by providers' licensing status, 2018 and 2021 (%)



Source: Database of social care services within the mandate of LSGs, data for 2018 and 2021

Compared to 2018, this group of services also achieved improvements in 2021 with regard to provider licensing, especially in the case of shelters for all target groups, which were predominantly provided by public providers.

⁶³ An IPA 2008-funded programme, implemented with expert support from UNICEF and local partner organisations.

THE MOST PREVALENT SOCIAL CARE SERVICES

1.5 HOME CARE FOR THE ELDERLY

“Home care is available to children, adults and the elderly suffering from limitations to their physical and mental abilities that render them incapable of living independently in their homes without regular assistance in activities of daily life, care and supervision, in situations when support from their families is insufficient or unavailable. The purpose of home care is to support beneficiaries in meeting their daily life needs, in order to improve or maintain the quality of life.”⁶⁴

Home care (HC) for adults and the elderly remained the most prevalent service with the largest number of beneficiaries in 2021. On average, this service was provided to 14,721 beneficiaries per month. Persons aged 65+ (13,416) accounted for 91 % of the total number of beneficiaries. The service was provided in 128 LSGs in 2021.

The share of HC beneficiaries aged 65+ in the total population of this age⁶⁵ in Serbia was 0.91%, whereas their share in the total population aged 65+ in the 128 LSGs was 0.97%. Almost one in five HC beneficiaries lived in Belgrade.

Key figures about the service in 2021

- The service was provided in 128 local self-governments.
- The service was not provided in 17 LSGs, including the 3 LSGs in which no services were provided.
- The total number of beneficiaries (65+) was 13,416, who lived in 13,082 households.
- Beneficiaries aged 65+ accounted for 91% of all beneficiaries of this service.
- The share of beneficiaries of HC aged 65+ in the total population of Serbia aged 65+ was 0.91%.
- The share of beneficiaries aged 65+ in the total population of the 128 LSGs aged 65+ was 0.97% (availability indicator: *overall coverage rate*).
- The total number of FTE beneficiaries aged 65+ was 10,385 (*programme size indicator*).
- The *hypothetical coverage rate* – the share of FTE beneficiaries aged 65+ in the total population of 128 LSGs aged 65+ was 0.75%.
- As expected, the majority of beneficiaries were females, with a share of 70%.
- The service was somewhat more available to beneficiaries in urban areas, who accounted for 61% of the total number of beneficiaries.
- Public sector service providers covered 50% of the beneficiaries.
- Of the total expenditures on this service, 77% were allocations from LSG budgets LET and beneficiary co-payment proceeds.
- 90% of the total number of beneficiaries were served by providers holding full six-year licences and limited licences.

⁶⁴ “Official Gazette of the RS”, No 42/2013, 89/2018 and 73/2019, Rulebook on Detailed Conditions and Standards of Social Care Service Provision, <https://www.paragraf.rs/propisi/pravilnik-blizim-uslovima-standardima-pruzanje-usluga-socijalne-zastite.html>

⁶⁵ Total population of Serbia aged 65+.

Service distribution

The service was provided in 128 LSGs in 2021.

Table 1.5.1. Home care distribution in 2012, 2015, 2018 and 2021

	2012	2015	2018	2021
Number of LSGs	122	124	123	128

Source: Database of social care services within the mandate of LSGs, data for 2012, 2015, 2018 and 2021

The distribution of HC increased in 2021 compared to the previous mapping cycles, to 88% of all municipalities and cities. Besides the 3 LSGs in which no services were provided in 2021 (Alibunar, Beočin and Trgovište), HC was also unavailable in Aleksandrovac, Bač, Bujanovac, Čičevac, Irig, Nova Varoš, Požega, Preševo, Smederevska Palanka, Svilajnac, Titel, Velika Plana, Vrbas and Žabalj.

Service availability

On average, the home care service covered a total of 13,486 beneficiaries aged 65+ in 128 LSGs per month. They accounted for 91% of all beneficiaries of this service.

The service was provided continuously during all 12 months in 76 LSGs, which represented 59% of the total number of municipalities and cities in which it was provided. In 35 LSGs (27% of all municipalities and cities), the service was provided for 6–11 months. Home care was provided for less than six months in 17 LSGs. (Annex 4, table)

Table 1.5.2. Number of beneficiaries and number of LSGs, by duration of service provision in 2021

Duration in months	Total number of beneficiaries	Number of beneficiaries aged 65+	Number of LSGs
12 months	10,373	9,410	76
6–11 months	3,232	2,995	35
< 6 months	1,199	1,081	17

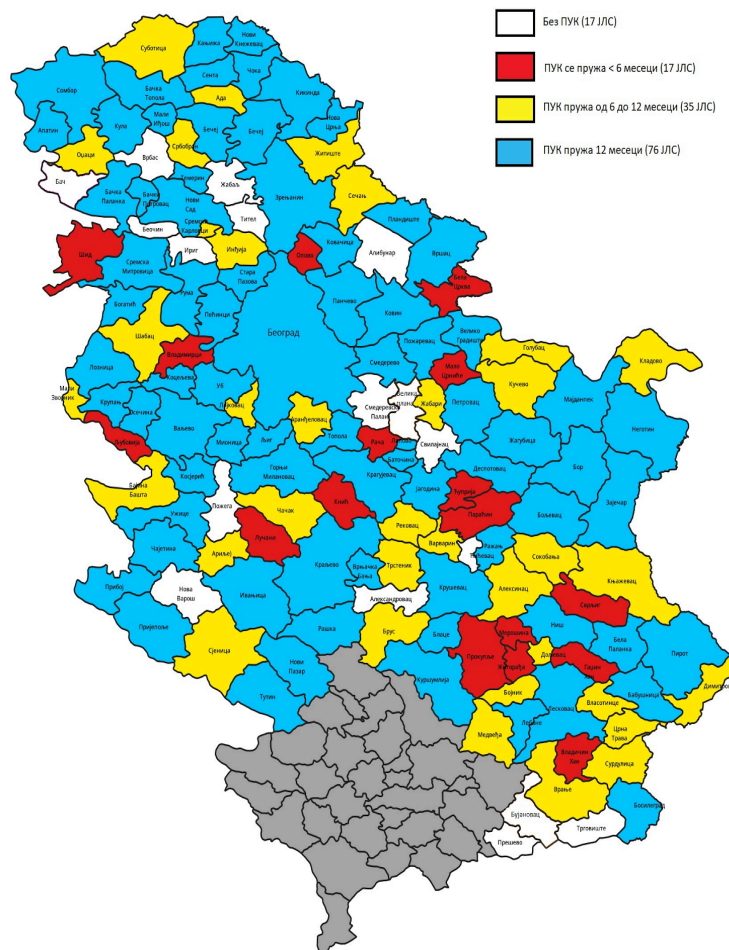
Source: Database of social care services within the mandate of LSGs, data for 2021

In 2021, the service was provided during all 12 months to 70% of all beneficiaries aged 65+. The beneficiaries aged 65+ who received the service for one to six months were the fewest – 1,081 (8%) from 17 LSGs.

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

- 17 LSGs in which HC was not provided in 2021 – marked in white
- 17 LSGs in which HC was provided for less than six months in 2021 – marked in red
- 35 LSGs in which HC was provided for 6–11 months in 2021 – marked in yellow
- 76 LSGs in which HC was provided during all 12 months in 2021 – marked in blue

Map 1.5.1. Distribution of LSGs by duration of HC provision in 2021



In terms of the number of LSGs where the service was provided throughout the year, the situation improved significantly in 2021 compared to 2018, although it was still somewhat worse than in 2015. The situation was also similar with regard to the number of beneficiaries aged 65+.

Table 1.5.3. Number of beneficiaries and number of LSGs, by duration of service provision, 2015, 2018 and 2021

Duration in months	2015			2018			2021		
	Total number of beneficiaries	Number of beneficiaries aged 65+	Number of LSGs	Total number of beneficiaries	Number of beneficiaries aged 65+	Number of LSGs	Total number of beneficiaries	Number of beneficiaries aged 65+	Number of LSGs
12 months	12,651	11,426	90	9,474	8,595	63	10,373	9,410	76
6–11 months	618	581	8	6,505	5,830	48	3,232	2,995	35
< 6 months	1,774	1,679	24	699	627	12	1,199	1,081	17

Source: Database of social care services within the mandate of LSGs, data for 2015, 2018 and 2021

In the LSGs where the service was provided for 6–11 months, the number of beneficiaries aged 65+ and service distribution in 2021 were lower than in 2018, but significantly higher than in 2015, while the converse was true where the service was provided for under 6 months.

Considered by intensity, at the level of 128 LSGs, the service was provided to beneficiaries for 8.4 hours per week on average, depending on the service provision model. Most beneficiaries (6,717 or 50%) received the service for 5–10 hours per week. An almost equal number of beneficiaries (6,529 or 48%) in 76 LSGs received the service for 10 or more hours per week, with beneficiaries from Belgrade accounting for almost a half of that number (2,870).

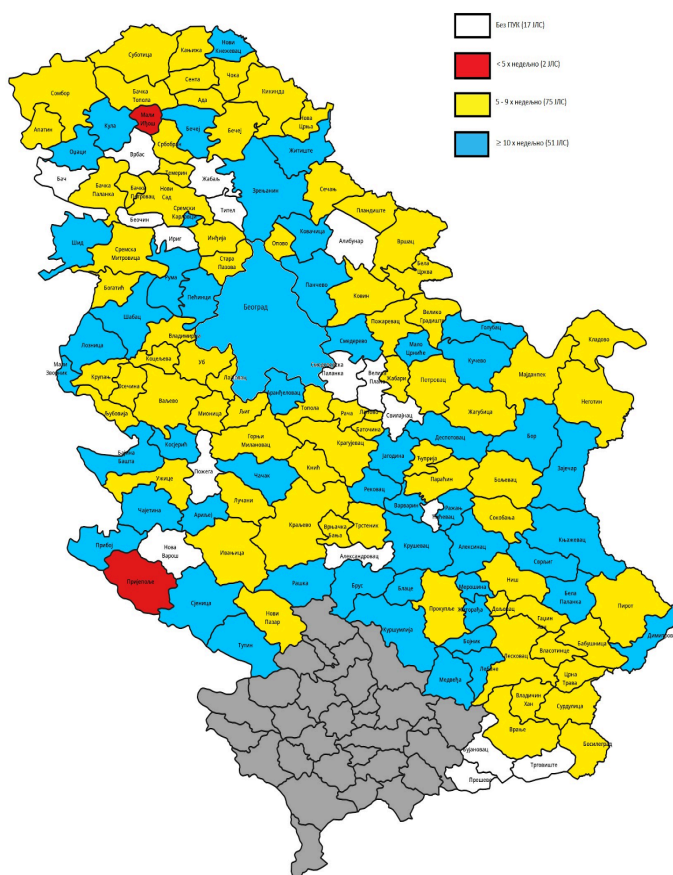
It is commendable that beneficiaries in the municipalities of Arilje, Despotovac, Bor and Malo Crniće received HC for more than 10 hours per week, as this indicates stronger intensity of support. Nevertheless, these data should be interpreted with caution, considering that, in Malo Crniće, the service was funded for only 5 months.

In 2 LSGs (Mali Idjoš and Prijepolje), beneficiaries (240) received the service for only 4 hours per week on average in 2021 (Annex 4, table). The data on intensity are also reflected in service efficiency.

The distribution of LSGs by number of hours of service provision per week (i.e. service provision intensity) is presented in the map as follows:

- 17 LSGs in which HC was not provided in 2021 – marked in white
- 2 LSGs in which beneficiaries received the service for up to five hours per week – marked in red ■
- 50 LSGs in which beneficiaries received the service for 5–10 hours per week – marked in yellow ■
- 76 LSGs in which beneficiaries received the service for 10 or more hours per week – marked in blue ■

Map 1.5.2. Distribution of LSGs by intensity (hours of service provision per week), 2021



Overall and hypothetical service coverage rates for persons aged 65+

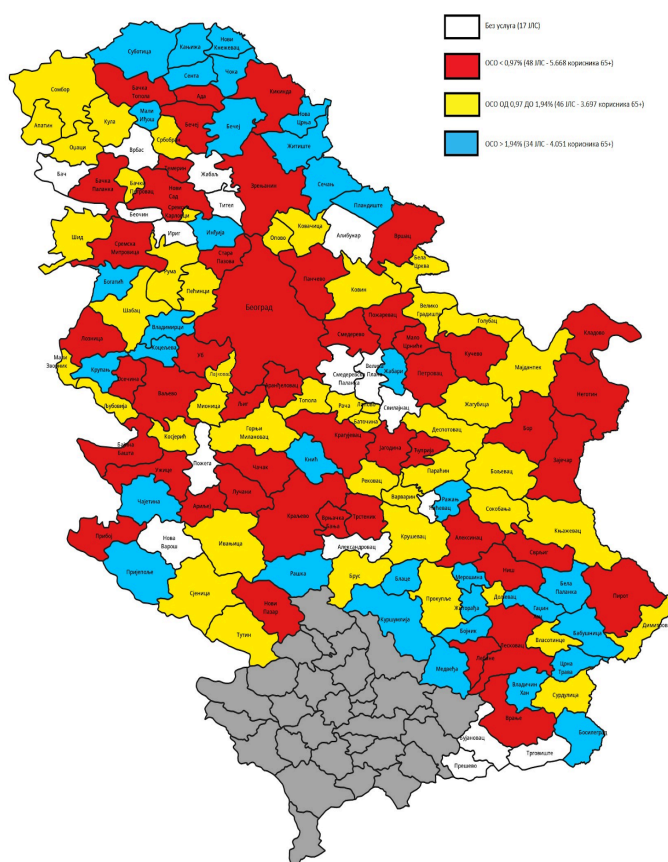
The availability of HC in 2021, expressed in terms of the *overall coverage rate (OCR)*,⁶⁶ on average stood at 0.97% (13,386 beneficiaries) of the total population of 128 municipalities and cities aged 65+.

The map below shows the distribution of LSGs by *overall coverage rate (OCR)* of beneficiaries (65+) in 128 LSGs, as follows:

- 17 LSGs in which HC was not provided in 2021 – marked in white
- 48 LSGs with the overall coverage rate up to 0.97% – marked in red
- 45 LSGs with the overall coverage rate between 0.97% and twice that value (1.94%) – marked in yellow
- 35 LSGs with the overall coverage rate higher than 1.94% – marked in blue

⁶⁶ See the definition in the *Methodological Notes*, in the beginning of this publication.

Map 1.5.3. Overall coverage rate of persons aged 65+ by HC, 2021



Availability expressed by a below-average *overall coverage rate* (OCR) was registered in 48 LSGs. This group included Belgrade, which accounted for half of all beneficiaries of this service, as well as other larger cities, such as Novi Sad, Niš, Kraljevo, Zrenjanin, Pančevo, Kragujevac, Leskovac, Čačak and Novi Pazar.⁶⁷ One in eight municipalities in this group was underdeveloped.

In 35 LSGs, availability was higher than twice the average šrptevalue (>1.94%). This group included some small and underdeveloped municipalities, with the value of this indicator considerably higher than twice the average value. These were Merošina, Žabari, Gadžin Han, Ražanj, Medvedja, Blace, Bela Palanka, Bojnik and Crna Trava, to name a few. The interpretation of these data should take into consideration the number of months of service provision, as well as intensity (Annex 4, table). In Crna Trava, the municipality with the smallest population and 41% persons aged 65+, service availability stood as high as 24%. All beneficiaries received the service throughout 2021. Among the LSGs in this group, only Subotica was in the category of larger cities.

In the remaining 45 LSGs, the value of this indicator ranged between the average 0.97% and twice that value. This group included some small and underdeveloped or even devastated municipalities (Mali Zvornik, Golubac, Surdulica and Tutin), as well as two larger cities – Šabac and Kruševac (Annex 4, table).

Availability expressed by a *hypothetical coverage rate* (HCR) of 0.75% was calculated based on the share of FTE beneficiaries of HC aged 65+ in the total population of 128 LSGs aged 65+ (1 FTE beneficiary receives the service for two hours per day on every workday during

⁶⁷ The population of each of these cities is more than 100,000.

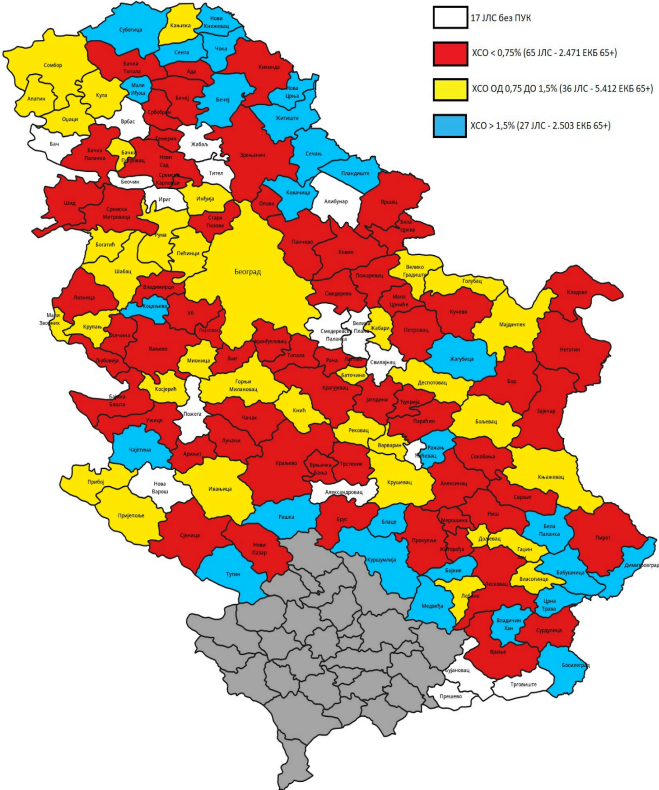
the entire year; 0.5 FTE beneficiary receives the service for 1 hour per day on every workday during the entire year, or for 2 hours per day for 6 months in a year).

The total number of FTE beneficiaries aged 65+ was 10,420 – somewhat fewer than the actual number of beneficiaries. This ratio of actual (13,486) to FTE beneficiaries (10,420) depended primarily on the number of months of HC provision in a year, as well as on the weekly service provision intensity, which was slightly higher in 2021 compared to that in 2018.

The *hypothetical coverage rate* presented in the map below is illustrated as follows:

- 17 LSGs in which HC was not provided in 2021 – marked in white
- 64 LSGs with the hypothetical coverage rate up to 0.75% – marked in red
- 36 LSGs with the hypothetical coverage rate between 0.75% and 1.5% – marked in yellow
- 28 LSGs with hypothetical coverage rate higher than twice the average indicator value (1.5%) – marked in blue

Map 1.5.4. Hypothetical coverage rate of persons aged 65+ by HC, 2021



Below-average (0.75%) HCR was recorded in exactly one half of the LSGs (64). This group included 9 larger cities with populations exceeding 100 thousand (Kraljevo, Niš, Kragujevac, Zrenjanin, Leskovac, Pančevo, Čačak, Novi Pazar and Novi Sad), and only 4 smaller and devastated municipalities (Svrljig, Žitordja, Surdulica and Merošina). Other than Svrljig, the other 3 smaller LSGs ranked better in terms of the overall coverage rate, which indicates that there were challenges with regard to the duration of service provision during the year and/or intensity (Map 1.5.1 and 1.5.2 and Annex 4, table).

In 28 LSGs, HCR was higher than twice the average indicator value (>1.5%). This group also included seven LSGs with HCR four or more times higher than the average indicator value, with Senta as the only developed LSG among them, the other 6 being underdeveloped (Ražanj, Blace, Bela Palanka, Bojnik, Babušnica, Crna Trava). Bojnik, Babušnica, Bela Palanka, Crna Trava and Ražanj traditionally stood out as municipalities with higher, or even substantially higher value of this indicator, indicating that these municipalities devoted significant attention and support to this vulnerable population. In 2021, this group of municipalities was also joined by Senta and Blace (Annex 4, table).

Among the 36 LSGs in which the indicator value ranged between the average and twice the average value, the cities of Belgrade and Šabac had somewhat higher HCR than OCR. Belgrade stood better in terms of HCR than OCR, as a result of the full implementation of the programme size model. This is an indication that service providers provided stable daily support to beneficiaries for 2 hours per day on average throughout the year (Annex 4, table).

The table below gives an overview of the number of beneficiaries aged 65+, with the overall and hypothetical coverage rates (OCR and HCR) across 3 mapping cycles (2015, 2018 and 2021).

Table 1.5.4. HC beneficiaries aged 65+ by coverage rate, 2015, 2018 and 2021

	Total number of beneficiaries 65+	OCR (%)	HCR (%)
2021	13,386	0.97	0.75
2018	15,052	1.3	0.7
2015	13,686	1.1	0.5

*Source: Database of social care services within the mandate of LSGs, data for 2015, 2018 and 2021
OCR and HCR – authors' calculation*

The overall coverage rate was less favourable in 2021 than it had been in the previous 2 mapping cycles, while the hypothetical coverage rate was only slightly lower.

Structure of HC beneficiaries aged 65+ by gender and area of residence

In 2021, as expected, the beneficiary gender structure was dominated by females, with a share of 71% (70.54%). As for their area of residence, more than a half of HC beneficiaries lived in urban areas (61%).

Table 1.5.5. Beneficiaries of HC aged 65+ by gender and area of residence, 2015, 2018 and 2021

	Total number of beneficiaries 65+	Females (%)	Urban area (%)
2021	13,386	71	61
2018	15,052	71	52
2015	13,686	69	66

Source: Database of social care services within the mandate of LSGs, data for 2015, 2018 and 2021

The share of females in the total number of HC beneficiaries was almost the same across all 3 mapping cycles. In 2021, the proportion of beneficiaries from urban areas increased relative to 2018, although it was still somewhat lower than in 2015. Home care remained less available to the population of rural areas.

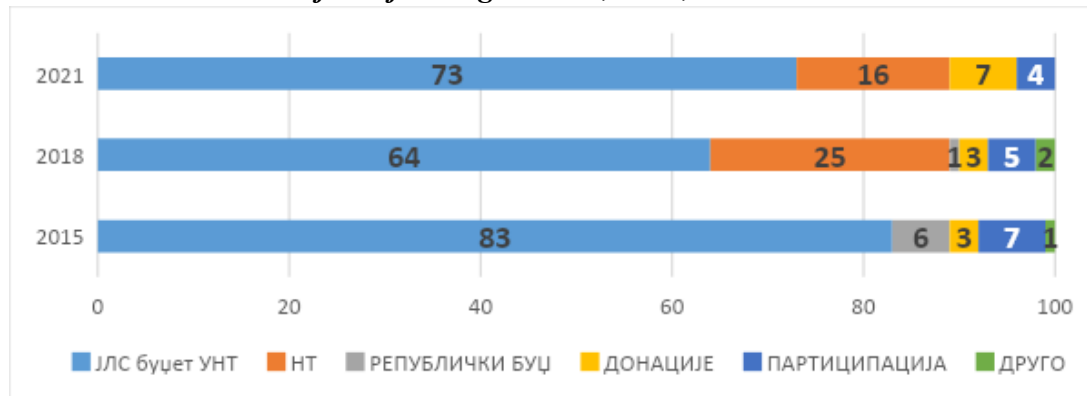
Service funding and funding sources

In 2021, the total expenditures on home care for the elderly amounted to RSD 1.4 billion. Most of that amount (73%) was funded from the LSG budgets LET. The contribution of earmarked transfers was also significant (16%). Donations covered 7% of the expenditures, while beneficiary co-payment proceeds accounted for 4% of the total expenditures on HC.

Among the municipalities and cities that received earmarked transfers, 22 LSGs did not use them as a funding source for HC. These were: Arilje, Bačka Topola, Čajetina, Čuprija, Dimitrovgrad, Kikinda, Kovin, Kraljevo, Krupanj, Leskovac, Loznica, Lučani, Prijepolje, Rača, Rekovac, Šabac, Smederevo, Sombor, Sremska Mitrovica, Topola, Varvarin and Vrnjačka Banja.⁶⁸ Five of these LSGs (Varvarin, Dimitrovgrad, Krupanj, Prijepolje and Rekovac) were in the category of the least developed municipalities, which are eligible to access ET without local budget contribution.⁶⁹

Out of the 128 LSGs, 16 municipalities used only earmarked transfers as the funding source for HC. These were: Aleksinac, Arandjelovac, Bela Crkva, Brus, Doljevac, Knić, Malo Crniće, Merošina, Opovo, Prokuplje, Sjenica, Sokobanja, Svrljig, Veliko Gradište, Vladimirci and Žitoradja.

Chart 1.5.1. Structure of HC funding sources, 2015, 2018 and 2021



Source: Database of social care services within the mandate of LSGs, data for 2015, 2018 and 2021

The comparison between the data from 2021 and those from the previous two cycles shows an increase in the share of funds from LSG budgets LET in the total expenditures on HC. The share of earmarked transfers in the total expenditures on HC decreased, while the share of donor funding increased by a certain margin. Contributions from the national budget were negligible and, therefore, too small to show in the chart. The proportion of beneficiary co-payment was continually low and kept decreasing with each new mapping cycle. The source designated as *other* (e.g. funds collected under the opportunity principle in criminal proceedings) was insignificant and, accordingly, not reflected in the structure of funding sources in 2021.

Home care efficiency

To analyse the efficiency of home care provision to the elderly, unit cost per hour was taken as the efficiency indicator.

⁶⁸ Source: Database of social care services within the mandate of LSGs, data for 2021

⁶⁹ “Official Gazette of the RS”, No 104 (2014), Regulation Establishing the Single List of Regions and Local Self-Governments by Development Levels

<https://www.pravno-informacioni-sistem.rs/SIGlasnikPortal/eli/rep/sgrs/vlada/uredba/2014/104/1>

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

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

Unit cost is important from the aspect of efficiency since, all other conditions being equal, efficiency increases as the unit cost decreases. Moreover, very low unit cost is also an indication that the service is not provided adequately. Unit cost assessment, comparison with other local self-governments and identification of upward or downward cost drivers certainly provide the basis for possible efficiency improvement. This indicator, clearly, should not be considered in isolation; rather, it should be viewed in the context of quality of services provided.

Unit cost analysis shows that, at the national level, the average hourly cost of home care per beneficiary was RSD 405.⁷⁰ In half of the local self-governments where HC was provided, this service was cheaper than the average.

In the cities with the largest number of beneficiaries (households) and a long-standing tradition of service provision (Belgrade – approximately 2,800 beneficiary households, and Subotica – more than 600 beneficiaries), the unit cost per hour was RSD 328 and 394, respectively.

Table 1.5.6. Distribution of LSGs by unit cost of home care for the elderly, 2021

Number of LSGs	Unit cost per hour (RSD)
11	< 203
20	203–269
34	270–405
33	406–539
30	> 539

Source: Database of social care services within the mandate of LSGs, data for 2021

One in four LSGs that provided HC had unit costs lower than the average by at least a third (less than RSD 269). Unit cost lower than average by at least a half (less than RSD 203) was found in 11 predominantly smaller municipalities, but also in the city of Sombor (RSD 162) (Annex 4, table). Earlier research had indicated that in some smaller rural municipalities, the very low unit cost had been a result of the high coverage of beneficiaries by basic support, instead of a service compliant with the minimum standards.⁷¹

In 30 LSGs where the unit cost per hour was higher than the average by 30% or more (over RSD 539), there could be scope for improving efficiency. In many cities and municipalities from this group, the unit cost was close to the hourly price charged by private for-profit service providers in Belgrade (between 550 and 700).

At the level of all LSGs, there was a moderate degree of negative correlation between the

⁷⁰ This is the non-weighted average, which enables a more adequate comparison of the value of this indicator among municipalities and cities.

⁷¹ See Matković and Stranjaković (2016).

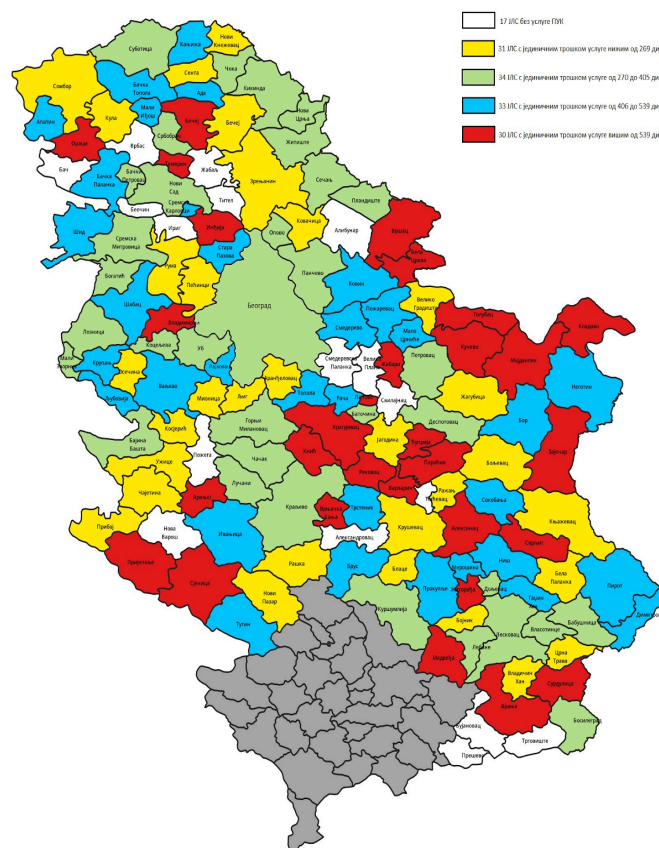
annual number of hours of service provision and the unit cost (-0.5). Among LSGs with a high unit cost, the reasons for this was, evidently, the small number of hours and/or months of service provision during the year. For instance, in the two municipalities with the highest unit cost (Svrljig and Paraćin), the service was provided for only 5 months in 2021, while in the municipalities of Vladimirci, Žitoradja and Knić it was provided for only 4 months. In the municipalities of Prijepolje and Vrnjačka Banja, and in the city of Vršac, the service was provided, on average, for only 4 and 5 hours, respectively, per week. These data show that home care was still not properly established and stable in a number of local self-governments, and inefficiency was, therefore, not unexpected.

Earlier analyses had shown that higher unit cost may partly be attributed to specific circumstances, such as nurses hired instead of caregivers, the use of additional therapist services, or a lower geographic concentration of the beneficiary population, especially in remote rural areas.⁷²

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

- 31 LSGs with the unit cost lower than RSD 269 – marked in yellow
- 34 LSGs with the unit cost in the range of RSD 270–405 – marked in green
- 33 LSGs with the unit cost in the range of RSD 406–539 – marked in blue
- 30 LSGs with the unit cost higher than RSD 539 – marked in red

Map 1.5.5. Distribution of LSGs by unit cost of HC, 2021

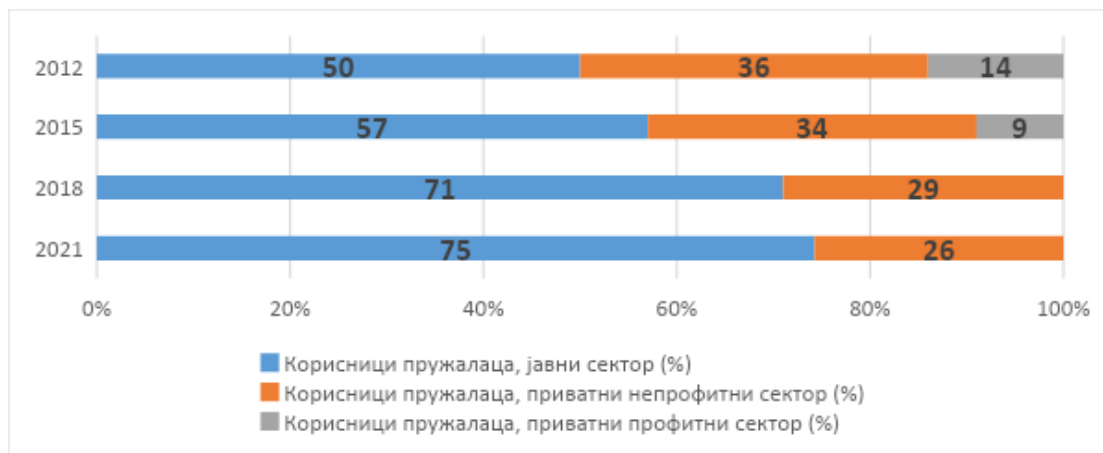


⁷² *Ibid.*

Service providers

The participation of different sectors in the provision of home care to the elderly is expressed in terms of the number of beneficiaries served by a specific sector as a proportion of the total number of beneficiaries. In 2021, the proportions of beneficiaries served by public and private sector providers were balanced. Within the private sector, non-profit organisations served more than twice as many beneficiaries as for-profit providers did.

Chart 1.5.2. Share of beneficiaries by sector providing the service, 2012, 2015, 2018 and 2021 (%)



Source: Database of social care services within the mandate of LSGs, data for 2012, 2015, 2018 and 2021

The chart shows the evolution of the structure of beneficiaries by sector providing the HC service, through all 4 mapping cycles. As seen in the chart, the proportion of beneficiaries served by public providers steadily decreased in the period 2012–2021, while the proportion of beneficiaries served by private non-profit providers followed a trend of steady growth (from 26% in 2012 to 36% in 2021). The advent of private for-profit providers in 2018 and their further increased coverage of beneficiaries in 2021 evidently changed the structure of beneficiaries by sector providing the service.

Service quality

Beneficiaries served by licensed service providers

The share of beneficiaries served by licensed service providers in the total number of service beneficiaries is one of the indicators of service quality.

According to this indicator, 90% of the beneficiaries received support of adequate quality, as they were served by licensed providers. Under the assumption that service providers who had applied for the license did indeed obtain it, it would be fair to say that almost all beneficiaries (96%) received services compliant with the prescribed quality standards.

Chart 1.5.3. Proportion of HC beneficiaries served by licensed providers, providers in the licensing process and unlicensed providers (%), 2018 and 2021

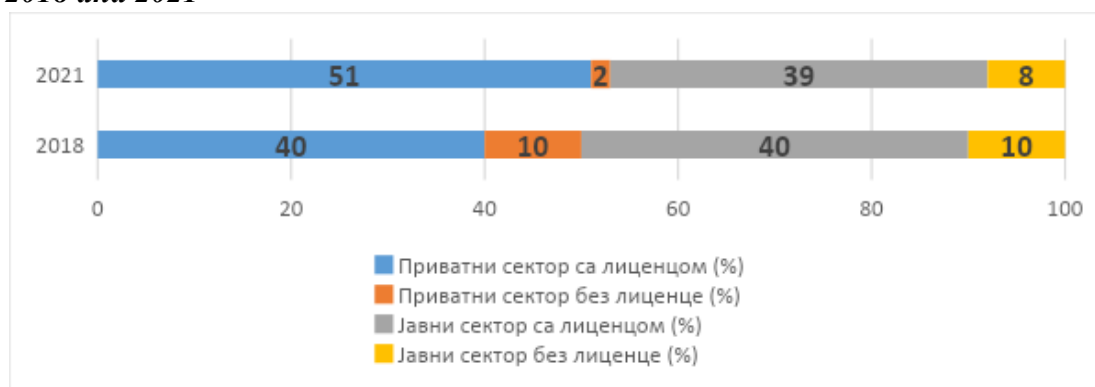


Source: Database of social care services within the mandate of LSGs, data for 2018 and 2021

Compared to 2018, the structure of beneficiaries served by licensed providers improved in 2021, which also reflected on the entire structure according to this indicator.

In 2021, the structure of beneficiaries by sectors, according to this indicator, was characterised by a somewhat better ratio in favour of private service providers.

Chart 1.5.4. Proportion of HC beneficiaries served by licensed providers, by sector (%), 2018 and 2021



Source: Database of social care services within the mandate of LSGs, data for 2018 and 2021

When comparing 2018 and 2021, progress is also noticeable with regard to the proportion of private providers, which can be interpreted as a consequence of a significant number of service providers having obtained the licence during the 3-year period. In contrast with this, the ratio of licensed to unlicensed service providers from the public sector did not change.

This situation suggests that the licensing process was somewhat more efficient than it had been before, and that service providers, especially those from the private sector, were more determined in following through with the entire procedure. However, in analysing service quality, its efficiency should be taken into account as well.

Beneficiary satisfaction surveys

Most service providers, irrespective of the sector to which they belonged, conducted beneficiary satisfaction surveys as a standard procedure. In 2021, 98% of the total number of beneficiaries participated in surveys assessing their satisfaction with the service, conducted by almost all providers.

Very few beneficiaries (2%) were served by providers that did not conduct these surveys, who came from the public sector.

Among the total of 145 service providers, 141 conducted the surveys in-house, while 4 hired external evaluators. Only in Novi Sad was the survey conducted by an external evaluator on behalf of a private non-profit provider, whereas in the other 3 cases the providers were either LSGs or CSW. The beneficiaries surveyed by external evaluators accounted for 2% of the total number of beneficiaries.

Judging by the collected data, the fact that half of the HC providers conducted the survey on an annual basis is not satisfactory, given the turnover of beneficiaries. The proportion of service providers that conducted the survey on a quarterly basis was the lowest.

Chart 1.5.5. Proportion of beneficiaries served by providers conducting beneficiary satisfaction surveys, by sector (%), 2018 and 2021



Source: Database of social care services within the mandate of LSGs, data for 2018 and 2021

In 2021, the use of this tool by private service providers increased compared to 2018, whereas in the case of public providers it remained at the same level as in 2018.

1.6 CHILD PERSONAL ATTENDANT

“Child personal attendants (CPA) are available for children with developmental and other disabilities who need support in satisfying their basic needs in everyday life with regard to movement, personal hygiene, eating, dressing and communication with others, provided that they attend preschool/school, for the entire period of their full-time schooling, up to and including the completion of secondary education.”⁷³ The primary purpose of this service is to support pupils/students with developmental and other disabilities in their participation in inclusive education and regular school attendance.⁷⁴ Equally important is the support it provides to children students to achieve a higher level of independence in their daily activities. Furthermore, this service is formally acknowledged by the Law on Foundations of the Education System (LFES) and, in accordance with the needs of a specific child, a CPA can be a part of the preschool/school team for additional support at the parent’s proposal.⁷⁵ In exceptional cases, a CPA may accompany the child during the educational process until the end of the full-time schooling.⁷⁶ In practice, various service provision models have been documented, e.g. some providers have also included learning support to children students, an activity that is beyond the prescribed standards for the personal attendant service.⁷⁷

The primary purpose of CPA is to support pupils/students with developmental and other disabilities in regular school attendance. Child personal attendant is a rare example of an integrated approach of the education and social protection systems and is included in the regulations governing both systems.

In 2021, the child personal attendant (CPA) service was available for 2,711 beneficiaries per month on average, in 96 LSGs. Almost all beneficiaries were under 18 years of age (97%). The share of beneficiaries up to 18 years of age in the total number of children (age 0-17) in 96 LSGs (the overall coverage rate) stood at 0.3%.

Key figures about the service in 2021

- The service was provided in 96 LSGs.
- The total number of beneficiaries was 2,711, of whom 97% were under 18 years of age
- The number of beneficiaries under 18 was 2,625, and they accounted for 0.3% of the total population aged 0–17 years in the 96 LSGs (overall coverage rate – OCR)
- The share of beneficiaries of CPA under 18 years of age in the total population of Serbia aged 0–17 was 0.2%
- The total number of FTE beneficiaries of this service under 18 years of age was 2,284
- The share of FTE beneficiaries under 18 in the total number of children aged 0–17 in the 96 LSGs was 0.2% (hypothetical coverage rate – HCR)
- One in three beneficiaries was a girl
- Beneficiaries were predominantly from urban areas (82 %)
- Allocations from LSG budgets LET accounted for 87% of the total expenditures on this service

⁷³ Rulebook on Detailed Conditions and Standards of Provision of Social Care Services, 2013, Article 83

<https://www.paragraf.rs/propisi/pravilnik-blizim-uslovima-standardima-pruzanje-usluga-socijalne-zastite.html>

⁷⁴ *Op. cit.*, Article 84

⁷⁵ LFES (2021), Article 76

⁷⁶ LFES (2021), Article 136

⁷⁷ Rulebook on Detailed Conditions and Standards of Social Care Service Provision

- Service providers with full (six-year) licences and limited (five-year) licences covered 90% of the total number of beneficiaries.

Service distribution

In 2021, the service was provided in 96 local self-governments. This was the only service whose distribution increased more than three-fold compared to 2015, and also by a considerable margin compared to 2018.⁷⁸

Table 1.6.1. CPA distribution in 2015, 2018 and 2021

	2015	2018	2021
Number of LSGs	30	76	96

Source: Database of social care services within the mandate of LSGs, data for 2015, 2018 and 2021

The scaled-up distribution of the service resulted in a significant increase of the growth rate (53.8%) of the number of its beneficiaries and, by extension, the increase of its availability.

Service availability

The service was made available to 2,711 beneficiaries, of whom 2,625 were in the 0–17 age group. Most CPA beneficiaries (91% in 78 LSGs) received the service throughout the year, while 9% received the service for six months or shorter. The overview of the number of beneficiaries and LSGs by duration of service provision in a year is given in the following table for 2018 and 2021,⁷⁹ by which time CPA had significantly expanded.

Table 1.6.2. Number of beneficiaries and number of LSGs, by duration of service provision in 2018 and 2021

Service provision period	Number of beneficiaries aged 0–17	Number of LSGs	Number of beneficiaries aged 0–17	Number of LSGs
Throughout the year	968	11	2,397	78
For half a year	610	43	84	8
Less than half a year	147	15	144	10

Source: Database of social care services within the mandate of LSGs, data for 2018 and 2021

As seen above, the majority of beneficiaries received the service during the entire year, and beneficiaries from Belgrade and Novi Sad accounted for 41% of that group (Annex 5, table).

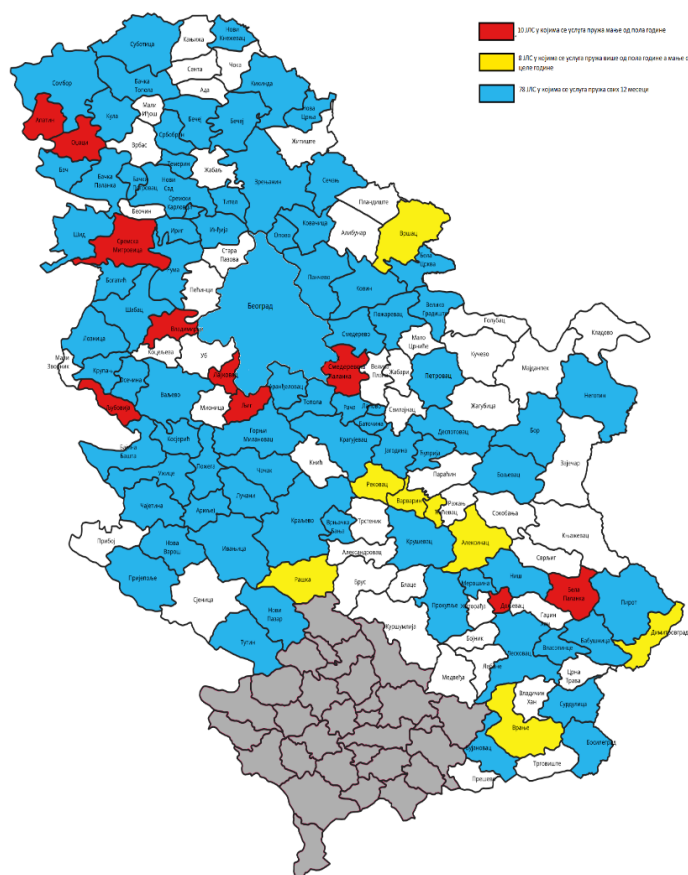
Shown in the map below are LSGs marked according to the duration of service provision in a year, namely:

- 10 LSGs in which the service was provided for less than half a year – marked in red ■
- 8 LSGs in which the service was provided for half a year – marked in yellow ■
- 78 LSGs in which the service was provided throughout the year – marked in blue ■

⁷⁸ The personal attendant service did not exist in 2012.

⁷⁹ Since CPA provision is linked to school years, the term service provision *period* is used instead of the number of months. The formulation “throughout the year” refers to both school terms, while “for half a year” means during one term. There are also LSGs in which the service was provided for less than a whole term (newly established service).

Map 1.6.1. Distribution of LSGs by service provision period in 2021



Service availability expressed by overall coverage rate

Overall coverage rate, used as the indicator of service availability, is the share of beneficiaries aged 0–17 in the total population under 18 years of age⁸⁰ in the 96 LSGs. The value of this indicator in 2021 stood at 0.3%.

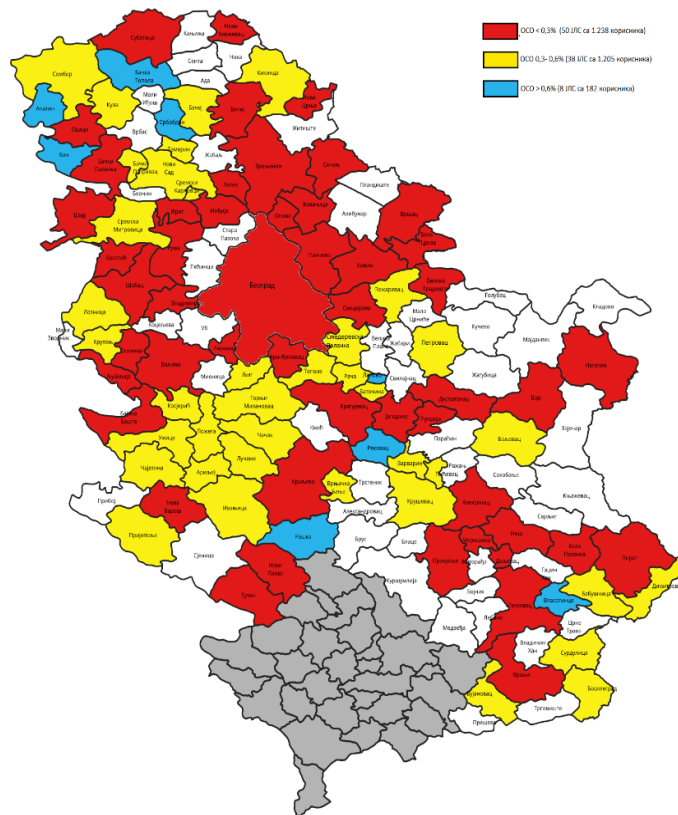
In 50 LSGs, i.e. in just over a half of the municipalities and cities, this share was smaller than the average value of this indicator. A share ranging between 0.3% and twice that value (0.6%) was found in 38 LSGs, while in only 8 LSGs was it higher than twice the average indicator value. This group included three of the least developed municipalities – Raška, Vlasotince and Rekovac, while Apatin had the highest registered indicator value (1.1%). (Annex 5, table)

The map below illustrates the distribution of municipalities and cities by the value of this indicator:

- 50 LSGs with the overall coverage rate of up to 0.3% – marked in red ■
- 38 LSGs with the overall coverage rate between 0.3% and 0.6% – marked in yellow ■
- 8 LSGs with the overall coverage rate higher than 0.6% – marked in blue ■

⁸⁰ *The Register of Children with Disabilities*, maintained by the “Dr Milan Jovanović Batut” Institute for Public Health of Serbia, would have been a better source of data for analysing service availability; however, the data from this register are not yet fully available.

Map 1.6.2. Distribution of LSGs by overall coverage rate, 2021



Service availability in the 50 LSGs with a below-average indicator value was indeed very low. This group also included the city of Belgrade, with half of the total number of beneficiaries of this group.

In 38 LSGs, the indicator value ranged between 0.3% and 0.6%. This group included Novi Sad with 30% of beneficiaries, as well as a few underdeveloped municipalities, such as Petrovac na Mlavi, Surdulica, Bujanovac, Bosilegrad, Dimitrovgrad, Babušnica, Ljig and Krupanj.

Eight LSGs had service availability higher than 0.6%. They included the municipalities of Apatin, Bač, Bačka Topola, Lapovo, Raška, Srbobran, Vlasotince and Rekovac.

Beneficiary structure

As a rule, the beneficiaries (aged 0-17) were children of preschool (8%), primary school (75%) and secondary school age (17%). Few beneficiaries (86) were over 18 years of age and, since CPA is tied to participation in education, these were persons over 18 who still attended school.

CPA beneficiaries were usually residents of urban areas (82%). One in three beneficiaries was a girl, as in the previous mapping cycles (Table 1.3.2), and delving into the reasons for these gender-related findings would require a different kind of research.

Table 1.6.3. CPA beneficiaries (0– 17) by gender and area of residence, 2015, 2018 and 2021

	Total number of beneficiaries (0–17)	Females (%)	Urban area (%)
2021	2,625	33	82
2018	1,725	32	84
2015	709	39	87

Source: Database of social care services within the mandate of LSGs, data for 2015, 2018 and 2021

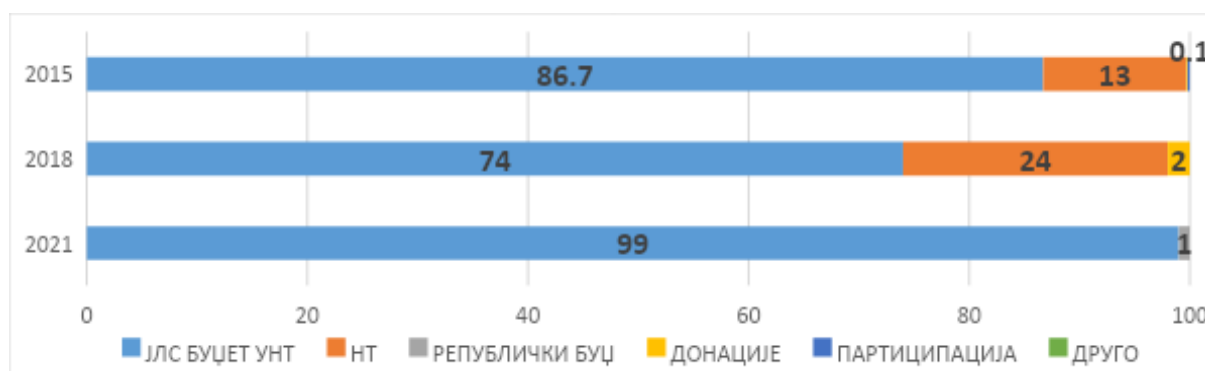
The structure by beneficiaries' gender and area of residence was fairly similar in all periods, regardless of the increase in the number of beneficiaries over time.

Service funding and funding sources

The total expenditures on the child personal attendant service amounted to RSD 1.1 billion in 2021. The expenditures in Belgrade and Novi Sad accounted for about a half of the total expenditures.

For the most part, the funds were provided from LSG budgets LET (86.7%), while the second largest source were earmarked transfers with a share of 13%. Other funding sources were negligible.

Chart 1.6.1. Share of funding sources in the total expenditures on CPA in 2015, 2018 and 2021



Source: Database of social care services within the mandate of LSGs, data for 2015, 2018 and 2021

Following the same pattern as in the previous periods, the largest share in the total expenditures on CPA comprised allocations from LSG budgets LET. Comparing 2021 and 2018, the share of allocations from LSG budgets LET increased, while that of earmarked transfers decreased.

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

Child personal attendant service efficiency

The CPA unit cost was calculated based on the data on expenditures, service provision intensity (number of hours per day) and the number of months of service provision in a year. The unit cost per hour is the quotient of the annual expenditures on the child personal attendant service and the total annual hours of service provision to all beneficiaries.

On average, the unit cost per hour amounted to about RSD 404.⁸¹ In almost two thirds of all municipalities and cities where the child personal attendant service was introduced, the unit cost was lower than the average (Annex 5).

Considering that this is a labour-intensive service, most of the hourly cost pertains to personal attendants' pay. The minimum hourly wage in Serbia in 2021, excluding tax and contributions, was approximately RSD 184, while employer's total expenditures amounted to RSD 288.6 (per employee per hour).

In Belgrade, where the number of beneficiaries (0–17) was the highest (579), the unit cost per hour was RSD 289, which was close to the cost of labour for persons earning a minimum wage. A similar unit cost of this service was also registered in Novi Sad (RSD 283), which had the second largest number of beneficiaries among all municipalities and cities in Serbia (400).

Table 1.6.4. Distribution of LSGs by unit cost of the personal attendant service, 2021

Number of LSGs	Unit cost per hour (RSD)
5	< 202
22	202–287
35	288–404
18	405–606
16	> 606

Source: Database of social care services within the mandate of LSGs, data for 2021

The unit cost was higher than the average in 34 LSGs. Among them, in 16 cities and municipalities the hourly unit cost exceeded the average by at least 50% (over RSD 606), while in three LSGs it amounted to twice the average (Ćićevac, Ljig and Aleksinac, ranging between RSD 815 and 906). The cost analysis should take into account the fact that the child personal attendant service did not become firmly entrenched in most of the LSGs from this group and/or that it was provided for a very small number of children. In almost all municipalities and cities where hourly unit costs exceeded RSD 606, the service was provided for only a few months in 2021 – e.g. for three to four months in the municipalities of Doljevac, Smederevska Palanka, Sremska Mitrovica and Ljig) and for only two months in Bela Palanka. As expected, high unit cost and inefficiency were also consequences of a small number of beneficiaries, which averaged between 2 and 8 per month in 8 LSGs from this group.

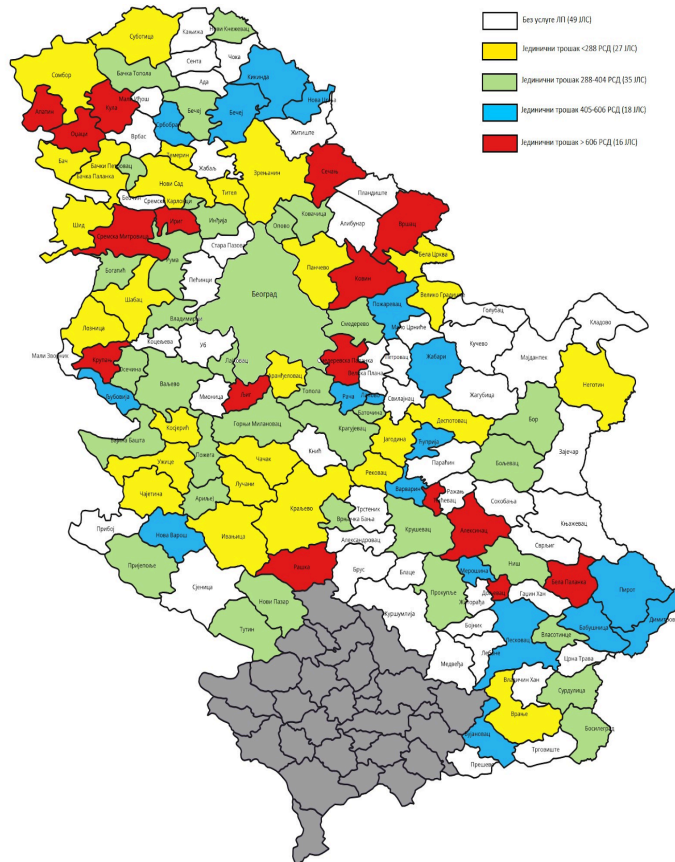
On the other hand, unit costs in 27 LSGs were below the level needed to cover the minimum wages of personal attendants, which raises the issue of their remuneration levels and contractual arrangements. In 5 cities and municipalities, the unit cost was only half as high as the average (less than RSD 202). Besides the municipality of Bela Crkva, unit costs this low were found in the cities of Pančevo, Čačak, Sombor and Zrenjanin. Conducting a more in-depth analysis of the unit costs in these environments, too, would certainly be worthwhile given the possible effects on the sustainability of service quality.

⁸¹ This is the non-weighted average. Given the large number of beneficiaries in Belgrade and Novi Sad, it was concluded that the non-weighted average enabled a more adequate LSG benchmarking.

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

- 27 LSGs with the unit cost lower than RSD 288 – marked in yellow
- 35 LSGs with the unit cost in the range RSD 288–404 – marked in green
- 18 LSGs with the unit cost in the range RSD 405–606 – marked in blue
- 16 LSGs with the unit cost 50% higher than the average (exceeding RSD 606) – marked in red

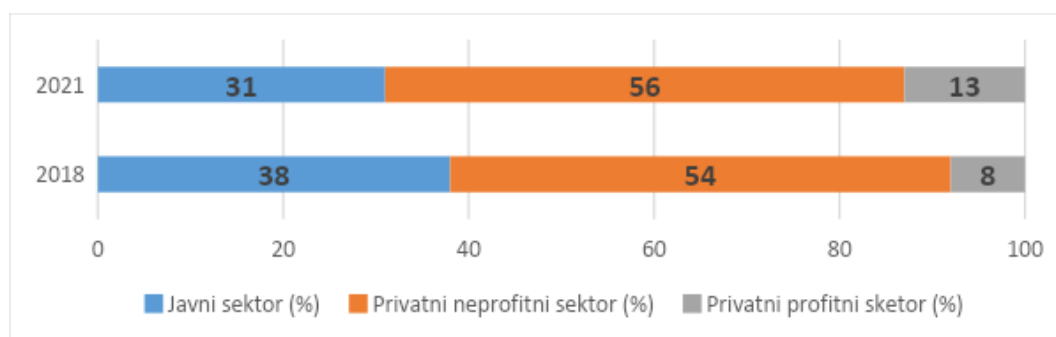
Map 1.6.3. Distribution of LSGs by hourly unit cost of the child personal attendant service, 2021



Service providers

In 2021, the proportion of beneficiaries served by private providers was larger than that of beneficiaries served by public providers (69% and 31%, respectively). The majority of beneficiaries were served by providers from the private non-profit sector. The interpretation of these figures should certainly take into account the fact that more than a third of beneficiaries served by non-profit providers lived in Belgrade, as well as that half of beneficiaries served by public providers were residents of Novi Sad.

Chart 1.6.2. Share of beneficiaries by sector providing the service, 2018 and 2021 (%)



Source: Database of social care services within the mandate of LSGs, data for 2018 and 2021

Compared to 2018, the number of beneficiaries served by private providers (both non-profit and for-profit) somewhat increased.

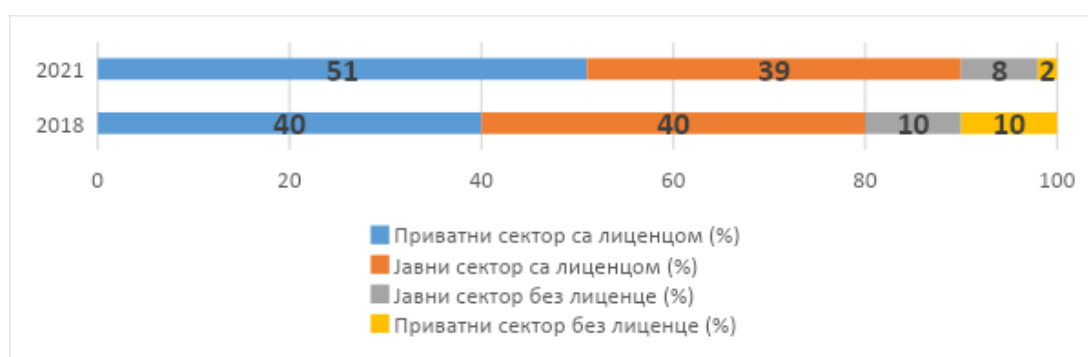
Service quality

In this analysis, service quality is assessed based on the following indicators: the share of beneficiaries served by licensed providers in the total number of beneficiaries, and the share of beneficiaries served by providers that conduct beneficiary satisfaction surveys in the total number of beneficiaries. The analysis of CPA quality must consider the service efficiency aspect, as well. This is especially important in view of the CPA role in the educational process and thus warrants an intersectoral approach.

Beneficiaries served by licensed providers

In terms of the share of beneficiaries served by licensed providers in the total number of beneficiaries by sector, the situation was better in the private sector. That said, even when considered overall, the majority of beneficiaries received services whose quality was guaranteed by licensing (90%).

Chart 1.6.3. Proportion of beneficiaries served by licensed providers, providers in the licensing process and unlicensed providers (%), 2018 and 2021



Source: Database of social care services within the mandate of LSGs, data for 2018 and 2021

Compared to 2018, the situation in this respect improved regardless of the sector providing the service.

Beneficiary satisfaction surveys

Most beneficiaries (88%) were served by providers that conducted beneficiary satisfaction surveys in 2021. It is assumed that it was primarily the beneficiaries' parents who participated in the surveys; however, this information was not collected during the mapping exercise. Two thirds of the total number of providers conducted the survey on either an annual or semi-annual basis, while the rest did it on a quarterly or, less commonly, a monthly basis. Beneficiary satisfaction surveys were conducted exclusively by service providers themselves. A similar situation had been found in 2018, as well.⁸²

⁸² Matković G. and Stranjaković M., (2020).

1.7 DAY CARE FOR CHILDREN AND YOUTH WITH DEVELOPMENTAL AND OTHER DISABILITIES

The day care service is provided to “children and youth with physical disabilities or intellectual difficulties who need daily care and supervision, as well as support in sustaining and developing their potentials, in a way that does not hinder their schooling”.⁸³ This research did not focus on determining whether and to what extent day care programmes actually fulfilled this education-related function. This aspect should certainly be further examined from the perspective of the quality of day care programmes for children and youth with developmental and other disabilities, in both full-day and half-day variants.

The total number of beneficiaries in the 61 LSGs that provided this service in 2021 was 1,812. The number of beneficiaries up to 26 years of age was 1,257, or 69% of the total number. In almost all municipalities and cities, a number of beneficiaries were past the *children and youth* age, although their day care centres still bore this designation. These beneficiaries, now already in their adulthood, continued to use this service in the absence of others that would better match the needs of this target group. A similar situation was also observed in the case of day care for adults, where a number of beneficiaries under the age of 26 were registered.

Key figures about the service in 2021

- The service was provided in 61 local self-governments.
- There were 1,812 beneficiaries in total, of whom 1,257 (69%) were under 26 years of age.
- The share of beneficiaries under 26 years of age in the total population aged 0–25 in the 61 LSGs (overall coverage rate – OCR) was 0.1%.
- The share of day care beneficiaries aged 0–25 years in the total population of Serbia aged 0–25 was 0.07%.
- The total number of FTE beneficiaries under 26 years of age was 1,284.
- The share of FTE beneficiaries under 26 years of age in the total population aged 0–25 (hypothetical coverage rate – HCR) was 0.1%. The OCR and HCR values were equal.
- Females accounted for 40% of all beneficiaries of this service.
- Beneficiaries primarily lived in urban areas (72 %).
- In the structure of the total expenditures, 95% were allocations from local budgets LET combined with beneficiary co-payment proceeds (which were especially minute).
- 59% of all beneficiaries were served by licensed providers.

Service distribution

In 2021, the service was provided in 61 local self-governments. The number of LSGs that provided this service followed a trend of gradual decline over the three-year mapping periods.

Table 1.7.1. Day care distribution in 2012, 2015, 2018 and 2021

	2012	2015	2018	2021
Number of LSGs	72	68	64	61

Source: Database of social care services within the mandate of LSGs, data for 2012, 2015, 2018 and 2021

⁸³ [Rulebook on Detailed Conditions and Standards of Social Care Service Provision](#), 2013, Article 83

This research did not have access to data that could shed light on the reasons behind the continuous decline of service distribution. Possible reasons include the development of the child personal attendant service, an increased number of children with disabilities attending mainstream schools whose schedules are incompatible with those of day care centres, the availability of full-day care in most schools for children with disabilities, etc. It may have also been the case that LSGs simply did not have sufficient funds to provide this service, or that service providers lacked the capacities for the licensing process, resulting in LSGs' reluctance to continue funding the service.

Service availability

The service was available throughout the year for the majority of beneficiaries, of whom 1,257 were under 26 years of age. It was provided throughout the year in 51 out of 61 LSGs. Few beneficiaries received the service for a period shorter than six months (Annex 6, table). The group of LSGs that provided the service during all 12 months included Belgrade and Novi Sad, which, combined, accounted for almost a half of all beneficiaries.

Table 1.7.2. Number of beneficiaries aged 0–25 and number of LSGs, by duration of service provision in 2018 and 2021

Duration in months	2018		2021	
	Number of beneficiaries aged 0–25	Number of LSGs	Number of beneficiaries aged 0–25	Number of LSGs
12 months	1,119	48	1,098	51
6–11 months	108	11	81	5
< 6 months	47	5	78	5

Source: Database of social care services within the mandate of LSGs, data for 2018 and 2021

The number of months of service provision in a year, as well as the provision intensity and model, are important inputs for determining the programme size. Day care for children and youth was the most stable service in terms of provision continuity during the year, as well as in terms of the length of opening hours. Namely, in 44 LSGs, day care was open during eight or more hours per day, and in 8 LSGs – during 9, 10, or 12 hours per day (Annex 6, table).

Half-day service was funded in 6 LSGs (Kovin, Pirot, Lebane, Negotin, Pećinci and Žabalj). In Žabalj, for example, day care was used by primary-school-age children and this support served the beneficiaries' educational purpose.⁸⁴

Since the *mapping* methodology does not include a qualitative analysis, a conclusion about the service content and programme cannot be drawn. This would require a focused study and relevant expertise to determine whether the programme of day care centres where beneficiaries spend 8 or more hours has evolved and whether there is scope for tailoring service content to school children, once this resource already exists in the community and is continuously funded. The analysis should also include the programmes of half-day care centres.

Overall coverage rate

Service availability is expressed in terms of the *overall coverage rate*, defined as the share of beneficiaries under 26 years of age (1,257) in the total population aged 0–25 in the 61 LSGs,

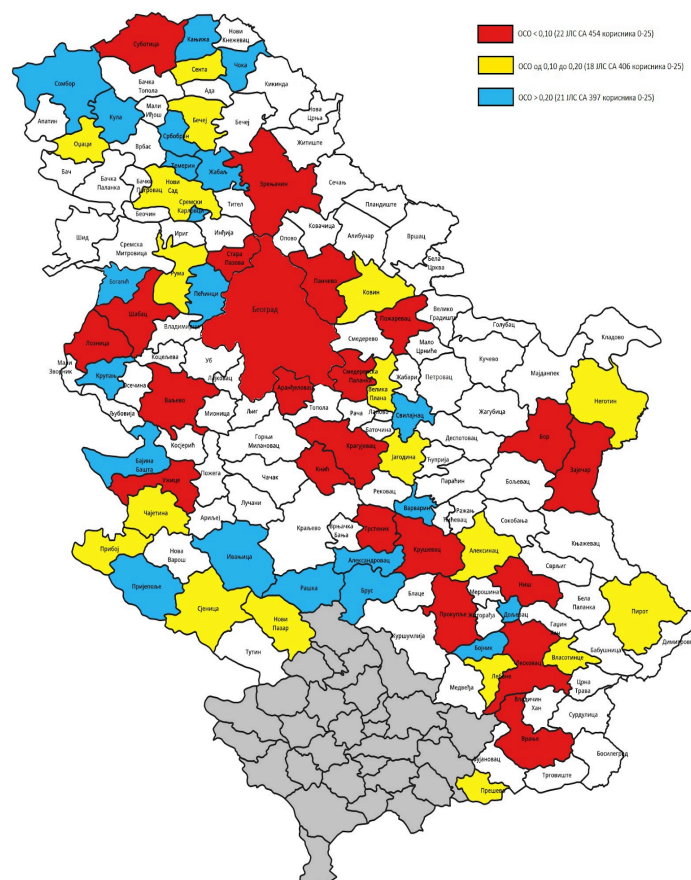
⁸⁴ *Podrška obrazovanju dece u 20 opština i gradova (Support to Education of Children in 20 Municipalities and Cities)* (2023), a study conducted as part of the project titled “Enhanced Equal Access to and Completion of Pre-University Education for Children in Need of Additional Support in Education – LEARNING TOGETHER”, implemented by the Ministry of Education in cooperation with UNICEF, and supported by the European Union Delegation to the Republic of Serbia (unpublished)

which averaged 0.1% in 2021 (Annex 6, table). This indicator was also used in the previous mapping cycles, in the absence of a reliable source of data on the number of children and youth with developmental and other disabilities in Serbia. The *Register of Children with Disabilities*, recently established by the “Dr Milan Jovanović Batut” Institute for Public Health of Serbia, could be a valid source of data; however, the existing data are still not fully available or applicable for the methodology of this research.

The following map illustrates the distribution of LSGs according to this indicator, as follows:

- 22 LSGs with the indicator value up to 0.1% – marked in red
- 18 LSGs with the indicator value between 0.1% and 0.2% – marked in yellow
- 21 LSGs with the indicator value higher than twice the average (0.2%). These LSGs are marked in blue

Map 1.7.1. Distribution of LSGs by overall coverage rate, 2021



The numbers of municipalities and cities in each of the three groups according to the overall coverage rate were almost equal, and had almost equal numbers of beneficiaries aged 0–25. The highest availability, with the indicator value of 0.4% or higher, was found in smaller municipalities – Aleksandrovac, Ivanjica, Varvarin, Bogatić, Žabalj, Čoka, Brus, Svilajnac and Srbobran, two of which (Brus and Varvarin) belonged in the least developed municipalities group (group IV) (Annex 6, table).

In 2021, the values of both availability indicators, namely the overall (OCR) and hypothetical (HCR) coverage rates, were even, with an average value of 0.1%. The hypothetical coverage

rate is the ratio of the number of FTE beneficiaries aged 0–25 and the total population aged 0–25. The number of FTE beneficiaries in 2021 stood at 1,284, only slightly higher than the number of actual beneficiaries (1,257) and, therefore, had no significant impact on a higher indicator value, as had been the case in 2018.⁸⁵

Beneficiary structure

The majority of beneficiaries of this service were males, mostly from urban areas.

Table 1.7.3. DC beneficiaries (0–25) by gender and area of residence, 2015, 2018 and 2021

	Total number of beneficiaries (0–25)	Females (%)	Urban area (%)
2021	1,284	40	72
2018	1,274	41	81
2015	1,507	43	67

Source: Database of social care services within the mandate of LSGs, data for 2015, 2018 and 2021

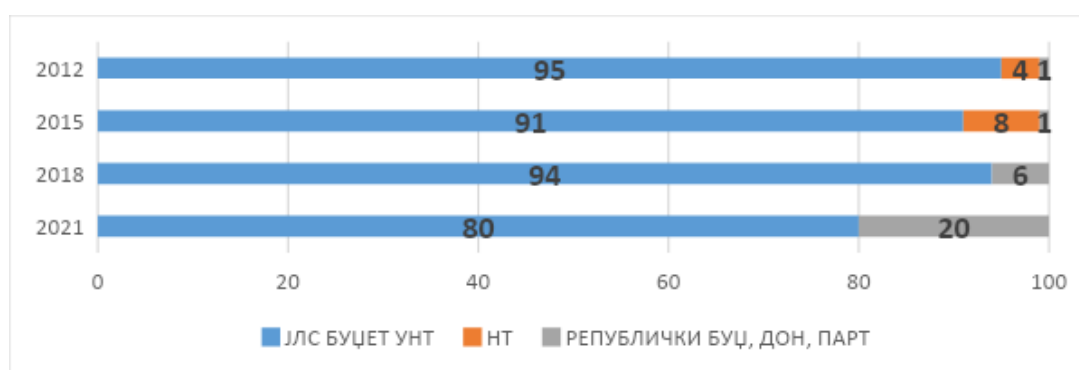
The beneficiary gender structure did not change between mapping cycles, whereas the structure by area of residence did fluctuate to some extent, but the service still remained less available outside the urban zones.

Service funding

The total expenditures on day care for children with developmental and other disabilities exceeded RSD 1 billion in 2021. Most of the funding came from LSG budgets LET (95%). The contributions from donor programmes, national-level projects and beneficiary co-payment were negligible (1% combined). Earmarked transfers accounted for 4% of the total expenditures.

In 33 LSGs, day care was entirely funded from LSG budgets LET. These were mostly larger cities, but there were also some smaller and underdeveloped municipalities, such as Lebane, Ivanjica, Raška and Knić. In 5 LSGs (Žabalj, Prijepolje, Prokuplje, Svilajnac and Preševo), the service was entirely or almost entirely funded through earmarked transfers.

Chart 1.7.1. Structure of DC funding sources, 2012, 2015, 2018 and 2021



Source: Database of social care services within the mandate of LSGs, data for 2012, 2015, 2018 and 2021

Over the years, the most stable funding source for day care for children and youth with developmental and other disabilities were LSG budgets LET. In the overall funding mix, the share of earmarked transfers in 2021 decreased to half their share in 2018, while funds provided through donations, national-level projects and beneficiary co-payment accounted for 1% in both of these 2 mapping cycles.

⁸⁵ Matković and Stranjaković (2020).

Efficiency of day care for children and youth

The unit cost of day care was calculated on the basis of the data on expenditures, service provision intensity (day care opening hours) and the number of months of service provision. The unit cost is defined as the ratio of annual expenditures to total hours of service provision to all beneficiaries annually. The beneficiaries also included persons above 25 years of age, who received the service within the day care centres for children and youth.

On average, the hourly unit cost of day care was RSD 253.⁸⁶ In 65% of the municipalities and cities where day care for children and youth with developmental and other disabilities was available, it was cheaper than average, while in 14 LSGs it was at least two times cheaper. As in the previous years, the low expenditures can probably be explained by specific circumstances, e.g. that in some municipalities and cities, the service was provided within residential care institutions or schools, or that service providers were often parents' associations, which compensated for the lack of funds by volunteer work and/or donations in kind etc.⁸⁷

In Belgrade and Novi Sad, two cities with the largest number of beneficiaries and a long-standing tradition, the unit cost per hour was RSD 204 and 285, respectively.

The differences among local self-governments were also influenced by programme contents and quality, the structure of engaged staff, as well as the structure of children and youth in respect of the level of support they needed. On the other hand, in some local self-governments, day care capacities were not completely filled, which increased their unit cost, although this was not a general rule.

For these reasons, the unit cost can only serve as an indication that efficiency could be improved, as well as for local self-government self-evaluation.





There certainly is scope for review in four LSGs where the unit cost was twice as high as the average (over RSD 506). This group includes the city of Prokuplje and the municipalities of Žabalj, Negotin and Knić. (Annex 6, table)

Table 1.7.4. Distribution of LSGs by unit cost of day care for children and youth with developmental and other disabilities, 2021

Number of LSGs	Unit cost per hour (RSD)
14	≤ 127
26	128–253
17	254–506
4	> 506

Source: Database of social care services within the mandate of LSGs, data for 2021

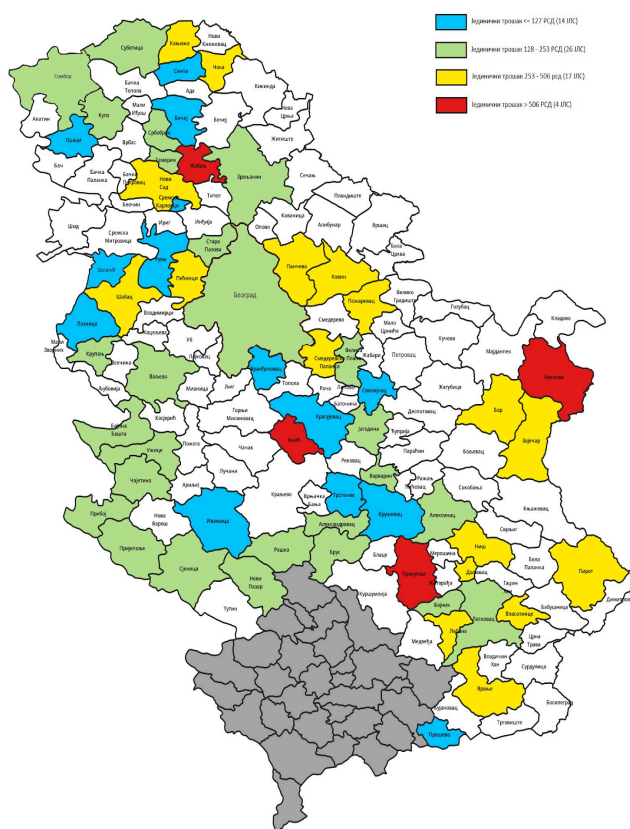
Local self-governments are shown in the map as follows:

- 14 LSGs with the unit cost of RSD 127 or lower – marked in blue 
- 26 LSGs with the unit cost in the range RSD 128–253 – marked in green 
- 17 LSGs with the unit cost in the range RSD 254–506 – marked in yellow 
- 4 LSGs with the unit cost twice as high as the average (exceeding RSD 506) – marked in red 

⁸⁶ This is the non-weighted average, which enables a more adequate comparison of the value of this indicator among municipalities and cities.

⁸⁷ Matković and Stranjaković (2016).

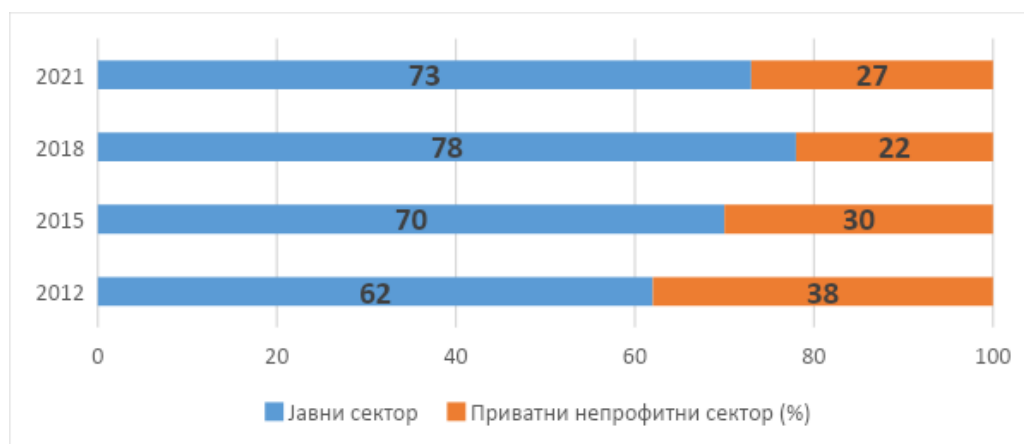
Map 1.7.2. Distribution of LSGs by hourly unit cost of day care, 2021



Service providers

In 2021, the majority of beneficiaries (73%) were still served by public providers. Examples of public providers included residential care institutions, centres for social work, local service provision centres (increasingly emerging in larger municipalities and cities), as well as educational institutions (mainstream and special schools). A third of all beneficiaries served by public providers lived in Belgrade and Novi Sad

Chart 1.7.2. Beneficiaries by sector providing the service, 2012, 2015, 2018 and 2021 (%)



Source: Database of social care services within the mandate of LSGs, data for 2012, 2015, 2018 and 2021

The situation changed to some extent compared to that in 2018 (the proportion of beneficiaries served by public providers decreased), and became more similar to that in 2015.

The trend of an increasing proportion of beneficiaries served by public providers did not continue after 2018. The private for-profit sector was less interested in providing this service, likely due to the requirements regarding the structural standards.

Service quality

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

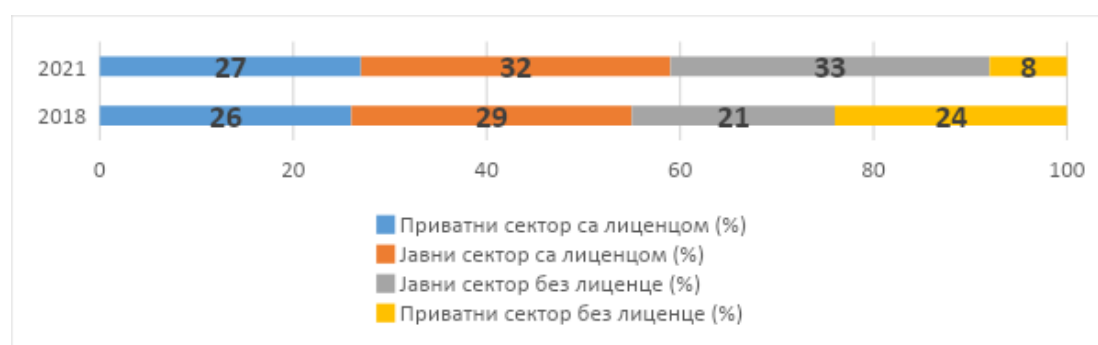
Beneficiaries served by licensed providers

In 2021, *the share of beneficiaries served by licensed providers in the total number of beneficiaries* was 59%, which means that more than a half of the beneficiaries received services of high quality guaranteed by licensing. Half of these beneficiaries were served by licensed public sector providers. However, this should be interpreted with caution, since these included providers from Belgrade (the Residential and Day Care Centre for Children and Youth with Developmental Disabilities) and Novi Sad (Milan Petrović School for Primary and Secondary Education), which accounted for a little over 90% of the beneficiaries of licensed public institutions.

A very small proportion of beneficiaries (8%) were served by unlicensed providers from the private non-profit sector. In the public sector, this proportion was considerable – so much so that the numbers of beneficiaries served by licensed and unlicensed public providers were quite even. The majority of unlicensed public providers were special schools, which in most cases had applied for a licence.

The data on licensed service providers irrespective of the sector are mostly consistent with the findings of the *Report on Local Social Care Services Provided by Licensed Providers in the Period 2016–2020*, published by the Republic Institute for Social Protection (RISP) in 2022.⁸⁸

Chart 1.7.3. Proportion of beneficiaries served by licensed providers, by sector, 2018 and 2021 (%)



Source: Database of social care services within the mandate of LSGs, data for 2012, 2015, 2018 and 2021

The chart is a reflection of the situations in 2021 and 2018, showing progress made in 2021 in this field in both sectors.

⁸⁸ RZSZ (2022), *Izveštaj o uslugama socijalne zaštite na lokalnom nivou koje pružaju licencirani pružaoci usluga u periodu 2016–2020. godine* Republičkog zavoda za socijalnu zaštitu (RZSZ) <http://www.zavodsz.gov.rs/media/2270/izvestaj-lplu-2016-2020.pdf>

Beneficiary satisfaction surveys

Beneficiary satisfaction surveys, as a possible indicator of quality, were conducted widely by providers of this service, too, irrespective of the sector. In 2021, the proportion of beneficiaries served by providers that conducted these surveys was 95%. In 2018, this proportion was 87%.

FINDINGS AND RECOMMENDATIONS

Programme size and scale of intervention indicators show that social care services within the mandate of local self-governments in Serbia were not sufficiently developed and were unevenly available. The number of beneficiaries that received the services was small and the funds allocated for these purposes were also modest, while some services were inconsistent and unsustainable.

According to the mapping, local social care services were provided in 142 out of 145 municipalities and cities. The municipalities of Beočin, Alibunar and Trgovište did not provide any services, although it would not be unfair to include about a dozen more municipalities in this group, considering the very small number of beneficiaries and/or low expenditures. Approximately one in five LSGs provided only one service, usually home care for adults and the elderly. More diverse and complex services intended for a wider range of beneficiary groups were available only in some of the major cities, while most municipalities had two or three established services.

Social care services within the mandate of local self-governments covered, on average, approximately 23.2 thousand beneficiaries per month. That said, it should be borne in mind that this figure is not an adequate indicator for a comprehensive assessment of service availability, since the intensity and model of provision of certain services varied greatly depending on the service type. Moreover, not all services were available throughout the year in all local self-governments.

The most prevalent services were day care community-based services, in particular home care for adults and the elderly, child personal attendant and day care for children with developmental and other disabilities. Home care for adults and the elderly was provided in 128 LSGs, child personal attendant in 96 LSGs, while day care for children with developmental and other disabilities was available in 60 municipalities and cities. These three services combined averaged almost 20 thousand beneficiaries per month, most of whom used the home care service for adults and the elderly – more than 14.8 thousand.

All other services were provided in a small number of municipalities and cities, and were undeveloped. Some services were available in very few LSGs. These were respite care, drop-in centre, day care for children in conflict with the law, day care for adults, supportive housing for persons with disabilities, shelters for children and the family outreach worker.

It should be emphasised that services for independent living for persons with disabilities were especially undeveloped. Personal assistance, as the only service that is explicitly referred to in the UN Convention on the Rights of Persons with Disabilities, was provided in only 18 LSGs to 284 beneficiaries. Supportive housing for PWD, which is critical for the deinstitutionalisation process and which is also entirely funded from the national budget in less developed LSGs, was available in only five municipalities and cities, for 92 beneficiaries.

In 2021, the total expenditures on social care services within the mandate of LSGs amounted to approximately RSD 4.78 billion, i.e. only 0.08% of the GDP. The three most prevalent services – home care for adults and the elderly, child personal attendant and day care for children and youth with developmental and other disabilities – accounted for three quarters of the total expenditures (approximately RSD 3.6 billion).

The highest expenditures on local SC services were documented in Belgrade, totalling RSD 1.7 billion, i.e. more than a third of the total expenditures for these purposes in Serbia. The only other LSG with relatively high expenditures was Novi Sad (approx. RSD 636 million). Six municipalities, including Beočin and Vrbas which belonged among the most developed

LSGs in Serbia, allocated negligible amounts for these purposes, or provided no local SC services at all. Median expenditures amounted to about RSD 10 million per year, which means that the expenditures on local social care services in half of cities and municipalities in Serbia were smaller than this amount.

Annual per capita expenditures on local social care services stood at only about RSD 719, while 70% of municipalities and cities spent even less than this amount. The LSGs that allocated less than the average and less than the median amounts also included cities that were classified among the most developed local self-governments – Vršac, Užice, Niš and Kragujevac.

The highest per capita expenditures were recorded in Novi Sad and in a few small municipalities with populations of about ten thousand. The differences among local self-governments in terms of per capita expenditures on local social care services cannot be explained by differences in population size, and there was also no correlation between the expenditures and the level of self-funding, as an approximation of LSG development.

Considered by funding sources, local budgets LET provided 85% of the funds for local SC services, while a relatively significant proportion was also funded through earmarked transfers (just under 10%). Other funds came mostly from international donors (3.2%) and beneficiary co-payment (1.6%).

Other than Belgrade and Novi Sad, which allocated between 1.16% and 2.05% of their budgets for these purposes, local social care services were also prioritised by some small municipalities, with allocations at approx. 2.5% of their local budgets LET (Bojnik, Bela Palanka, Vlasotince, Babušnica and Crna Trava), all of them from the group of the least developed LSGs from southern Serbia. In addition to the municipalities in which no local SC services were found, another 9 LSGs made no allocations from their local budgets LET for these purposes.

In the cities and municipalities that received and used earmarked transfers (123 LSGs), this funding source on average accounted for more than a quarter of the total expenditures on local SC services (26.1%). In this group, as many as one in four LSGs relied predominantly on earmarked transfers to fund local SC services, with a share of more than 50% in the total expenditures. Fifteen municipalities secured more than $\frac{3}{4}$ of the funds from earmarked transfers, and eight of them relied solely on this funding source. Mapping findings show that certain LSGs from development level groups II and III did not provide the required contribution from their budgets, despite the explicitly stipulated legal requirement.

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

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

The coverage of the elderly by home care (0.92% of the total population aged 65+ in Serbia) was low, especially compared to that in developed European countries.⁸⁹ The hypothetical coverage rate was even lower (0.75%), considering that the number of FTE beneficiaries (according to the two hours per day on weekdays service provision model) was smaller than the actual number. A comparison of the availability indicators of home care for the elderly among individual LSGs reveals vast disparities, especially when different service provision

⁸⁹ According to the data for 2021, the average share of long-term care recipients at home (65+) in 13 EU countries was 8.1%. The highest shares were recorded in Spain, Denmark, Sweden and Germany – between 10.3% and 16.6 % (OECD, 2021).

intensities and models are taken into account. For instance, almost 40% of LSGs did not provide the service during all 12 months. Furthermore, this service was provided for an average of two hours per day per beneficiary in only about one in four local self-governments. Availability was especially inadequate in rural areas.

The child personal attendant service was provided to approximately 2.5 thousand primary- and secondary-school-age children with developmental and other disabilities in 2021. According to the *National Report on Inclusive Education 2019–2021*, the number of primary and secondary school students with disabilities was approximately 23 thousand (Ministarstvo prosvete, nauke i tehnološkog razvoja, 2022). The overall coverage rate for this service can, therefore, be estimated at approx. 11%. There are no estimates of the scale of unmet needs for this service; however, it is clear that it was completely unavailable in 49 LSGs, where it was never launched.

The number of children and youth under 26 years of age with developmental and other disabilities in day care was about 1,200 in 2021. According to the 2011 Population Census data, the number of children and youth with disabilities (0–25) was over 17 thousand, while the number of children who received the long-term care allowance in 2020 exceeded 8.5 thousand. Although comparing these figures is not methodologically appropriate, since they are based on three different definitions of disability, it is clear that the availability of day care was low.

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

Unit cost analysis shows that, at the national level, the average hourly cost of home care per beneficiary was RSD 405, the cost of child personal attendants was approx. RSD 404, while the cost of day care for children and youth was RSD 253 per beneficiary.

There is scope for deeper analysis in both the local self-governments where these costs were significantly below the average, and in those where the costs were too high. For example, in 5 municipalities and cities, the child personal attendant service was two times cheaper than average, which primarily raises the issue of adequacy of the monthly remuneration paid by some LSGs to the attendants. In about a dozen municipalities, the unit cost of home care can be considered so low as to require a review of its contents and quality. At the other extreme were about 30 local self-governments in which unit costs of home care were close to the price charged for this service by private for-profit service providers in Belgrade. Similarly, the hourly unit cost of day care in a number of municipalities was twice as high as the average, and significantly higher than that in Belgrade and Novi Sad, two cities with the largest number of beneficiaries and a long-standing tradition of providing this service.

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

The quality of home care can be given a positive rating based on both defined indicators. Compared to the other two services whose indicators were analysed, home care scored the highest, since 96% of beneficiaries were served by providers that were either licensed or in the licensing process, and 98% of beneficiaries were served by providers that conducted beneficiary satisfaction surveys.

The proportion of beneficiaries of licensed child personal attendants was also high. The provision of day care for children and youth with developmental and other disabilities

remained an issue, since one in three beneficiaries was served by providers who were still in the licensing process, while as many as 8% of beneficiaries were served by unlicensed providers, mostly from the non-profit sector.

According to the other quality indicator, the differences were small. The proportion of beneficiaries served by providers that conducted beneficiary satisfaction surveys ranged between 88% (child personal attendant) and 98% (home care for the elderly). A more detailed analysis of this indicator is required in order to ascertain the extent to which the service providers that conducted beneficiary satisfaction surveys used these findings to improve service quality.

Overall, progress was made compared to the situation observed in the earlier mapping cycles (2012, 2015 and 2018). The number of municipalities and cities that provided services increased, as did the funds they allocated for the services. More profound differences compared to the situation in the previous period could be identified through a detailed analysis.

The greatest progress with regard to service development was achieved in the case of the child personal attendant service. This service had not existed in 2012; then it became a necessity under the conditions of inclusive education and was introduced in 2015 in 30 LSGs, while in 2018 it was provided in 76 LSGs, which made it one of the most prevalent services. It continued to grow and by 2021 it was available in 96 municipalities and cities, while its number of beneficiaries increased by more than 50% compared to that in 2018.

Improvements were also observed in the case of the most prevalent local social care service – home care for adults and the elderly. In 2021, HC was provided in more LSGs (128) than in the previous mapping cycles (by about four or five municipalities more than before). However, the total number of HC beneficiaries decreased roughly to the level recorded in 2015, albeit the service became more stable, with a considerably higher proportion of LSGs that provided it throughout the year and for at least ten hours per week.

The counselling centre service had expanded abruptly in 2018, primarily owing to the introduction of earmarked transfers, whereas in 2021 it stayed at almost the same level.

The number of municipalities and cities in which day care for children and youth with developmental and other disabilities was available recorded a gradual decline, from 71 LSGs in 2012 to only 60 LSGs in 2021. Over the same period, the number of beneficiaries also followed a trend of continuous decrease, from 2.5 thousand to about 1.8 thousand.

The distribution of some services, which had been developed through donor support in 2012 and 2015, decreased in 2018 and then remained more or less unchanged in 2021. These services included home care for children with disabilities, respite care, and even supportive housing for persons with disabilities. The number of LSGs that provided the family outreach worker service, which was first launched in 2015 in 7 municipalities and cities, decreased to 5 in the next mapping cycle (2018), and to only 3 cities in 2021 (Kraljevo, Novi Sad and Valjevo). The decrease was even more pronounced with regard to the number of beneficiaries, from 1,152 in 2015 to only 176 in the most recent mapping cycle (2021).

The expenditures on local SC services increased, as did the number of cities and municipalities that used earmarked transfers, as well as the number of LSGs that made investments from their local budgets LET in 2021 relative to 2018. The increase in expenditures went hand in hand with the GDP trends, and their share in GDP even grew slightly from 0.06% in 2012 and 2015 to 0.08% of the GDP in 2021.

Expenditures in 2021 grew in real terms by about 22% compared to those in 2018, while the real growth rate of allocations from local budgets LET was even higher (35.5%). A large number of LSGs significantly increased their investments from this source, including primarily those that reported expenditures in 2021, after having had no expenditures from local budgets LET in 2018 (21 LSGs). Furthermore, expenditures from local budgets LET increased more than twofold in almost a third of all LSGs.

However, a notable number of LSGs did not increase investments from their local budgets LET. In 40 local self-governments, in 2021 compared to 2018, local budget (LET) allocations for local SC services either decreased or remained at zero.

Although more LSGs used earmarked transfers, their total amount decreased in real terms by 29.4% compared to that in 2018.⁹⁰ In real terms, positive growth was recorded in only 5 LSGs, with somewhat more significant rates in the city of Zrenjanin and in the municipality of Kula. Positive developments, of course, also occurred in a larger number of LSGs which, according to the 2018 mapping findings, had not used earmarked transfers although they had provided services (18 LSGs). However, some municipalities and cities substituted their past local budget allocations with earmarked transfers (*substitution effect*).

The majority of service providers were public sector institutions. The beneficiaries of emergency and temporary accommodation services, supportive housing, day care and counselling/therapy services were still predominantly served by providers from the state sector. Providers from the private sector, whether for-profit or non-profit, were the most prevalent providers of home care for adults and the elderly, personal assistance, home care for children and drop-in centres.

The predominance of the public sector decreased with regard to the provision of the most prevalent services – home care, child personal attendant and day care for children with developmental and other disabilities. The proportion of for-profit service providers, which were first identified in the 2018 mapping cycle, increased in the case of the child personal attendant service.

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

First, a regular reporting system needs to be established, to facilitate the collection of data on social care services within the mandate of LSGs. A minimum set of data should be defined at the national level, to be regularly and continuously monitored with regard to the services that are part of the mainstream system. More extensive research, such as mapping, could be repeated every three to five years in order to collect more detailed data and to capture services that are still in the pilot stage, donor-funded services etc. Monitoring and evaluation would enable the analysis of the distribution, availability and efficiency of local social care services. Regular reporting and mapping would allow local self-governments to identify problems and inefficiencies through self-evaluation and benchmarking. Continuous enhancement and development of professional and administrative capacities for the monitoring and evaluation of social care services within the mandate of LSGs would be especially beneficial for a more adequate use of earmarked transfers, as well as for further development of services.

Second, the mapping findings raise a number of new questions about earmarked transfers and indicate that certain solutions in this domain should be reconsidered.

⁹⁰ According to a State Audit Institution report (2022:8), “the total amounts of earmarked transfers for social protection have been decreasing year after year, namely: from RSD 752 million in 2019, to RSD 605 million in 2020 and to RSD 556 million in 2021”.

The mapping findings show that the total amount of earmarked transfers used for social protection in 2021 decreased in both nominal and, especially, real terms compared to that in 2018. In nominal terms, the used transfers decreased from RSD 622.4 to 472.2 million, while in real terms they shrank by 29.4%.

This was, of course, the consequence of smaller allocations in the national budget for these purposes. According to the Law on the Republic of Serbia Budget for 2021, which was passed in December 2020, the amount of earmarked transfers was no longer set at 1.5% of the funds allocated for the social protection programme in the budget section pertaining to the MoLEVSA, which was in contradiction with the then-applicable Regulation.⁹¹ Since the social protection programme was planned in the amount of 55.4 billion, the allocation for earmarked transfers should have amounted to more than 825.5 million, rather than only 556 million.

In April 2021, the Regulation on Earmarked Transfers in Social Protection was amended with respect to the provisions stipulating the amounts of earmarked transfers.⁹² According to the new solution, the requirement to allocate 1.5% of the amount set aside for the social protection programme in MoLEVSA's budget section no longer exists, which legalizes the reduction of the total funds awarded to local self-governments in the form of earmarked transfers for social protection.

As a result, the funds allocated for this purpose in the national budgets for 2022 and 2023 amounted to only RSD 500 million, which even in absolute terms constitutes a decrease compared to 2021, drifting further and further away from the idea that these funds should grow hand in hand with the MoLEVSA's budget for social protection.⁹³ Had the previous arrangement remained in place, and assuming full compliance with the law, the allocations for earmarked transfers should have amounted to approx. 844 million in 2022 and 938.6 million in 2023. Higher amounts of earmarked transfers are certainly an important prerequisite for further development of local SC services, which needs to be fulfilled by amending the Regulation, whether through restoring the previous arrangement or through some other formulation.

Besides the total amount, the criteria for the award of earmarked transfers, as well as the method of their monitoring and control, should be reviewed. The following paragraphs highlight only a few of the weaknesses derived from the mapping findings.

This mapping cycle has also confirmed the inadequacy of the criterion defined as “the number of beneficiaries of social protection entitlements and services within the mandate of LSGs”, which, considered in isolation, outside the context of the service provision model, offers no valuable insight, does not reflect the social situation in LSGs, or the need for services. As confirmed by the findings, some local self-governments may opt for the provision of low-intensity service to a large number of beneficiaries, or the converse. It is also inadequate to simply add up the beneficiaries of highly diverse entitlements (e.g. one-off benefits) and services such as, for example, day care community-based services and counselling centres.

⁹¹ Law on the Republic of Serbia Budget for 2021 Official Gazette of RS, No 149/20, 40/21 and 100/21 Regulation on Earmarked Transfers in Social Protection. Official Gazette of RS, 18/2016 (Article 3).

⁹² Regulation amending the Regulation on Earmarked Transfers in Social Protection. Official Gazette of RS, 18/2026 and 38/2021 (Article 1). The amendments essentially refer to the Programme 0902 within the MoLEVSA's budget section.

⁹³ Law on the Republic of Serbia Budget for 2022 Official Gazette of RS, No 110/21, 125/22; Law on the Republic of Serbia Budget for 2023, Official Gazette of RS, No 138/22.

Furthermore, the criteria for the award of earmarked transfers are not formulated in a way that would prevent LSGs from using funds from the national level to finance already established services, while reallocating their local funds for other purposes (substitution effect).

The mapping findings warn that it is necessary to monitor and evaluate the implementation of the Regulation, with in-depth insight and experience sharing among the recipient LSGs, in order to enhance the mechanism of earmarked transfers. For instance, it is clear that some LSGs from development level groups II and III did not provide the required level of local co-funding for SC services, although this was a requirement for receiving the transfer.⁹⁴

The State Audit Institution's recommendations given in the report on earmarked transfers in social protection also clearly underline the necessity of revising certain arrangements in the Regulation. Moreover, the recommendations emphasize the need for the competent ministry to provide necessary data enabling full implementation of the criteria, conduct an analysis of the impact of earmarked transfers on service development, propose measures for improvement, and monitor their spending (Državna revizorska institucija, 2022:7). A particularly important recommendation is that the competent ministry must conduct the activities related to the allocation of earmarked transfers at the appropriate time, allowing local self-governments to plan and provide services on a rolling basis.⁹⁵

The European Commission also indicated that there was a transparency problem in the system of earmarked transfers (Evropska komisija, 2020:97).

Third, this mapping cycle also encourages deliberation on what might be the *optimal level of distribution and availability of certain social care services within the mandate of LSGs*. For example, is it desirable for each municipality and city to have certain capacities for day care for children with developmental and other disabilities, and what capacities relative to the size of this vulnerable group? What coverage by long-term care services is desirable, and what should be defined as optimum coverage? What portion of the needs remains unmet, and what portion is met by established services? The deliberation on the optimum development level of specific services could serve as a yardstick for local self-governments in the preparation of strategic plans and decisions regarding the establishment and upscaling of social care services. This could be particularly significant with regard to the establishment of intermunicipal services, as well.

Fourth, there is also the *need to review the minimum standards* for some services. This particularly refers to day care for children and youth with developmental and other disabilities, given the need to adapt the contents of the day care service under the conditions of developing inclusive education. In order to upgrade the standards, it is essential to consider the examples of municipalities that transformed social care services and tailored them further to the needs of the children participating in education. Worthy of attention is the innovative socio-educational service, which aims to provide a more comprehensive support to inclusive education, children with disabilities and children from the poorest families, as well as the half-day care service, with content compatible with school activities. The minimum standards also need to be defined for the services that have existed in the system for many years, but have not been standardised, such as the counselling/therapy and social/educational services, and especially the family outreach worker service. Moreover, although the system did improve relative to the situation identified in 2018, some of the service providers, especially in the non-governmental sector, still encountered problems in the licensing process. In the

⁹⁴ Regulation on Earmarked Transfers in Social Protection: 18/2016-34, 38/2021-6 (Article 5).

⁹⁵ According to the finding of the State Audit Institution (Državna revizorska institucija, 2022:26), in the last few years, the decisions specifying the final amounts of earmarked transfers were not adopted until March or April of the current year.

report on earmarked transfers, the State Audit Institution (Državna revizorska institucija, 2022: 33–36) also indicated the need for developing and updating the standards and detailed requirements for services, as well as a more efficient licensing system.

Fifth, it is essential to further ***define some of the indicators, with a wider professional consensus***. This particularly concerns quality indicators and implies the collection of data on beneficiary admission criteria, the degree of service personalisation and the practice of self-evaluation. Monitoring and evaluation of services are an important precondition for quality enhancement. It is necessary to also formulate additional quality indicators to monitor the staff-to-beneficiaries ratio, changes in individual progress, especially of children with developmental disabilities in the area of life skills development, independence and achievements in inclusive education.

Sixth, ***intensive support services for families at risk of child separation, services for independent living of persons with disabilities, and especially personal assistance should be prioritized in the forthcoming period***. Services like supportive housing for persons with disabilities, which are funded from both the national and local levels and which are the key prerequisite for continuing the deinstitutionalisation process, clearly cannot be developed without focused professional support from the national level aimed at strengthening local capacities. Enhancing intensive support to birth families, e.g. through the family outreach worker service, is by all means essential in the context of preventive activities and as part of the effort to prevent child separation and institutionalisation.

Lastly, it is critical to expedite the adoption of the ***new Regulation Establishing the Single List of Regions and Local Self-Governments by Development Levels***, which has not been updated since 2014, despite the legal obligation to revise it on an annual basis. As a consequence, the grouping of LSGs according to their development level is based on data that are not up to date. Recent studies have shown that the use of up-to-date information would result in status changes for more than a half of the municipalities – 50 of them would be downgraded, while 35 would move up the development ladder (Jakopin i Čokorilo, 2022). The reliance on outdated data in assessing Serbian municipalities and cities' development levels inevitably leads to less efficient support for LSGs in the field of services.

2. MAPPING MATERIAL SUPPORT WITHIN THE MANDATE OF LOCAL SELF-GOVERNMENTS IN THE REPUBLIC OF SERBIA

2.1 LOCALLY PROVIDED BENEFITS

Local self-governments (LSG) provide various types of cash and in-kind benefits under the Law on Social Protection and the Law on Financial Support to Families with Children.⁹⁶

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

Pursuant to the Law on Financial Support to Families with Children, municipalities and cities subsidize the cost of preschool for children from financially disadvantaged families, but they may also provide other benefits, larger benefit amounts and more favourable eligibility requirements if they have sufficient funds (Article 11).

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

The mapping findings show that LSGs provided one-off cash benefits in cases of unexpected or temporary hardship, in compliance with Article 110 of the Law on Social Protection, but that they also provided many other benefits, as additional assistance in conformity with Article 111 of the Law.

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

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

In contrast to the uniformity of one-off benefit practices and design (in terms of procedures and amounts), additional assistance comes in various forms and with various characteristics, which is also reflected in the diversity of the overall material support within the mandate of LSGs.

First, material support can be provided in cash or in kind. Examples of in-kind benefits include free-of-charge meals in soup kitchens or school snacks, heating fuel, foodstuffs, school supplies, clothes and footwear, and so on. A part of the benefits comes in the form of subsidies, reduction in utility bills or reduced transportation fares. Some benefits actually

⁹⁶ Law on Social Protection. Official Gazette of RS, Nos 24/11 and 117/2022 – amended by Constitutional Court decision. Law on Financial Support to Families with Children. Official Gazette of RS, Nos 113/17, 50/18, 46/21 – amended by Constitutional Court decision, 51/21 – amended by Constitutional Court decision, 53/21 – amended by Constitutional Court decision, 66/21, 130/21, 43/23 – amended by Constitutional Court decision and 62/23)

involve a reimbursement after a payment is already made (purchase of medications, funeral services and the like), or are paid directly to institutions providing a service (boarding schools, student dormitories).

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

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

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

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

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

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

2.2 METHODOLOGY

Background

The data on material support were initially collected in the period March–August 2023 using an Excel questionnaire (Annex 1), which was disseminated together with detailed instructions.⁹⁷ The research took into account all social benefits awarded on the basis of the respective decisions on social and child protection, listed by LSGs in the questionnaires, irrespective of the dilemma whether some types of support should be associated with e.g. education or health care sectors.⁹⁸ The questionnaires were completed by all 145 municipalities and cities.

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

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

The benefit structure was analysed based on the classification into three groups, instead of four, by combining the means-tested benefits for the poor (groups 1 and 2) into one group.

The mapping process collected the data on the beneficiaries of and total annual expenditures on material support within the mandate of LSGs in 2021.

Based on the experiences from the previous mapping cycle, as well as the current one, multiple problems were identified with regard to the collection of the data on beneficiaries. Firstly, collecting data on both the number of households and individuals living in those households was not feasible, since most LSGs did not keep records of this type. Secondly, it was not possible to determine whether individual beneficiaries of a given type of support were members of the same household (e.g. how many children who received transportation subsidies were members of the same family). Lastly, it was impossible to identify overlaps (the number of beneficiaries who used entitlements on multiple grounds, e.g. one-off benefits, subsidised utility bills and birth-related benefits). The data providing insight into these aspects may only become available once the single *Social Card* register is used for this purpose.⁹⁹

⁹⁷ See more details in the Methodological Notes, in the part of this publication on the mapping of social care services within the mandate of LSGs.

⁹⁸ Such as e.g. the dilemmas regarding the assistance in case of in vitro fertilisation, which fits more closely the profile of benefits that should be associated with health care, or in the case of universally subsidised transportation for school pupils/students, which essentially belongs in the education sector.

⁹⁹ Law on the Social Card, Official Gazette of RS 14/21

Judging by the thoroughly completed questionnaires on individual benefits, material support beneficiaries were predominantly poor people, families with children, as well as children and youth from vulnerable groups.

In line with the ESSPROSS Manual, cash benefits are defined as benefits that are paid in cash, for no specified purpose, as well as in case where evidence of actual expenditure is not required (Eurostat, 2022: 42). Accordingly, cash benefits include one-off cash benefits for general purposes, as well as for textbooks, clothes, footwear, heating fuel, scholarships, cash prizes for students, vouchers and so on.

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

In accordance with this concept that entails no freedom of choice, and based on the internationally agreed methodology for the national accounts and ESSPROS (EC/IMF/OECD/UN/WBG, 2009; Eurostat, 2022), in addition to supplies (such as heating fuel, foodstuffs, school supplies, clothing and footwear), in-kind benefits also include subsidised bills (for utility services, transportation), reimbursement of the costs of specific determined needs for which evidence of actual expenditure is required (funeral, in vitro fertilisation), as well as funds paid directly to institutions that provide free-of-charge services or goods (student dormitories, pharmacies, transportation companies, cemeteries, preschool institutions, the Red Cross for soup kitchens and food packages and the like).

In-kind assistance is divided into 7 categories, based on the concrete form and purpose of the support: 1) soup kitchens, 2) school snacks and subsidised school meals, 3) supplies and goods, 4) subsidised utility bills, 5) transportation subsidies, 6) subsidised preschool, and 7) other. The category “other” includes expenditures on funeral services, in vitro fertilisation, medications, accommodation in student dormitories and others. In comparison with the previous mapping cycle, the methodology underwent changes. Subsidised preschool was removed from the category “other” and placed into a separate category, in view of its scale.

In all cases, the correlation was calculated relative to the population size, as an approximation of the size of municipalities and cities, and to the level of self-funding, as an approximation of the LSG development level. The population size is taken from the 2022 Population Census, since it is a much more accurate reflection of the actual situation than the population estimates for 2021, especially at the level of smaller municipalities (Republički zavod za statistiku, 2023). The level of LSG self-funding is the ratio of own and devolved revenues, on the one hand, to the total revenues and proceeds, on the other. Data sources were consolidated LSG annual accounts, while the data for 2021 were taken from the Republic Secretariat for Public Policy website (2023).¹⁰⁰

The average for all structures and indicators was calculated as weighted average, which by definition assigns more weight to large municipalities and cities. In specific cases where non-weighted average was calculated, this was indicated.

Local level material support indicators

Based on the collected data, the indicators of material support within the mandate of LSGs were calculated.¹⁰¹

¹⁰⁰ The data for the municipality of Knjaževac refer to 2020.

¹⁰¹ For more details, see Matković i Šunderić, 2018.

Programme size and scale of intervention indicators

The key **programme size** indicator is the *number of beneficiaries*.

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

$$\text{AWEB} = \frac{\text{total annual expenditures on material support in the given LSG}}{\text{AW}}$$

AWEB – *number of beneficiaries receiving the equivalent of one net average wage*

AW – *average monthly wage per employee, exclusive of tax and social insurance contributions in the Republic of Serbia*

The decision to use the average net wage was taken in view of the fact that the *Law on Social Protection* states this particular parameter, rather than e.g. the minimum wage, as the maximum amount of one-off benefit that may be awarded from the local budget (Article 110). The calculation of the hypothetical number of beneficiaries takes into account the average wage at the national level, rather than average wages in individual LSGs, to ensure comparability among municipalities and cities.

The average monthly wage exclusive of tax and contributions (alternatively: net average wage) in 2021 amounted to RSD 65,864 (Statistical Office of the Republic of Serbia, 2022).

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

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

The data on the population by municipalities and cities were taken from the 2022 Population Census (Republički zavod za statistiku, 2023). The data on total budget expenditures for 2021, based on the annual statements of accounts, were taken from the Republic Secretariat for Public Policy (Republički sekretarijat za javne politike, 2023).

An additional indicator was also formulated for the scale of poverty reduction interventions, which is calculated as *the ratio of the expenditures on local material support for the poor to the expenditures on FSA and child allowance from the national level in the considered LSG*. It provides insight into how much municipalities and cities contributed for poverty reduction of their financially disadvantaged population as a proportion of the funds provided from the national budget for this purpose.

The expenditures on FSA and child allowance in municipalities and cities are given as an estimate. Expenditures in individual LSGs are an approximation based on the number of

beneficiaries (individuals) in the given municipalities and cities in 2021, which was taken from the DevInfo database (Republički zavod za statistiku, 2023a), and on the average FSA and child allowance amounts paid at the national level. The average amounts paid at the national level are calculated as the quotient of expenditures and the number of beneficiaries (individuals) of the relevant benefits. The total expenditures in 2021, according to the MoLEVSA, totalled RSD 13,262,342,264 for the FSA and RSD 10,274,795,762 for the child allowance.¹⁰² The average monthly FSA amount per beneficiary paid from the national level was RSD 5,410, while that of the child allowance (including the augmented child allowance) was RSD 3,818 per child.

Performance indicators

Performance indicators enable the evaluation of schemes.

Coverage is an important measure of any scheme's performance. It is calculated as the ratio of the number of beneficiaries to the total population, or the relevant part of the population (e.g. relative to the number of children and youth, the number of live births, the number of the elderly and so on).

In view of data availability¹⁰³, the *hypothetical coverage rate* (HCR) was calculated for the purposes of this research as the ratio of the number of national average-wage-equivalent beneficiaries (AWEB) to the total number of households in the considered LSG. The number of households by municipalities and cities was taken from the Population Census (Republički zavod za statistiku, 2023b). Thus defined, the HCR has analytical value primarily in a comparative context.

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

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

When this indicator was calculated, the total expenditures on cash benefits for FSA recipients did not include the expenditures on workfare, on housing improvement and on benefits in case of natural disasters. These benefits were excluded because they are awarded with a very specific purpose, their amounts per beneficiary are typically very high, they are awarded sporadically and distort the perception of average benefit amounts.

The municipalities and cities that did not provide separate records on benefits for FSA recipients, or those that did not award these benefits, were excluded from the analysis.¹⁰⁴ The indicator was calculated for a total of 128 LSGs.

¹⁰² The total expenditures also take into account the LSGs in the territory of Kosovo and Metohija. This does not distort the average amounts, as they were calculated taking into account the beneficiaries from this territory, too.

¹⁰³ The other coverage indicator presented in Matković i Šunderić (2018), namely the *factual overall coverage rate*, could not be calculated as it was impossible to obtain accurate data on the number of beneficiaries of certain benefits.

¹⁰⁴ This group included 8 LSGs that did not provide any cash benefits for the poor (Bač, Čoka, Kanjiža, Malo Crniće, Merošina, Sečanj, Surdulica and Žitište), as well as 9 LSGs that could not provide separate data for benefits from groups 1 and 2, i.e. the number of beneficiaries receiving FSA from the national budget at the same time, and the number of beneficiaries, poor families and individuals, receiving support based on the criteria defined by LSGs (Apatin, Bačka Palanka, Čičevac, Dimitrovgrad, Ljig, Opovo, Svilajnac, Tutin and Vrbas).

The indicator calculation methodology underwent changes compared to that in the previous mapping cycle (Matković and Stranjaković, 2020).

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

In order to assess *the adequacy of cash benefits for the poorest*, the average monthly cash benefit amount awarded to FSA recipients (households) from the local budget in each LSG is divided by the average monthly amount of financial social assistance per beneficiary (household) awarded from the national level. The average amount of cash benefits for FSA recipients (households) was already calculated as the *social benefit amounts* indicator. The average monthly amount of FSA awarded in 2021 to households from the national level is calculated as the quotient of the total expenditures on FSA at the national level and the average monthly number of households that received this entitlement. In 2021, it stood at RSD 13,371.

To avoid any overlapping of beneficiaries, in-kind benefits were not considered, although they would certainly enable a more comprehensive comparison.

2.3 EXPENDITURES ON MATERIAL SUPPORT WITHIN THE MANDATE OF LSGs

In 2021, the total expenditures on material support within the mandate of LSGs amounted to approximately RSD 9.1 billion, i.e. 0.15% of the GDP. These expenditures exceeded those on social care services within the mandate of LSGs (RSD 4.8 billion) by more than RSD 4.3 billion, but were lower by almost a third than the national budget allocations for financial social assistance for the most vulnerable population of the considered municipalities and cities (approx. RSD 13.3 billion).

Approximately 41% of the total expenditures were disbursed in the three largest cities in Serbia: Belgrade (RSD 2.78 billion), Novi Sad (RSD 710 million) and Niš (RSD 268 million).

In the structure of the total expenditures, those for in-kind benefits were dominant (over RSD 5 billion, i.e. 55.7%). Various cash benefits accounted for over RSD 4 billion (44.3% of the total expenditures on material support).

Chart 2.3.1. Share of expenditures on in-kind and cash benefits in the total expenditures on material support within the mandate of LSGs, 2021



Source: Database of material support within the mandate of LSGs, data for 2021

The number of LSGs in which expenditures on in-kind assistance prevailed was rather small; however, they were dominant in the largest cities (Belgrade – 66.1%, Niš – 59% and Novi Sad – 75.5%) and, by extension, in the structure of total expenditures as well (Annex 7, Table 1).

Most municipalities and cities in Serbia (89 LSGs) opted exclusively or predominantly for cash benefits. The share of expenditures on cash benefits in the total expenditures on material support was 80% or higher in almost a quarter of the LSGs, 6 of which provided no in-kind benefits at all (Bogatić, Bosilegrad, Ljig, Novi Kneževac, Senta and Vladimirci). At the other extreme were two LSGs in which the proportion of expenditures on cash benefits was below 10% (Bor and Ub).

The choice between social benefits in cash or in kind may be a question of ideology, in terms of the prevailing view of certain LSGs that financial support corresponded with the belief in individuals' freedom of choice, although it can also be considered as a technical issue, if

in-kind benefits are perceived as more demanding to administer. Finally, it also depends on the target group and the type of support provided.

Table 2.3.1. Distribution of LSGs by share of expenditures on cash benefits in total expenditures on material support, 2021

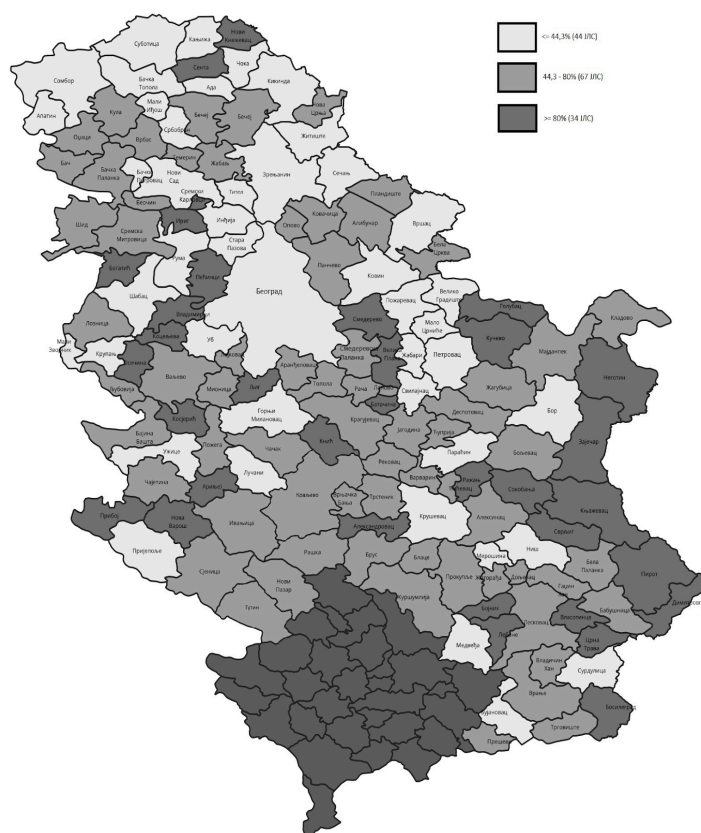
Number of LSGs	Share of cash benefits
44	$\leq 44.3\%$
67	$44.3\% < X < 80\%$
34	$\geq 80\%$

Source: Database of material support within the mandate of LSGs, data for 2021

Using shades of neutral colours¹⁰⁵, Map 2.3.1 shows local self-governments grouped according to their respective share of expenditures on cash benefits in 2021, as follows:

- 44 LSGs with the share equal to or smaller than the average (44.3%) – marked in light grey
- 67 LSGs with the share between the average and 80% – marked in medium grey
- 34 LSGs with the share 80% of larger – marked in dark grey

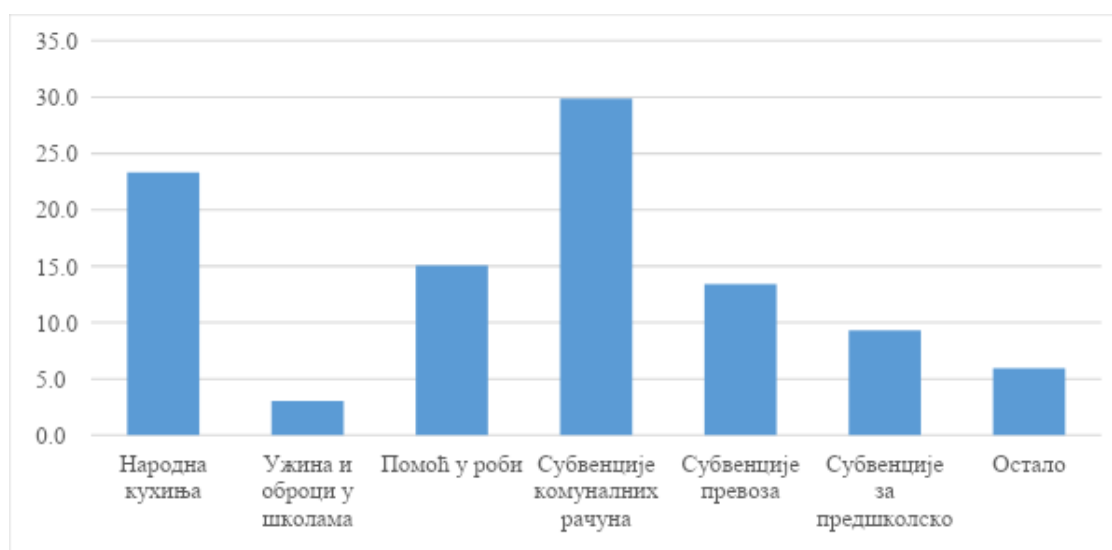
Map 2.3.1. Distribution of LSGs by share of expenditures on cash benefits in total expenditures on material support, 2021



¹⁰⁵ This and the next map use shades of neutral colours, since this indicator does not rank LSGs from lowest (red in other maps) to highest performers (green).

Benefits in kind, which dominated the structure of total expenditures (55.7%), varied considerably across local self-governments. Chart 2.3.2 illustrates the structure of expenditures on in-kind benefits. It is dominated by expenditures on subsidised utility bills (approx. RSD 1.5 billion – 29.9%) and expenditures on soup kitchens (approx. RSD 1.2 billion – 23.3%). However, since these figures represent a weighted average and considering that the types of in-kind benefits varied considerably across municipalities and cities (Annex 7, Table 2), these data do not reflect the typical situation across Serbia. For instance, the picture is distorted by the large amount of expenditures on subsidised utility bills in Belgrade (RSD 1.17 billion), which accounted for almost 78% of the total allocations for this purpose in Serbia.

Chart 2.3.2. Structure of expenditures on in-kind assistance, by type of benefit, 2021

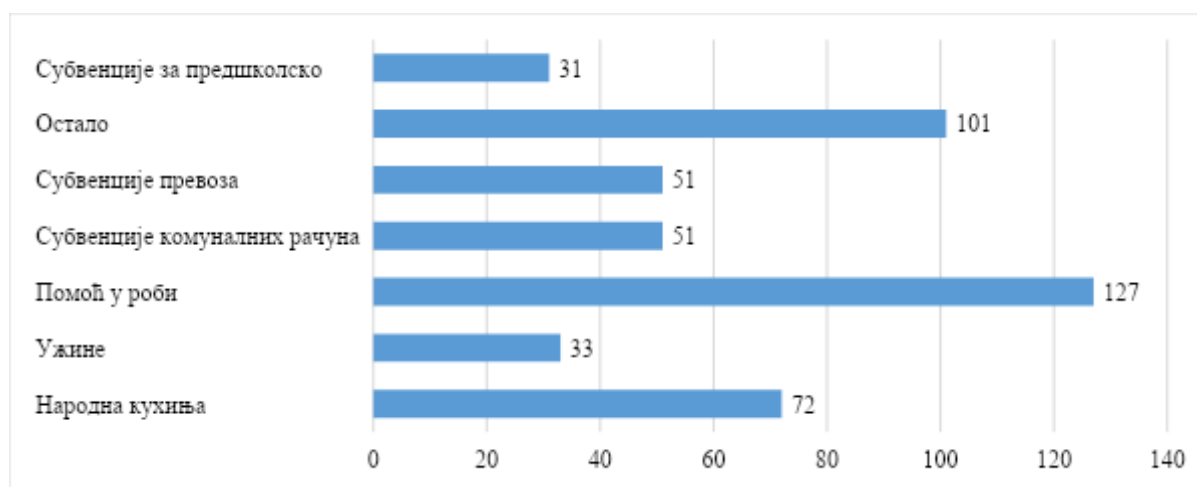


Source: Database of material support within the mandate of LSGs, data for 2021

The analysis of the non-weighted average shows that the predominant category in cities and municipalities were expenditures on supplies/goods (35.5%) and soup kitchens (20.0%), while transportation subsidies and other expenditures (on funeral services, in vitro fertilisation, medications, accommodation in student dormitories and the like) also accounted for significant proportions (12.9% and 11.9%, respectively) (Annex 7, Table 2).

The following chart shows the number of LSGs in which expenditures on specific types of in-kind assistance were registered. As indicated above, 6 LSGs awarded no in-kind assistance (Annex 7, Table 1). Most LSGs (127) provided supplies/goods, while expenditures in the “other” category, even if minimal, were incurred in the majority of municipalities and cities (101). Support in the form of free-of-charge meals in soup kitchens was provided by 72 LSGs, while subsidised transportation and utility bills were available in about fifty municipalities and cities. Free school snacks and meals, and subsidised preschool, were provided in fewer LSGs (33 and 31, respectively).

Chart 2.3.3. Number of LSGs by type of in-kind benefits provided, 2021



Source: Database of material support within the mandate of LSGs, data for 2021

Considered by groups of benefits, the largest proportion of the total expenditures pertained to means-tested benefits awarded to FSA recipients or to other poor individuals (45.5%). The expenditures on category-specific benefits and those on pro-birth benefits accounted for one third (33.4%) and one fifth (21.1%) of the total expenditures, respectively.

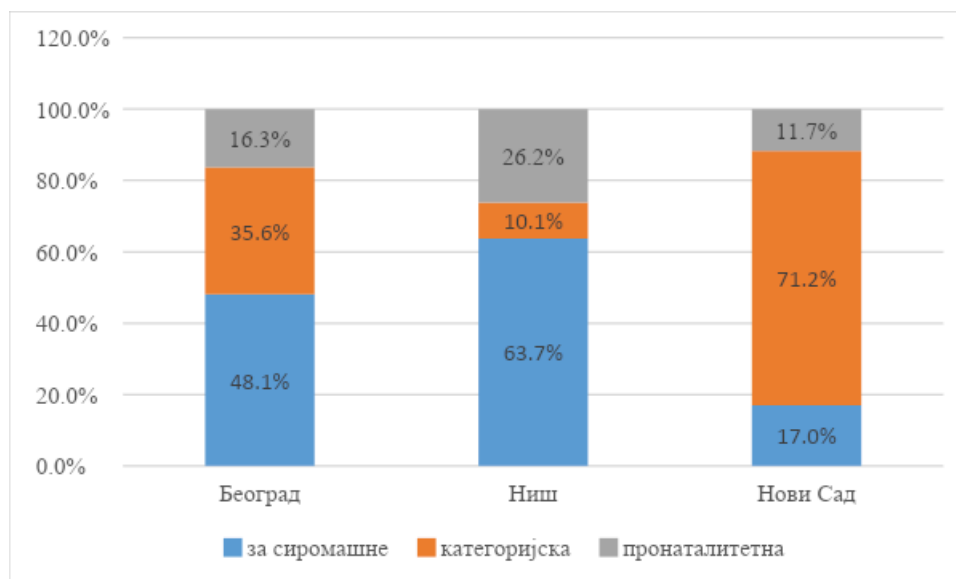
Chart 2.3.4. Structure of total expenditures by groups of benefits, 2021



Source: Database of material support within the mandate of LSGs, data for 2021

As expected, due to the use of the weighted average, the structure of expenditures by groups of benefits in Belgrade did not differ significantly from that in Serbia (Chart 2.3.5.). Category-specific benefits were markedly dominant in Novi Sad (71.2%), as were means-tested benefits for the poor in Niš (63.7%).

Chart 2.3.5. Structure of total expenditures by groups of benefits: Belgrade, Niš and Novi Sad, 2021



Source: Database of material support within the mandate of LSGs, data for 2021

Judging by expenditures, social benefits awarded to the poor were more prevalent than the other two groups of benefits (category-specific and pro-birth) in more than a half of the LSGs. In 30 LSGs, they accounted for over $\frac{3}{4}$ of the total expenditures on material support. Cities were less represented in this group. Exceptions were Jagodina, Smederevo, Vranje and, in particular, the city of Sombor, in which category-specific and pro-birth support was not provided at all.

At the other extreme, according to the available data, were two municipalities in which the proportion of means-tested benefits was lower than 5% (Malo Crniće and Ub).

Table 2.3.2. Distribution of LSGs by share of expenditures for the poor in total expenditures on material support in 2021

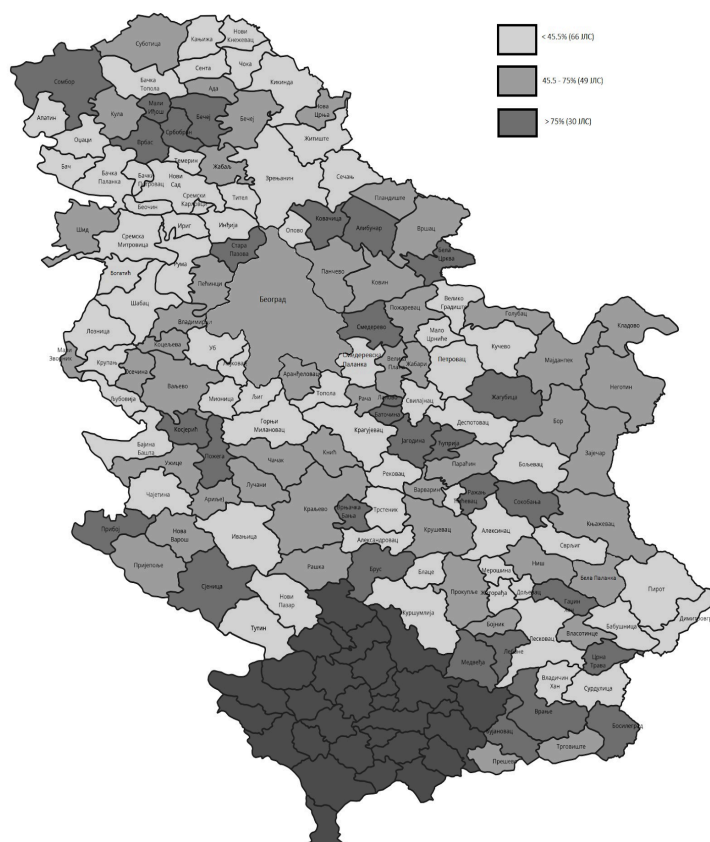
Number of LSGs	Share of expenditures for the poor
66	< 45.5%
49	$45.5\% \leq X \leq 75.0\%$
30	> 75.0%

Source: Database of material support within the mandate of LSGs, data for 2021

Using shades of neutral colours, Map 2.3.2 shows local self-governments grouped according to their respective share of expenditures for the poor in 2021, as follows:

- 66 LSGs with the share smaller than the average (45.5%) – marked in
- 49 LSGs with the share between the average and $\frac{3}{4}$ of the total expenditures (45.5% and 75.0%) – marked in
- 30 LSGs with the share over 75% – marked in

Map 2.3.2. Distribution of LSGs by share of expenditures for the poor in total expenditures on material support in 2021



A part of the expenditures in the group of cash benefits for the poor pertained to workfare. According to the mapping data, workfare was organised in only 17 municipalities and cities in 2021, and the total expenditures on this purpose amounted to RSD 26.7 million.

Only in a few municipalities did expenditures on workfare have a significant share in the total expenditures on benefits for the poor (Ražanj, Veliko Gradište, Lebane and Ćićevac). As for the largest cities, workfare was organised only in Novi Sad.

Comparison of the key findings in 2018 and 2021

In relation to 2018, when the first mapping of material support within the mandate of LSGs was conducted, expenditures in Serbia grew by about RSD 1.8 billion in nominal terms, and by RSD 1.25 billion in real terms (at a real growth rate of 16.0%). The share of expenditures in the GDP increased from 0.14% in 2018 to 0.15% in 2021 (Matković and Stranjaković, 2020). Expenditures increased in 93 LSGs (Annex, Table 3). Expenditures in Belgrade recorded a real growth rate of 9.1%, whereas in Novi Sad and Niš they decreased in real terms (-25.7% and -35.0%, respectively).

The dominant expenditures in 2021 were those on in-kind assistance, as in 2018, albeit with a slightly decreasing share, from 57.9% to 55.7%. Cash benefits still accounted for the highest proportion of expenditures in most LSGs, although this was not the case in the largest cities (Belgrade, Niš and Novi Sad).

When analysing the non-weighted average, the proportion of expenditures on soup kitchens in the structure of expenditures on in-kind assistance remained almost unchanged, unlike the

proportion of expenditures on supplies/goods (which increased from 19.8% to 35.5%) and that of transportation subsidies (which decreased from 22.5% to 12.9%). Due to the methodological changes relative to the previous mapping cycle, only partial comparison of this structure is possible between 2018 and 2021.¹⁰⁶

The structure of expenditures by groups of benefits did not change considerably, either. As in 2018, this structure was dominated by expenditures for the poor, while pro-birth benefits accounted for the lowest proportion. The proportion of expenditures for the poor increased from 39.2% in 2018 to 44.3% in 2021, while expenditures on category-specific and pro-birth benefits decreased proportionally. According to the findings of both mapping cycles, in most LSGs, expenditures for the poor were higher than those on the other two groups of benefits.

Table 2.3.3. Key mapping findings in 2018 and 2021

	2018	2021
EXPENDITURES ON MATERIAL SUPPORT		
Nominal	RSD 7.3 billion	RSD 9.1 billion
Real (in 2021 dinars)	RSD 7.85 billion	RSD 9.1 billion
STRUCTURE BY TYPE OF BENEFIT		
Cash benefits	42.1%	44.3%
In-kind benefits	57.9%	55.7%
STRUCTURE BY GROUPS OF BENEFITS		
For the poor	39.2%	45.5%
Category-based	35.3%	33.4%
Pro-birth	25.5%	21.1%

Source: Database of material support within the mandate of LSGs, data for 2018 and 2021

The key change compared to 2018 was observed with regard to expenditures on workfare, which decreased more than tenfold. The number of LSGs that reported workfare also decreased by a half. The reasons for this reduction can only be speculated about. For example, it may, to a certain extent, have been influenced by the Constitutional Court decision whereby the provision on social inclusion (activation) measures from the Law on Social Protection was repealed.¹⁰⁷

¹⁰⁶ See more information in the section on the methodology.

¹⁰⁷ Law on Social Protection. Official Gazette of RS, Nos 24/11 and 117/2022 – amended by Constitutional Court decision.

2.4 MATERIAL SUPPORT INDICATORS

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

Programme size indicator

The indicator of programme size is the number of *average-wage-equivalent beneficiaries (AWEB)*. This indicator shows the number of beneficiaries in each LSG under the hypothetical assumption that each beneficiary receives the same annual amount of material support equal to one net average monthly wage. This indicator does not eliminate the differences in population size by municipalities and cities, but it does eliminate the differences in the support award models (e.g. large amounts awarded to a small number of beneficiaries, or small amounts awarded to a large number of households, and the like).

According to this indicator, the differences among municipalities and cities were considerable and reflected the differences in LSG size and population size. The number of AWEB ranged from only about thirty to forty hypothetical beneficiaries in smaller municipalities to several thousand in major cities, and to 42,151 in Belgrade. The average number of AWEB was 953,¹⁰⁸ and the median number was approximately 351. As expected, the correlation between the number of AWEB and population size was very high (0.99).

Table 2.4.1. Distribution of LSGs by the number of average-wage-equivalent beneficiaries, 2021

Number of LSGs	Number of AWEB
72	< 351
34	$\leq 351 < X < 702$
35	$702 \leq X \leq 4,000$
4	> 4,000

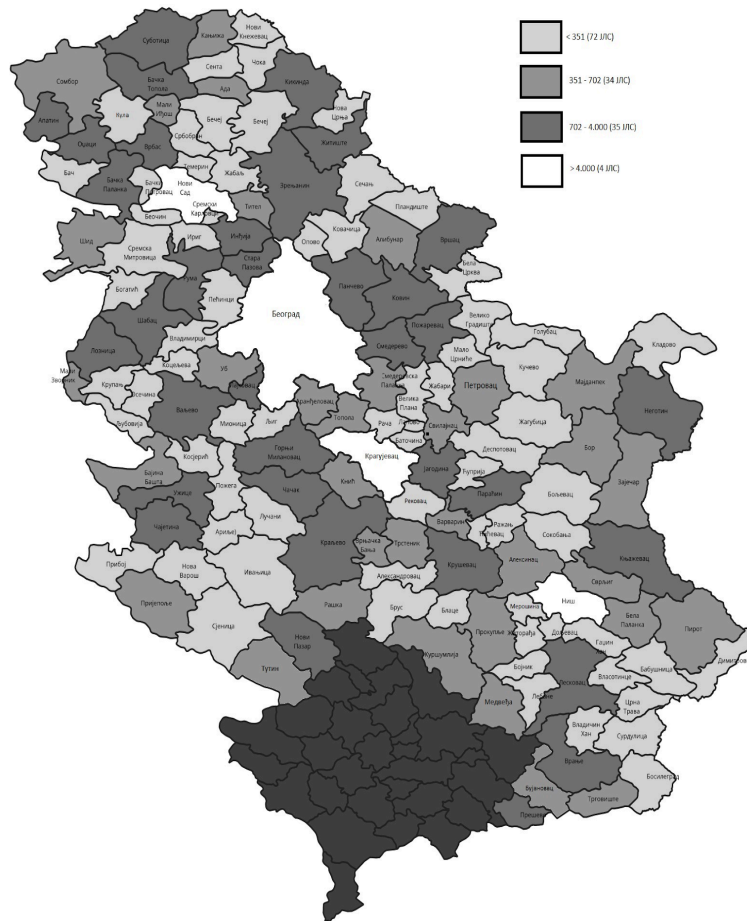
Source: Database of material support within the mandate of LSGs, data for 2021

Using shades of neutral colours, Map 2.4.1. shows local self-governments grouped according to the number of AWEB in 2021, as follows:

- 72 LSGs in which the number of AWEB was smaller than the median (351) – marked in
- 34 LSGs in which the number of AWEB was equal to or higher than the median, but lower than twice the median number (351–702) – marked in
- 35 LSGs in which the number of AWEB was equal to or higher than twice the median number, but lower than the number in the largest cities (between 702 and 4,000) – marked in
- 4 LSGs (Belgrade, Novi Sad, Niš and Kragujevac) with a very high number of AWEB (over 4,000) – marked in

¹⁰⁸ This is the non-weighted average

Map 2.4.1. Distribution of LSGs by number of average-wage-equivalent beneficiaries, 2021



Scale of intervention indicators

The principal indicator of the scale of intervention is the *share of the total annual expenditures on material support in the budget expenditures of the considered LSG (%)*.

Local self-governments in Serbia allocated on average 2.44% of their local budgets for material support. Among the 22 LSGs that made the largest allocations for these purposes (twice as high as the average, 4.9% or higher), almost a half were severely underdeveloped, devastated municipalities with small budgets and highly disadvantaged populations in the south of Serbia (Merošina, Preševo, Trgovište, Bela Palanka, Svrljig and Medvedja) and municipalities from group IV (Varvarin, Rekovac, Knjaževac and Crna Trava). Among the municipalities from development level group I, only Kragujevac and Lajkovac had expenditures on material benefits at least twice as high as the average.

The proportion of expenditures was smaller than the average in 76 LSGs, and half as high as the average (under 1.22%) in 17 LSGs. One in three LSGs from this group was in the least developed category (Priboj, Lebane, Bojnik, Sjenica, Žagubica and Golubac), but some of the larger and more developed cities were also in this group (Sremska Mitrovica, Sombor and Pančevo). In the highest-developed category, besides the city of Pančevo, the municipality of Pećinci was also in the group with very modest allocations for material support.

Below-average allocations for material support were recorded in Belgrade (2.05%), as well as in Novi Sad and Niš, although in the latter two cities they were closer to the average (2.35% and 2.33%, respectively).

A correlation between the share of expenditures on material support in total LSG expenditures and the level of self-funding, as the approximation of LSG development level, was not found (correlation coefficient of -0.2). In other words, there was no general pattern of more developed municipalities and cities allocating larger proportions of their own budgets for these purposes, or less developed ones allocating less. Likewise, there was no correlation between the population size and the proportion of expenditures on material support (-0.06).

Table 2.4.2. Distribution of LSGs by share of expenditures on material support in local budgets, 2021

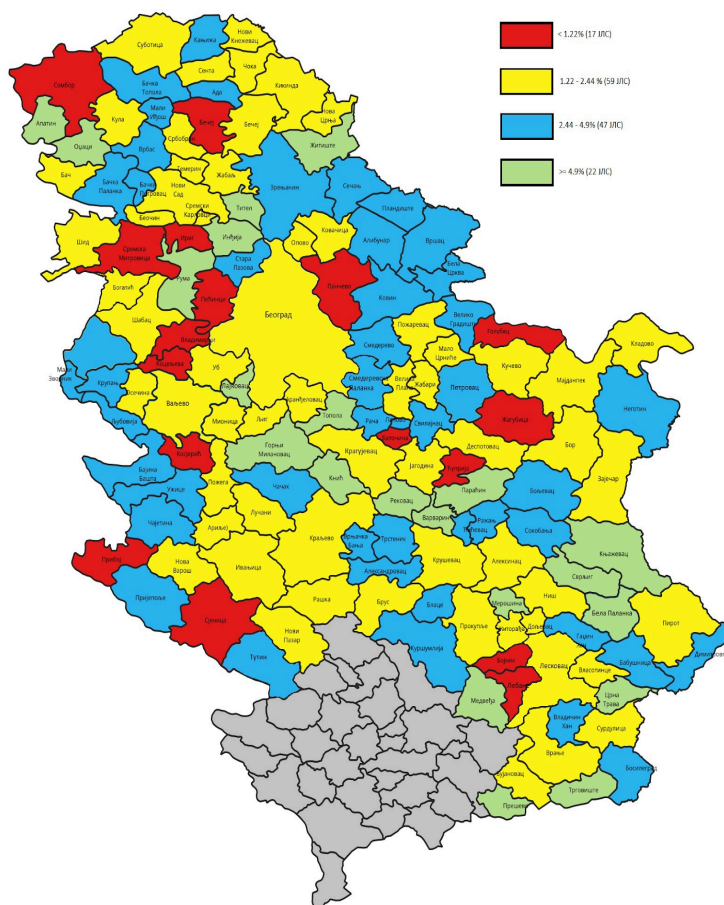
Number of LSGs	Expenditure share
17	< 1.22%
59	1.22% ≤ X < 2.44%
47	2.44% ≤ X < 4.9%
22	≥ 4.9%

Source: Database of material support within the mandate of LSGs, data for 2021

Map 2.4.2. shows local self-governments grouped according to their respective share of expenditures on material support in local budgets in 2021, as follows:

- 17 LSGs with the share half as high as the average (1.22%) or lower – marked in red ■
- 59 LSGs with the share between half the average and the average (1.22% to 2.44%) – marked in yellow ■
- 47 LSGs with the share between the average and twice the average (2.44% to 4.9%) – marked in blue ■
- 22 LSGs with the share of expenditures larger than twice the average (over 4.9%) – marked in green ■

Map 2.4.2. Distribution of LSGs by share of expenditures on material support in local budgets, 2021



Another indicator of the scale of intervention is the *average annual per capita expenditures on material support*.

In 2021, average per capita allocations for material support at the local level amounted to RSD 1,369. The correlation between the two scale of intervention indicators was unsurprisingly high (0.8), and the overall picture largely coincided with the findings of the analysis of the share of expenditures on material support in the local budgets.

Twice as much as the average (over RSD 2,738) was allocated by 11 LSGs, mostly with smaller populations. As many as five of these municipalities were from development level group IV or from devastated areas, while only one of them (Lajkovac) was from group I.

Almost two thirds of LSGs had below-average per capita allocations, while very small per capita allocations (half as high as the average (RSD 684.5) or lower) were recorded in 32 LSGs. The group of LSGs with the smallest per capita allocations for material support also included some of the most developed municipalities (Pećinci and Senta) and the city of Pančevo.

Per capita allocations in Belgrade (RSD 1,651) and, in particular, Novi Sad (RSD 1,925) were significantly higher than the average, whereas in Niš they were below average (RSD 1,075).

Table 2.4.3. Distribution of LSGs by average annual per capita expenditures on material support, 2021

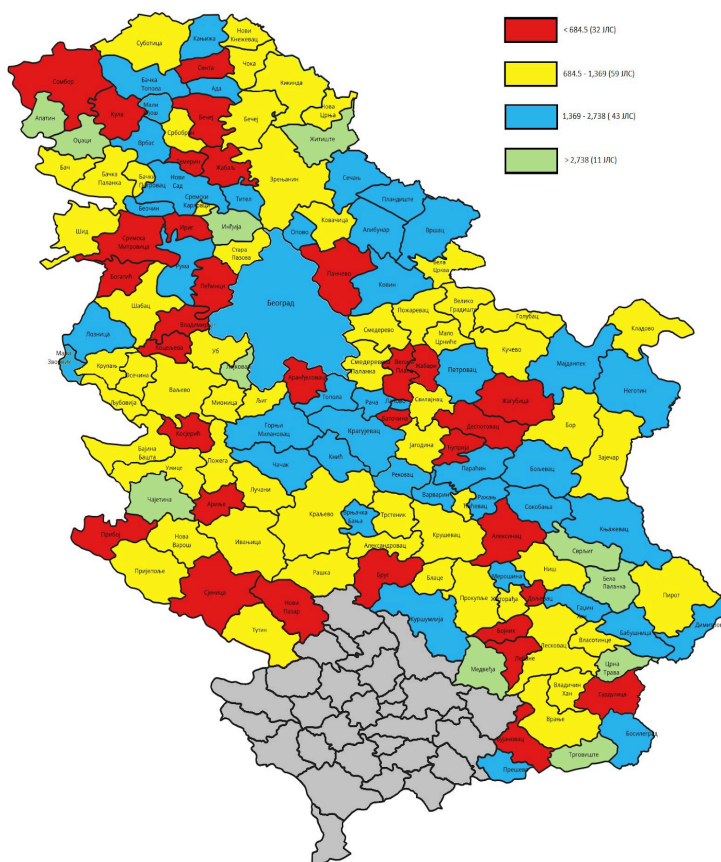
Number of LSGs	Average annual per capita expenditures (RSD)
32	< 684.5
59	$684.5 \leq X < 1,369$
43	$1,369 \leq X \leq 2,738$
11	> 2,738

Source: Database of material support within the mandate of LSGs, data for 2021

Map 2.4.3. shows local self-governments grouped according to their respective per capita expenditures on material support in 2021, as follows:

- 32 LSGs with per capita expenditures half as high as the average (RSD 684.5) or smaller – marked in red ■
- 59 LSGs with per capita allocations between half the average and the average (from RSD 684.5 to 1,369 annually) – marked in yellow ■
- 43 LSGs with per capita allocations between the average and twice the average amount (from RSD 1,369 to 2,738 annually) – marked in blue ■
- 11 LSGs with per capita allocations at least twice as high as the average amount (RSD 2,738 annually) – marked in green ■

Map 2.4.3. Distribution of LSGs by per capita expenditures on material support, 2021



A correlation between per capita expenditures on material support and level of self-funding was not found (correlation coefficient -0.16), nor was it found between per capita

expenditures and population size (-0.02). This, in fact, means that there was no pattern of more developed or larger local self-governments allocating more for material support per capita than small and underdeveloped ones.

The indicator of the scale of poverty reduction interventions is calculated as the ratio of the *expenditures on means-tested material support at the local level to the expenditures on FSA and child allowance from the national level in the considered LSG*.

The total social benefits for the poor paid from the national level (FSA and child allowance) for all 145 LSGs amounted to approximately RSD 22 billion in 2021, while municipalities and cities additionally allocated approximately RSD 4.13 billion for the poor, i.e. additional 18.8%, on average.

The largest amount of additional funds for the poor was allocated by a group of 24 LSGs, including large cities, such as Belgrade and Užice. It should be noted that the proportion of FSA and child allowance recipients in these cities was below average; hence, it is understandable that local budget allocations for the poor were substantial relative to the national funds provided.¹⁰⁹ However, this was not a general rule. The LSGs with significant additional allocations also included e.g. small underdeveloped municipalities of Crna Trava and Medvedja, in which the proportion of FSA and child allowance recipients was considerably higher than the average.¹¹⁰

Additional allocations in Novi Sad and Niš were close to the average – 20.1% and 17.1%, respectively.

Table 2.4.4. Distribution of LSGs by additional local social benefits for the poor, expressed as a proportion of the national allocations, 2021

Number of LSGs	Additional benefits for the poor at the local level (%)
58	< 9.4%
40	9.4% ≤ X < 18.8%
23	18.8% ≤ X ≤ 37.6%
24	> 37.6%

Source: Database of material support within the mandate of LSGs, data for 2021

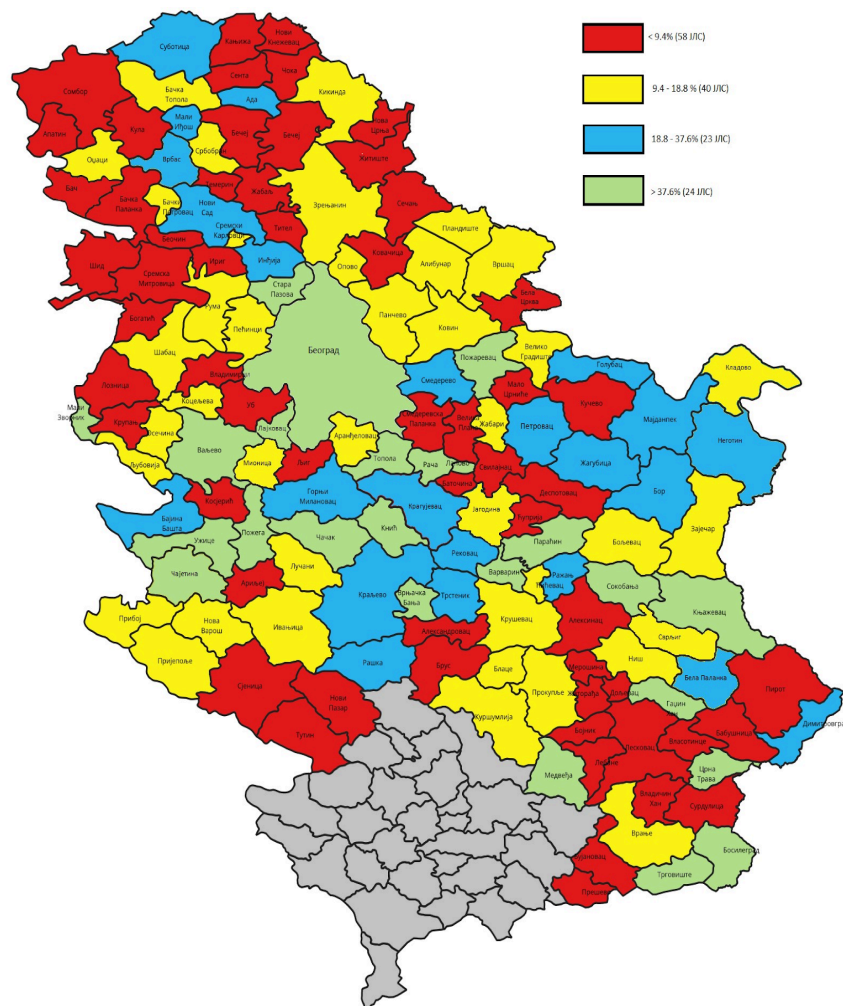
¹⁰⁹ According to the DevInfo database, the share of FSA recipients in the total population of Užice in 2021 was only 0.2%, in Belgrade it was 0.9%, whereas in Serbia overall it was 2.8%. Likewise, the share of (basic) child allowance beneficiaries in the total population of children was 6.3% in Užice and 5.2% in Belgrade, compared to 14% in Serbia (Republički zavod za statistiku, 2023a).

¹¹⁰ According to the DevInfo database, the share of FSA recipients in the total population of Crna Trava in 2021 was 10.1%, in Medvedja – 6.9%, whereas in Serbia overall it was 2.8%. Likewise, the share of (basic) child allowance beneficiaries in the total population of children was 23.4% in Crna Trava and 26.4% in Medvedja, compared to 14% in Serbia (Republički zavod za statistiku, 2023a).

Map 2.4.4. shows local self-governments grouped according to the scale of poverty reduction interventions in 2021, as follows:

- 58 LSGs with the scale at least two times smaller than the average (9.4%) – marked in red ■
- 40 LSGs with the scale between half the average and the average (between 9.4% and 18.8%) – marked in yellow ■
- 23 LSGs with the scale between the average and twice the average (18.8% and 37.6%) – marked in blue ■
- 24 LSGs with the scale at least twice the average (37.6%) – marked in green ■

Map 2.4.4. Distribution of LSGs by additional local benefits for the poor, expressed as a proportion of the national allocations, 2021



Performance indicators – coverage

The performance indicator used for assessing the coverage was the *hypothetical coverage rate* (HCR), calculated as the ratio of the number of net-average-wage-equivalent beneficiaries (AWEB) to the total number of households in the considered LSG. The AWEB was already calculated as a programme size indicator.

The hypothetical coverage rate at the level of all LSGs in Serbia was 5.34% in 2021, considering that the total number of AWEB was 138,143, while the number of households, according to the 2022 Census, was 2,589,344.

The 12 LSGs with a high hypothetical coverage rate, at least twice as high as the average, mostly included small and predominantly underdeveloped municipalities.

In 60% of the municipalities and cities, the hypothetical coverage rate was below average, while a rate half as high as the average (2.67%) or lower was registered in 28 LSGs. This group included some of the most developed cities (Pančevo) and municipalities (Pećinci and Senta), as well as some of the least developed, devastated municipalities in southern Serbia (Lebane and Bojnik).

In Belgrade and Novi Sad, the HCR was above the average, at 6.1% and 6.9%, respectively. The hypothetical coverage rate in Niš stood at only 4.1%, which was below this indicator's average value at the national level.





Table 2.4.5. Distribution of LSGs by hypothetical coverage rate, 2021

Number of LSGs	HCR
27	$\leq 2.67\%$
60	$2.67\% < X < 5.34\%$
46	$5.34\% \leq X \leq 10.68\%$
12	$> 10.68\%$

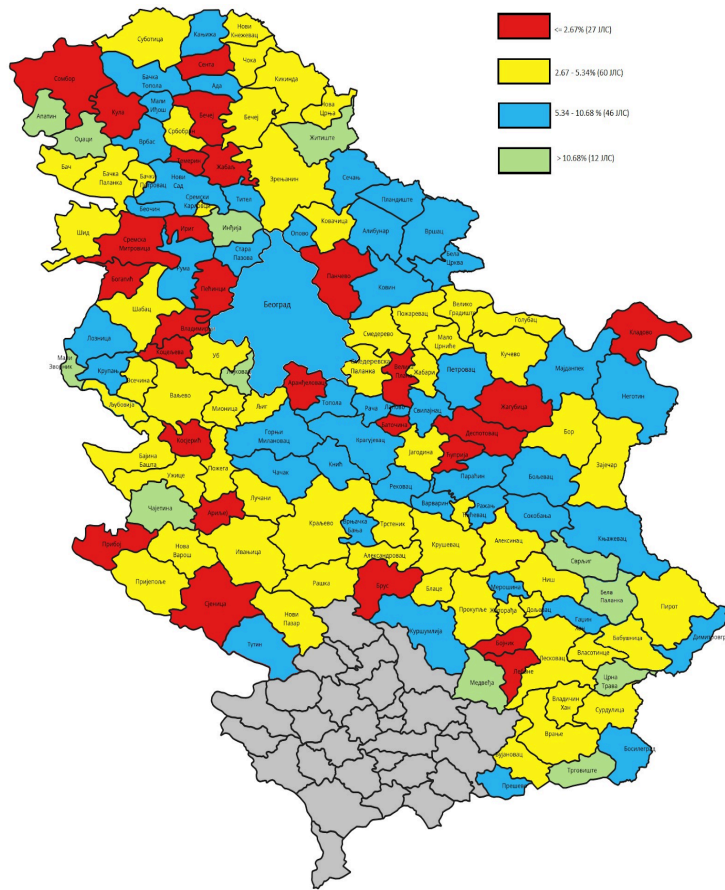
Source: Database of material support within the mandate of LSGs, data for 2021

A correlation between the HCR and the level of self-funding was not found (correlation coefficient -0.16), nor was it found between the HCR and the population size (-0.03). In other words, the hypothetical coverage did not increase as a function of population size, or of local self-government development level.

Map 2.4.5. shows local self-governments grouped according to the hypothetical coverage rate in 2021, as follows:

- 27 LSGs with the hypothetical coverage rate half as high as the average (2.67 %) – marked in red 
- 60 LSGs with the hypothetical coverage rate between half the average and the average (between 2.67% and 5.34%) – marked in yellow 
- 46 LSGs with the hypothetical coverage rate between the average and twice the average (5.34% and 10.68%) – marked in blue 
- 12 LSGs with the hypothetical coverage rate twice as high as the average (10.68%) – marked in green 

Map 2.4.5. Distribution of LSGs according to the hypothetical coverage rate, 2021



Performance indicators – social benefit amount and adequacy

Due to various limitations, the amount and adequacy of social benefits were calculated only for cash benefits for FSA recipients in 128 local self-governments.¹¹¹

The average benefit amount per beneficiary was calculated as *the quotient of the average monthly expenditures on individual cash benefits awarded by LSGs to FSA recipients and the average monthly factual number of household beneficiaries of this group of benefits in a given LSG in 2021*.¹¹²

On average, only one in ten FSA recipient households (10.3% of the total number in 128 LSGs) received some type of additional cash benefit from the local budget, in an average monthly amount of RSD 11,331 (Annex 7, Table 4).

In order to assess the adequacy of this type of support, the monthly benefit amount awarded per FSA recipient in each LSG was divided by the average monthly amount of the financial social assistance awarded from the national level (RSD 13,371). This provides insight into how much local cash benefits increased the adequacy of support for FSA recipients. Formulated in this way, adequacy in 128 LGs averaged at 84.7%.

Adequacy was lower than the average (84.7%) in 58 LSGs. In a few LSGs, relatively small benefits were awarded to a small number of FSA recipient households. An adequacy level half as high as the average or lower (below 42.35%) and a low coverage of FSA recipients (between 3.4% and 6.8%) was recorded in the municipalities of Ub, Lebane and Ražanj, as well as in the cities of Sremska Mitrovica, Pirot and Subotica (Annex 7, Table 4).

In 30 LSGs, adequacy was at least twice as high as the average (over 169.4%), which means that their local benefits were approximately 70% higher than the average monthly amount of FSA per beneficiary paid from the national level. In this group, it is worth highlighting those cities and municipalities that not only awarded relatively large amounts, but also covered a significant proportion of FSA recipients, such as Čačak, Vrnjačka Banja and Požega (the coverage of FSA recipients approximately 18% or higher). On the other hand, a number of LSGs in which cash benefits can be assessed as adequate were characterised by a very low coverage of FSA recipient households – under 1% (Babušnica, Doljevac, Kikinda, Novi Kneževac and Senta (Annex 7, Table 4).

In Belgrade and Novi Sad, adequacy was above average (107.3% and 91.5%, respectively), accompanied by a high coverage of FSA recipients (27.2% and 21.4%, respectively). In Niš, both adequacy and coverage were below average (53% and 8.8%, respectively).

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

Considering that the coverage of FSA recipients is an important factor in the assessment of adequacy, as well as that some municipalities and cities opted for significant support in the form of in-kind assistance, the map below uses shades of neutral colours.

¹¹¹ See the detailed explanation and the list of excluded LSGs in the section on the methodology.

¹¹² Ibid.

Table 2.4.6. Distribution of LSGs by adequacy of benefits for FSA recipients, 2021

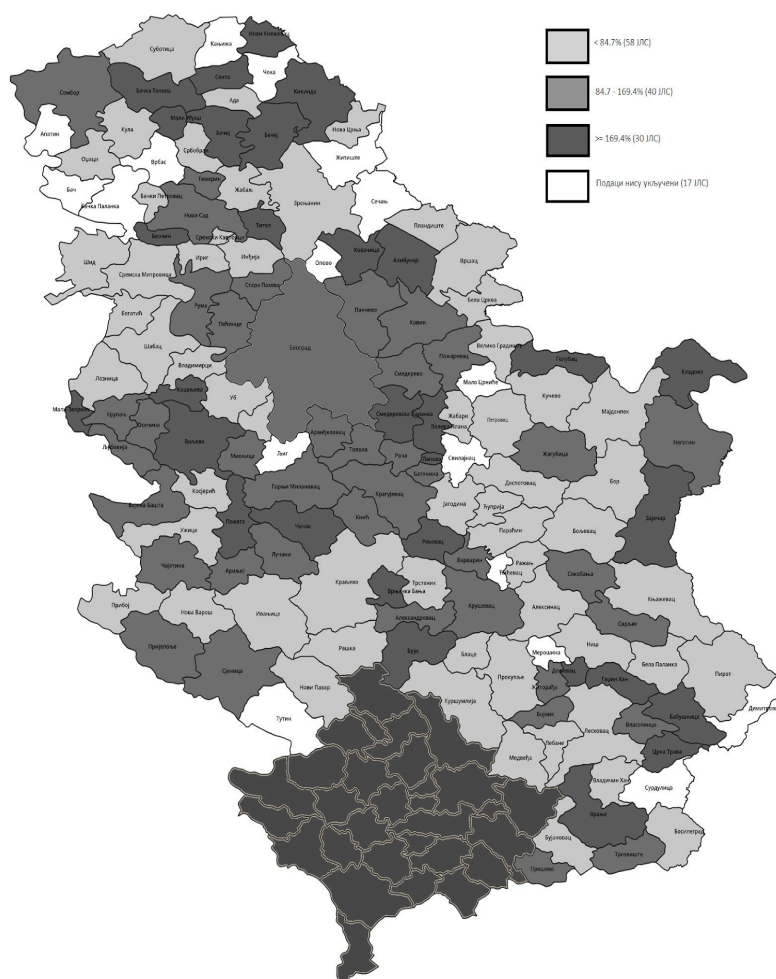
Number of LSGs	Adequacy
58	< 84.7%
40	84.7% ≤ X < 169.4
30	≥ 169.4
17	Data not included

Source: Database of material support within the mandate of LSGs, data for 2021

Using shades of neutral colours, Map 2.4.6 shows local self-governments grouped according to the adequacy indicator in 2021, as follows:

- 58 LSGs with adequacy lower than the average (84.7%) – marked in light grey
- 40 LSGs with adequacy between the average and twice the average value (between 84.7% and 169.4%) – marked in medium grey
- 30 LSGs with adequacy at least twice the average (169.4% or higher) – marked in dark grey
- 17 LSGs whose data were not included – marked in white

Map 2.4.6. Distribution of LSGs by adequacy of benefits for FSA recipients, 2021



Comparison of indicator values from 2018 and 2021

The comparison of indicators between 2021 and 2018 shows that their values did not change significantly (Table 2.4.7.). Somewhat larger additional allocations for the poor at the local level compared to those at the national level were a result of the continual decrease of the expenditures on FSA and child allowance in Serbia (Matković, 2021). The drop in the number of AWEB and the hypothetical coverage rate was primarily a result of the fact that the average net wage per employed person in Serbia grew faster than local expenditures on material support.

The values of the indicators *social benefit amount* and *adequacy* for FSA beneficiaries are not comparable due to the changed methodology and LSG coverage compared to those in the previous mapping cycle.

Table 2.4.7. Average indicator values, 2018 and 2021

Indicators	2018	2021
PROGRAMME SIZE INDICATORS		
<i>AWEB</i>	1,014	953
SCALE OF INTERVENTION INDICATORS		
<i>Share of expenditures on material support in the local budget</i>	2.5%	2.44%
<i>Per capita expenditures on material support</i>	RSD 1,045	RSD 1,369
<i>Additional local expenditures for the poor as a proportion of the national expenditures</i>	13.2%	18.8%
COVERAGE INDICATORS		
<i>HCR</i>	6.1%	5.3%

Source: Database of material support within the mandate of LSGs, data for 2018 and 2021

Notes: AWEB – average-wage-equivalent beneficiaries; HCR – hypothetical coverage rate

2.5 FINDINGS AND CONCLUDING OBSERVATIONS

The mapping process collected data on social benefits within the mandate of LSGs, awarded pursuant to decisions on social protection and decisions on financial support to families with children. In addition to the provision of various social care services, Serbia's municipalities and cities also awarded material support to their citizens with different purposes, usually aiming to protect them from unexpected and temporary risks, chronic poverty, vulnerability arising from disability and other vulnerable identities, or to support them financially through the period of childbirth and child care.

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

In 2021, the total expenditures on material support within the mandate of LSGs amounted to approximately RSD 9.1 billion (0.15% of the GDP), considerably above the amount spent on social care services within the mandate of municipalities and cities. Approximately 41% of the total expenditures were incurred in the three largest cities in Serbia: Belgrade (RSD 2.78 billion), Novi Sad (RSD 710 million) and Niš (RSD 268 million).

In the structure of the total expenditures, those on in-kind benefits were dominant (over RSD 5 billion, or 55.7%). Various cash benefits accounted for about RSD 4 billion (44.3% of the total expenditures on material support). The expenditures on cash benefits prevailed in the majority of LSGs (60% of the total number); however, the largest cities spent more on in-kind assistance, which, in consequence, accounted for a greater share of this type of support in the total expenditures.

The analysis of the non-weighted average, which is a better reflection of the typical situation in Serbia, shows that the predominant category in cities and municipalities were expenditures on supplies/goods (35.5%) and soup kitchens (20.0%), while transportation subsidies and other expenditures (on funeral services, in vitro fertilisation, medications, accommodation in student dormitories and the like) also accounted for significant proportions (12.9% and 11.9%, respectively). In Belgrade, subsidised utility bills accounted for a large proportion of the expenditures.

Considered by groups of benefits, the largest proportion of expenditures pertained to means-tested benefits awarded to FSA recipients or other poor individuals (45.5%). The proportion of the expenditures on category-specific benefits was lower (33.4%), while the smallest allocations were for pro-birth measures (21.1%). In more than a half of LSGs, the expenditures on benefits awarded to the poor were higher than those on category-specific and pro-birth benefits, while in 30 municipalities and cities these expenditures accounted for more than ¾ of the total expenditures on material support. The structure of expenditures by groups of benefits in Belgrade did not differ significantly from that in Serbia overall. Expenditures on category-specific benefits were markedly dominant in Novi Sad (71.2%), while in Niš this was the case with means-tested benefits (63.7%).

Workfare was organised in only 17 LSGs. Only a few municipalities recorded a significant share of expenditures on these purposes in the total expenditures for the poor.

Expenditures on material support within the mandate of LSGs increased compared to those in 2018, the year when these benefits were first mapped. In real terms, they grew by just over

RSD 1.25 billion, which translates as the real growth rate of 16.0%, while their share in the GDP increased only slightly, from 0.14% to 0.15%.

As in 2018, the dominant expenditures in 2021 were those on in-kind assistance, although with a slightly declining proportion, from 57.9% to 55.7%. The proportion of expenditures on cash benefits was still dominant in most LSGs, although those on in-kind benefits prevailed in larger cities and, by extension, in the structure of total expenditures, just as they did in the previous mapping cycle.

The analysis of the non-weighted average shows that the proportion of expenditures on soup kitchens remained almost unchanged between 2018 and 2021, the proportion of expenditures on supplies/goods increased significantly, while that of expenditures on transportation subsidies decreased.

The structure of expenditures by groups of benefits did not change considerably. As in 2018, this structure was dominated by expenditures for the poor, while expenditures on pro-birth benefits accounted for the smallest chunk. The proportion of expenditures for the poor increased from 39.2% in 2018 to 45.5% in 2021, while that of expenditures on category-specific and pro-birth benefits decreased proportionally.

The key change compared to 2018 was observed with regard to the expenditures on workfare, which decreased more than tenfold. The number of LSGs that reported workfare also decreased by a half.

The indicator of programme size – the number of average-wage-equivalent beneficiaries (AWEB) – averaged 953. This means that, on average, municipalities and cities hypothetically awarded material support amounting to one net average monthly wage to 953 beneficiaries in 2021. The median value of this indicator was approximately 351. The number of hypothetical beneficiaries varied considerably by individual municipalities and cities, reflecting their respective differences in size. The number of AWEB ranged from only about thirty to forty hypothetical beneficiaries in smaller municipalities to several thousand in major cities, and to over 42,150 in Belgrade.

The scale of intervention indicator shows that local self-governments in Serbia allocated on average 2.44% of their local budgets for material support. Among the 22 LSGs that made the largest allocations for these purposes (twice as high as the average, 4.88% or higher), almost a half were severely underdeveloped municipalities with small budgets and highly disadvantaged populations, located in the devastated areas in the south of Serbia (Merošina, Preševo, Trgovište, Bela Palanka, Svrlijig and Medvedja) and municipalities from group IV (Varvarin, Rekovac, Knjaževac and Crna Trava). In this group, only Kragujevac and Lajkovac were in the category of highly developed LSGs.

According to the other scale of intervention indicator, average per capita allocations for material support at the local level amounted to RSD 1,369 in 2021. Twice as much as the average or more (over RSD 2,738) was allocated by 11 LSGs, mostly with smaller populations, among which almost a half were from development level group IV or from devastated areas. Nearly two thirds of LSGs had below-average per capita allocations, while very small per capita allocations (below half the average – RSD 684.5) were recorded in 32 LSGs, which could not be generalised either in terms of their development level or the population size. Per capita allocations in Belgrade (RSD 1,651) and Novi Sad (RSD 1,925) were significantly above the average, whereas in Niš they were substantially below average (RSD 1,075).

The indicator of the scale of poverty reduction interventions shows that municipalities and cities topped up the national budget allocations (for FSA and child allowance, subject to a

means test) by contributing a further 18.8% of that amount from their own budgets, on average. The relatively large scale of interventions in a number of LSGs is a consequence of the fact that local allocations are expressed as a proportion of the national budget allocations, which are low due to the relatively small number and share of FSA and child allowance recipients. However, significant additional funds were also allocated by a number of municipalities where this was not the case (Crna Trava and Medvedja).

The average hypothetical coverage rate, as a performance indicator, was approx. 5.34%. The 12 LSGs with the HCR at least twice as high as the average mostly included small municipalities, as well as underdeveloped ones. In Belgrade and Novi Sad, the HCR was above the average, at 6.1% and 6.9%, respectively. In 60% of the municipalities and cities, the HCR was below average, while a rate half as high as the average (2.67%) was registered in 27 LSGs.

The amount of material support awarded from local budgets to FSA recipients in 128 local self-governments for which data were available averaged approximately RSD 11,331 per month. On average, the benefits were awarded to only one in ten FSA recipient households.

The adequacy of cash benefits for the poor was 84.7% on average. An adequacy level half as high as the average or lower (below 42.3%) and a low coverage of FSA beneficiaries was recorded in the cities of Sremska Mitrovica, Pirot and Subotica. In Belgrade and Novi Sad, adequacy was above average (107.3% and 91.5%, respectively), and the coverage of FSA recipient households was also high (27.2% and 21.4%, respectively).

The comparison of indicators between 2021 and 2018 shows that their values did not change significantly. Somewhat larger additional allocations for the poor at the local level compared to those at the national level were a result of the continual decrease of the expenditures on FSA and child allowance in Serbia. The drop in the number of AWEB and the hypothetical coverage rate was primarily a result of the fact that the average net wage per employed person in Serbia grew faster than local expenditures on material support.

The research did not conclude that either the scale of intervention or performance indicators were more favourable in the more developed or larger municipalities and cities.

Finally, a few general concluding observations are presented below

Mapping Material Support within the Mandate of Local Self-Governments in the Republic of Serbia in 2021 was the second iteration of the research that collected data and calculated indicators in this area. In procedural terms, the research was based on the previously established mapping of social care services within the mandate of local self-governments, which had been conducted through a number of cycles since 2012.

The findings of the 2021 and 2018 mapping of material support show that this type of research can collect specific data with a fairly high degree of reliability. These were primarily data on expenditures, which provided an insight into the coverage and scale of interventions in the field of material support awarded by LSGs. The mapping could not comprehensively collect the data on the factual number of beneficiaries of material support within the mandate of LSGs due to the various definitions of the term “beneficiary” (individual or household) in respect of individual entitlements and in different LSGs, as well as because there were no data available on the overlapping of the beneficiaries that received support on multiple grounds in the form of various benefits. This problem cannot be solved without an information system capable of properly identifying material support beneficiaries – both individuals and households to which they belong. The single *Social Card* register, launched recently, could facilitate the collection of data conducive to a more comprehensive research into material support within the mandate of LSGs.

Based on both previously conducted mapping cycles, a conclusion can be drawn that some indicators, such as social benefit amount per beneficiary and benefit adequacy, should be calculated separately for each benefit. Once the technical requirements for reporting the factual number of beneficiaries are in place, the indicators for social benefit amount and adequacy should be defined at the level of individual benefits, following the approach taken for the FSA in the mapping. An outstanding question is whether certain issues with regard to data collection can be resolved with greater mentorship support. Moreover, for a better understanding of municipalities and cities' specific situations, as well as general trends, it would be valuable to hold regional workshops after the initial phase of data collection and processing, in order to present the preliminary findings.

Continuing the expert discussion on individual indicators, their improvement, and potential changes to the information system of the single *Social Card* register to enable the automatic calculation of a predefined set of material support indicators would certainly contribute to better understanding and development of social protection at the local level.

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

As for the pertinent legal provisions, it would be worth reconsidering the formulation "other types of material support" in the Law on Social Protection (Article 111), which should at least be expressly expanded to include cash benefits. It should also be noted that the rigidity of other sector-specific laws with regard to the mandate of local self-governments compelled many municipalities and cities to fund some types of support under decisions on social protection, although they did not fundamentally fall within that sector. That refers e.g. to subsidised transportation for students irrespective of their families' financial status, the award of merit-based scholarships and so on. The question of regulating the so-called voluntary workfare schemes also remains open.

REFERENCES

Podrška obrazovanju dece u 20 opština i gradova (2023), a study conducted as part of the project titled “Enhanced Equal Access to and Completion of Pre-University Education for Children in Need of Additional Support in Education – LEARNING TOGETHER”, by the Ministry of Education in cooperation with UNICEF, and supported by the European Union Delegation to the Republic of Serbia (internal document)

Autonomni ženski centar (2022). Femicid – ubistva žena u Srbiji – Kvantitativno-narativni izveštaj 1. januar – 30. jun 2022. godine

https://www.womenngo.org.rs/images/femicid/FEMICID_Polugodi%C5%A1nji_Kvantitativno_-_narativni_godi%C5%A1nji_izve%C5%A1taj_2022._godina.pdf

Državna revizorska institucija (2022). Izveštaj o reviziji svrsishodnosti poslovanja: Efikasnost raspodele i korišćenja namenskih transfera u socijalnoj zaštiti. Dostupno na:

<https://dri.rs/storage/newaudits/2022-3-SV%20Efikasnost%20raspodele%20i%20koriscenja%20namenskih%20transfera%20u%20socijalnoj%20zastiti.pdf>

Vlaović Vasiljević D., *Vodič za organizacije civilnog društva: Standardi usluga socijalne zaštite u zajednici i procedure licenciranja*, podržale EU i Kancelarija za saradnju sa civilnim društvom Vlade Republike Srbije, 2013

EC/IMF/OECD/UN/WBG (2009). *System of National Accounts 2008*. <https://unstats.un.org/unsd/nationalaccount/docs/sna2008.pdf>

Eurostat (2022). *European system of integrated social protection statistics – ESSPROS*, Publications Office of the European Union, Luxembourg. Available at: <https://ec.europa.eu/eurostat/web/products-manuals-and-guidelines/-/ks-gq-22-013>

Evropska komisija (2020). Radni dokument komisije. Republika Srbija – Izveštaj za 2020. godinu.

https://www.mei.gov.rs/upload/documents/eu_dokumenta/godisnji_izvestaji_ek_o_napretku/srbia_report_2020_SR.pdf

Jakopin, E. & Čokorilo, N. (2022). Regionalni pokretači rasta u Republici Srbiji. Beograd: Republički zavod za statistiku.

Matković (2021). Socijalna i dečja zaštita. Prilog za *Četvrti nacionalni izveštaj o socijalnom uključivanju i smanjenju siromaštva u Republici Srbiji* (interni dokument).

Matković, G. and Stranjaković, M. (2016). *Mapping Social Care Services within the Mandate of Local Self-Governments in the Republic of Serbia*. Belgrade: Social Inclusion and Poverty Reduction Unit of the Government of the Republic of Serbia.

Matković, G. and Stranjaković, M. (2020). *Mapping Social Care Services and Material Support within the Mandate of Local Self-Governments in the Republic of Serbia*. Belgrade: Social Inclusion and Poverty Reduction Unit of the Government of the Republic of Serbia.

Matković, G., Šunderić, Ž. (2018). *Model za lokalizaciju procesa Evropskih integracija: za oblast socijalne i dečije zaštite*. Beograd: Centar za socijalnu politiku.

Ministarstvo prosvete, nauke i tehnološkog razvoja (2022). *Nacionalni izveštaj o inkluzivnom obrazovanju u Republici Srbiji za period od 2019. do 2021. godine*, <https://prosveta.gov.rs/wp-content/uploads/2022/12/Nacionalni-izvestaj-o-IO-2019-2021.pdf>

Matković, G. (2017), Praćenje socijalne uključenosti u Republici Srbiji: Indikatori socijalne zaštite i socijalne sigurnosti, Vlada Republike Srbije, Tim za socijalno uključivanje i smanjenje siromaštva, Republički fond za statistiku i UNICEF,

https://socijalnoukljucivanje.gov.rs/wp-content/uploads/2017/10/Pracenje_socijalne_ukljucenosti_u_Republici_Srbiji_trece_dopunjeno_izdanje_Indikatori_socijalne_zastite_i_socijalne_sigurnosti.pdf

OECD (2021). Long-Term Care Resources and Utilisation. *OECD Health Statistics* (database). Available at:

https://stats.oecd.org/Index.aspx?DataSetCode=HEALTH_LTCR

Rulebook on Detailed Conditions and Standards of Provision of Social Care Services (2013, 2018, 2019),

<http://www.pravno-informacioni-sistem.rs/SlGlasnikPortal/eli/rep/sgrs/ministarstva/pravilnik/2013/42/3/reg>

Rulebook on Additional Educational, Social and Health Care Support to Children, Students and Adults (2018)

<https://www.paragraf.rs/propisi/pravilnik-dodatnoj-obrazovnoj-zdravstvenoj-socijalnoj-podrsi.html>

Rulebook on Licensing Social Protection Organisations,

<https://www.pravno-informacioni-sistem.rs/SlGlasnikPortal/eli/rep/sgrs/ministarstva/pravilnik/2013/42/1/reg>

Republički zavod za socijalnu zaštitu (2016), Pilotiranje usluge *porodični saradnik* i evaluacija rezultata pružanja usluge

<http://www.zavodsz.gov.rs/media/1204/pilotiranje-usluge-ps2016.pdf>

Republički sekretarijat za javne politike (2023). Metodološke napomene. Available at:

<https://rsjp.gov.rs/cir/analiticki-servis/>

Republički zavod za statistiku (2022). Prosečne zarade po zaposlenom, decembar 2021.

Saopštenje, <https://publikacije.stat.gov.rs/G2022/Html/G20221047.html>

Republički zavod za statistiku (2023). Starost i pol – podaci po naseljima. Popis stanovništva, domaćinstava i stanova 2022. Beograd: Republički zavod za statistiku

Republički zavod za statistiku (2023a). Baza podataka DevInfo: Pregled stanja i razvoja opština. Available at: <http://devinfo.stat.gov.rs/Opstine/libraries.aspx/Home.aspx>

Republički zavod za statistiku (2023b). Domaćinstva prema broju članova – Podaci po naseljima. Popis stanovništva, domaćinstava i stanova 2022. Beograd: Republički zavod za statistiku.

Republički zavod za statistiku (2018). Bruto domaći proizvod, 2005-2014. – Nastavak procesa revizije. Saopštenje za javnost. Available at: <https://www.stat.gov.rs/publikacije/>

Republički zavod za statistiku (2018a). Revizija bruto domaćeg proizvoda (BDP) Republike Srbije 2015-2017. Available at:

<https://www.stat.gov.rs/sr-latn/vesti/20180925-najava-revizije-bdp-a/>

RZSZ (2022), *Izveštaj o uslugama socijalne zaštite na lokalnom nivou koje pružaju licencirani pružaoci usluga u periodu 2016–2020. godine* Republičkog zavoda za socijalnu zaštitu (RZSZ) <http://www.zavodsz.gov.rs/media/2270/izvestaj-lplu-2016-2020.pdf>

Sintetizovani izveštaj o radu centara za socijalni rad u Srbiji za 2014. (2015) godinu, Republički zavod za socijalnu zaštitu, Beograd, p. 50.

Strategy for Deinstitutionalisation and Development of Community-Based Social Care Services 2022–2026

<https://www.minrzs.gov.rs/sr/dokumenti/ostalo/sektor-za-socijalnu-zastitu/strategija-deinstitucionalizacije-i-razvoja-usluga-socijalne-zastite-u-zajednici-za-period-2022-2026godine>

Strategy for Preventing and Combating Gender-Based Violence against Women and Domestic Violence 2021–2025

<https://www.pravno-informacioni-sistem.rs/SlGlasnikPortal/eli/rep/sgrs/vlada/strategija/2021/47/1/reg>

Law on Financial Support to Families with Children. Official Gazette of RS, Nos 113/17, 50/18, 46/21– amended by Constitutional Court decision, 51/21 – amended by Constitutional Court decision, 53/21 – amended by Constitutional Court decision, 66/21, 130/21, 43/23 – amended by Constitutional Court decision and 62/23).

Law on Social Protection. Official Gazette of RS, Nos 24/11 and 117/2022 – amended by Constitutional Court decision.

Law Ratifying the ILO Worst Forms of Child Labour Convention (2003)

Law on the Foundations of the Education System (2021)

Law on the Prevention of Domestic Violence (2016)