

Civil society organisations as social service providers in the Western Balkan countries





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Podgorica, October 2021

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NGO Juventas
Oktobarske revolucije, 78
81000 Podgorica
Montenegro

EDITOR:

Maja Markovic

CONTRIBUTORS:

NGO Juventas (Montenegro – Nina Šćepanović)
Initiative for Social Change ARSIS (Albania – Anduela Valle),
Association Margina (Bosnia and Herzegovina – Berina Bahić),
Healthy Options Skopje (North Macedonia – Vlatko Dekov),
NGO Labyrinth (Kosovo – Lindor Bexheti)
Prevent Association (Serbia – Ivana Jovanović)

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1

Introduction

Civil society organisations have had a significant role in democratising the Western Balkan region. Since the early 90s, they have actively participated in all significant democratic developments, contributing to education, social inclusion, the rule of law, and many other fields. A lot of reforms in the area could not have been possible without the active advocacy from civil society organisations and their efforts to bring European values to the Balkan region in transition.

Civil society organisations have been equally important when it comes to alarming the public of corrupt and unjust practices within the government, providing expert support in developing laws and regulations, leading campaigns against discrimination while showcasing the respect of human rights. This study sheds light on those organisations whose work is based on providing different services to the region's citizens. For decades, CSOs in the region have often been the only address for members of many vulnerable populations. When state legal regulations and official procedures did not recognise the needs of specific populations or had available services for them, civil society organisations were there to fill the existing gaps and provide those people with the necessary support and assistance. For many people who belong to vulnerable populations, civil society organisations are places where they can find psychosocial support, food and clothes, shelter, legal advice, adequate care, rehabilitation, but also support and understanding free from stigma and discrimination. Many people who belong to the LGBTIQ+ population, those who use drugs, former prisoners, victims of violence, people with disabilities, national and religious minorities, people on the move, asylum seekers, people under international protection, people with mental health challenges, sex workers, young people without parental care, youth in conflict with the law, members of dysfunctional families, and many other people at risk of social exclusion- they are all daily users of services provided by civil society organisations. These organisations and their work represent a significant factor in preventing social exclusion and providing conditions in which everyone has access to the same rights.

This study deals with civil society organisations that provide social and health services in Albania, Bosnia and Herzegovina, Kosovo, Montenegro, North Macedonia and Serbia. It tries to present the organisations' environment, the obstacles they face and to point to the reforms necessary for sustainability of the services offered to the vulnerable populations. The study focuses on the consequences of the COVID-19

pandemic and the regional CSOs' efforts to mitigate those. In addition, the study also lists a set of national-level examples of CSOs providing services that can serve as a source of factual information for developing models of support and supporting work of these organisations.

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Summary

Most Western Balkans countries have somewhat **developed a legal and institutional framework for the functioning of civil society organisations**. Several multi-sector bodies have been formed, and many laws and strategies have been adopted. However, the situation in practice remains unsatisfactory for the majority of the countries. In most countries, civil society organisations advocate for higher involvement of the CSOs in the decision-making process and **more substantial participation in implementing public policies**.

When it comes to CSOs active in the service provision area, there are far more legislation gaps. First of all, social protection systems in all countries of the region are undergoing inevitable changes, and there are efforts for higher decentralisation of social care. Country-level social care systems **mainly recognise the right of CSOs to provide social services, while the actual implementing models remain unfinished**. Most countries have introduced some kind of licensing of services provided by CSOs, but that has not significantly helped sustain the durability of those services so far. Licensing procedures for CSOs providing social services have been introduced in Albania, Kosovo, Montenegro and Serbia. **However, licensing has not been linked with access to funding**.

In most cases, having a license serves only to prove the organisation's credibility and sometimes even impose additional costs and administrative burdens on the CSOs. The exceptions are Kosovo and somewhat North Macedonia, where an established **licensing system is a requirement for CSOs receiving some public funds to provide social services**. In addition, the government of North Macedonia has adopted a set of documents and regulations, including the prices of the services on an annual level. When it comes to providing services related to public health, Bosnia and Herzegovina has developed a system of accreditation of services provided by CSOs. Still, the certificate does not guarantee the financing of those services. Kosovo also has established licencing system for CSOs participating in the provision of health services. **The legal framework regulating health services in other countries mostly does not recognise CSOs as service providers**, even though many established CSOs have provided preventive health care for decades.

When it comes to funding the social services provided by CSOs, **most of them are**

project-funded, which significantly affects the sustainability of their services. The availability of services is far less in smaller municipalities and rural areas, given that most of the CSOs are located in urban areas and more prominent communities. In most of the region's countries, public funding of the services provided by CSOs is being implemented through regular calls for funding projects of civil society organisations. In contrast, only a few countries have allocated funds for social services, which is the case with Albania, where a particular Social Fund is established. The Fund gives municipalities money to implement their social plans, which can further be allocated to CSOs for financing their services. There is a similar scheme in North Macedonia where municipalities can get certain funds provided they have adopted Social Plan, which can further be allocated to CSOs. Kosovo is in the process of amending several laws to create a more sustainable way of financing and develop a formula that will serve as the basis for funding social services, including those provided by CSOs. **Most of the services offered by CSOs are funded only for one year, except for Albania**, where there is a possibility of three-year funding divided among the government and the local self-government.

Civil society organisations in the region are generally not substantially included in planning and developing social policies and programming funding schemes. However, the situation is slightly different regarding **specific health policies, where CSOs from Montenegro and North Macedonia report significant inclusion in developing strategies** to prevent the spread of HIV/AIDS and other sexually transmitted diseases.

When it comes to tackling the consequences of the COVID crisis, CSOs around the region undertook strenuous efforts to immediately meet the needs of the most vulnerable. They adjusted their activities and got involved in disseminating food and hygiene packages for those that are hit economically, introduced longer working hours for consultations and psychological counselling, and provided technical and learning support to children and youth struggling with online schooling. In this period, CSOs showed a higher level of flexibility than public institutions and generally adapted to the new situation more quickly.

Once again, **CSOs managed to fill the gaps made by the lack of policy coordination and the lack of capacities of the social protection institutions**, significantly contributing to fulfilling the basic needs of Western Balkan citizens. *When governments decided to close down schools and introduce an online teaching system, CSOs helped thousands of children access computers and the internet and obtain necessary learning support. When governments decided to close the hospitality industry, leaving many people without work, CSOs provided food and*

hygiene packages to the most vulnerable populations. When governments decided to make women shut in the house with their abusers, CSOs had available counselling and shelter services for them. Only the Government of North Macedonia allocated funds intended for CSOs and their activities to tackle the pandemic consequences, recognising the importance of having CSOs included in providing social services in times of crisis.

Although all countries have established mechanisms of financing social services provided by the CSOs, the system is still far from a good one. Most of the countries in the region finance these services as part of the overall funding for civil society instead of recognising them as part of the social protection system. The bottom line is that CSOs providing social services should not only be financed because they are CSOs, **but because they are a valuable link within the social protection system**. Without the services provided by the CSOs, many vulnerable populations would be left without serious support mechanisms since the regional governments do not even recognise specific vulnerable categories, which was once again shown during the pandemic.



3

Review of the legal and institutional framework for CSO service providers

3.1 Albania

Significant improvements in the framework regulating the work of CSOs were made in the period after 2001. The first law on non-profit organisations was adopted in 2001 and was amended several times to meet the international best practices regulating this form of association. In general, it can be said that the legal framework regulating the work of CSOs follows international standards. Changes to the law adopted in 2017 and 2013 aimed to create a more favourable environment for the work of CSOs. In theory, that aim has been achieved. However, despite a quality legal framework, many CSOs are still facing high levels of instability, primarily due to limited funding sources.

Framework for the CSOs that provide social services

The law on social care services in the Republic of Albania¹ defines the social services that must be provided so that every citizen in the Republic of Albania can realise their security and social protection rights. Social care services are organised as services in the community, care institutions and families for all identified categories of beneficiaries.

The types (categories) of social services are as follows:

- a) pre-social services;
- b) services in community centres, including development centres;
- c) services in residential centres, including shelters;
- d) social services in an emergency;
- e) alternative care services for children without parental care;

¹ Law No 121/2016

- f) specialised services;
- g) telephone or online counselling service.

All social services in Albania are divided into two groups, public and non-public services:

(a) Public social services are provided in residential institutions and daycare centres financed from the state budget. These institutions offer services to children out of parental care and with social problems, for people with disabilities, the elderly or victims of trafficking (women, girls, children and migrants) or individuals with special needs.

(b) CSOs provide non-public social services.

Non-public services are primarily present in larger cities and are usually funded by foreign donors.

A particular licensing procedure is envisaged for organisations that provide non-public social services. The licensing process is implemented by the National Centre of Licensing (NCL). The license can be issued for the following services:

- (a) Community care
- (b) Residential care.

The process of licensing service of community care usually takes around four days after the CSOs has submitted necessary documentation. The procedure for licensing residential care services takes a bit longer because the Department for the Inspection of Standards for Social Services (DISSS) has to perform an on-the-spot formal assessment of the premises where the services will be provided. NCL sends application notifications to the DISSS, which usually conducts site visits within three weeks. In both cases, the procedure may be delayed, suspended or rejected depending on the level of fulfilment of prescribed standards.

Having a license is not a precondition for funding, given the fact that all CSOs can access public funding intended for social services. Still, the license gives a higher level of credibility to the CSOs and their work.

3.2 Bosnia and Herzegovina

The current legal framework for the work of CSOs in Bosnia and Herzegovina consists of harmonised state and entity laws on associations and foundations, which were adopted by the competent legislative bodies in the period 2001–2002, and they were the subject of certain amendments in the later period. The most relevant laws are the Law on Associations and Foundations of Bosnia and Herzegovina, the Law on Associations and Foundations of the Federation of BiH and the Law on Associations and Foundations of the Republic of Srpska. These laws similarly regulate the issues of founding associations and foundations, the registration procedure with relevant institutions, and all other matters related to the functioning of organisations. In addition, certain areas such as taxes, labour relations, etc., are regulated by other laws.

Regarding the complicated territorial division, the association decides which register it wants to register with, depending on which area it intends to carry out activities in. There are cantonal registers at the cantonal ministries of justice, the Register of the Federation of B&H at the FB&H Ministry of Justice, the Register of the Republic of Srpska kept by the Ministry of Local Government and Self-Government, the Register in the Brčko District of B&H, and the State Register at the B&H Ministry of Justice. Therefore, if the association operates exclusively in one canton in FB&H, it is sufficient to register with the competent cantonal Ministry of Justice. If the association operates in two or more cantons, registration should be done with the Ministry of Justice of the Federation of B&H. Suppose the association's headquarters is in the Republic of Srpska. In that case, registration can be done in the district court on whose territory the association has its seat (although a single Register is kept in the Ministry of Administration and Local Self-Government to which courts forward data). The organisation can also be registered at the state level regardless of its headquarters.

Regardless of the entity where the registration was made, the association operates freely in the territory of another entity without further administrative conditions unless its activities would be contrary to law.

CSOs social providers

The area of CSOs role in the provision of social services is regulated by laws on different levels of country administration. Still, all of them *provide CSOs with the possibility of offering various social services* and recognise CSOs role in the social protection system. For example, according to the **Federal Law** on the Fundamentals of Social Protection, Protection of Civilian Victims of War and Protection of Families with Children², the activities of social protection, protection of civilian victims of war and protection of families with children may also be performed by humanitarian organisations, citizens' associations, religious communities and civil society organisations, individual and foreign persons. The Law on Social Protection of the **Republika Srpska**³ recognises the non-governmental sector (citizens' association) as an equal actor to social protection institutions in terms of performing activities in the field of social protection. Furthermore, the law prescribes that individual social services may be provided, among other things, by citizens' associations. The law, however, does not provide for unique mechanisms by which CSOs will be involved in the provision of services. Legislation within the **Brcko District** also stipulates that some activities under social protection can be undertaken by humanitarian organisations, associations of citizens and individual citizens, and other institutions and companies. The Law on Social Protection of the Brčko District of BiH⁴ also states that social care institutions can establish a separate organisation that would formally be a CSO to enhance service provision.

The legal framework regulating the work of CSOs in the area of social protection remains insufficiently defined, which impedes further development in practice. In addition, ministries at all levels have never developed a licensing system for the organisations providing social services.

The situation is different when it comes to services falling under the sphere of public health, where there is an established system of accreditation of services. The Agency runs the certification for Quality and Accreditation in Health of the Federation of Bosnia and Herzegovina. The Agency has developed a set of standards for different services. Some of them were developed in cooperation with CSOs, such as standards for youth services, standards for drop-in centres, standards for voluntary testing and counselling. For the organisation to get accredited, it needs to go through the timely and costly process, which involves training the staff, developing the organisational

2 Official Gazette of the Federation of BiH", no. 36/99, 54/04, 39/06, 14/09 and 45/16

3 Official Gazette of Republika Srpska ", no. 37/12 and 90/16

4 Official Gazette of the Brcko District of BiH", no. 1/03, 4/04, 19/07 and 2/08

standards, and adjusting all organisational policies to the required standards, including bookkeeping, safety protocols, and ethical codex data protection policies and many other. In addition, the agency performs two scheduled and two ad-hoc monitoring visits during the accreditation process. For the service to get accredited, there is a minimum of 80% compliance with the relevant standards. The whole process requires significant financial means which can go anywhere from 2000 – 4 000 Euros per service.⁵

The accreditation does not guarantee funding, and all organisations can apply for the funding from the state budget no matter if they have certification or not.

3.3 Kosovo

Freedom of association is regulated by the Constitution of Kosovo, while the Law on Non-Governmental Organisations prescribes the specific rules applying to civil society organisations. According to the Law, three forms of organisations can be established: associations, foundations and institutes. *The legislation regulating the establishment as well as work of CSOs is mainly aligned with the European standards, and it can be said that it supports the creation of the enabling environment for the development of civil society.* However, the situation is slightly different regarding the legislation on financial reporting and accounting, which does not consider the specific nature of CSOs.⁶

Regulations regarding the provision of social services

The legal framework for regulating social services in Kosovo is provided by Law on Social and Family Services⁷, Law on Amending and Supplementing⁸, Law on Local Self-

⁵ Association Margina interview

⁶ Ademi, Marjeta, Monitoring Matrix for Enabling Environment for CSO Development, Country Report Kosovo for 2019, Prishtina, 2020

⁷ No. 02/L-17

⁸ No. 04/L-081

government⁹, and Law on Local Government Finance¹⁰. The relevant strategies include the Strategy for the Decentralisation of Social Services in Kosovo 2013–2017 and the Sectoral Strategy of the Ministry of Labour and Social Welfare 2018–2022.

Responsibilities in social policies and social services are divided between the state and local levels—the year 2009 marked the beginning of the higher decentralisation in the social protection system. On the state level, The Ministry of Labour and Social Welfare (MLSW) is the leading institution responsible for the overall organisation and provision of social services, for the development of policies and the preparation of strategic plans and all processes of licensing and monitoring. On the other hand, municipalities are responsible for ensuring the provision of social and family services in their territory according to the standards set by the Ministry.

However, the decentralisation process was not completely implemented, leaving considerable uncertainties in financing social services (Surdulli & Kelmendi, 2021, pp. 20).

National legislation recognises the crucial role of the non-governmental sector in the social protection system. **According to it, NGOs are “encouraged” to provide social and family services. They may do so independently or as contracted by the Ministry or the municipalities to offer their services.** The legislation also prescribes a specific procedure for obtaining the licence to provide social services.

9 No. 03/L-040

10 No. 03/L-049

The licensing processes of CSOs involved in service provision

Ministry of Labour and Social Welfare is the central authority that oversees the licensing process and the performance of governmental and non-governmental organisations that provide services to vulnerable groups. The licensing procedure is regulated by MLSW's Administrative Instruction 17/2013 for the Licensing of the Legal Entities/Organisations that Provide Social and Family Services. In addition, to ensure the quality of the provided services, MLSW has established a set of 22 Minimum Quality Standards (MQS).

In order to obtain a licence, CSOs need to submit their application to the relevant body within the MLSW. The application consists of a range of documents including registration and tax registration certificates, financial statements, recommendations from relevant partners. Organisations need to submit proof that they have necessary sanitary, health and safety conditions and procedures in place in order to provide specific social service. They also need to submit proof that they have qualified staff possessing all required licences and professional certificate.

According to the CSOs, process is not too costly, but it is administratively demanding. The whole process lasts up to three months and the licence is issued for the period of three years.

Obtaining a licence is necessary precondition for accessing public funds for the provision of social services. According to the data from 2019, around 20 licenced CSOs provide social services, and they are funded mainly by private donors (Sandu&Kahlert, 2019).

3.4 Montenegro

The legal framework for the functioning of CSOs is determined by the Constitution of Montenegro, **the Law on Non-Governmental Organisations** and other legal documents regulating freedom of speech, expression and association. In addition, a set of bylaws has also been adopted to determine the participation of CSOs in different policy stages closely.

The Law on Non-Governmental Organisations is the primary law regulating the establishment and functioning of CSOs, their rights, and obligations. The Law also widely governs the system of public funding.

The legal framework also regulates the state obligation of consulting CSOs in developing public policies. That is done by including CSOs in all of the stages of the consultation process and including CSOs representatives in the work of working groups in charge of developing specific legal or strategic documents.¹¹

On several occasions, the Montenegrin government has adopted some kind of strategic document regulating cooperation between government and civil society. The most recent one is the Strategy for improving the enabling environment for NGOs 2018–2020.¹² The strategic documents and following action plans have defined a set of goals and measures that will be undertaken to improve the position of CSOs in Montenegro. However, all relevant data, including the one presented in the report on the latest strategic document, show that CSO representatives mostly think that the goals of the Strategy have not been achieved.¹³

Montenegrin Government has also formed a Council for cooperation between state bodies and NGOs, consisting of representatives of governmental bodies and CSO representatives. However, since the role of the body is only consultative, its impact remains minimal.

Law on Social and Child Protection regulates the overall social and child protection system, and it determines the main principles and services to be provided. This Law is relevant to CSOs because it stipulates that CSOs can be social and child protection services providers.¹⁴ In addition, this Law defines the obligation to adopt specific secondary legislation relevant to the development of social welfare services to standardise social services provided by CSOs. This process includes 1. Licensing of organisations that provide social services; 2. Licensing of professional workers who

11 The Law on Public Administration, Official Gazette of the Republic of Montenegro, no. 38/2003, 22/2008, 42/2011

12 Strategy for Improving the Enabling Environment for NGOs 2018–2020, Ministry of Public Administration, December 2017.

13 Report on the evaluation of the Strategy for Improving the enabling Environment for NGOs 2018–2020 with recommendations, June 2020.

14 Law on Social and Child Protection, (“Sl. list CG”, br. 27/2013, 1/2015, 42/2015, 47/2015, 56/2016, 66/2016, 1/2017, 31/2017 – US, 42/2017 and 50/2017).

are providing services and 3. Accreditation of training programs. In reality, it took much longer for the bylaws to be adopted and for the CSOs to be acknowledged as service providers. For a relatively long period, CSOs were recognised as service providers without further legal regulations on exercising given rights. The processes that were later developed that more closely regulate the practice of CSOs providing social services will be explained a bit further on.

CSOs in service provision and licensing process in Montenegro

Civil society organisations are playing an essential role in providing various kinds of social services to different populations such as people who use drugs, people in conflict with the law, children with learning obstacles, people with disabilities, sexual and gender minorities, victims of domestic violence, sex trafficking, etc.

As has already been mentioned, the Law on Social and Child Protection recognises CSOs as service providers. At the same time, the Rulebook more closely regulates the area on clear conditions for the issuance, renewal, suspension, and revocation of licenses for social and child protection performance.

To become a licenced service provider, a CSOs needs to undertake licencing procedure within the Ministry of Finance and Social Welfare (former Ministry of Labour and Social Welfare).

A license is a public document confirming that a social services provider or an expert fulfils established standards for providing certain services within the social protection system. It is essential to mention that what is being licenced is the service provided and not the CSO providing the service. It means that CSOs could provide several services but have licences only for one or a few of them.

To acquire the license, an organisation needs to prepare very demanding documentation, which may incur high costs, especially for smaller organisations. For example, to get the licence, CSO must prove that it has several licenced professional workers, has developed safety, privacy, protection and other policies, must have a valid sanitary licence as well as inventory list, proof that the space where service is going to be provided satisfies official safety protocols, etc. CSO must also submit a detailed service programme. This process can be costly and takes time.

Upon receiving the license, the organisation acquires the right to provide concrete social protection services. License is issued by the competent state administration

body (commission formed by the Ministry of Finance and Social Welfare) for six years. After that, it is renewed as stipulated by the Law on social and child protection.¹⁵

According to the Law, a service provider may be granted a limited license in specific cases where it does not fulfil all of the set requirements. Limited licence has a restricted duration and a number of beneficiaries, as well as the types of service provided. The license shall be issued for three years and may be given a maximum of two times.

As already mentioned, CSOs must have several professional workers with a licence to be eligible to get a licence. A license is issued to the skilled worker/expert who: *has an appropriate professional qualification and has passed a professional exam as stipulated by this Law¹⁶ and has a certificate of successful completion of the accredited training program.*

The license is issued to a professional worker for six years and is renewed following the Social and Child Protection Law.

The social and child protection system also provides CSOs with the opportunity to develop and accredit the training programme in social and child protection

¹⁵ Law on social and child protection, ("Sl. list CG", br. 27/2013, 1/2015, 42/2015, 47/2015, 56/2016, 66/2016, 1/2017, 31/2017 – US, 42/2017 i 50/2017)

¹⁶ Professional worker shall be revoked license before the expiry of the period for which it is issued, if: 1. he/she fails to perform activities in accordance with the prescribed norms and standards; 2. the employment contract is terminated due to the violation of responsibility or work discipline.

3.5 North Macedonia

The legal framework of the Republic of North Macedonia guarantees the right to freedom of association following international standards. The legal framework allows individuals or legal entities to exercise their right to freedom of association offline and online, without discrimination, including foreigners.

There is a separate Law on Associations and Foundations (LAF) which serves as a basis for other laws regulating the work of civil society organisations. With its adoption in 2010, the legal framework was, in most part, harmonised with the European standards. With it, the foundations for the development of measures for sustainability of the civil society sector were laid.

Even though CSOs have provided health services for over 25 years, participated in the implementation of state health programmes and strategies, and have made a significant contribution to public health, the Law on Health Protection still does not recognise them as implementers of activities of public health programmes, neither as direct providers of public health or healthcare services. To this aim, in 2020, the Platform for Sustainability of HIV Prevention Services, consisting of 15 civil society organisations, submitted an initiative to the Government of the Republic of North Macedonia and the Ministry of Health for changes to the law. They proposed draft amendments to change the existing law or introduce them to a new law on health protection, where CSOs shall be clearly defined as providers of public health and healthcare services. The Ministry of Health accepted the amendments. However, they have not yet passed the parliamentary procedure. A promise was delivered that more amendments to the Law on Health Protection were prepared and that the requests by the civil society sector would be taken into consideration. These changes were due to take place in 2021, but still didn't happen.

The Law on Social Protection recognises civil society organisations like social services providers. According to Article 127, an association/CSO can provide social services under this law, as follows: – provide social services at home; social services in the community, except services for resocialization of children at risk and resocialization of children who infringed a law; services of protection out of family except for an institution for reception of asylum seekers, educational institution and a group home for children at risk; – information and referral services; – professional assistance and support services, and – counselling services. **An association/CSO can provide services if it is registered within the Ministry of Labour and Social Policy, i.e. has**

received a license to perform social protection activities and is licensed to work in the social protection area.

According to Article 128 from the Law on Social Protection, an association/CSO shall provide services as an accommodating institution, a group home, treatment and rehabilitation institution when it establishes an institution. (Assembly of the Republic of North Macedonia, 2019).

Licencing of the CSOs for the provision of social services

In the last two years, the Ministry of Labour and Social Policy (MLSP) has been working towards establishing a new licensing system for civil society organisations offering social services. As a result, several rulebooks regulating the licensing process have been adopted. In 2019, a rulebook defining the conditions for allocating funds, the template for the points system, and the manner of allocating funds to associations/CSOs and other private social service providers was adopted. In June 2020, a rulebook was adopted defining the manner, the scope, the norms and the standards for providing social services for day-care, rehabilitation, reintegration and resocialization centre. In addition, the rulebook defines the requirements for space, funds, staff and necessary documentation for a day-care centre, rehabilitation and resocialization centre. According to this rulebook, civil society organisations are allowed to establish special day-care, rehabilitation and resocialization centres. The functioning of these centres shall be financed by the Ministry of Labour and Social Policy.

Furthermore, a methodology for defining the price of social services was created, where the cost per client and type of service is precisely determined. For example, the price per client for a residence in a resocialization centre is 3.768 EUR per year.

CSOs need to meet the criteria to be licensed as providers have also been defined. Once licensed, CSOs could apply for financial support to the MLSP.

The annual programme of the Ministry of Labour and Social Policy defines the funds for financing services provided by CSOs. Each year, these funds are awarded through a public call. In addition to the call for social services, the Ministry provides annual funds to provide innovative or intervention social services by the municipalities, associations, or private social service providers.

To apply to these calls and to receive funds from the Ministry of Labour and Social Policy, a civil society organisation should have a work permit, i.e. it should be licensed.

To get the licence, the association must meet the following criteria, stipulated by the Law on Social Protection:

- to have legal registration, i.e. be registered in the Central Register of the Republic of North Macedonia,
- to have sufficient space, equipment and professional staff,
- to have a plan for providing financial and material resources,
- to work in a non-discriminatory environment and
- to have internal procedures for evaluation of the provided services, assess clients' satisfaction, and follow the norms and standards for providing the service. (Assembly of the Republic of North Macedonia (2019).

This process usually takes around one month, but can take significantly longer if Ministry requires additional explanations or documentation.

3.6 Serbia

The main legal act that regulates the work of CSOs in Serbia is the Law on Associations. The Law is mostly in line with international standards, although civil society organisations in practice face many obstacles and threats. Recent years have seen the emergence of different smear campaigns targeting CSOs and their representatives. Public funding of CSOs remains limited and is often connected to corruptive practices and a lack of transparency.

Several laws, strategies, and rulebooks regulate the area for organisations active in the service provision. CSOs are allowed to provide services in health, education and social services. The Law on Social Protection envisages the possibility for the CSOs to provide social protection services, provided that they have a license¹⁷ Some types of services require a license, and those are: daycare centres, small house communities, house assistance, personal assistance, personal child or student escort, shelters and drop-in centres.

CSOs as providers of social services

The Ministry in charge of social protection gives a license for six years, or a limited license that can be issued only once and for a period not longer than five years. After the expiration of the validity period, the license is extended by a procedure that is identical to the one when obtaining a license. Services subject to licensing may be provided only by organisations with a license. According to the law, services from the area of child and social protection should be contracted only through tender procedure and they would require provider to be licenced. However, that is not the case in practice and tender procedures are only rarely implemented.

Licensing is prescribed by the Law on Social Protection (2011) and regulated by the Rulebook on Licensing of social protection organisations¹⁸. Starting from April 2011, when the Law on Social Protection came into force, all social protection institutions were obliged to harmonise their acts, organisation and operations with the Law and submit a request for licensing by May 2016.

To get a licence, a CSO has to submit a request followed by a set of documentation:

¹⁷ Bcsdn srbija, strana 65

¹⁸ National Gazette, No 42/2013

- proof that the CSO is registered as stipulated by the law;
- proof that CSO meets the standards for providing the service for which it is requested issuing licenses concerning location, space, equipment, organisation, number and expertise of hired staff, assessment, planning and activities to provide specific social service protection;
- proof that CSO has been providing social protection services for at least two years.

The conditions prescribed by the Licensing Regulations must be respected during the entire validity period of the license. Otherwise, the license may be suspended and/or revoked.

Licensing service in the social protection system does not guarantee the financing of the service. The funding mechanisms will be the topic of the next section.

According to the available data, 558 CSOs were licensed to provide social services. Organisations mainly provide one licensed service, but 27 organisations reported providing more than one.¹⁹

The legal framework also allows CSOs to compete in tender procedures related to different services. Nineteen CSOs reported funding through state contracts.²⁰ When it comes to services related to health protection, there is no licensing/certification procedure. Instead, CSOs who want to be involved in health services such as counselling and testing need to sign a memorandum of cooperation with a specific health institution. In addition, integrated socio-health services need to be accredited by State Institute for social protection.²¹ The collaboration between CSOs and the Ministry of Health is mostly based on the Program of Support to Associations and Organisations that contains certain funds allocated to the projects of CSOs.²²

19 Selakovic et al, Monitoring Matrix on Enabling Environment for Civil Society Development: Country Report for Serbia 2019, Belgrade, 2020

20 Selakovic et al, Monitoring Matrix on Enabling Environment for Civil Society Development: Country Report for Serbia 2019, Belgrade, 2020

21 Bcsdn srbija

22 Ibid



4

The cooperation between state institutions and CSOs service providers

4.1 Albania

The organisation of the social protection system in Albania

The Albanian government has done much over the last ten years in reforming the entire system of providing social and health services.

The Ministry of Social Welfare and Youth, currently called the Ministry of Health and Social Protection, has built a good foundation of social strategies and policies that have helped change the mindset and forms of providing social and health services in Albania.

In 2016, in cooperation with many local and international partners, this ministry drafted the **Social Inclusion Policy Document (DSP)**, a document that paves the way for measuring and monitoring social inclusion. It is also one of the preconditions to ensure that the government can determine the level of citizens' access to public goods and services, which is an obligation deriving from the status of Albania as a candidate country for membership in the European Union.

On the other hand, the Administrative-Territorial Reform from 2015 brought a series of changes both in terms of territorial division and the way of organising responsibilities at the local level. From this reform, 61 municipalities and about 373 local government units were created. This territorial reform is essential in this context because it defines a wide array of municipal responsibilities in the area of social protection²³:

- Establishment and administration of social services, at the local level, for those in need, people with disabilities, children, women, women head of households, abused

²³ Law on Local Self-Government, No. 139/2015.

women, victims of trafficking, mothers or parents with many children, the elderly, etc. in the manner prescribed by the law;

- Construction and administration of housing for social housing, in the manner prescribed by the law;

- Construction and administration of centres for the provision of local social services;

- Establishment, in cooperation with the ministry responsible for social welfare, of the social fund for financing services, according to the manner defined by law.

According to the National Cross-sector Strategy of Decentralisation and Local Government 2015–2020 (3), in the Republic of Albania, the delivery of most social services will be decentralised and become competence of the local government. Each commune and municipality will have:

- i. established the integrated offices of social services;

- ii. identified/qualified/quantified the various groups/persons in need and their specific needs (Needs Assessment);

- iii. tailored the so-called “Basket of Basic Services” and allocated the resources according to these needs.

The central government’s annual budget will finance such a basket of services. Each municipality will adopt its Local Social Plan. The municipalities will have the authority to provide additional social services and welfare other than those provided under the “Basket of basic Services”. The local budgets will fund the financing of these supplementary services. The local governments may establish financial instruments such as the Local Social Fund.

The approach of civil society organisations that provide social services

The number of CSOs dealing with service delivery has gradually increased and diversified. However, while state structures at the central and local levels increasingly recognise civil society’s role in service delivery, especially targeting vulnerable groups and individuals, no progress has been made in materialising sustainable financial support during the previous period.

The State Social Service collects and analyses social service providers and beneficiaries. According to their data concerning the last two years, public social services

are provided in 30 residential centres and 119 community/day centres, while non-public social services are provided by NGOs or religious organisations in 86 community/day centres 41 residential centres in total in 276 service centres of various types²⁴.

Most services provided by CSOs are concentrated in urban areas with high population density. Although one of the main aims of the territorial reform was to create the opportunity for a fair distribution of services, many cities and administrative units still have significant service shortages.

Law on Social Services in the Republic of Albania allows the local government to establish sustainable social services. Non-public centres provide about 60% of social services, compared to 40% of them provided by public centres, while community/day centres provide about 65% of social services versus 35% provided by residential centres. With the support of CSOs and their services, many municipalities have managed to significantly increase the availability and quality of the social services within their territory.

Public funding of the services provided by the CSOs

The Annual Report (2019) on the CSOs Sustainability Index in Albania showed that the financial situation of CSOs did not change during 2019. Funding from international donors continued, while government support remained low. Overall, the trend of limited public budget continued, which was an issue, especially for smaller CSOs.

Over the last two years, the most prominent CSOs continued to be supported mainly by grants from international donors, with the bulk of EU funding. During these two years, CSOs could apply for the status of social enterprises, one of the forms of income generation for CSOs. It was strongly lobbied until it managed to approve all their legal proceedings.

When it comes to public funding, Agency for Civil Society Support (ASCS) is the leading mechanism at the national level that supports CSOs. The mandate of ASCS is to support the institutional development of civil society in the country, provide funding for sectoral initiatives in line with its strategy through a sector consultation process, and provide co-financing for EU-funded projects.

24 The Study of Need Assessment for Social Services in 12 Regions of Albania, May 2019.

Law on Social Care Services in the Republic of Albania²⁵ states that there are four ways of financing social services:

- a) funds delegated from the State Budget, including the social fund;*
- b) funds from the budgets of local government units;*
- c) certain income from assets and other activities of the municipality;*
- d) service fees for the beneficiaries of social care services.*

- 1. Funding from the State Budget: Currently**, social care services are expected to be financed by general-purpose local/local government funding, which includes revenues raised at the local level (taxes and non-tax revenues), as well as unconditional transfers from the state budget.
- 2. Social Funds:** Regular financing of the state budget is usually used to cover the operating costs of existing services. As such, it has a significant “lock-in / close-in” effect on the nature of budgeting, which can play a facilitating role in the face of social innovation and flexible, intelligent responses to changing needs and contexts. The Social Fund should be thought of as a separate tool to support new projects and/or innovations in social care services. It should be an instrument used by local authorities and other actors to complete the overall funding from the central budget. The Social Fund can function as a competitive fund accepting applications from local authorities and counties, non-public service providers, and partnerships between them. Funding for the Social Fund can come from the state budget and international (even domestic) donors who can be invited to this initiative.
- 3. Agency for the Administration of Sequestered and Confiscated Assets (AASPK)** Law 39/2019 “On the administration of sequestered and confiscated assets, AASPK has the right to create a special fund approved by the Ministry of Finance and Economy for its distribution and allocation to entities and CSOs. There are cases of CSOs getting funds from these assets.

Municipalities are planning funds for the social services within their annual budget. Still, they also can apply for the funds from the state-level Social Fund based on the adopted municipal Social Plan that states the needs of the local community and the aims to be achieved.

²⁵ Law no. 121/2016

CSOs projects and programmes that get supported from the public funds can get financial means up to three years according to the following financing scheme:

- the first year, the MoHSP provides 100% of the budget for the services
- the second year, the MoHSP provides 60% of the budget for the services (the Municipality budget should provide the other 40%)
- the third year, the MoHSP provides 30% of the budget for the services proposed (the Municipality budget should provide the other 70%)

Although the main aim of establishing Social Fund was to provide greater financial support to the social services available on local level, so far the funding has been limited and it did not significantly help increase the sustainability of the services. In the first year of the implementation, Social Fund selected nine local self-governments for funding but actually gave funds to only six of them. In addition, the selection criteria are quite arbitrary and do not guarantee continuous funding. Also, legal regulations provide with the possibility for the SF funds to be re-allocated for other purposes which shows that under current conditions, SF sadly cannot improve the prospects of financial sustainability of CSOs service providers.

4.2 Bosnia and Herzegovina

The organisation of the social protection system in Bosnia and Herzegovina

There is no single or harmonised legislative framework in the social protection system at the state level. Each of the entities has different legal regulations of social protection. The Republic of Srpska has a more centralised social protection system and uniform protection at the entity level. In the Federation, the cantons enact and adopt social protection laws that are not always in line with federal law. The cantons do not pass the necessary bylaws or have enacted acts contrary to federal law. All of these things impede the implementation of efficient social service protection and significantly affect the work of CSOs in the field.

In formal terms, there is an institutional framework for cooperation between the governmental and non-governmental sectors in BiH. For example, in May 2007, an Agreement on Cooperation was signed between the Council of Ministers of BiH and the non-governmental sector in BiH.

Cooperation between CSOs and public authorities occurs exclusively on an ad hoc basis, mainly depending on project activities and one-off initiatives by the CSOs. As a result, even though civil society organisations are recognised as important actors in many service provision areas and other activities, public authorities remain very close to the majority of proposals and initiatives coming from the civil sector.

The national-level legislation envisages specific forms of cooperation with those organisations whose activities are in the public interest. Those areas include human rights, rights of persons with disabilities, protection of children with disabilities, rights of national minorities, equality, the fight against discrimination, protection from violence, activities of children and youth, fight against various forms of addiction, development of volunteerism, humanitarian activities, social protection, environmental protection, protection of human health, art, education, culture and other areas.

In practice, the status of public interest is usually given to the organisations working in the areas of protection of rights of war veterans and civilian victims of war, services for people with disabilities, women and children who are victims of domestic violence and occasionally to the organisations working with youth, elderly or other specific target groups.²⁶

Public funding of services provided by the CSOs

Each year the authorities publish an open call where CSOs can apply and gain the public interest status, which is the basis for funding their activities.

In 2020, the Council of Ministers adopted a Rulebook on criteria for financing and co-financing of projects in areas of public interest implemented by associations and foundations²⁷. The document prescribes applying for funds, evaluation criteria, model of decision-making, etc.

The funding of services is primarily project-based. Organisations apply each year with their projects, and every year they need to apply for the new funding even though their target group still has the same needs and continuous long-term support is necessary. However, some organisations have specific protocols signed with the authorities based on which they get a certain amount of funding each year for years. Those are primarily organisations providing shelter services for victims of violence and

26 Demir, Elma, Monitoring Matrix on Enabling Environment for Civil Society Development Country Report for Bosnia and Herzegovina 2020, Sarajevo, 2021.

27 Official Gazette of Bosnia and Herzegovina, No 10/20

sex trafficking and services for the children with the experience of living on the street. Having a system in which an organisation can get the funding for its services for a couple of years is undoubtedly commendable. But the practice needs to widen and include a more significant number of services for different kinds of populations.

Recently, there have been some good examples of public-private partnerships where a certain level of sustainability has been achieved through joint efforts of the state and foreign donors. For example, it is the case with The Home of Hope (Kuća nade), where the foreign donor will fund the building. The state will provide the land and institutional support for the first Centre for Autism, Tuzla Municipality.

4.3 Kosovo

The system of social protection in Kosovo

When it comes to cooperation about social services, the legal framework has gone through some amendments in the previous period.

According to the Law on Social and Family Services (LSFS) and the Law on Local Self-Government (LLSG), municipalities have full competency for the provision and management of social and family services in their territory, following quality standards set by the government (LSFS, article 6; LLSG, 17). This was the novelty brought by the decentralisation that started in 2009. Today, municipalities are responsible for assessing the needs of their citizens, managing and providing social and family services according to those needs and providing funds. The municipal directorates of health and social welfare have full authority at the municipal level and oversee the entirety of this process, including the work of centres for social work.

Regarding monitoring, KOMF reports that “out of 12 interviewed social service providers from non-governmental organisations, 10 of them stated that during 2020 there has never been any monitoring process by the municipality, while two of them stated that the municipality had conducted a monitoring process. According to them, there is a lack of regular line of communication with public institutions” (Surdulli & Kelmendi, 2021, pp. 46). The need for holistic and multidisciplinary work with professionals from various areas is not addressed. Most social workers are not profiled and specialised and therefore work with all cases and categories of people in need (Surdulli & Kelmendi, 2021). Furthermore, KOMF reports that similar to 2019,

in 2020, there was no annual training plan, even though the minimum standards require the organisation of yearly training by the MLSW for each category of social service (Surdulli & Kelmendi, pp. 38). As a result, CSWs have adopted a reactive approach and are overworked with emergency cases, leaving aside the focus on preventive measures and quality improvement (MLSW, Concept Paper, 2018). This means that very few citizens benefit from social services and programmes, and the principal investment is put in managing emergency cases where safety and well-being are endangered.

The role of CSOs in service provision

In this context, the need for cooperation and partnership between state institutions and the non-governmental sector becomes particularly important. As stated above, the law recognises the role of CSOs in providing social and family services, either on their initiative or under contract with the municipality or MLSW. MLSW has the final authority to oversee the process of licensing of CSOs and monitor their professional performance. There are around 30 licensed CSOs that work in social services, whereas over 300 CSOs have a social welfare mission (Shehu et al., 2018). Although this latter number seems high, most of them are only registered entities and do not operate actively due to the lack of sustainable funding (Shehu et al., 2018). Most licensed CSOs provide services for persons with disabilities and victims of domestic violence; fewer provide support to poor and vulnerable people, children who have experienced abuse and violence, or abandoned children.

The main problem in the cooperation between state institutions and the non-governmental sector is a lack of a need-specific approach on the side of institutions. There is no specific scheme of financing that would ensure the sustainability of services provided by CSOs, which are currently dependent on precarious funding by the state and outside donors.

Public funding of services provided by CSOs

Based on the Law on Local Government Finance, social services are the competencies of municipalities. They, therefore, fund them through two main sources of financing: the general grant and municipal own-source revenues. This current model of funding poses a problem for social services because there is no specific mechanism or formula for financing the allocation for social services, given that all municipal departments use the budget from the same grant for operating. Capital expenditures, therefore, there is no guarantee that enough funds will be allocated to

secure the minimum required financing (Surdulli & Kelmendi, 2021, pp. 21).

The MLSW and municipalities have not yet achieved a sustainable scheme of financing of the social services. Instead, the funding of CSOs is done through subsidising, which is an unsustainable model of funding. MLSW publishes an annual call for financing NGOs working in the social services sector. The calls are very general and are **not based on the previous needs assessment process**. In 2020, MLSW allocated one million Euros for the open call intended to provide financial support for NGO projects in social services, vocational training, employment, pensions and development of social rights promotion activities for vulnerable groups. The maximum amount allocated per project was 15,000 Euros, and the entire duration of the projects was six months. Serious needs of many target populations cannot be covered for six months and with 15 000 Euros. These time gaps between calls and their short duration have been causing a lot of obstructions in the normal functioning of social service providers (Surdulli & Kelmendi, 2021).

Regarding funding from the municipalities, the budget allocated from the General Grant amounts to about six million Euros. This covers monthly salaries and administrative expenses, but municipalities report that this budget does not even closely cover the actual needs for social services (Surdulli & Kelmendi, 2021). Furthermore, out of the seven monitored municipalities, KOMF reports that only five of them announced an open call (Surdulli & Kelmendi, 2021). The call was general and not tailored according to any previous assessment of the actual needs of the sector. In addition, the call did not include the requirement that NGOs be licensed; therefore, many of the NGOs that received funding were not licensed for the provision of social services (Surdulli & Kelmendi, 2021).

The above-mentioned suggests the urgent need for establishing a sustainable model of financing of CSOs, which will be tailored towards the needs of the target groups and not project-based. As mentioned in the previous section, the Draft Law on Local Government Finance makes an essential step in this direction with the proposal for a Specific Grant for Social Services, which foresees the creation of a financing formula that would establish a more sustainable scheme for supporting social services. However, there is still a lot of work to be done in determining how the grant will be distributed and regulated, and it remains to be seen what the outcome of this Draft Law will be in the context of the new government and the dissolution of MLSW.

To address these shortcomings, new legislation has been under a drafting process since 2018, namely the Law on Social and Family Services and the Law on

Local Government Finance. The Government has passed the Concept Document for Social and Family Services, which recommends drafting a new law that foresees a profound reform of social services and securing a sustainable financing scheme. The Working Group responsible for preparing the new Law on Social and Family Services has been working throughout 2020. With the help of expertise from NGOs and international organisations, they managed to finish a first draft of the law. However, due to the situation caused by the Covid-19 pandemic, the work of the group was suspended, and the draft Law failed to be adopted (Surdulli & Kelmendi, 2021). The draft Law on Local Government Finance is in a similar situation. Currently, there is no specific financing scheme that ensures that allocation of funds for social services; all municipal departments derive their budget from the same general grant. The Concept Paper on Local Government Finance was approved in 2018 and paved the way for drafting a new Law on Local Government Finance during 2019. For the first time, the draft law includes the establishment of a Specific Grant for Social Services, which presents a crucial step towards securing a sustainable mode of financing for social services. However, due to the situation in the country, the draft law has not been sent for approval and has been pending (Surdulli & Kelmendi, 2021). In addition to the consequences of the pandemic, it is worth noting that Kosovo has also undergone political instability with the fall of the Government and the dissolution of the Assembly during this period. The newly elected government has dissolved the MLSW and spread its competencies among other ministries. This adds to the already existing confusion regarding the division of responsibilities among institutions, and it remains to be seen when the new government will approve the pending draft laws.

4.4 Montenegro

The Law on Social and Child Protection, Article 60 defines the following services in social and child protection²⁸:

- 1) Assessment and planning;
- 2) The support for community living;
- 3) Counselling-therapy and social-educational service;
- 4) Accommodation;
- 5) Urgent interventions and
- 6) Other services.

Support services for community living are the following: daily stay, help in the house, living with support, daily centre, personal assistance, interpretation and translation into sign language and other support services in the community.

Counselling-therapy and social-educational services include counselling, therapy, mediation, SOS telephone and other services to overcome crisis situations and improve family relations.

Accommodation is a service that comprises the stay of beneficiaries: in family placement as fostering, family placement, in an institution, in a daily centre – refuge and other types of accommodation.

Services of urgent intervention are provided to ensure safety in situations that endanger beneficiaries' lives, health, and development, and they shall be provided 24 hours a day. Services of urgent intervention are provided by the Social Welfare Centre with the obligation of cooperation with other competent bodies and services.

²⁸ Law on social and child protection, ("Sl. list CG", br. 27/2013, 1/2015, 42/2015, 47/2015, 56/2016, 66/2016, 1/2017, 31/2017 – US, 42/2017 and 50/2017).

The role of CSOs in service provision

Civil society organisations are an essential part of the social protection system. They are well acquainted with the local environment, especially the specifics of the target group they work with and have established contacts with different populations. Moreover, services provided by the CSOs have often been the only services available to some of the vulnerable populations that are not recognised by the official state services.

According to the research of Institute Alternativa in the 2012–2013 period²⁹, there were 284 services available in Montenegro, provided by 175 providers for 27.587 beneficiaries. Out of 175 service providers, the vast majority are CSOs (80.5%), which indicates the importance CSOs have in the whole service provision area and how shows how specific populations are dependent on the work of CSOs. Municipal organisations of the Red Cross make up a share of 9.7% of all service providers, while public institutions represent 8% of all service providers. Only one public institution provides a shelter service for victims of violence.

Looking at the broader context of CSOs, citizens of Montenegro positively perceive the work of non-governmental organisations, although many of them do not have an opinion about them. Good work, political independence, and work in the interest of citizens appear as associations more often than in the previous period of research. Trust in NGOs has almost three-fifths of citizens (58%), while nearly two-fifths of citizens (37%) do not trust NGOs, with only 13% having a high level of distrust.³⁰

There is a significant amount of space for improving cooperation between CSOs and the Government. CSOs need to be more substantially included in the decision-making process for the change to be effective. As the situation is now, CSOs are formally included in the process, but their proposals and suggestions are often being ignored. Their inclusion remains something that should satisfy the legal procedures and does not show actual results. That acts as a great demotivation, so we are facing

29 Institute Alternativa, Mapping of Social Protection Services in Montenegro, Podgorica, 2013.

More on: <http://media.institut-alternativa.org/2013/12/mapiranje-usluga-socijalne-zastite-u-crnoj-gori.pdf>

30 CRNVO – Center for development of non-governmental organisations, Attitudes of citizens of Montenegro toward non-governmental organisations, October 2015.

More on: https://euresursnicentar.me/wp-content/uploads/2021/02/Stavovi-gradana-Crne-Gore-o-nevladinim-organizacijama_2021-1.pdf

fewer and fewer CSOs that want to be part of the actual process. Another aspect crucial for this study's area is the cooperation in the service provision area. CSOs have proven and are continuing to prove their dedication to providing meaningful services to different vulnerable populations. Government should find a way to support their work on a more sustainable level, if not for the CSOs, then for the sake of the people in need who need continuous access to those services.

Law states that *social and child protection* shall be exercised following the strategic documents, which determine long-term objectives and priorities for social and child protection development. It includes different kinds of programmes³¹ that need to be implemented to improve social and child protection and resources for funding programmes. Also, resources for funding programmes shall be provided from the budget of the State, the municipality and service providers.

The situation is slightly different in practice when it comes to the provision of social and health services by civil society organisations. Although civil society organisations support the social protection system, their work is based on projects. Thus, the provision of services they are providing stops after the ending of the project. In the long term, civil society organisations in Montenegro mainly rely on international donor funds as a source of funding, and domestic funds are distributed to civil society organisations, mainly through ministries.

Public funding of services provided by the CSOs

The main problem is the financial unsustainability of certain services. After the project ends, the public sector often does not receive further funding for these services. Long delays in funding programs lead to reduced financial stability and even bring the question of existence for specific services that do not have access to funds which would help them bridge the gap.

CSOs with a regular funding source (for example, program funding – a long-term contract with the government) can ensure continuity in providing services to its beneficiaries, but not many organisations operate this way.

One of the positive things that relatively often happens on the municipal level is that municipalities provide space for some organisations to provide services, which significantly lowers the financial pressure. However, it does not solve it completely.

³¹ Programmes can be implemented by the State, the municipality and service providers.

For example, the SOS Hotline for Women and Children Victims of Violence Nikšić have been given the land under favourable conditions to build the shelter. Women's Safe House from Podgorica is also using municipal space as a shelter, and proteges of the organisation have the right to use a free meal from the public kitchen. SOS telephone Ulcinj is also operating within the space provided by the municipality and is exempted from paying part of the utility costs.³²

The Municipality of Pljevlja is currently the only municipality in Montenegro that has been providing institutional costs for the service of the shelter of the NGO Bona Fide since 2013, based on the decision by which this NGO was declared an organisation of particular interest to the community.³³

However, it must be stated that not paying for the space does not solve all of the other financial issues an organisation might have, such as paying for the staff, utilities, different training and specialisations, etc.

However, most of the CSOs do not have any of the costs covered for a more extended period and is dependent on project funding. Although the donor scene in Montenegro is relatively diverse, when it comes to the CSOs active in service provision, the situation is not very great, considering that European Union funds cannot be used to provide social services. Most of the CSOs depend on public funding, which remains a subject of dispute even after it has been decentralised. According to the Montenegrin legislation, the state must allocate 0.5% of the budget for the projects and programs of CSOs. Out of that amount, 0.3% shall go for the projects and programs of public interest, 0.1% for persons with disabilities and 0.1% for co-funding European projects. Each Ministry is obliged to develop documents that state the funding priorities for the given year, and those documents serve as the basis for funding. The idea of ministries deciding on the allocation of the money for their areas seemed good in theory, especially compared to the previous, centralised model of funding where decisions were made on the state level. However, in practice, evaluation of projects is given to the independent evaluators who do not necessarily know the context of that area and the needs of the target groups. That way, the decisions are based on the technical aspects of the project writing, not on the relevance of the proposed projects. And given that most of the organisations active in service provision do not have excellent project writing skills and have not been working on building their capacities in that area since

32 Civil Society Organisations in the Process of Standardization of Social Services in Montenegro, 2018, SOS, Podgorica

33 *ibid*

they are focused on direct service provision, this way of funding favours bigger, more developed CSOs. In addition, the process has constantly been connected with a lack of transparency and alleged corruptive behaviours.

Finally, even though the Law states that Government should fund programmes and projects of CSOs, in practice, only projects are being funded, which represents a serious sustainability issue for the organisations active in service provision.

4.5 North Macedonia

In 2004, a separate unit for cooperation with civil society organisations was established within the Government's General Secretariat. In May 2016, the Government decided to establish a Council for Cooperation between the Government and the civil society. The amendments to the decision, in November 2017, paved the way for establishing a functional Council for Cooperation and Development of the Civil Society. This is an advisory body to the Government promoting cooperation, dialogue and encouraging the development of the civil society sector in the Republic of North Macedonia. This Council consists of 16 representatives of civil society organisations and 15 representatives from state institutions.

In 2007, the Government adopted a Codex of Good Practices for Financial Support of Civil Society Organisations and Foundations. This Codex guides how the government and the ministries finance CSOs. Furthermore, in 2011, the Government adopted a Code of Good Practices for Participation of the Civil Society in Policy Making.

These three consecutive strategic documents regulate the cooperation and development of the civil society in the Republic of North Macedonia. One of the priority measures is the improvement and regulation of the state funding of CSOs. However, despite the above mentioned, a complete reform of the financing system of CSOs and procedures for that is missing, particularly with regards to developing a model and framework based on defining public good and needs of CSOs, based on a clear vision for the contribution of CSOs in the socio-economic development of the society in North Macedonia.

Throughout the years, CSOs in North Macedonia proved to be credible and trustworthy state partners. Focusing on marginalised groups of the population, organisations have significant experience performing activities and providing high-quality services. Similar to other countries, in North Macedonia, civil society organisations proved to be flexible and innovative, especially in regards to addressing the needs of diverse communities and various issues (HIV/AIDS, reproductive health, children without parental care, people with disabilities, people who use drugs, sex workers, Roma etc.). In addition, numerous organisations work on issues that have been identified as priorities within the European integration processes of North Macedonia. Consequently, the civil society sector significantly contributes to improving the quality of life of citizens and the development of a democratic society in the areas in which they function.

The experience and expertise of CSOs can be utilised to strengthen the public sector's work and complement its functioning. This could be done through organising training and other activities to enhance the capacities of public servants; to provide technical advice and advocacy; coordination and networking; direct provision of services etc. Thus, it is in the country's interest to support civil society's development by providing an enabling environment for its functioning and creating partnerships based on trust. (Nuredinovska, 2017: 11).

There are numerous examples of cooperation and joint implementation of services for citizens between the Ministry of Labour and Social Policy and civil society organisations. One such example is the Service for holiday and recreation for children from families at social risk and children receiving an allowance. Since 2012, MLSP has provided holidays and recreational activities for these children during the summer and winter holidays. Two thousand children are beneficiaries of this service in the summer holidays, and 1000 children during the winter holidays. With the service of holidays and recreational activities, beneficiaries are provided with a summer holiday stay of 7 days (six full board accommodations, including three meals a day); during the winter holidays, beneficiaries of these services are provided with a stay of 6 days (five full board accommodations, including three meals a day). When providing this service, MLSP includes CSOs that work with these groups of children. CSOs nominate the children but also participate in the design and implementation of the daily schedule of the holidays.

The Ministry of Labour and Social Policy contributed to a significant improvement of the CSOs provision of social services through the licensing process. In addition, civil society organisations were recognised as equal partners in designing the system.

One should note the successful cooperation between the Ministry of Health and CSOs offering health and social services for HIV protection. Namely, 15 CSOs offering social and health services were involved in implementing two consecutive National Strategies for Protection against HIV, where the Global Fund financed activities to Fight AIDS, Tuberculosis and Malaria. Following the end of the funding from the Global Fund, as of January 2018, the Ministry of Health continued financing the programmes of these 15 civil society organisations.

State and local services vs services provided by CSOs

In the Republic of North Macedonia, state bodies and institutions, in the most part, offer social services for people living in poverty (free-meal kitchens); to people with disabilities (financial assistance, organised transport etc.); to children without parents (accommodation, education), street children, Roma. A small number of institutional social services are aimed at people who use drugs and leave prisons, whereas there are no state services for LGBTI people or sex workers. This can be explained by the fact that state institutions are focused on traditional social issues; therefore, relatively recent issues, although recognised, are still not in the focus of their attention and provision. For instance, sex workers are almost absent from the programmes and strategies by the Ministry of Labour and Social Policy but are recognised by the Ministry of Health. In contrast to state institutions, CSOs deal with all categories of citizens. They are initiators and pioneers for developing programmes that offer services to citizens not included in state programmes, such as programmes for reduction harms related to drug use, sex worker support programmes, LGBTI support programmes, etc.

Public funding of CSOs service providers

The existing state funding model to CSOs is still not systematically reformed, despite the government's long-lasting promises to improve it. Consequently, the state fails to effectively recognise and use the potential of civil society, which significantly transformed and modernised to maintain the democratic foundations of North Macedonia. As a result, civil society in the country encourages civic engagement, as well as it has built its capacities to support marginalised groups through various services and humanitarian activities.

The legal basis for the state funding of CSOs derives from the Law on Associations and Foundations, the Law on Gambling and Lottery Games and many other laws covering various areas (ecology, sports, culture, social protection etc.). Annually, 11 state bodies or agencies distribute funds from the Republic of North Macedonia budget to civil society organisations, mainly from budget item 463–Transfers to non-governmental organisations, as well as through other budget items.

Civil society organisations offering health and social services to communities at the highest risk of HIV (people who inject drugs, sex workers, men who have sex with men, youth) receive financial support from the Ministry of Health through the HIV Population Protection Programme. The basic package of services (free condoms, needles and syringes, education on health topics, counselling by a social worker and a medical professional, HIV and Hepatitis C testing) are funded through this programme, thus ensuring the sustainability of the programmes of 15 civil society organisations.

Over the last two years, the Ministry of Labour and Social Policy has established a new system of financing social services provided by civil society organisations. It is a process involving licensing of CSOs, establishing a methodology for unit cost per beneficiary and the type of service, and defining the criteria that CSOs must meet to be licensed. Once licensed, CSOs can apply to the MLSP for receiving financial support. According to Ministry's plans, civil society organisations will receive financial support each year, provided they meet the conditions. This is another excellent opportunity to achieve sustainability of social services offered by civil society organisations.

In addition to the Ministry of Labour and Social Policy, CSOs could also receive financial support from the local authorities, i.e. municipalities.

For social protection to be awarded by the municipalities, i.e. from the local self-government units, the following bodies need to be established: Municipal Council for Social Protection and Social Protection Council of the Planning Region. The Municipal Council for Social Protection prepares a Social Plan for the municipality's territory. This Social Plan maps the social problems and vulnerable groups in the municipality, analyses the capacities and available social services, and identifies the specific needs for the development of social services in the municipality. Based on the Social Plan, the mayor prepares an Annual Social Protection Programme, adopted by the Municipal Council. In addition to the municipalities, the Ministry of Labour and Social Policy provides financial resources to implement the social plans. Thus, CSOs offering social services could receive funds to implement their social programmes from two separate budgets: the national budget, through the Ministry of Labour and Social Policy and municipal budgets.

Social entrepreneurship

Establishing social enterprises, for some CSOs, means achieving sustainability. The number of these organisations is growing together with the number of grants assisting them in establishing and operating social enterprises. There is a network of social enterprises called Social Enterprises Network MK. 22 organisations are members of this network; those that have found social enterprises or are in the process of establishing a social enterprise.

According to the members of this network, the social and solidarity economy is still at a very early stage of its development in this country; it is fragmented, and there is a low level of mutual trust among stakeholders. Moreover, there is a low level of support for social enterprises by responsible businesses and the financial and public sector at the national, regional or local level. All of the factors mentioned above hinder the growth of the small community of social enterprises.

The members state that the overall sustainability of the enterprises has still not been achieved. However, they are hopeful that there will be such examples soon.

4.6 Serbia

When it comes to cooperation between civil society organisations and the state authorities, it is essential to mention that the Office for cooperation with civil society was abolished during the previous year, which represents a significant drawback regarding institutional cooperation and support. In addition, Serbia is the only country in the region that does not have a strategic document regulating the development of civil society and its cooperation with the state authorities.³⁴ As a result, CSOs in Serbia that show a critical attitude towards the authorities face significant limitations in freedom of expression and are often the target of different smear campaigns.

As for the organisations active in the service provision area, there are specific laws that regulate that area. Although the legal framework prescribes the possibility of multi-year funding for organisations that provide services, in practice, all of the

34 Regional Monitoring Matrix Report, BCSDN 2020, https://www.balkanicsd.net/novo/wp-content/uploads/2021/07/94-5-Regional-Monitoring-Matrix-Report-2020_FINAL.pdf

organisations can sign one-year-long contracts and get funding for the provision of services within the given timeframe.

The following social protection services are under the jurisdiction of local government units:

- daily community services;
- support services for independent living;
- advisory-therapeutic and social-educational services, except for counselling and training of foster parents and adoptive parents;
- accommodation services in the shelter, as well as other services of interest to local governments.

The Law on Social Protection does not recognise the services of a personal companion and respite accommodation.

There are 145 local governments in the Republic of Serbia. In most cases, at least one of the social protection services is provided, but there are also those in which none of the services prescribed by law is provided. CSOs provide numerous social and health protection services to the different population groups, whether they have a license or not. CSOs provide some of the services that are also provided by the state. Still, they also provide many services to populations that the state has not included in their service provision scheme, such as injecting drug users (IDUs), sex workers, LGBT population, children and youth who live and work on the street, self-support groups, etc.

There is established cooperation between CSOs and institutions in certain services. They, for example, cooperate in field testing on HIV/HCV/syphilis, legal assistance, etc. This cooperation is usually based on signed partnerships and often includes a share of staff, joint implementation of activities or joint-supervision.

Drop-in shelter for children and youth that live and work on the street is a licensed service recognised by the Law on Social Protection to improve the life quality of the street-involved children. It exists in Belgrade and Novi Sad. Center for Youth Integration, CSO from Belgrade, runs the drop-in shelter in Belgrade. And in Novi Sad, the drop-in shelter is a part of the Center for Social Work of the City of Novi Sad. The users of the daily care centre for children and youth from families at risk within the Centre for Social Work of the City of Novi Sad are children aged 7 to 18. The daycare centre works according

to the principle of voluntariness, and work with children is accompanied by school shifts (morning and afternoon). Available services are educational and corrective work, assistance in mastering school materials, corrective – pedagogical work, resocialization of children and youth, help in organising free time, counselling – therapeutic work, monitoring of health and hygiene status, health protection, cultural and entertainment activities, nutrition, recreational activities, cooperation with parents, cooperation with institutions. These drop-in centres are a good example of provision of the continuous service to specific populations, provided by joint cooperation between civil society and state bodies.

When it comes to the participation of CSOs in developing and planning social services provision, the environment is disabling, according to the data from the Monitoring Matrix Report for Serbia, published by Citizen Initiatives. CSOs that they have interviewed stated that they are not involved in developing and planning the services. They are also not involved in the monitoring and evaluation process, and what is even more worrying, monitoring and evaluation procedures are not being undertaken to their knowledge. CSOs state that the service provision is not being planned according to the users' needs but instead the inputs provided by the social work centres, which do not have the whole picture.³⁵

Public funding of CSOs service providers

Civil society organisations active in providing social services can be funded from state and local levels. When it comes to the state level, two budget lines can be used for this purpose. The first one is intended for financing activities of civil society organisations (481), and the other one is for social services. However, funds from both lines are being used to fund sports clubs, public institutions, religious organisations, and other institutions that already have budget lines allocated for them.³⁶

The situation is interesting when it comes to funding social services, given that most of those provided by the CSOs are funded through calls for project proposals, which is not following the legally prescribed procedures. Namely, Law on Social

35 Report on the Enabling Environment for the Civil Society Development: Serbia, 2018, Civic Initiatives, Belgrade

36 ibid

protection stipulates that social services are being contracted through the public procurement procedures and based on the possession of the licence.

The sustainability of the services provided by organisations is always in question because most organisations are funded by projects and are providing their services free of charge. Lack of funds often causes interruption of implementing the activities in one part of the year. Even though the legal framework prescribes the possibility of multi-annual funding, in practice, services provided by CSOs are only funded for one year.

Even though the Law on Social Protection prescribes that CSOs that provide social services need to be licenced and contracted through the public procurement process, in practice, these services are being contracted through calls for project proposals where having a licence is not a precondition. This practice highly questions the whole licensing process and other procedures developed for the financing of social services.

When it comes to the local level funding, it is usually a minimal amount in question, and organisations often have to engage staff on a volunteer basis. Having this in mind, it is not possible to plan for long-term services that have the potential of becoming sustainable.

Cooperation in the area of health services is based on project contracts. There are specific procedures prescribed or licencing requirements. After Global Fund to Fight AIDS, Tuberculosis and Malaria left Serbia in 2014, which was funding several services to prevent the spread of those diseases, the City of Novi Sad decided to support further work of drop-in shelter for IDUs through the City Administration for social and child protection. Drop-in shelter in Belgrade is financed from various funds. These drop-in shelters represent a critical service available to people who use drugs regarding activities that prevent the spread of HIV and the provision of education, food, psychosocial support, maintaining personal hygiene, etc. Services available at these shelters affect the general empowerment of all those vulnerable populations at risk from social exclusion.



5

The role of CSOs in providing services in managing the COVID pandemic

Western Balkan countries and all countries of the world, at the beginning of March 2020, faced the first cases of Covid-19 infection. Most countries have undertaken a range of severe restrictions to prevent the spread of the virus, but very soon, Western Balkan countries were faced with many cases within their territory. As a result, governments were constantly torn between preserving public health and obtaining economic activity on the other side.

Even before the outbreak of the COVID-19 pandemic, health systems in the Western Balkans faced serious funding and service challenges. As a result, health expenditures per capita are significantly lower than the EU average of \$ 3,137.³⁷ Therefore, it is considered that the COVID-19 pandemic will negatively affect health and augment the social challenges that WB countries have been facing for a long time.

It can be said that the COVID pandemic additionally showed the inequalities present within the society, and it only deepened the existing social gaps. As expected, the people most hit with the health, social and economic consequences were already in unfavourable positions. Given that most of those in vulnerable populations are working in low paid jobs, they were often the first to get laid-off. Children and youth who already struggled to follow all of the requirements of the educational system were found excluded from their peers, transitioning to online schooling while most often not having necessary technical preconditions to participate adequately. Many of those who needed ongoing health and social services could not get them due to the focus on COVID patients and social distancing. Youth from vulnerable populations who live away from their parents' homes and work mainly in the hospitality sector were left without jobs and a place to

37 <https://pubdocs.worldbank.org/en/867581590708738686/WBRER17-06-Health-BOS.pdf>

stay. Rates of domestic violence increased due to the higher amount of time spent at home. Social isolation and economic struggle left serious consequences to the mental health of those in need.

This section of the study briefly deals with the specific needs vulnerable populations had and still have in the countries of the WB regarding the COVID pandemic and also describes the role CSOs had in mitigating the consequences and providing the immediate answer to the growing needs.

It is also important to state that CSOs were facing equally important and serious challenges in their work during the pandemic period. They also struggled with staff shortages due to health reasons or the state measures that allowed parents to take paid leave during the closure of schools and child care institutions. Another challenge was to finish the implementation of activities when many of them were not possible to be held due to the limitations of public gatherings. Still, the good thing was that most of the donors had a high level of understanding. In addition, CSOs often had to find additional funds to cover the immediate needs of their users as a consequence of the pandemic, and in most cases, they managed to do so.

5.1 Albania

A perspective on the changing needs of the population during the Covid-19 pandemic

When the pandemic hit, Albania had not yet emerged from the emergency caused by the earthquake of November 2019. Several people lost their lives, many others were injured, and thousands of families were sheltered in such emergency accommodation. However, it had to adapt quickly to the new circumstances and closure of borders, closure of enterprises, institutions, schools and everything else, etc.

The first significant need within the country was related to information about the signs of the disease, forms of transmission, and information about prevention, personal hygiene, physical distancing, etc. The CSO sector and international organisations mainly undertook rapid needs assessment studies. The results showed that vulnerable populations were the ones hit the most with the health

and economic consequences of the pandemic. *This happened for several reasons, mainly related to high dependence on the informal economy, lack of access to services, inability to identify their strengths, limited or no access to technology, low capacity to use their resources efficiently and effectively, and lack of financial support capital.*

A study conducted in May (2020)³⁸ showed that due to the pandemic, unemployment increased by 10%, full-time employment decreased by 9%. A decrease has been reported in occasional work by 14% and remittances by 8%. The pandemic is expected to put further strains on the family's finances. About 35% of participants report high-level anxiety symptoms experienced during the COVID-19. During the Covid-19 time, 48.6% of the participants reported verbal abuse, and 19.9% reported the presence of physical abuse.

Rapid assessment of vulnerable target groups indicates increased levels of physical, sexual violence against women or children, conflicts within families, etc. In addition, fear and insecurity associated with the pandemic provide the potential for a tense environment, increasing the level of domestic violence. National surveys have documented exposure of Albanian children to physical or emotional domestic violence, and the need to seek help from counselling lines, child protection staff or other relevant support institutions was exacerbated during the isolation period.

When it comes to homeschooling, the Ministry of Education, Sports and Youth (MESY) published guidelines for learning in the home environment that had the aim to help teachers, parents and students to cope with the new challenges and to overcome the obstacles. However, adaptation took a long time, requiring a high level of flexibility in standards. Once again, the most vulnerable population were hit the most, where children with disabilities and learning disabilities faced significant challenges.

The impact of the Covid-19 crisis on the social system in Albania (shortcomings brought to the front)

When it comes to the system of social protection and how the pandemic affected it, it has been clear that it only made the system's flaws more visible. Although efforts towards decentralisation of the system have been in progress for years, the pandemic has shown that the local social protection institutions still do not have sufficient capacities to act

38 World Vision Albania, Impact of Covid-19 on the well-being of children and families in Albania, 2020

independently in a strategic way in promptly meeting the needs of its citizens.

Vulnerable groups, citizens living in poor or informal areas, found it almost impossible to access services during this period in rural and remote areas. Local social protection institutions failed to timely assess the changed needs of their communities and create programs adjusted to their needs. The pandemic only enhanced the disproportionality between the availability of services in different areas, such as urban and rural ones. Although there is even duplication of services in some places, some other areas were faced with a serious lack of support services of different kinds. For example, community-based and family-based empowerment services and services for individuals with special needs were almost non-existent at the local level.

In this context, it can be said that the crisis created by Covid-19 served to identify the shortcomings of the social protection system and to show the necessity of further reforms on all levels.

The emergency caused by the Covid-19 pandemic and its management also demonstrated the important role CSOs have in Albania and their services. Although most of the CSOs in Albania is located in urban areas, many of them started opening their branches or at least implementing part of their activities in more remote areas and smaller municipalities.

During the pandemic period, CSOs provided services together with state and local institutions. In addition, they were providing services that the official social protection institutions did not provide. For example, many of them were involved in providing emergency services such as housing, food delivery, and hygiene kits to the most vulnerable populations. CSOs also highly contributed to the mobilisation of volunteers during the first months of the pandemic.

One of the advantages of CSOs regarding the public institutions was that they showed higher flexibility, relatively quickly adapting their services to the new circumstances and changing needs of the target group. In addition, various services provided by CSOs were adapted to be more mobile which brought them close to the actual families and communities.

CSOs also introduced many online and telephone services, which were the most difficult to provide equal access to all beneficiaries. Mental health support service packages were created, providing free support to children and their families. Healthy/positive parenting practice packages were promoted, and a set of tools aiming to

reduce risk from violence was created with a particular focus on families living in urban and suburban areas, families with unemployment, caregivers suffering from anxiety, and male guardians. Different resilience programs were set up to empower groups in need.

The role of civil society organisations in times of crisis was especially relevant in filling the gaps of the public social protection system. They continued to provide support to those populations that are not recognised by national systems and provide services not publicly available. During the crisis, CSOs showed that they have become an irreplaceable actor in providing social services and that many populations are highly dependent on the work done by CSOs. That is recognised by the governmental Action Plan for the Prevention, Preparation and Response against Covid-19, where one of the planned measures envisages higher involvement of CSOs in the service provided to the vulnerable populations.³⁹ However, so far there were no CSOs financially supported in the provision of services to vulnerable populations, consequential to this Plan.

39 COVID-19 Action Plan for Albania”, Ministry of Health and Social Protection, located at https://shendetesia.gov.al/wp-content/uploads/2020/03/Covid_AL-spreads.pdf (accessed on October 12, 2020).

Online Help Platforms during Covid-19

- *“Better together”* <https://www.facebook.com/Me-Mire-Se-Bashku-103455144629539/>
- *National Advice Line for Children ALO 116 111* <https://www.alo116.al/>
- *“You are not alone”* <http://www.nukjevetem.al>
- *“Order of the Psychologist of Albania”* <https://www.urdhriipsikologut.al/covid-19/>
- *“Online legal service”* <https://juristionline.al/rreth-nismes-2/>, with the support of OSFA

On the other hand, humanitarian organisations provide emergency support and implement post-recovery programs (e.g., Partners Albania – empowerment of local CSOs and World Vision Albania – financial and psychological assistance to children).

5.2 Kosovo

Following the identification and confirmation of the first cases of COVID-19 among the population, Kosovo declared a state of public health emergency on March 15, 2020 (Loxha & Arifi, 2020, p. 28). In addition, the Government of Kosovo restricted movement and suspended the majority of activities for a certain period. The COVID-related measures aggravated vulnerable groups in society and consequently led to a swelling of the number of individuals requiring social services. Victims of domestic violence, victims of sex trafficking, children without parental care, people with disabilities, people who use drugs as well as sexual and gender minorities are only some of the most-at-risk categories that have been gravely affected by the pandemic.

The measures introduced to fight the spread of COVID-19 hindered local civil society organisations (CSOs) in providing social- and health-related services to the groups mentioned above. These organisations had to switch to providing services virtually and limiting the provision of individual (one-on-one) services drastically throughout 2020. Apart from those organisations offering residential services, such as community-based houses and shelters, organisations offering direct services such as day-care or drop-in centres suspended their activities in March 2020. In line with the Kosovo Institute of Public Health recommendations, these services were transformed into virtual services for those in need (Surdulli & Kelmendi, 2020, p. 16). CSOs involved in the provision of social- and health-related services grappled with a range of other issues as well, including lack of financing, reduced capacity and absence of collaboration between the different stakeholders involved in service provision (p. 13)

The impact of COVID-19 on vulnerable groups in Kosovo

Vulnerable groups such as victims of domestic violence, victims of sex trafficking, children without parental care, people with disabilities, people who use drugs, and sexual and gender minorities encounter the highest degree of marginalization in society. They become even more exposed and endangered during public health emergencies like the ongoing COVID-19 pandemic. Social distancing, confinement and COVID-related closures impact vulnerable groups' ability to cope and adapt, their already fragile mental health and their access to social and health services, among other factors.

Since isolation measures were first introduced in March 2020, there has been a drastic increase in domestic violence reporting worldwide (Kosovo Women's Network,

2020). This is not a new phenomenon: epidemics are known to fuel gender-based violence, mainly as a consequence of heightened economic pressures, intensified tensions and in-home confinement (UNFPA, 2020). In this context, Kosovo constitutes no exception. The Kosovo Police reported a rise in the number of domestic violence cases in the first week since the Government of Kosovo announced the lockdown measures in March 2020 (Loxha & Arifi, 2020, p. 28). These numbers have soared ever since. However, what is highly concerning is the issue of underreporting among victims of sexual and domestic violence. According to Kosovo Women's Network (2020), the stigma around domestic violence and the situation surrounding the COVID-19 pandemic created additional barriers to reporting for victims (p. 2). During this period, many sexual and domestic violence victims sought shelter in one of eight domestic violence shelters (a.k.a. safe-houses) operating in Kosovo. According to UN Women Kosovo (2020), in the first three months after the first lockdown was announced, 550 victims of domestic violence were taken in by shelters across the country. Some of the women admitted in these safe-houses took their children along. The isolation measures put in place forced victims to spend more time than usual with their perpetrators and thus endure excessive physical and mental abuse levels. Consequently, their demand for appropriate and extensive psychological treatment increased.

The impact of the COVID-19 pandemic has disproportionately impacted sexual and gender minorities as well. The pandemic has exacerbated the inequalities and stigmatization this category of people faces in their daily lives, creating, among other things, additional barriers to accessing essential health and social services. Due to strict isolation measures, many members of the LGBTQI+ community are confined at home with unsupportive families or housemates (OHCHR, 2020). According to Blert Morina, head of the Center for Equality and Liberty in Prishtina, many members of the LGBTQI+ community in Kosovo are jobless. During the pandemic, they have to rely on their close families for financial support (Halili, 2020). Domestic violence incidents towards members of this community are increasing in Kosovo; however, disadvantages in the process of reporting and receiving real-time help discourage them from coming forward (YIHR, 2020).

Impact of COVID-19 on social service providers in Kosovo

The number of cases in need of health and social services has increased due to the COVID-19 pandemic. Government institutions and CSOs providing services to vulnerable groups in Kosovo have had most of their activities suspended due to COVID-19 related measures imposed by the government. Many of these service providers have modified their work to adapt to the new situation by switching to

virtual modes of functioning. Only CSOs offering housing services, such as community homes and safe houses, have continued providing 24-hour services to at-risk groups, including victims of domestic violence, abuse and trafficking, children without parental care, disabled people and the elderly. CSOs providing other types of direct services such as daycare or drop-in centres for children in street situations, disabled people, and other vulnerable groups had their services suspended, as foreseen by the Kosovo National Institute of Public Health recommendations.

CSOs providing health and social services faced financial instability throughout the pandemic period. The majority of organisations licensed to offer services did not receive financial aid from the Ministry of Labour and Social Welfare in Kosovo. During 2020, the focus of this Ministry was the execution of the Emergency Fiscal Package, consisting of 15 action points foreseen to lessen the impact of COVID-19 for particular social groups. Alas, social services were left out of this package, despite increasing the number of cases requiring services due to the pandemic.

The decentralisation process of social services was also stalled due to COVID-19. The pandemic obstructed necessary legislative procedures relating to the decentralisation of social service provision. These include two draft laws that are expected to influence the decentralisation of social services – the Draft Law on Local Government Finance and the Draft Law on Social and Family Services. Due to the suspension of activities following the COVID-19 pandemic, neither of these draft laws have been adopted (Surdulli & Kelmendi, 2020, p. 12). Furthermore, 2020 was marked by significant political changes, which also affected the degradation of the social welfare situation and the decentralisation of social services in Kosovo. In January 2020, the new Government was constituted. The newly formed Government decided to dissolve the Ministry of Labour and Social Welfare into multiple ministries, including the Ministry of Finance and the Ministry of Economy, Employment, Trade, Industry, Entrepreneurship and Strategic Investments. For some time, it was unclear which Ministry was responsible for social services; however, it soon became known that social services were placed under the jurisdiction of the Ministry of Health. A few months after the new Government took charge, Kosovo returned to a state of political instability when a motion of no confidence was passed, and the Government was subsequently overthrown. In 12 months, Kosovo changed two Governments, neither of which expressed concern for and will to help service providers in general and CSO service providers in particular.

Successful service delivery models

Despite the multiple hurdles local CSO service providers had to face during this challenging period, some managed to develop service delivery models that have proven to be successful in attending to the needs of vulnerable groups in society during the COVID-19 pandemic. NGO “Labyrinth” is a case in point. Founded in 2002, Labyrinth is a non-governmental organisation dealing with the prevention of drug and alcohol abuse, the treatment of drug and alcohol addiction as well as reduction of drug-related harm reduction (NGO “Labyrinth, n.d.). Before the COVID-19 pandemic, the in-site services offered by Labyrinth included outpatient treatment, therapeutic communities, outreach services and self-help groups. During the pandemic, most of these services were stalled, except for outpatient treatment. During the total lockdown period, outreach services were halted completely, while in the meantime, Labyrinth started implementing online counselling services.

Additionally, Labyrinth switched to working shorter hours, rotating between staff and distance working (such as telemedicine sessions). Like other CSOs providing health and social services in Kosovo, Labyrinth, too, did not receive any financial support from state institutions during the pandemic. Nevertheless, Labyrinth has managed to withstand the pressure resulting from COVID-19 and devise a successful service delivery model. During this period, Labyrinth has altered the methods of executing its Methadone treatment services. Specifically, they have started implementing ‘take-home’ methadone programs, whereby clients were given their respective doses of Methadone on a more long-term basis. Before the pandemic, clients would visit the centre to take their dose three times a week, whereas the visits were limited to once per week during the pandemic. According to Safet Blakaj, executive director of Labyrinth, this new mode of operating has been highly successful; clients have been more regular, were better able to manage their doses, and there has been a decrease in the number of clients that have opted out of the Methadone program (Personal communication, 2020).

5.3 Montenegro

Like neighbouring countries, Montenegro and its social and health care system faced the pandemic with existing problems. Global Health Security Index (GHSI) shows that the most worrying issues in the health care system are:

- Health capacity in clinics, hospitals and community care centres,
- Healthcare access,
- Communications with healthcare workers during a public health emergency.

In addition, lockdown, physical distance, self-isolation, prohibitions on movement and assembly, suspension of work in various fields have led to a reduction in economic activities, and thus to a loss or decrease in income, significantly worsening the overall situation.

The report on the rapid assessment of the social impact of the COVID-19 epidemic in Montenegro (April – June 2020) shows that the pandemic revealed and strengthened the existing social vulnerabilities while exposing specific segments of society to new vulnerabilities.

The results of the rapid assessment showed that many families had suffered a considerable or complete loss of income—with families who receive social cash transfers, single-parent households, Roma families, and families with a history of substance abuse seemingly most affected by the loss of income. Also, many families have a pronounced need for psycho-social support during the crisis period.

The available research shows that **children** need the most support/assistance with distance learning when it comes to specific target groups. This is true particularly for beneficiaries of social assistance, Roma families, children in foster care, children in correctional facilities, and children whose parent(s) have a history of substance use. As **the elderly** are at the highest risk from COVID-19, older adults in Montenegro have been identified as one of the most vulnerable groups during the epidemic. Research results showed an increased need for psychosocial support and counselling due to the reduced movement and socialising. Also, the risk of **higher domestic violence against women and children** has increased significantly throughout Montenegro since the outbreak of the virus. Stress, disruption of social and protective networks, decreased access to services, and family separation can exacerbate the risk of violence for

women and adolescent girls. Helplines for victims of gender-based violence report a significant increase in calls. The women's safe house in Podgorica received 46% more calls between 16 March and 1 June 2020 than during the same period last year. Shelters were provided for 60% more victims of gender-based violence than the same period of the previous year. The National Helpline received 18% more requests during the COVID-19 epidemic. The number of calls increased additionally after the physical distancing measures were relaxed.⁴⁰

During the pandemic, civil society organisations launched new or adjusted existing services to mitigate the coronavirus effects for those in need.

Drop-in centres run by several CSOs for a couple of different target groups had to be shut during this period to prevent the spread of the virus. After the initial period, most of them re-opened but with changed work modalities. Some drop-in centres limited the number of people who could be inside the space at the same time, while some provided services through the windows. The latter was mainly related to harm reduction services, where sterile injecting material could be disseminated this way. When it comes to mental health and other kinds of counselling, CSOs mostly switched to phone counselling. And most of the outreach workers, social workers, and psychologists were available for telephone consultations.

Some CSOs introduced a couple of new services to mitigate the risks of the spread of pandemics and reduce immediate consequences of it. For example, NGO Juventas, Queer Montenegro, Spektra and Stana disseminated a significant amount of food packages to their clients in economic need. NGO Juventas also introduced the service of washing laundry and garments within the premises of the drop-in centre to help their clients maintain their hygiene level.

Center for Security, Sociological and Criminologist Research – Defendology continued its work with beneficiaries, mostly Roma children and parents, primarily by providing basic foodstuffs to vulnerable families which remained without essential means of subsistence, without food hygiene. This period was critical regarding monitoring regular classes for members of the RE population, but gaining trust with beneficiaries resulted in support by phone and by social networks. In that way, the beneficiaries of the Day Center had the full support of the expert team of Defendology.

40 United Nations Montenegro, Report on the Rapid Social Impact Assessment of the COVID-19 outbreak in Montenegro, April 2020. More on: https://montenegro.un.org/sites/default/files/2020-06/Rapid%20Social%20Assessment%20-%20Summary%20-%20ENG_0.pdf

On this occasion, according to the children's requests, they handed out school supplies for over 100 children (notebooks, crayons, blocks, tempera paint). Although very damaging in many aspects of life, this period did have a positive contribution in a way that some families connected and kept closer. In regular communication with parents, together they managed to support learning, family cohesion, togetherness and the importance of the family as a central pillar of society.

The pandemic period was a period when many volunteers were engaged in providing services as part of the work of the Red Cross of Montenegro. Red Cross continued with visits to older people (both professionals and volunteers), respecting all preventive measures. Thanks to the efforts of Red Cross staff and many volunteers, those living in the remote areas could get their groceries and other supplies without exposing themselves to the risk of going to the stores, travelling by public transportation, etc.

Since the start of the pandemic in Montenegro, there has been a reorganisation of the work of the SOS Telephone Podgorica, which introduced a 24-hour on-call service and, in addition to the two existing ones, activated another number available to clients. The changes that have been made included the availability of counselling services 24 hours a day instead of the previous eight hours during weekdays. As a result, victims of violence and other vulnerable populations now had access to 24-hour professional counselling services and emotional support and understanding, which is extremely important in these circumstances.

CSOs working primarily with the elderly also found a way to adjust their services. Because older people were a high-risk population, NGO Naše doba, working with senior citizens, switched to the use of electronic communication and at the same worked on empowering their target group for the broader use of technology.⁴¹

However, it is essential to mention that most of the efforts CSOs invested in meeting the needs of their target groups were covered from their means or some emergency funding provided by the international donors. State institutions once again failed to meaningfully involve CSOs in the service provision system, which would lead to more coordinated and efficient emergency response.

41 Iris network newsletter, COVID reaction stories, January – June 2020. More on: http://iris-see.eu/wp-content/uploads/2020/07/Iris-Network-Newsletter-January-June-2020_eng.pdf

5.4 North Macedonia

The pandemic revealed the problems of the social and health system in the country. The shortcomings of institutions responsible for addressing these issues have become more prominent. Moreover, state institutions have failed to adapt their functioning to the newly-created situation. Despite the shortcomings of each institution separately, in this crisis, the lack of cooperation between the institutions was particularly striking. The social protection system functioned with reduced capacity, as the employees from the centres for social work worked in shifts. The beneficiaries often could not receive the necessary service because institutional employees were not at work when beneficiaries came to seek help.

The Government has adopted a package of measures to alleviate the financial losses of workers and has increased unemployed assistance. However, the most outstanding assistance for marginalised and socially excluded citizens came from the civil society sector.

Covid-19 pandemic made the weaknesses of the health system more visible while increasing the problems of citizens accessing health care in times of pandemic. The lack of specialist doctors, even before the pandemic, made it difficult for patients to access specialist healthcare. During the pandemic, patients had almost no access to specialist healthcare, especially in areas where there was a shortage before.

Lack of facilities for inpatient hospital care for Covid-19 patients resulted in many internal, surgical, neurological and other departments being reorganised as COVID units, thus hindering hospital treatment to patients with other diseases. The state obligation of general practitioners – GPs to treat and follow patients with Covid-19, without considering their spatial, technical and other capabilities, has made it difficult for non-Covid patients to access GP services. For years, health authorities neglected preventive health care, which became visible in times of pandemic. There was no organized and massive informative campaign for preventing Covid-19; it all came down to press conferences and media statements. On the other hand, there is no accurate medical information and educational campaign regarding the vaccination process. This contributes to citizens being influenced by fake news and distrusting the health system.

Lack of coordination and information sharing between health institutions has resulted in a series of problems in the practice and work of health institutions in many areas: issuing sick leave, lack of necessary medicines in pharmacies, prescribing

therapy for chronic diseases, lack of protocols for treatment at home of Covid-19 patients etc.

Insufficient funding of the health care system, dominant before the pandemic, continued during the pandemic. This created the following problems: long waiting for PCR Covid-19 tests; patients having to procure their therapy in a hospital or day hospitals; none of the newly registered Covid-19 drugs was placed on the positive list of medications of the Health Insurance Fund. In addition, citizens compensated for the insufficient funding from the state, who were thus forced to pay privately for health services.

There were not enough bus lines to addiction treatment centres during the curfew; thus, patients on methadone therapy could not return to their homes on time due to limited public transport.

For this study, to analyse whether the needs of citizens have changed and to determine the response of social and health systems, including CSOs', a questionnaire was sent to 15 CSOs – providers of social and health services. According to the responses from CSOs, the needs of citizens they work with have changed to a certain degree.

Organisations working with women victims of domestic violence stated the needs of their clients have not changed, but the number of cases has risen. Also, they note that the way they provide their services has changed to fit with the new circumstances.

CSOs working with marginalised communities and people facing poverty have registered a significant increase in the number of citizens needing assistance to procure food, medicines, hygiene and protective equipment and cover utility bills. It is clear that the pandemic caused a decline in the living standard; therefore, civil society organisations were and are still facing the need to procure and distribute such assistance, even if that is not their primary task. At this point, one should emphasise the awareness of the Government of the Republic of North Macedonia, which in June 2020 announced an open call for civil society organisations for project proposals addressing the COVID-19 crisis. A total of 482.000 EUR was awarded through this call. Forty civil society organisations received between 10.000 to 15.000 EUR per project (Savevska A. et al. 2020: 6). The awarded projects and implemented activities reduced the consequences of the pandemic, providing social services and welfare assistance. HOPS – Healthy Options Project Skopje was one of the organisations that received support and funds to distribute the food packages, hygienic materials, protective

equipment and disinfectants to more than 300 families of people who use drugs and families of sex workers. Most of the CSOs implemented similar activities for different target groups.

Overall, civil society organisations have adapted much faster and better to the needs of the citizens than the institutions. For example, civil society organisations swiftly shifted their working methodology. They were the first to offer their services online using social media, primarily Facebook and Instagram, and other various electronic tools/apps. To a great extent, they have also increased the scope of their outreach work and instead of waiting for the citizens to come to their centres, they have offered the same services in the field, i.e. in the areas where citizens dwell. In addition, many **associations reallocated significant funds from their project budgets for direct assistance to citizens, such as rent costs, health expenditures, food packages, hygienic packages, medicines, COVID protective equipment.** It is also important to mention that all of the associations that participated in this survey introduced activities for informing and educating their target communities on COVID 19 measures for protection and prevention, on the changes of institutional working hours, and different assistance opportunities. In addition, CSOs regularly informed citizens about various health aspects concerning the pandemic, such as pregnancy, breastfeeding, sexual relations, different health conditions, etc.

5.5 Serbia

With the outbreak of the COVID crisis, there have been considerable increases in the risk of discrimination, widespread socio-economic marginalization and social exclusion, and new threats that have particularly affected the poorest sections of society. Flaws in the social system become more visible.

The Team for Social Inclusion and Poverty Reduction of the Government of the Republic of Serbia surveyed members of vulnerable groups (elderly, single parents, Roma men and women, unemployed youth, homeless people, people with disabilities, women who have suffered partner violence, LGBTI people, refugees and internally displaced persons and migrants). They pointed out that the most important support during the epidemic was the continuous exercise of the right to social transfers. The largest number of members of vulnerable groups of participants in this survey stated that they mainly relied on family, friends, and the immediate environment for support during the epidemic.

Many people lost their jobs, access to health and social protection services became very difficult. Moreover, due to the organisation's transition to online work, part of the marginalised population was left without these services because they do not have access to the Internet.

During the state of emergency and restricted movement during weekends and evening hours that was in force from March to May 2020, many services were unavailable (drop-in centres outreach workers, etc.), and the others were not able to accept new beneficiaries (shelters for people living on the street, methadone program, etc.).

The needs of the vulnerable populations have changed, but so have the needs of the CSOs. On the one side, they were faced with emerging needs of their clients, which were now different and higher, and on the other side, they faced with lack of staff, responsibility to implement envisaged activities, etc. It is important to mention that not all CSOs found it easy to switch to the online working models, especially regarding service provision. CSOs' services were implemented based on specific programmes and head specific tools to measure the effectiveness. Changing to the online model required significant adjustments. In addition, many smaller community organisations did not even have the necessary capacities to do so. Of course, the bigger pressure was whether they would meet the needs of their users and help them go through this challenging period.

The lack of public events significantly affected young people and their needs. Due to the lack of social interaction, more and more people, above all youth, seek psychological support.

Social distance and limited movement during the state of emergency harmed the availability and prevalence of social protection services. As coverage declined, demand for residential and community services increased, especially in the face of the travel ban. In some areas, in parallel with the temporary closure of services, the number of volunteers has grown. Yet, paradoxically, daycare centres or home help have stopped working. Instead of accredited direct service providers, volunteers have been hired, often without additional support and quality assurance. And after more than a year, some organisations are struggling to survive.



6

Conclusion and recommendations

It is clear that civil society organisations play a vital role in providing social services in the Western Balkans and are crucial for achieving a higher level of social cohesion and preventing social exclusion.

Civil society organisations provide services to those populations that are often stigmatised and discriminated against and do not have equal access to education, employment, health care or social participation. Therefore, the services provided to them by the civil society organisations are the factor keeping them away from poverty and complete social exclusion. In addition, many of the populations that state services do not recognise as vulnerable are users of services provided by the CSOs, which is why the role of CSOs in fulfilling the gap existing in the state social care system must be acknowledged.

Experiences of the Western Balkan countries show that state services remain very inflexible, often bureaucratic and time-bound, which is why many people in need would instead turn to the CSOs to have the opportunity to gain urgent services outside of the working hours within a supportive environment.

What is also an undoubted advantage of CSOs is that they often provide various services as part of the holistic approach, understanding that a person in need always needs a different kind of support programme to face the challenges. That way, in one place, a person in need can get legal advice, psychosocial support, career guidance, food and hygiene supplies, and other possible services.

Social services in all countries presented in the analysis are seriously under capacitated. They do not have the necessary staff members to provide adequate quality services to the growing number of people in need. It must be recognised that social services cannot act as bureaucratic divisions that give out forms and

file applications for social support but that they must act as a safety net for people in need. And with the number of professional workers employed in social services, that kind of approach is not possible. The answer is the reform of social services and its higher decentralisation, but those processes will take money. Therefore, the state bodies must engage in higher cooperation with CSOs that provide social services and find models of collaboration that would lead to the best interest of the users.

The pandemic has only shown how vulnerable communities in the Western Balkans are and how fragile are the safety nets surrounding and protecting them. The sudden growth of unemployment, isolation and physical and social distancing had only deepened the gaps that existed before and pushed vulnerable populations even further towards the margins of society. The increased need for services provided by the civil society organisations and the inability of state institutions to answer all of the requests of the people in need only proved the importance of having civil society services more integrated into the system of social and health protection.

The study has shown that although legal and institutional frameworks are mostly in place for social services, the implementation still needs significant improvements. For example, most countries have introduced licencing processes for CSOs that wish to provide social services. Still, the licencing process is mostly not connected with eligibility for funding, which causes CSOs to think about the point of licencing if it does not guarantee sustainability in service provision. There is also much work to be done in all countries when it comes to the participation of CSOs in the provision of health services since there are many legal obstacles for CSOs to officially do what they have been best at for many years, which is providing preventive health services.

Recommendations

- It is necessary to include civil society organisations in the process of developing social policies. As CSOs are an important partner in implementing policies, they must give their input in a very early policy design stage. Furthermore, as CSOs directly contact different populations who use social services, they know their actual needs. Therefore, they could help design policies tailored towards the end-users' needs.
- Governments need to acknowledge the role of CSOs as important social partners in fulfilling the needs of the vulnerable populations and as an important partner in enhancing social inclusion and human rights protection within the countries. Funding CSOs that provide social services cannot be perceived as a fulfilling the obligation towards another budget unit, but rather as an investment in social care and social inclusion of the most vulnerable.
- For most countries, it is crucial to find a way to provide for more sustainable funding of the CSOs services, especially those not provided by the state or local institutions. Social services for vulnerable populations cannot be project-based and limited to the project duration just because the needs of vulnerable groups are not time-limited, and they need continuous support in the integration and reintegration process. Therefore, it is important to establish a multi-year funding programme to adequately answer end-users' needs.
- Process of licencing of CSOs service providers needs to be more relevant within the whole social protection process. Currently, in most of the countries of the region, licencing is another administrative, timely consuming and costly procedure that represent a burden for the daily functioning of CSO but does not guarantee access to funds and sustainability of the work. In some countries having a licence is not even a requirement to access funds for the social care, which raises the question of the purpose of the whole licencing process. Licencing rules and regulations should be amended in a way that will provide higher sustainability of services provided by the licenced CSOs as well as quality of their services.
- Apart from participation in policy planning and public funding of the services, state bodies and CSOs should establish stronger partnerships when it comes to referral systems, share of data and monitoring and evaluation.

- Since most of the countries are decentralising the system of social care, each at a different stage, this process needs to be continued, but not at the cost of quality and availability of the services. Moreover, the process must be followed by intensified cooperation with CSOs service providers on the local level. Therefore, this transiting period can be an excellent opportunity to establish string service provision partnerships on the local level between local institutions and CSOs.
- Decentralisation of social care cannot be rushed and it should be implemented only when there are all necessary conditions in place. Having local authorities and other institution on local level which are not ready for taking the responsibility for planning and implementing social protection activities can only be detrimental to the whole process. Countries in the region can learn a lot from each other in this regard and should plan their decentralisation process taking into consideration the mistakes and oversights made within the region.
- State authorities in the region should cooperate more closely in social care reforms. As seen, countries are at different stages of reform processes, and there are valuable lessons that can be exchanged and used as a learning point.
- National governments need to provide a way to fund civil society organisations that provide social services to vulnerable populations, as their work cannot be dependent on available project funds. That would contribute to the sustainability of services provided to the vulnerable groups and indirectly lead to CSOs being focused on developing the quality of their work, piloting new methodologies and services, professionalising their staff instead of worrying about providing the funds.
- Governments in the region need to find ways to recognise and include CSOs in providing health care, especially considering that CSOs are already very active in that field, mainly in the preventive stage. Laws that prevent CSOs from being seen as providers of preventative care should be amended. Countries within the region should learn from each other about how to overcome legal obstacles for including CSOs in the provision of health care and how to develop and implement a licencing process.
- State governments need to take more determined steps in supporting development of the social entrepreneurship that can be a good model for providing financial sustainability of organisations active in the service delivery.

- Some countries within the region have agencies for confiscated assets, which are not functional, but can be used to allocate funds for the social protection. Governments should undertake steps necessary for putting the procedures in order so that these funds can be directed towards social care activities.



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