



*"Persoane cu dizabilități - tranziția de la servicii rezidențiale la servicii în comunitate", Cod
SIPOCA/SMIS2014+: 618/127529*

Reimbursable Advisory Services Agreement on Support for Speeding up the Transition of People with Disabilities from Residential Institutions to Community-based Services (P168518)

Analysis report of the county strategies for developing social services

December 2021



*Proiect cofinanțat din Fondul Social European prin
Programul Operațional Capacitate Administrativă 2014-2020!*



Disclaimer

This report is a product of the International Bank for Reconstruction and Development/the World Bank. The findings, interpretations and conclusions expressed in this document do not necessarily reflect the views of the Executive Directors of the World Bank or the governments they represent. The World Bank does not guarantee the accuracy of the data included in this work.

This report does not necessarily represent the position of the European Union or the Romanian Government.

Copyright Statement

The material in this publication is copyrighted. Copying and/or transmitting portions of this work without permission may be a violation of applicable laws.

For permission to photocopy or reprint any part of this work, please send a request with the complete information to either (i) National Authority for the Rights of Persons with Disabilities, Children and Adoptions (Bd. Gheorghe Magheru no. 7, Sector 1, Bucharest, Romania) or (ii) the World Bank Group Romania (Vasile Lascăr Street no. 31, 6th Floor, Sector 2, Bucharest, Romania).

This report was delivered in December 2021 under the “Reimbursable Advisory Services Agreement on Support for Speeding up the Transition of People with Disabilities from Residential Institutions to Community-based Services” signed between the National Authority for Persons with Disabilities¹ and the International Bank for Reconstruction and Development on October 4, 2019. It corresponds to Output 12 under the above-mentioned agreement: “Analysis report of the county strategies for developing social services.”

¹ The project, initially implemented by the National Authority for Persons with Disabilities, has been taken over by the National Authority for the Rights of Persons with Disabilities, Children and Adoptions – institution established through the Government Emergency Ordinance no. 68 of November 6, 2019.

Acknowledgements

This report was prepared by a team of World Bank staff and experts led by Manuel Salazar (Lead Social Protection Specialist) and Vlad Grigoraș (Senior Social Protection Economist) (task team leaders) and Cosmin Briciu (Senior Social Researcher), including Simona Anton (Social Researcher), Irina Boeru (Social Researcher), Oana Negrea (Social Researcher), and Cristina Iulia Vladu (Social Protection Specialist), with methodological contributions from Diana Chiriacescu (Senior Disability Expert), under the guidance of Cem Mete (Practice Manager, Social Protection and Jobs) and Anna Akhalkatsi (Country Manager). The team benefitted from the support of the following: Oana Caraba, Monica Ion, Sonia Nițulescu and Andrei Zambor.

The World Bank team wishes to express its gratitude to the representatives of the National Authority for the Rights of Persons with Disabilities, Children and Adoptions for the excellent cooperation, comprehensive feedback and support in the data collection process, especially to the project team: Mihaela Cuculas, Vasile Valeriu Pohață, Anca Văcaru, Alexandra Mihalache, Georgeta Chiriță, Aurelia Constantinescu, Laura Moiceanu, internal experts: Ana - Coralia Alexeanu - Buttu, Mihaela Idita, Horațiu Ludu and the external expert: Monica Stanciu. This support was offered under the guidance of Florica Cherecheș (President).

Contents

Introduction/Aim of the report	6
Legal and regulatory framework.....	6
Methodological framework	10
Results of the assessment	23
Recommendations	46
References	51
Annex 1. Assessment grid and the results of the assessment of 18 counties/sector strategies	53
Annex 2. Self-assessment grid of county strategies for developing social services	54

List of acronyms

AP	Annual Action Plan
CAPSI	County Agency for Payment and Social Inspection
CCREA	County Center for Resources and Educational Assistance
CEA	County Agencies for Employment
CPHD	County Public Health Directorate
CPI	County Police Inspectorate
CRPD	United Nations Convention for the Rights of Persons with Disabilities
CSI	County School Inspectorate
D	Diagnosis
GD	Government Decision
GDSACP	General Directorate for Social Assistance and Child Protection
GP	Guiding Policies
LAG	Local Advisory Group
ME	Monitoring and Evaluation
MIP	Multi-annual Implementation Plan
MLSP	Ministry of Labor and Social Protection
NARPDCA	National Authority for the Rights of Persons with Disabilities, Children, and Adoptions
NGO	Non-governmental organization
PC	Participation and Consultation
PSAS	Public Social Assistance Service
SAD	Social Assistance Directorate
TA	Transparency and Accessibility

Introduction/Aim of the report

The aim of this report is to provide an analysis of the county/sectors of the Municipality of Bucharest² strategies for developing social services, based on an assessment grid developed for the support of the National Authority for the Rights of Persons with Disabilities, Children, and Adoptions (NARPDCA) in its function to endorse the strategies. The assessment grid was established as part of the Output 6 of the Reimbursable Advisory Services Agreement: *Proposed methodology and set of indicators for assessing the county strategies for developing social services*. The proposed assessment framework based on which the grid was developed is in line with the legal provisions regulating the process of developing these strategic documents (detailed in the section below, *Legal and regulatory framework*), with the inclusion of interests and concerns of persons with disabilities and their representative organizations, and a focus on the deinstitutionalization process. The assessment framework is also pursuant of the compliance with the standards created by the implementation of the United Nations Convention on the Rights of Persons with Disabilities (CRPD), ratified by Romania in 2010. Finally, general elements of sound strategic planning were taken into consideration, as defined by general good practice.³

This report has the following structure: (i) the presentation of the legal framework, the methodological framework, findings of the assessment and recommendations; (ii) the assessment grid used by the research team and the assessment results for 18 county strategies for developing social services (Annex 1); and (iii) a version of the assessment grid prepared for the prospect of the General Directorates for Social Assistance and Child Protection (GDSACPs) running a self-assessment, as part of the process of obtaining NARPDCA's endorsement (Annex 2).

Legal and regulatory framework

Two normative acts mainly regulate the elaboration and implementation of county and local strategies for developing social services. The acts are Law no. 292/2011 on social assistance and Government Decision no. 797/2017 for the approval of the organization and functioning framework regulations of the public social assistance services and the indicative structure of personnel.⁴ These normative acts establish regulations regarding the following aspects: (i) the process of preparing the strategies; (ii) the institutions responsible for their preparation, implementation, and monitoring; (iii) stakeholder engagement activities; (iv) content of the strategies; and (v) roles and responsibilities of central authorities.

² In the present report, the term "county strategies" also refers to the strategies of the sectors of the Bucharest Municipality.

³ The assessment tool is designed based on national legislation and good practices in strategic planning. International good practices in strategic planning have been reviewed to inform the preparation of the tool, in addition to the CRPD, national legislation and the draft of the National Strategy for the Rights of Persons with Disabilities 2021-2017, since the legislation is more specific in respect of certain aspects of the county strategic planning, and generic in respect of others (for instance, all the features that the requested implementation plan should embed).

⁴ Annex 1 (Framework regulation for the organization and functioning of the General Directorate for Social Assistance and Child Protection) to the Government Decision no. 797/2017 is relevant to the county strategies for developing social services because these are drawn up by GDSACPs.

Local authorities must prepare county and local strategies for developing social services. Local authorities must prepare the strategies as part of their duties regarding the organization, administration, and provision of social services, and they are also responsible for their implementation. County level and Bucharest sector strategies for developing social services, which are subject to the present analysis, are prepared by the GDSACPs and approved through decisions of the county councils/local councils of Bucharest sectors. The preparation of the strategies is coordinated by the GDSACP directors, who send them for approval to the county councils/local councils of Bucharest sectors. The directors also coordinate the elaboration of the reports regarding the implementation of the strategies.

The legislation includes provisions regarding stakeholder engagement activities. To substantiate the strategies for developing social services, GDSACPs must organize consultation sessions with organizations representing beneficiaries, public and private social service providers, and professional associations. Before a strategy is submitted for approval to the county council, it needs to be endorsed by the board of directors⁵ of the corresponding GDSACP, as well as by the county/Bucharest Municipality commission for social inclusion.⁶ The endorsement of the GDSACP board of directors regarding the strategy for developing social services is advisory.⁷ The endorsement of the county/Bucharest Municipality commission for social inclusion is granted following a discussion (within the commission) upon the proposed strategic document.

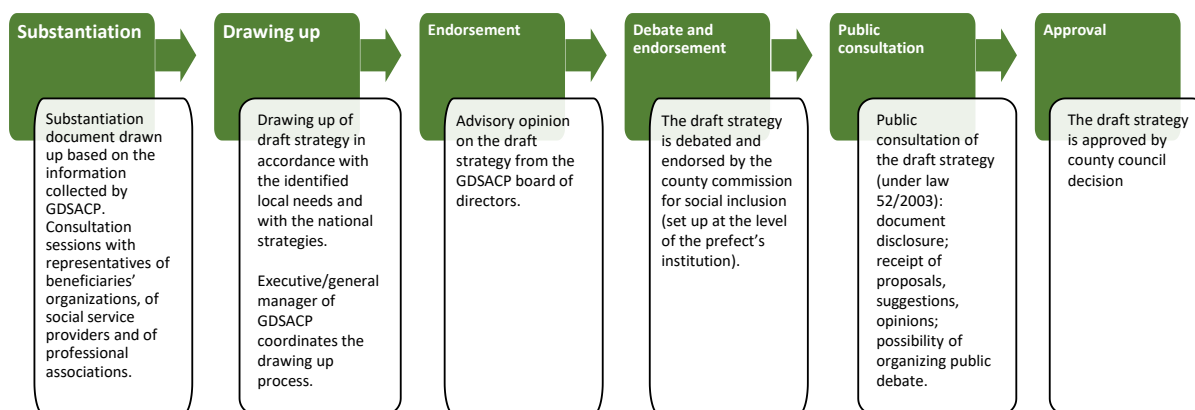
Before approval, strategies must also go through a public consultation stage. Because strategies are approved by decisions of the county councils, the draft of such a normative act must go through the public consultation stage provided by Law no. 52/2003 on decisional transparency in public administration. Thus, the draft normative act for the approval of a strategy (and the respective draft strategy) must be publicly disclosed/brought to the knowledge of the public, while any stakeholder can submit proposals, suggestions, or opinions regarding the documents proposed for approval. The local public authority must set up a period of at least 10 days during which proposals, suggestions, and opinions may be sent and must appoint a person responsible for the management of the incoming feedback. Also, the local public authority has an obligation to organize a public debate on the draft normative act (and draft strategy) if this was requested in writing by another legally established association or by another public authority.

Figure 1: The process of preparation of county strategies for developing social services, according to legislative provisions

⁵ The composition of the GDSACP board of directors is established through a county council decision and consists of the general secretary of the county, GDSACP representatives (manager, deputy managers, management staff) and three representatives of the county council management from the fields of education, housing, and guardianship authority. The president of the board of directors is the general secretary of the county.

⁶ The county/Bucharest Municipality commissions for social inclusion are established at the level of the prefect's institution and function within the national mechanism for promoting social inclusion in Romania, approved by Government Decision.

⁷ The GDSACP board of directors must also issue advisory opinions regarding the reports analyzing the implementation of strategies.



The existing laws set the minimal requirements regarding the content and framework of county strategies. The strategies must be drawn up in accordance with the needs identified at local level and with the national strategies. Annex 1 of the Government Decision no. 797/2017 stipulates⁸ that county strategies for developing social services must cover at least the following aspects: (i) general objective and specific objectives; (ii) implementation plan; (iii) responsibilities and deadlines; (iv) financing sources; and (v) estimated budget. Information collected by the GDSACP while performing its duties regarding the organization, management and provision of social services is used for the substantiation of the strategy. The substantiation document prepared in this regard must include at least the following information: (i) territorial characteristics; (ii) level of socio-economic and cultural development of the area; (iii) population structure, taking into account categories such as age, sex and occupation; (iv) types of situations of difficulty, vulnerability, dependence or social risk, number of potential beneficiaries; and (v) types of social services that could meet the needs of the identified beneficiaries, as well as justification for choosing certain services.

The existing legal provisions on the role of central public authorities in implementing county strategies for developing social services are few and vaguely formulated. GDSACPs must send the strategies to the Ministry of Labor and Social Protection (MLSP) within 30 days from their approval. Law no. 292/2011 on social assistance stipulates that MLSP has the responsibility to monitor the implementation of the strategies prepared by local authorities for developing social services.⁹ Also, Government Decision no. 1002/2019 on the organization and functioning of the NARPDCA stipulates that it has the following responsibilities: (i) in areas of competence, monitoring the implementation of strategies for developing social services prepared by the local public administration¹⁰ and (ii) endorsing county/Bucharest sectors strategies¹¹ for developing social services, as well as their

⁸ Article 4 (1).

⁹ Article 106 (1)(I).

¹⁰ Article 4 (1)(e).

¹¹ In case of strategies for developing social services at Bucharest level, there is a discrepancy between the normative acts which regulate the endorsement of these documents. Law 292/2011 on social assistance stipulates that strategies for developing social services are drawn up at counties and Bucharest Municipality level, strategies that are approved by decision of the county council and the General Council of Bucharest Municipality, respectively (Article 117, paragraphs (1) and (2)). The same law states that the authorities of the

action plans in the field of disability.¹² However, the above-mentioned normative acts do not include details regarding the fulfillment of these monitoring and endorsement responsibilities; for example, the moment when the NARPDCA endorsement of a strategy should take place is not specified, nor are the consequences of a negative resolution.

Legislation regulating the county and local strategies for developing social services also establishes the obligation to prepare annual action plans regarding social services. Annual action plans are required for those social services that are administered and financed from the budget of county/local/Bucharest General councils and are prepared in accordance with the measures and actions included in the county/local strategies for developing social services. At the county/Bucharest sectors level, GDSACPs have the responsibility to draw up the annual action plans. The process of drawing up the plans closely follows the process of drawing up the strategies and includes: (i) carrying out the analysis of existing and proposed social services and material, human and financial resources; (ii) holding consultations with organizations representing beneficiaries, public and private social service providers, professional associations and other public authorities;¹³ (iii) obtaining the advisory opinion from the of GDSACP board of directors and obtaining the endorsement from the county/Bucharest Municipality commission for social inclusion; (iv) coordinating the drawing up of the annual action plans by GDSACP directors and submitting them to the county/sector council for approval; and (v) sending the plans to the MLSP within 30 days from the approval. Annual action plans must be prepared before the approval of the following year's annual budget; therefore, local authorities must provide the necessary financial resources for the existing social services and for those proposed to be developed or contracted.

The framework template for the annual action plans and the type of information it should include are regulated by Order of the Minister of Labor.¹⁴ According to the Order, the plans must include detailed information on: (i) management, development and financing of social services (either existing or proposed to be developed); (ii) activities to be carried out for raising awareness amongst the general public on existing social services at county/local level; and (iii) training and methodological guidance programs for staff working in the field of social services.

local public administration at level of municipalities, towns, communes, as well as Bucharest sectors have the obligation to send their local strategies to the public county level social assistance service and respectively to that of the General Council of Bucharest (Article 115 (2)); moreover, the law stipulates that the approval of the strategies for the development of social services at Bucharest sectors level is provided by the General Council of Bucharest Municipality (Article 116 (2)(b)). Instead, Government Decision no. 1002/2019 on the organization and functioning of the National Authority for the Rights of Persons with Disabilities, Children and Adoptions provides for that this institution endorses the county and Bucharest sectors strategies for developing social services, in the field of disability (Article 4 (2)(d)).

¹² Article 4 (2)(d).

¹³ Local public authorities are consulted in case the plan proposes the development of intercommunity social services.

¹⁴ Order no. 1086/2018 of the Minister of Labor and Social Justice regarding the approval of the template of the Annual Action Plan on social services administered and financed from the budget of county councils/local councils/Bucharest General Council (currently, the Ministry of Labor and Social Justice is the Ministry of Labor and Social Solidarity).

Also, annual action plans must mention the county/national strategies and other programs that they comply with, and they need to document the consultation sessions held for their drawing up.

Specific needs of persons with disabilities must be included by local authorities in the county strategies for developing social services. The promotion, respect and guaranteeing of the rights of persons with disabilities is the obligation of public authorities, providers of social services, representatives of civil society, as well as natural and legal persons responsible for applying law 448/2006.¹⁵ As part of these obligations, local authorities must promote and protect the rights of persons with disabilities, among others by including their needs in all public policies, regional, county and local strategies, in development programs, and in all governmental programs.¹⁶ Local authorities are responsible for developing and (co)financing social services adequate for the needs of persons with disabilities and included in county strategies and annual action plans. Moreover, as part of the deinstitutionalization process, the methodology for drawing up the plans for the restructuring of residential centers for adults with disabilities¹⁷ provides for the inclusion of the restructuring stages for this type of centers, financial, material, and human resources needed in the strategies and annual action plans regarding social services (after the endorsement of the restructuring plans by NARPDCA and county councils).

Methodological framework

This assessment of county strategies for developing social services using an indicators' grid is a pilot analysis, in the sense that: (i) it is conducted for a selected group of counties; (ii) it is based on partial information about the process of drafting the strategies (and the evaluation may be complemented later with additional information by GDSACP representatives); and (iii) it is an external assessment, carried out by the World Bank research team, while in the future it will be subsequently performed jointly by GDSACPs and NARPDCA.

The presentation of the methodological framework is split into two subsections, corresponding to the two stages of the research carried out: (i) the design of the assessment tool, summarized below and presented at large within Output 6 (*Proposed methodology and set of indicators for assessing the county strategies for developing social services*), and (ii) the selection of the counties covered by the assessment.

Designing the assessment tool

The assessment tool consists in two grids: one for assessing the county strategies for developing social services with indicators on the *structure* and the *drafting process* of the strategies, and the second for assessing their annual action plans. The assessment grid for the county strategies for developing social services is structured across six dimensions: (i) Diagnosis(ii) Guiding Policies; (iii) Multi-annual Implementation Plans; (iv) Monitoring and Evaluation; (v) Participation and Consultation; and (vi) Transparency and Accessibility. Each dimension is structured in sub-dimensions, which are in turn operationalized in sets of indicators against which the county strategies for developing social services are evaluated (see Table

¹⁵ Article 4.

¹⁶ Law no. 292/2011 on social assistance, article 80 (1).

¹⁷ Methodology approved by Decision no. 878/2018.

1). The assessment grid for the annual action plans comprises three dimensions: (i) Annual Action Plan; (ii) Participation and Consultation; and (iii) Transparency and Accessibility. In a similar manner to the assessment grid for the strategies, the dimensions of the assessment grid for the annual action plans are structured in sub-dimensions operationalized in sets of indicators (see Table 2).

The criteria considered in the design of the assessment tool are in line with the legal provisions, as follows: (i) include the legal provisions as such or operationalize these provisions and propose additional details, where the legislation is not specific enough, for measuring aspects of the structure/content of the strategies; (ii) advance specific criteria for measuring aspects of the preparation process of the strategies; and (iii) follow closely the detailed legal provisions regarding the annual action plans.¹⁸ As far as the strategies are concerned, legal provisions regulating their structure/content require them to include, at minimum, the following: general objective and specific objectives, an implementation plan, responsibilities, implementation deadlines, financing sources and estimated budget.¹⁹ Other conditions for strategies pertain more to their drafting and implementation processes: the strategies should be based on a local needs assessment, which includes consultation sessions, and the implementation of the strategies should be monitored. The annual actions plans regarding social services are regulated in terms of structure, content and drafting process,²⁰ through more specific provisions in comparison with the provisions regulating strategies. An outline with tables' templates and mandatory narrative content is provided by Order no. 1086/2018 of the Minister of Labor and Social Justice and needs to be filled out by all GDSACPs, when elaborating the annual action plans.

For the pilot assessment whose results are presented in this report, a synthetic assessment grid for the strategies for developing social services was used. The grid for the county strategies for developing social services is available in both a synthetic and an extended version. Following its pretesting, it was concluded jointly with project team that the synthetic version would be better suited to the needs and capacity gaps for strategic planning, as expressed by the GDSACP representatives who have been interviewed.

The assessment tool was pre-tested with representatives of two GDSACPs recommended by the NARPDCA and adjusted based on the results.²¹ An assessment tool pre-filled with scores awarded by the research team for the county strategy was discussed with representatives of the GDSACP Alba. For the pre-testing, a discussion with GDSACP Ialomița was also held, since there is a project for the

¹⁸ Since they are more straightforward, the indicators used by the assessment grid for the annual action plans are discussed less here.

¹⁹ GD no. 797/2017 for the approval of the organization and functioning framework regulations of the public social assistance services and the indicative structure of personnel, Annex 1, Art. 4 (1).

²⁰ Order no. 1086/2018 of the Minister of Labor and Social Justice regarding the approval of the template of the Annual Action Plan on social services administered and financed from the budget of county councils/local councils/Bucharest General Council.

²¹ The criteria for choosing the counties proposed by the research team were the following: (i) strategic expertise within the GDSACP; and (ii) experience in managing social services for persons with disabilities.

elaboration of the strategy by this GDSACP jointly with a local NGO, submitted in a call for project funding from the Administrative Capacity Operational Program.²²

The pre-testing led to adjustments of the grid and highlighted the need to use a synthetic version, self-administered by the GDSACPs. During the consultations with the representatives of the GDSACP, there were no knowledge and comprehension gaps, or controversies related to the indicators used in the synthetic version of the grid. By contrast, some of the criteria of the extended grid are not highly familiar to GDSACP representatives. For instance, the use of the logical framework in the process of planning for results and especially monitoring for results is not a widely familiar concept. Therefore, it would not be highly relevant, at least currently, to assess the use of several types of indicators (input, output, and outcome indicators) as part of a “log frame” approach, as required by the extended version of the assessment grid.

Table 1. Dimensions, sub-dimensions and indicators of the grid for the assessment of the strategies for developing social services

Dimension D. DIAGNOSIS
<i>Sub-dimension D1. Organizing the process of needs assessment regarding social services for persons with disabilities</i>
Indicator D1.1. A working group was set up at GDSACP level, to organize and coordinate the process of needs assessment regarding social services at local level
Indicator D1.2. A Local Advisory Group (LAG) was set up and involved in the needs’ assessment process regarding social services at local level
Indicator D1.3. Representatives from different institutions/fields relevant for the social inclusion of persons with disabilities were invited to the LAG - from the field of social assistance (PSAS/SAD/CAPSI), from the field of health (CPHD), from the field of education (CSI), from the field of employment (CAE), from the field of internal affairs and public order (CPI/probation services), other areas relevant for the situation at local level. The indicator is scored if at least three (types of) entities are invited to the LAG
Indicator D1.4. Representatives of persons with disabilities/of organizations of persons with disabilities/of organizations of parents who have children with disabilities were invited to the LAG
Indicator D1.5. Representatives of public and private providers of social services, of professional organizations were invited to the LAG
<i>Sub-dimension D2. Develop the methodology for assessing the needs of persons with disabilities regarding social services, data collection and analysis, drawing up the diagnosis report</i>
Indicator D2.1. The needs assessment regarding the social services at local level was conducted based on a methodology for data collection

²² The project was not approved at the date of the consultations with the representatives of GDSACP Ialomița; hence, the strategy preparation process had not started, and the discussions focused on the relevance of the indicators.

developed by specialized staff (e.g., sociologists) or with experience in the social field
Indicator D2.2. Data on persons with disabilities (children and adults) were collected from the County School Inspectorate, the County Public Health Directorate, the County Agency for Payment and Social Inspection, Public Social Assistance Services, other relevant institutions at local level. The indicator is scored if data requests were sent to at least two (types of) entities.
Indicator D2.3. The methodology for data collection included at least two of the following techniques: survey (face-to-face, by phone, email), individual interview, focus group, workshop, consultation with stakeholders.
Indicator D2.4. Data on the need for social services were collected from the beneficiaries of these services: adults with disabilities living in the community, children with disabilities/their representatives living in the community, adults with disabilities living in institutions, children with disabilities living in institutions. The indicator is scored if data have been collected from at least two types of beneficiaries.
Indicator D2.5. The quantitative and qualitative data have been processed, analyzed, and presented in a research report/document that lays out conclusions/diagnosis report
<i>Sub-dimension D3. Mapping out social services for persons with disabilities</i>
Indicator D3.1. The list of all licensed county level social services for persons with disabilities is available, with their distribution in terms of territorial level/there is a map of the social services
Indicator D3.2. The diagnosis conducted as part of the drawing of the strategy includes a minimum analysis of the institutional capacities of local agencies and services to meet the needs of persons with disabilities
<i>Sub-dimension D4. Including the needs of persons with disabilities within a needs' prioritization process</i>
Indicator D4.1. The diagnosis clearly indicated the needs of persons with disabilities at local level, identified based on analyzing the data collected
Indicator D4.2. The diagnosis contains a prioritization, based on clear criteria, of needs of persons with disabilities at local level
<i>Sub-dimension D5. Assessing the needs for social services for persons with disabilities from the perspective of deinstitutionalization</i>
Indicator D5.1. The diagnosis analyzes the need for social services with accommodation for adult persons with disabilities (sheltered housing, centers for independent living, respite centers, crisis centers)
Indicator D5.2. The diagnosis analyzes the need for home care services for persons with disabilities (home care services for adults with

disabilities, professional personal assistant, personal assistant of person with a severe disability, mobile teams for adult persons with disabilities)
Indicator D5.3. The diagnosis analyses the need for community services for adult persons with disabilities (care and support services, day care centers, outpatient neuromotor recovery service centers)
Dimension GP. GUIDING POLICIES
<i>Sub-dimension GP1. Description of the local context and of the regulatory framework</i>
Indicator GP1.1. The county strategy includes a detailed description of the local context, of the situation of persons with disabilities, based on well-documented data and facts, including the conclusions of the diagnosis/the needs identified and prioritized at local level
Indicator GP1.2. The legislation and policy documents in the field of policies for persons with disabilities are indicated correctly
Indicator GP1.3. The national strategy for persons with disabilities, applicable at the time of drawing up the county strategy, is presented/identified as a guiding document as regards the lines of action in the development of social services for persons with disabilities. If at the time of drafting the county strategy there is no applicable national strategy, the county strategy should present/identify as guiding documents the national policies in place, the international strategies/conventions to which Romania acceded.
<i>Sub-dimension GP2. Relevance of the strategy - the degree to which the objectives regarding persons with disabilities from the county strategy are based on the needs identified in the diagnosis stage and are in line with the relevant national policies/strategies</i>
Indicator GP2.1. A clear vision and/or mission statement are included in the strategy
Indicator GP2.2. The objectives regarding persons with disabilities are clearly and correctly correlated with the conclusions of the diagnosis/the needs identified and prioritized at the local level.
Indicator GP2.3. The objectives of the county strategy that refer to persons with disabilities are in line with the objectives of the national strategy for persons with disabilities. If at the time of drafting the county strategy there is no applicable national strategy, the objectives in the county strategy should be in line with the national policies in place, the international strategies/conventions to which Romania acceded.
<i>Sub-dimension GP3. Correlation between the measures/actions regarding the persons with disabilities from the county strategy and the national policies and strategy in the field</i>
Indicator GP3.1. The strategy includes measures/actions related to the closure/restructuring of residential centers for adults with disabilities

Indicator GP3.2.	The strategy includes, depending on the identified needs, measures/actions for the development of social services with accommodation, home care services and/or community services for adults with disabilities (independent living centers, respite centers, sheltered housing, crisis centers, home care services for adults with disabilities, professional personal assistants, mobile teams for adults with disabilities, care and support services, day care centers, outpatient neuromotor recovery service centers)
Indicator GP3.3.	In terms of developing social services with accommodation, home care services and/or community services for adults with disabilities, the measures in the strategy clearly state the type of service
Indicator GP3.4.	In terms of developing social services with accommodation, home care services and/or community services for adults with disabilities, the measures in the strategy clearly state the capacity
Indicator GP3.5.	The strategy includes measures/actions on training young persons with disabilities from the protection system for independent living
Indicator GP3.6.	The strategy includes awareness-raising activities among local actors (public and private) on the importance of ensuring accessibility (to the physical environment, to information and communications) for persons with disabilities
Indicator GP3.7.	The strategy includes actions to inform persons with disabilities/their family members about their rights, including those regarding the accessibility to the physical environment, to information and communications
Indicator GP3.8.	The strategy includes public awareness actions on the rights of persons with disabilities, including the right to not be discriminated
Indicator GP3.9.	The strategy includes conducting training sessions among staff involved in administering social services for persons with disabilities, on basic human rights and freedoms of these persons
Indicator GP3.10.	The strategy includes measures aimed to encourage voluntary activities of community members, to engage in activities aimed to increase the public participation of persons with disabilities
Indicator GP3.11.	The contracting of certain social services for persons with disabilities is part of the strategy's measures/actions
Dimension MIP. MULTI-ANNUAL IMPLEMENTATION PLANS	
<i>Sub-dimension MIP1. Development of a multi-annual implementation plan in the field of disability</i>	
Indicator MIP1.1.	There is a distinct strategy document or a separate section of the strategy that focuses on the multi-annual implementation

of the measures included in the strategy, which also includes measures in the field of disability
<i>Sub-dimension MIP2. Adequate operationalization of objectives regarding persons with disabilities, to the level of actionable and clear measures (using a logical framework approach)</i>
Indicator MIP2.1. There is a clear link between objectives and measures
Indicator MIP2.2. Measures are formulated in clear and actionable terms
<i>Sub-dimension MIP3. Inclusion of all the necessary details of the multi-annual implementation plan: measures/activities proposed, responsibilities, indicative resources/deadlines/milestones</i>
Indicator MIP3.1. The multi-annual implementation plan includes responsible institutions for all the measures
Indicator MIP3.2. A source of funding has been identified
Indicator MIP3.3. Deadlines for all measures are included
<i>Sub-dimension MIP4. Costing of measures</i>
Indicator MIP4.1. The multi-annual implementation plan includes cost details on all measures for persons with disabilities, including those providing for the granting of services
<i>Sub-dimension MIP5. Inclusion of measures regarding the capacity building needs of staff involved in the provision of services to persons with disabilities, including training needs</i>
Indicator MIP5.1. The action plan includes details on capacity development needs for the implementation of measures referring to persons with disabilities, in respect of number and staff training
<i>Sub-dimension MIP6. Description of feedback and complaint mechanisms available for persons with disabilities and other stakeholders involved in the implementation of measures for this group.</i>
Indicator MIP6.1. The measures describe the development and/or use of existing indicators on the satisfaction of persons with disabilities with offered services
Indicator MIP6.2. The measures describe the use and the improvement of the grievance redress mechanisms
Dimension ME. MONITORING AND EVALUATION
<i>Sub-dimension ME1. Use of the logical monitoring framework: progress indicators, input, output, and outcome indicators</i>
Indicator ME1.1. The objectives and/or measures regarding persons with disabilities in the multi-annual strategy implementation plan have quantitative indicators, that measure, for example, the number or percentage of services and goods created for persons with disabilities,

the number and percentage of persons that access them and other quantitative aspects.
<i>Sub-dimension ME2. Conformity with the requirements on technical characteristics of the M&E indicators: relevance, reliability, ease of understanding and interpretation, and feasibility of collection</i>
Indicator ME2.1. It is feasible for the indicators to be collected, calculated, and reported (whether they are already available or, if they are newly proposed indicators, the institutional arrangements for their reporting are clearly explained)
<i>Sub-dimension ME3. Inclusion of baseline values and targets for the indicators of measures for improving the situation of persons with disabilities</i>
Indicator ME3.1. There are baseline values and targets set, at least at the level of a set of selected objectives and/or measures/strategic for persons with disabilities
<i>Sub-dimension ME4. Use of a work plan to collect and report the data regarding the persons with disabilities</i>
Indicator ME4.1. The strategy/multi-annual implementation or other related documents specify a work plan for the collection and reporting of data on the monitoring the implementation of measures for persons with disabilities
<i>Sub-dimension ME5. Clearly specifying the mode in which the outcomes of the monitoring of measures regarding the situation of persons with disabilities will be used and reported</i>
Indicator ME5.1. Information is available on how the data monitoring the measures regarding the situation of persons with disabilities will be used (for example, the revision of the strategy, the drafting of the implementation report, the drafting of activity reports of institutions responsible for the implementation, the dissemination of data to stakeholders)
Dimension PC. PARTICIPATION AND CONSULTATION
<i>Sub-dimension PC1. Consultations with public and private social service providers for persons with disabilities, professional associations and organizations representing persons with disabilities - how such consultations are described within the strategy and the annual action plan regarding social services</i>
Indicator PC1.1. Stakeholders were consulted to substantiate the strategic document/draw the diagnosis: representatives of the public social assistance services from the local authorities
Indicator PC1.2. Stakeholders were consulted to substantiate the strategic document/draw the diagnosis: public providers of social services (others than the public social assistance services from the local authorities), private providers of social services for persons with disabilities, representatives of professional associations,

representatives of organizations of persons with disabilities, other stakeholders
<i>Sub-dimension PC2. Debate and endorsement of the draft strategy by the county commission for social inclusion - how this process is described in the strategy</i>
Indicator PC2.1. Consultations were held, as part of the endorsement process within the commission for social inclusion
<i>Sub-dimension PC3. Public consultation of the draft strategy in line with Law no. 52/2003 on decisional transparency in public administration - how this process is described in the strategy</i>
Indicator PC3.1. The public consultation under Law no. 52/2003 was carried out
Dimension TA. TRANSPARENCY AND ACCESSIBILITY
<i>Sub-dimension TA1. The strategy and the action plan are accessible to a variety of key stakeholders, different groups of services beneficiaries and to the general public</i>
Indicator TA1.1. The county strategy for developing social services is published on the GDSACP website
Indicator TA1.2. There are versions of the strategy or sections of the strategy catering to persons with disabilities/accessible for persons with visual disabilities, learning difficulties, or intellectual disabilities

Table 2. Dimensions, sub-dimensions and indicators of the grid for the assessment of the annual action plans regarding social services

Dimension AP. ANNUAL ACTION PLANS
<i>Sub-dimension AP1. The content of the annual action plan sections regarding persons with disabilities is structured in accordance with the law</i>
Indicator AP1.1. There is information on the capacity of existing social services for persons with disabilities
Indicator AP1.2. There is data on the occupancy rate of the existing social services for persons with disabilities
Indicator AP1.3. There is data on the estimated budget by type of funding source for the existing social services for persons with disabilities
Indicator AP1.4. There is information on the capacity of newly proposed social services for persons with disabilities
Indicator AP1.5. There is data on the types of beneficiaries of newly proposed social services for persons with disabilities
Indicator AP1.6. There is data on the estimated budget of newly proposed social services, by type of financing source
Indicator AP1.7. There is information on the required dimensions of newly proposed social services

Indicator AP1.8. There is information on the annual plan for contracting social services
Indicator AP1.9. Public information activities are adequately planned, in accordance with the legislation
<i>Sub-dimension AP2. Inclusion of a clear link between the planning of social services for persons with disabilities and the county strategy/ the multi-annual implementation plan</i>
Indicator AP2.1. There is a clear link between the social services for persons with disabilities planned in the strategy/multi-annual implementation plan and the proposed services from the annual action plan
Dimension PC. PARTICIPATION AND CONSULTATION
<i>Sub-dimension PC1. Consultations with public and private social service providers for persons with disabilities, professional associations and organizations representing persons with disabilities - how such consultations are described within the strategy and the annual action plan regarding social services</i>
Indicator PC1.1. Stakeholders were consulted to elaborate the plan: representatives of the public social assistance services from the local authorities
Indicator PC1.2. Stakeholders were consulted to elaborate the plan: public providers of social services (others than the public social assistance services from the local authorities), private providers of social services for persons with disabilities, representatives of professional associations, representatives of organizations of persons with disabilities, other stakeholders
Dimension TA. TRANSPARENCY AND ACCESSIBILITY
<i>Sub-dimension TA1. The strategy and the action plan are accessible to a variety of key stakeholders, different groups of services beneficiaries and to the general public</i>
Indicator TA1.1. The annual action plan for developing social services is published on the GDSACP website
Indicator TA1.2. There are versions of the annual action plan catering to persons with disabilities/accessible for persons with visual disabilities, learning difficulties, or intellectual disabilities

Indicators from the grids can take scores of one (1) or zero (0), depending on the assessment regarding the compliance of the strategic documents to the requirements of each indicator. The scores are then aggregated at the level of sub-dimension, dimension and per county strategy. Some indicators are based on filter questions. Hence, when their value is 0, all the other questions derived will be scored 0 as well. For example, one indicator measures if a multi-annual implementation plan was prepared. When such a plan is not in fact identified, the assessor fills in 0, and all the indicators regarding the features that these plans

should have will be marked 0 as well. There are also several indicators that do not apply to all the counties and sectors of Bucharest Municipality, but nonetheless need to be part of the grid. For instance, the indicator on the inclusion of de-institutionalization measures in the implementation plan does not apply in those counties where there are no large institutions, with more than 50 beneficiaries, still functional. Since the indicator holds too great a strategical value to be excluded from the grid, it is maintained in the grid, and it will have value 1 by default in the counties where such measures are no longer required. Thus, the grid awards a positive score for the advancements with de-institutionalization at county/sector level.

In addition to the scoring system, the assessment methodology operates with two thresholds or levels of compliance with the requirements (“minimal” level and “optimal” level). It is necessary to emphasize that the requirements are not optional, irrespective of their labeling as “minimal” or “optimal.” They are equally important and valuable for designing a good strategy; hence both types are scored with one or zero. The minimal requirements or indicators are present across all sub-dimensions (some sub-dimensions only have minimal level indicators). It is regarded that the minimal threshold represent the basic features that a strategy should incorporate in order to adequately guide the development of social services at county/sector level.²³ The minimal threshold will be flexible, meaning that the bar for minimal compliance can be raised in the future, with more indicators being marked as minimal along with the expected process of gradual improvement of the county strategies. The optimal scoring is one where all the requirements are met. While there are no reasonable expectations that a strategy could score up to the optimal threshold, the distance between the registered and the minimal threshold accounts for the need for further improvement, while scores between minimal and optimal can already be considered cases of good practice in the context of Romania.

The assessment of the preparation process of strategies requires an analysis of accompanying/additional documents. Evidence on compliance to the criteria regarding the preparation process is not usually included in the strategies (unlike in the case of annual action plans, which are required to provide statements about the preparation process as well). For instance, the strategies might mention that some consultations required by law were carried out, but without including any further specific details or evidence about these processes. Through discussions with the members of the project team, a decision was made that the assessment grid should address not only structural aspects, but also those related to the preparation process, based on the collection of additional documents: for example, needs' assessment reports, consultation minutes, M&E reports and any other relevant additional documents.

²³ For instance, at least the precise identification of funding sources should be offered, beyond “state budget” and “private budget.” The coordinators of the strategies drafting process should at least specify that the funding will be ensured via “sums deducted from Value Added Tax” or a specific European fund. To distinguish a distinctive funding source, the eligibility conditions for funding have to be checked, which is a step forward. This encourages mapping out a wider spectrum of funds than the county strategies usually take into consideration. It also encourages singling out the measures for which there is no funding available at the moment, which is beneficial as it increases the pressure for screening additional opportunities for funding during the implementation of the strategies.

Selection of the counties covered by the assessment

The assessment covers a selected group of counties, along with their annual action plans for the current year (2021). The counties/sectors of Bucharest Municipality selected to be included in the analysis were those with active strategies for developing social services, whose implementation period spans through 2023 or further. The decision to select these counties/sectors was reached along with the members of the project team, given that the purpose of the assessment grid is to guide the endorsement the NARPDCA must grant, in its field of competence, to strategies for developing social services of counties/sectors of Bucharest Municipality. The counties with strategies concluding in 2021 are not included in the analysis, as the GDSACPs from those counties are expected to be in full elaboration process of the new strategies; hence, assessing the current ones is not justified. The counties with strategies concluding in 2022 were also excluded from the analysis, considering their implementation period is close to closure and a potential assessment/endorsement from NARPDCA is no longer relevant. Consequently, all active strategies concluding in 2021 or 2022 have been excluded from the analysis.

A short online screening survey with representatives of GDSACPs was carried out, to identify all the relevant strategies.²⁴ The results of the survey indicated 13 out of 41 counties and 5 Bucharest sectors out of 6 meet the selection criteria - they have strategies for developing social services with an implementation period spanning through 2023 or further -, hence they were included in the assessment. Out of the total 18 counties/sectors covered by the analysis, annual action plans for the current year (2021) were available for 13 of them.

Table 3. Strategies and Annual Action Plans selected for assessment, with implementation timeframes

County	Implementation timeframe of the strategy	Annual Action Plan available for 2021
Mehedinți	2013 - 2023	
Vaslui	2014 - 2023	✓
Caraș-Severin	2018 - 2023	✓
Ilfov	2018 - 2023	
Brăila	2019 - 2023	✓
Brașov	2019 - 2023	
Bucharest sector 6	2019 - 2023	

²⁴ The survey updated the information on the strategies already held by NARPDCA and/or available on the web. The questionnaire was sent to 43 GDSACPs out of the 47 existing at the national level; it was not sent to the GDSACPs involved in the pre-testing of the grid tool (for which information has been gathered in this way), nor to those with a strategy that has an implementation period spanning through 2022 (in these latter cases, no information except the implementation period has been collected).

Botoșani	2019 - 2024	✓
Bucharest sector 3	2019 - 2024	✓
Bucharest sector 4	2019 - 2024	
Bucharest sector 5	2019 - 2024	
Bucharest sector 1	2019 - 2027	✓
Harghita	2019 - 2028	✓
Alba	2021 - 2025	✓
Gorj	2021 - 2025	✓
Covasna	2021 - 2027	✓
Dâmbovița	2021 - 2027	✓
Mureș	2021 - 2030	✓

The screening survey served two other purposes: mapping out the strategic planning status and eliciting information on any additional documents that could support the assessment in the selected counties. Thus, the counties with a strategy concluding in 2021 or before this date and the counties with no approved strategy, for the time being, were asked whether they are currently preparing a strategy and if so, in which stage of this endeavor. The findings on this matter are described in the *Results of the assessment* section below (see Table 4). Furthermore, through the online survey, representatives of the GDSACPs in counties with active strategies planned at least until 2023 were asked to provide information on the availability of additional relevant documents regarding the process of preparation/elaboration of the strategies in their counties. The list of such documents might include, but is not limited to needs' assessment reports, implementation plan and annual action plan, documents regarding the M&E system, and documents regarding the consultation process (such as consultation minutes). In case the GDSACP representatives pointed out that such supporting documents are available, they were invited to submit them. This led to the collection of supporting documents from six counties/Bucharest sectors. Three GDSACPs sent only the annual action plans for 2021, while the other three sent the annual action plans together with documents related to the needs' assessment and/or consultations held for the strategies' preparation.

Limits of the assessment

The assessment has several limits: (i) some of the assessment criteria draw from the current strategic priorities at national level, while the strategies were drafted at various points in time, from 2013 to 2021, sometimes before the priorities in question were mainstreamed at national level (e.g., de-institutionalization); (ii) the criteria of the assessment are established after the preparation of strategies, hence the latter could not have fully taken into account some of these criteria, especially

those derived from strategical planning good practices;²⁵ (iii) the process of collecting additional supporting documents remained incomplete, despite the efforts of the research team; therefore, 0 scores might reflect the lack of description in the strategy and lack of additional documents, rather than the absence of a feature/failure to comply to a requirement measured through an indicator; (iv) Bucharest Municipality sectors are positioned differently in the institutional structure of social assistance than the counties, and this is consequential for the analysis: for instance, there are no public social assistance services in the methodological coordination of sector GDSACP (which are the correspondent of PSAs themselves), while some assessment indicators track precisely the collaboration with PSSAs. The limitations are addressed as part of the recommendation section, where actions for mitigating them during future assessment exercises are proposed.

Results of the assessment

Overview of the stage of preparation or implementation of the strategies

In more than half of the counties/sectors, there is no active strategy, while in the rest of the counties/sectors, the deadlines of the implementation periods span from 2021 to 2030. All counties and sectors of Bucharest Municipality should have prepared their first round of strategies for the development of social services by 2012, in accordance with the legal provisions.²⁶ However, at the end of 2021, there are still 6 counties that have never approved a strategy for the development of social services. Additionally, in almost half of the counties/sectors, strategies had been already concluded until 2020 (19 strategies), or their final term is in 2021 (2 strategies). In the remainder of 20 counties/sectors, final terms span in the 2022-2030 interval. The variety of timeframes, in terms of launching and deadlines, affects the content of the strategies, i.e., their ability to capture the latest priorities at national and European levels.

In most counties lacking a strategy for the development of social services at the beginning of 2022, the process of preparation of a new strategy (or in some cases, the first such strategy) has been launched, but there are also several exceptions²⁷. At the time the survey was carried out (November 2021), in 12 counties, the elaboration process is in its incipient, preparatory/substantiation stage, in 5 counties, the work for the actual drafting of the strategy has started, in 4 counties, the strategy draft has been/is to be submitted to the social inclusion commission for endorsement, and in only 1 county the strategy is on its due course to be approved by the county council.

Table 4. Plans for drafting strategies in counties/sectors of Bucharest Municipality with strategies concluding in/concluded prior to 2021, or without strategies

²⁵ However, the legislative provisions regulating county strategies, lending the structure of the analysis and transposed into most of the indicators, have not changed in this timespan.

²⁶ As per Law no. 292/2011 on social assistance, Art. 117 (5): *“The Strategies for the development of social services are to be prepared in one year since the promulgation of the present law.”*

²⁷ Two counties have answered that they have a strategy for the development of social services, yet these are, in fact, strategies for overall development at county level, that also include aspects related to social services.

	Counties/sectors of Bucharest Municipality with...			Total
	... no strategy approved so far	... strategies concluded in 2020	... strategies concluding in 2021	
Elaboration process launched	4	16	2	22
No elaboration process launched	2	2	0	4
Total	6	18	2	26

Source: Survey on the status of county strategies for developing social services, carried out by the World Bank team (November 2021).

Notes: For a strategy concluded before 2020, the GDSACP concerned did not provide an answer regarding the process of preparing a new one. Twenty counties/sectors have strategies with a final term in 2022-2030.

Findings on the quality of the county strategies

The county strategies for developing social services have important drawbacks in terms of structure, content, and preparation process. These aspects of a strategy have been assessed primarily from the perspective of the needs and rights of persons with disabilities. The findings show that none of the strategies selected for the analysis currently reaches the minimum threshold set, based on the information and documents available to the research team. Only 12 out of the 18 analyzed strategies score at least half of the minimum score (meet at least 22 points, the minimal score overall being 44) or above, suggesting that meeting the minimal score with a series of adjustments is feasible.

There is a deficiency in quality not only overall, but also in terms of dimensions. The compliance of the strategies with the criteria should be analyzed not just via their total score against the minimal threshold, but also through their compliance against the minimal thresholds per each domain of the strategy assessment grid. There are 11 strategies complying with the minimum threshold or scoring just barely below the threshold (1 or 2 points below) for at least 2 out of 6 dimensions. There is a tendency for the strategies faring well per one dimension to fare well per other dimensions (meeting or nearly meeting the minimum threshold). This is a result of the dimensions being closely linked in a logical framework, meaning, for instance, that a good diagnosis, initially, increases the chances for good strategic planning, at the later stages.

Almost all the strategies fail to embed a monitoring system that would allow for an adequate tracking of their implementation process. According to GD no. 1002/2019, the two main functions that NARPDCA has in relation to the county strategies for developing social services are: “endorses the county strategies, respectively the local strategies of Bucharest Municipality sectors for developing social services, as well as their action plans, in the field of disability” and “monitors the implementation of the strategies of local public administration authorities regarding the developing of social services in the fields of competence”, which in

this case is the disability domain. However, the monitoring process is not currently facilitated since the strategies generally lack solid and adequate monitoring indicators.

Diagnosis dimension

The county strategies for developing social services must be preceded by a process of needs assessment and prioritization at the county level. Law no. 292/2011 on social assistance and GD no. 797/2017²⁸ mention that county strategies for developing social services must be in accordance with identified needs, meaning that they should be evidence-based. Moreover, GD no. 797/201 provides the existence of a “substantiation document”, which must include the following information, at a minimum: (i) territorial characteristics; (ii) level of socio-economic and cultural development of the area; (iii) population structure, taking into account categories such age, sex, occupation etc.; (iv) types of situations of difficulty, vulnerability, dependence or social risk, number of potential beneficiaries; and (v) types of social services that could meet the needs of the identified beneficiaries, as well as justification for choosing certain services. The use of statistical and research data in the processes of identifying and addressing the barriers faced by persons with disabilities in exercising their rights is also stipulated by the CRPD.²⁹

The first dimension of the grid proposed for the assessment of strategies has been operationalized through indicators looking at: (i) institutional arrangements within the GDSACP for the organization of needs assessment and the cross-sectoral collaboration among the county public institutions and others stakeholders (D1 indicators); (ii) methodological aspects, including data sources and research methods (D2 indicators); (iii) mapping social services (D3 indicators); (iv) prioritization of identified needs (D4 indicators); and (v) needs assessment from a de-institutionalization perspective (D5 indicators). Most of the indicators are of minimal level; optimal level indicators are included in the first sub-dimension (those referring to the setting up, composition and involvement of a Local Advisory Group in the needs’ assessment process) and second sub-dimension (one indicator referring to the drawing up of a report based on the analysis of the data collected during the needs’ assessment process).³⁰

For the minimal level, the highest score a strategy could achieve for the Diagnosis dimension is 12. The scores of the analyzed strategies have an average of 5.28 (SD = 3.19), with one strategy that obtained the maximum score and one that scored zero for all indicators. For the optimal level, the average is 5.94 (SD = 4.18). The strategy that obtained the maximum score for the minimal level also recorded the maximum score for the optimal level (17); the strategy with zero for all indicators of minimal level also scored zero for the optimal level. The table below presents the scores obtained by the analyzed strategies for the Diagnosis dimension and its sub-dimensions.

²⁸ For the approval of the organization and functioning framework regulations of the public social assistance services and the indicative structure of personnel.

²⁹ Article 31 of the United Nations Convention on the Rights of Persons with Disabilities.

³⁰ See Table 1 for the complete list of indicators per dimensions and sub-dimensions.

Table 5. Scores obtained by the analyzed strategies for the Diagnosis dimension (minimal level indicators)

Dimension/Sub-dimension	Corresponding score for the minimal level	Obtained scores			
		Min.	Max.	Mean	Standard Deviation
D. Diagnosis	12	0	12	5.28	3.19
D1. Organizing the process of needs assessment regarding social services for persons with disabilities	1	0	1	0.33	0.47
D2. Develop the methodology for assessing the needs of persons with disabilities regarding social services, data collection and analysis, drawing up the diagnosis report	4	0	4	1.17	1.30
D3. Mapping out social services for persons with disabilities	2	0	2	1.50	0.60
D4. Including the needs of persons with disabilities within a needs' prioritization process	2	0	2	0.50	0.60
D5. Assessing the needs for social services for persons with disabilities from the perspective of deinstitutionalization	3	0	3	1.78	1.44

Source: Assessment of 18 county/sector strategies for developing social services, carried out by the World Bank team (November-December 2021).

Key findings of the analysis of the Diagnosis dimension

In almost all cases, a “substantiation document” is not available per se, such as a distinctive report separate from the strategy document. Thus, in the absence of a diagnosis report from which the strategy is drawing, the research team awarded positive scores when the strategy displays an analysis based on collected data as a distinctive section of the strategy, with relevance for the process of identifying the needs and strategic planning.

Of the elements that the substantiation document should include, according to GD no. 797/2017, the first three ones are most frequently identified at the beginning of the strategies: (i) territorial characteristics; (ii) level of socio-economic and

cultural development of the area; and (iii) population structure. In relation to these elements, the strategies usually include a series of tables and figures. The data presented as such is rarely complemented by an analysis, or the analysis is limited to comments on the dynamic or distribution of data, while the implication of the data for the elaboration of the strategies is not commented upon. Still, the diagnosis should lead to an identification of needs, followed by a prioritization process. Box 1 below illustrates how these legislative provisions should be understood in the context of a strategy preparation, with examples drawn from the strategies included in the analysis.

Box 1: Good practices in county strategies features of the diagnosis, derived from GD no. 797/2017, scored positive by the assessment process

GD no. 797/2017	What strategies should include
Territorial characteristics	<p>Information on the territorial structure is presented and analyzed and synthetic conclusions on the needs of the population with disabilities are derived from the analysis. The needs are addressed with objectives and measures in the implementation plan.</p> <p>Example from a county strategy: The analysis shows, based on data, that most persons with disabilities reside in rural areas, while rehabilitation services are concentrated in the urban area. The resulting needs, such as needs for transportation, homecare and/or developing local services in the proximity, are highlighted. In the implementation plan, transportation services, or mobile teams/homecare services are envisioned to be developed, to address the needs.</p>
Level of socio-economic and cultural development of the area	<p>Socio-economic data is presented and analyzed and synthetic conclusions on the needs of the population with disabilities are derived from the analysis. The needs are addressed with objectives and measures in the implementation plan.</p> <p>Example from a county strategy: The low employment rate of persons with disabilities is discussed and documented with data (tables and figures), based on which synthetic statements point out the needs of persons with disabilities for support to be activated on the labor market. The objectives and measures explicitly state that services for assistance and support will be provided, including counseling and training for increased employability.</p>
Population structure, considering categories such as age, sex, and occupation	<p>The population structure is presented and analyzed and synthetic conclusions on the needs of the population with disabilities are derived from the analysis. The needs are addressed with objectives and measures in the implementation plan.</p>

Example from a county strategy: the prevalence of disability is observed to be high among the elderly, hence homecare services are planned.

The next elements of the substantiation document required by GD no. 797/2017 are directly relevant for the diagnosis, as they require “types of situations of difficulty, vulnerability, dependence or social risk, number of potential beneficiaries” and “types of social services that could meet the needs of the identified beneficiaries, as well as justification for choosing certain services.” These are, however, rarely found in the strategies.

Most strategies do not have an adequate diagnosis. Those that feature elements of a diagnosis are usually focused on the people registered in the administrative records, i.e., persons with a disability certificate, and existing beneficiaries of social services. Hence, there is no proper identification of the “potential beneficiaries” of social services at county/sector level. The analysis is rarely particularized by type and degree of disability and the specific needs of these sub-groups.

In many cases, no external data collection is apparent, hence only data extracted from GDSACP records are being used. In the cases when additional data is used, it is usually data provided by the County Directorates for Statistics and the County Agencies for Employment. Some DGASPCs have consulted the social services planning documents at the PSAs level or have reached the PSAs with a survey. Still, the quality of the questionnaires or the interpretation of data is not adequate. About a third of the strategies assessed were designed based on a diagnosis drawing from data collected from other stakeholders, such as service providers and only three of the analyzed strategies show evidence that they used data collected directly from beneficiaries of social services.

In cases in which the strategies rely exclusively on administrative data, especially from internal sources, in the absence of an adequate analysis of the data collected, the identified needs presented seem arbitrary. In addition, no prioritization of the identified needs is included in the strategies; even though the term “prioritized needs” is used, there are no criteria of how such prioritization was done.

It should be noted that the strategy text was the main source of information for the assessment. Thus, the scores given to some indicators might not reflect that action was not taken, but the fact that the strategy does not document/describe it properly. It is more the case of some indicators than of others. Below are two examples encountered during the assessment of this dimension:

- A score of 0 for the indicator “A working group was set up at GDSACP level, to organize and coordinate the process of needs assessment regarding social services at local level” does not necessarily mean that such group was not set up, but that the strategy mentions nothing about it.
- A score of 1 was given for the indicator “The list of all licensed county level social services for persons with disabilities is available [...]” only if it was certain that all services are presented. Some strategies do not mention clearly that they list all licensed social services from the county at the moment of the strategy preparation.

Guiding Policies dimension

The normative acts regulating the elaboration of the county strategies³¹ state that these documents must be in accordance with the national strategies. Therefore, the county strategies are expected to contribute to the achievement of the relevant objectives of the national strategies.

The Guiding Policies (GP) dimension of the strategy assessment grid has been operationalized through indicators looking at: (i) local context³² and regulatory framework (GP1 indicators); (ii) relevance of the strategy (GP2 indicators);³³ (iii) inclusion of certain measures mandatory from the perspective of the policy framework for persons with disabilities, such as deinstitutionalization and preventing institutionalization; continuity/correlation of child-adult protection systems; accessibility; eliminating discrimination and ensuring equality for persons with disabilities; promoting active citizenship and social solidarity; public-private cooperation (GP3 indicators). Most of the indicators are of minimal level; optimal level indicators are included in all sub-dimensions (indicator referring to the correct quotation and referencing of the relevant legislation; indicator referring to the inclusion of a clear goal/mission/vision; indicator referring to awareness-raising activities among local actors on the importance of ensuring accessibility for persons with disabilities).³⁴

For the minimal level, the highest score a strategy could achieve for the GP dimension is 13. The scores of the analyzed strategies have an average of 9.17 (SD = 1.86), with no strategy with the maximum score achieved. For the optimal level, the average is 11.39 (SD = 2.11), with the highest possible score being 17 (not obtained by any strategy). The table below presents the minimal level scores obtained by the analyzed strategies for the Guiding Policies dimension and its sub-dimensions.

Table 6. Scores obtained by the analyzed strategies for the Guiding Policies dimension (minimal level indicators)

Dimension/Sub-dimension	Corresponding score for the minimal level	Obtained scores			
		Min.	Max.	Mean	Standard Deviation
GP. Guiding Policies	13	7	12	9.17	1.86

³¹ Law no. 292/2011 on social assistance and GD no. 797/2017.

³² The methodological framework proposed for the county strategies assessment grid was based on the presumption that the needs assessment conducted for the strategy substantiation is presented in a dedicated document. Therefore, the strategies were expected to include a briefer description of the local context and the conclusions of the needs' assessment. Given the fact that, in practice, there is no separate substantiation document/diagnosis report and that all information regarding the needs' assessment is included in the strategy, a revision will be considered for this sub-dimension in the grid: the indicators to be moved to Diagnosis dimension.

³³ The relevance (of the strategy) is based on the definition established by the Organization for Economic Co-operation and Development: "The extent to which the intervention objectives and design respond to beneficiaries', global, country, and partner/institution needs, policies, and priorities, and continue to do so if circumstances change." OECD (2019).

³⁴ See Table 1 for the complete list of indicators per dimensions and sub-dimensions.

GP1. Description of the local context and of the regulatory framework	2	0	2	1.61	0.68
GP2. Relevance of the strategy - the degree to which the objectives regarding persons with disabilities from the county strategy are based on the needs identified in the diagnosis stage and are in line with the relevant national policies/strategies	2	1	2	1.39	0.49
GP3. Correlation between the measures/actions regarding the persons with disabilities from the county strategy and the national policies and strategy in the field	9	3	9	6.17	1.83

Source: Assessment of 18 county/sector strategies for developing social services, carried out by the World Bank team (November-December 2021).

Note: The strategies corresponding to counties/sectors in which, at the time of the elaboration of the strategy, there were no more residential centers for adult persons with disabilities with a capacity/a number of beneficiaries higher than 50 have received by default the score 1 for the indicator *The strategy includes measures/actions related to the closure/restructuring of residential centers for adults with disabilities* (sub-dimension Correlation between the measures/actions regarding the persons with disabilities from the county strategy and the national policies and strategy in the field).

Key findings of the analysis on the Guiding Policies dimension

In comparison to the other dimensions, the Guiding Policies dimension is well covered, in general, in most of the strategies included in the assessment. The references to the relevant legislation and to the strategic and policy national framework are especially common within the strategies. However, several strategies refer exclusively or more extensively to the overall social protection sector (i.e., the social inclusion strategies), while the references at the legislation and strategic framework in the area of disability are missing or incomplete.

Eleven out of the 18 analyzed strategies have an incomplete correlation between the objectives formulated in the strategy and the needs of various categories of vulnerable persons, identified in the diagnosis stage. In about half of these cases, this is because the needs have not been properly identified and prioritized; hence, the correlation with the objectives could not be made. In the rest of the cases, there is not a clear and thorough link between the needs established and the objectives set.

More than two thirds of the assessed strategies include a clear vision and/or mission statement.

Measures on deinstitutionalization or on prevention of (re)institutionalization of persons with disabilities are included in almost all strategies, in various degrees. More than half of the assessed strategies include measures regarding the closure/restructuring of residential centers for adult persons with disabilities with a capacity higher than 50. It should be stated that the indicator corresponding to this type of measure scored by default 1 in the case of strategies from counties/sectors in which there were no more such centers at the time of the elaboration of the strategy (based on the information available to the team that conducted the assessment); due to this, the score for that indicator is in fact higher. At the same time, strategies that have been elaborated before the closure/restructuring of centers with high capacity was included in the national level policies and that do not include this type of measures scored 0 - in these cases, the strategies should have been revised by including measures on the restructuring of centers, after this process had been planned and approved at the level of the county/sector.

All analyzed strategies include measures on developing alternative services to large residential centers and on preventing (re)institutionalization. Moreover, 10 of the analyzed strategies include measures for developing five or more types of alternative services. The most planned services for adults with disabilities are professional personal assistants, sheltered housing and daycare centers. The table below shows more detail on the alternative services identified as needed and those planned in the strategies.

Table 7. Services for adults with disabilities, by number of counties in which these services are considered necessary and/or have been planned in the strategy for developing social services

Type of service	No. of counties/sectors in which the service is considered necessary	No. of counties/sectors in which the service is planned	No. of counties/sectors in which the service is considered necessary and is planned
Center for independent living	1	4	0
Respite center	6	10	3
Sheltered housing	7	13	6
Crisis center	3	6	2
Home care service for adults with disabilities	5	7	2
Professional personal assistant	5	13	4
Mobile team for adults with disabilities	3	6	3
Care and support service	4	9	2
Day care center	8	12	6

Outpatient service center	neuromotor	recovery	4	9	2
------------------------------	------------	----------	---	---	---

Source: Assessment of 18 county/sector strategies for developing social services, carried out by the World Bank team (November-December 2021).

The presence of measures on training young persons with disabilities in public care for independent living received a score of 1 for 13 of the analyzed strategies. Nonetheless, regarding this type of measures it must be stated that many strategies/implementation plans refer to young persons in public care in general, and do not include specific measures for those that have disabilities. Even in such cases, the research team awarded positive scores for this indicator, presuming that the measures addressed to young persons in public care also cover those with disabilities.

Measures/activities aimed at increasing the level of awareness on the rights of persons with disabilities, the fight against discrimination, the promotion of active citizenship, social solidarity/the intensification of public participation of persons with disabilities have been identified in half of the strategies included in the analysis. By contrast, the awareness actions among local (public and private) stakeholders regarding the importance of ensuring accessibility (physical, informational, and communicational) for persons with disabilities have been identified in less than half of the strategies. Furthermore, it is worth mentioning that attributing scores for those indicators has been impacted by the fact that the implementation plans of the strategies include such measures (informative campaigns, for raising awareness), but are usually stated in a general manner, without mentioning, for example, the target group (general population, persons with disabilities) and/or the topic of such a campaign.

Conducting training sessions with the staff involved in the administration of social services for persons with disabilities on topics concerning the fundamental rights and liberties of these persons has been identified in more than half (11) of the strategies. However, in this case as well, the criterion to attribute a positive score was inclusive, in that there were taken into consideration measures such as those referring to staff training in residential centers, training and counseling of personal assistants for persons with disabilities, training of foster parents specialized in caring for children with disabilities. As in the case of informative/awareness-raising campaigns, the measures on instructing/training from the implementation plans of the strategies are stated in general terms.

Multi-annual Implementation Plans dimension

The multi-annual implementation plan (MIP) can represent a distinctive document or chapter/section of the strategy, developed for the duration of the actions included in the strategy (a long-term and a medium-term implementation horizon).

While the setting of objectives and their operationalization measures derived from the national strategical framework is captured through specific indicators within the Guiding Policies dimension, the Multi-annual Implementation Plan is the dimension where the objectives and measures really tie up together and link with other elements specified in GD no. 797/2017, such as “responsibilities”, “implementation

terms/deadlines”, “financing sources”, and “estimated budget.” The decision to look at certain measures in the Guiding Policies dimension was based on the following: (i) the measures are closely related with the national policy framework, and (ii) there are strategies lacking a proper implementation plan, yet listing a set of measures.

This dimension of the assessment grid has been operationalized through indicators looking at: (i) development of a multi-annual implementation plan (MIP1 indicator); (ii) adequate operationalization of objectives, to the level of actionable and clear measures, using a logical framework approach (MIP2 indicators); (iii) inclusion of all the necessary details of the measures (MIP3 indicators); (iv) costing of measures (MIP4 indicator); (v) human resource development needs for the implementation of planned measures (MIP5 indicator); (vi) description of feedback and complaint mechanisms available for persons with disabilities and other stakeholders (MIP6 indicators). For this dimension, there is only one optimal level indicator - referring to the use and the improvement of the grievance mechanisms.³⁵

The threshold for the minimal level for the Multi-annual Implementation Plans is 9 (nine). The scores of the analyzed strategies have an average of 5.50 (SD = 1.80), with one strategy achieving the maximum score. The table below presents the scores obtained by the analyzed strategies for the dimension Multi-annual Implementation Plans and its sub-dimensions, with respect to the minimal threshold.

Table 8. Scores obtained by the analyzed strategies for the Multi-annual Implementation Plans dimension (minimal level indicators)

Dimension/Sub-dimension	Corresponding score for the minimal level	Obtained scores			
		Min.	Max.	Mean	Standard Deviation
MIP. Multi-annual Implementation Plans	9	1	9	5.50	1.80
MIP1. Development of a multi-annual implementation plan in the field of disability	1	1	1	1.00	0.00
MIP2. Adequate operationalization of objectives regarding persons with disabilities, to the level of actionable and clear measures (using a logical framework approach)	2	0	2	1.67	0.58

³⁵ See Table 1 for the complete list of indicators per dimensions and sub-dimensions.

MIP3. Inclusion of all the necessary details of the measures: responsibilities, indicative budgetary resources, deadlines/milestones	3	0	3	1.89	1.05
MIP4. Costing of measures	1	0	1	0.28	0.45
MIP5. Inclusion of measures regarding the capacity building needs of staff involved in the provision of services to persons with disabilities, including training needs	1	0	1	0.56	0.50
MIP6. Description of feedback and complaint mechanisms available for persons with disabilities and other stakeholders	1	0	1	0.11	0.31

Source: Assessment of 18 county/sector strategies for developing social services, carried out by the World Bank team (November-December 2021).

Key findings of the analysis on the Multi-annual Implementation Plans dimension

Out of the eighteen strategies covered by the assessment, six did not include a proper Multi-annual Implementation Plan. Some of the six strategies in question list measures, which are, in the best-case scenario, linked with the objectives. However, the basic features required by law, such as the responsible institutions, are not provided.

The legislative provisions require that the strategy is designed for two different time horizons, 5 and 10 years, respectively. However, some of the county strategies disregard this framework in two ways: (i) the strategies are not designed within different time frames (medium-term and long-term), or (ii) the measures of the multi-annual implementation plan do not have time-bound targets.

The twelve strategies covered by the assessment that include a MIP are very heterogenous in respect of the planning template and content.

Box 2. Example from a county strategy - Elaborated multi-annual implementation plan

Strategic direction 1: To gradually decrease the number of beneficiaries of high-capacity residential structures and restructure residential services (...)*

Strategic objective 1: Increasing the quality of the residential services and ensuring their transition towards family services

Specific objective	Activities	Implementation period	Responsible institution	Contact person	Result indicator	Budget	Financing source	Observations
--------------------	------------	-----------------------	-------------------------	----------------	------------------	--------	------------------	--------------

			on/part ners					
01.1. Progress ive transfer of the benefici aries (...)	1.1.1 Comple x evaluat ion of the benefic iaries	mm/yy- mm/yy	GDSACP NGO (name)	(positi on)	All the benefic iaries of residen tial centers (targets /expect ed results	(No.) RON	County budget (type of budget, nationa l, county, Europe an, with co- financin g percent age when the case)	(no observati ons)

Note: * the actual content of the planification statements are shortened here, as the point is to illustrate a structure taking into account all the required elements; it could be argued that this is a flow of the implementation plan used for illustration, as the distinction between indicators and targets/expected results is not made; however, setting a target/expected result, which in the discussed case is also often quantified, is a step forward in making an indicator operational for the purpose of follow up monitoring.

Type of strategic planning aspects to be avoided, encountered in at least one of the county strategies assessed:

- *Measures/activities*: not clearly necessary for implementing the objectives; not comprehensive enough, taken as a whole set of measures, for ensuring progress in implementing the objectives; too generic, hence not stating what will happen as part of the implementation; the same statement appears, in different columns of the MIP planning table, with different roles: as an objective, as a measure of another objective, and as an expected result of a measure.
- *Responsible institutions*: only GDSACP is mentioned as responsible for most or all measures (sometimes, persons or departments within GDSACP are specified); private services are exclusively designated as being responsible for certain measures, while their role in partnership with GDSACP is unclear.
- *Indicators*: the indicators are not specified; any statement including a figure (number/percentage) is treated as an indicator, but the indicator itself is not specified (for a more detailed discussion about the monitoring system, see the sub-section dedicated to this topic).

- *Deadlines*: the measures are set to be implemented “permanently” or during the strategy implementation period.
- *Budget and financing source*: the actual budget is missing; the plan makes a vague reference to the financing source, such as “public budget” or “institutional budget.”

At least one county had an incomplete logical framework:

- The objectives and measures do not respond to problems, needs and priorities.
- The objectives and the measures are phrased in generic terms, and there is no clear indication on how progress will be achieved in implementing them and what actual activities are to be carried out.
- There are two lists of planning statements, one with objectives, one with measures, not tied to each other (it is not clear which measure belongs to which objective).
- The indicators do not track the proposed measures.

Monitoring and Evaluation dimension

The legal provisions regarding the preparation of the strategies for the development of social services provide incomplete guidance on the Monitoring and Evaluation dimension. Monitoring tasks are assigned at central level to MLSP³⁶ and NARPDCA,³⁷ but monitoring should also be an internal component of strategic planning, conducted by the implementing internal county authorities, namely GDSACP, in order to monitor progress, for purposes of adjusting measures, learning during the process and public transparency. However, the legal provisions do not advise on a monitoring format or procedures that should be used. Furthermore, the GDSACPs are not required explicitly to include a monitoring component in their strategies or multi-annual implementation plans. Thus, monitoring is difficult, since in most strategies, indicators are not included as such.

The design of the monitoring system needs to be planned from the onset, when the strategy and the multi-annual implementation plan are drafted. Planning the design of the monitoring system should include, at minimum, a concept of the structure of the system and the indicators. More specifically, the strategy should specify how the progress with implementation will be tracked, what guides the selection of certain monitoring indicators, what the institutional arrangements for collecting the data are, how the data will be used, and other structural features of the monitoring system considered relevant. The implementation plan should embed monitoring indicators, selected based on the aforementioned methodology.

Not all the aspects of the monitoring system can always be spelled out in the strategy or in the implementation plans. For instance, the institutions responsible for providing data are not usually included in any operational/action/implementation plans. The institutions providing the data could be the same ones as the authorities

³⁶ Law no. 292/2011 on social assistance, Art. 106 para. (1)(l).

³⁷ GD no. 1002/2019 on the organization and functioning of the National Authority for Persons with Disabilities, Children, and Adoptions, Art. 4 para. (1)(e).

implementing the measures, or they could be different, in some cases, such as the County Directorates for Statistics.

The Monitoring and Evaluation dimension has been operationalized through indicators looking at the following:

- Setting up of quantitative indicators (ME1 indicator), with baseline and target values (ME3 indicator); the compliance with this criterion should be checked by consulting the multi-annual implementation plan.
- The arrangements for the collection of data (ME2 indicator and ME4 indicator), and the use of the monitoring data for reporting and adjustments of the strategic plans (ME5 indicator); the compliance with these criteria should be checked, usually, in the strategy or other supporting documents, such as monitoring plans or monitoring reports.

For this dimension, all indicators are at minimal level.³⁸

The highest score a strategy could achieve for the Monitoring and Evaluation dimension is 5 (five). The scores of the analyzed strategies have an average of 1.11 (SD = 1.33), with eight strategies that scored zero for all indicators and no strategy with the maximum score achieved. The table below presents the scores obtained by the analyzed strategies for the dimension Monitoring and Evaluation and its sub-dimensions.

Table 9. Scores obtained by the analyzed strategies for the Monitoring and Evaluation dimension (minimal level indicators)

Dimension/Sub-dimension	Corresponding score for the minimal level	Obtained scores			
		Min.	Max.	Mean	Standard Deviation
ME. Monitoring and Evaluation	5	0	4	1.11	1.33
ME1. Use of the logical monitoring framework: progress indicators, input, output and outcome indicators	1	0	1	0.33	0.47
ME2. Conformity with the requirements on technical characteristics of the M&E indicators: relevance, reliability, ease of understanding and interpretation, and feasibility of collection	1	0	1	0.28	0.45

³⁸ See Table 1 for the complete list of indicators per dimensions and sub-dimensions.

ME3. Inclusion of baseline values and targets for the indicators related to the measures for improving the situation of persons with disabilities	1	0	1	0.17	0.37
ME4. Use of a work plan to collect and report the data regarding the persons with disabilities	1	0	1	0.06	0.23
ME5. Clearly specifying the mode in which the outcomes of the monitoring of measures regarding the situation of persons with disabilities will be used and reported	1	0	1	0.28	0.45

Source: Assessment of 18 county/sector strategies for developing social services carried out by the World Bank team (November-December 2021).

Key findings of the analysis on the dimension Monitoring and Evaluation

Most of the 18 strategies covered by this pilot assessment do not offer any details on the Monitoring and Evaluation conceptual approach and monitoring procedures. There are some strategies mentioning that the monitoring data will be used for accountability and learning purposes. Most of the multi-annual implementation plans do not include a section/column dedicated to monitoring indicators. There are no specified baseline and target values are mentioned in a few cases, although some of these MIPs specify expected results, mostly of implementation activities (e.g., services created). There are not any clear descriptions of how data is going to be collected.

The following are some aspects encountered in at least one of the county strategies assessed, which the team considers should be avoided:

- The column on “indicators” features various statements that comprise numerical data, without being indicators; for instance: “service x will be launched, with 30 beneficiaries”; in this example, the indicators could be stated as such: (i) “service X is created” (progress indicator, measuring an activity) and (ii) “the number of beneficiaries” (“30 beneficiaries” refers to the capacity, while the actual number observed is the value that the indicator will take in a certain timeframe or at a certain point in time).
- There are no numerical indicators, just progress indicators: services are created, and legislation is passed, but the results cannot be tracked, in terms of people benefiting from these measures.

Participation and Consultation dimension

In the process of elaborating the county strategy for developing social services, the participation and consultation of as many relevant stakeholders is key. One reasoning behind this is that the participation of relevant actors ensures a comprehensive understanding of the local context and the specificities of the social services system, but also accountability of the strategy as a common strategic document. Thus, the direct involvement of beneficiaries, public authorities, public and private providers of social services and other entities involved in the social inclusion field allows putting forth the main needs in terms of social services, as well as the most sustainable path towards improving the social services system. Active participation of all stakeholders during all stages of the strategy development can significantly improve the quality of measures and programs implemented at county level, as components such as “costs”, or “prioritization of needs” could be tackled in a more effective manner if all relevant actors are included in the conversation.

The Romanian legislation states that the substantiation of county strategies must include activities of engaging stakeholders in this process. These engagement activities are mentioned in the two normative acts regulating the drawing up of county strategies for developing social services.³⁹ At the same time, given the strategies are approved by the decisions of the county councils, public consultations must be included in the process of elaborating these strategic documents, considering the requirement of Law no. 52/2003 on decisional transparency in public administration. In accordance with the legal requirements, the draft normative act for the approval of a strategy and the draft strategy must be made public, so that, if wanted, any stakeholder can submit proposals or suggestions on the proposed documents. The local public authority must allow a period of at least 10 days during which proposals, suggestions, and opinions may be sent. Furthermore, a person responsible for the management of the incoming feedback must be appointed by the same local public authority. During this public consultation stage, if there is a written request by another public authority or a legally established association, the local public authority has an obligation to organize a public debate on the proposed documents - the draft normative act and the respective draft strategy. In addition to these, there is also the debating and endorsing of the strategy by the county/Bucharest Municipality commission for social inclusion.

The Participation and Consultation dimension (PC) included in the assessment grid has been operationalized in indicators referencing: consultations with public and private social service providers for persons with disabilities, professional associations and organizations representing persons with disabilities (PC1 indicators); the debate and endorsement of the draft strategy by the county commission for social inclusion (PC2 indicator) and the public consultation of the draft strategy in line with Law no. 52/2003 on decisional transparency in public administration (PC3 indicator). For this dimension, all indicators are at minimal level.⁴⁰

³⁹ Law no. 292/2011 and GD no. 797/2017.

⁴⁰ See Table 1 for the complete list of indicators per dimensions and sub-dimensions.

The highest score a strategy could achieve for the Participation and Consultation dimension is 4 (four). The scores of the analyzed strategies have an average of 1.56 (SD = 0.96), no strategy having obtained the highest score and three strategies having scores zero for all indicators. The table below presents the scores obtained by the analyzed strategies for the dimension Participation and Consultation and its sub-dimensions.

Table 10. Scores obtained by the analyzed strategies for the Participation and Consultation dimension (minimal level indicators)

Dimension/Sub-dimension	Corresponding score for the minimal level	Obtained scores			
		Min.	Max.	Mean	Standard Deviation
PC. Participation and Consultation	4	0	3	1.56	0.96
PC1. Consultations with public and private social service providers, professional associations and organizations representing persons with disabilities - how such consultations are described within the strategy	2	0	2	1.22	0.85
PC2. Debate and endorsement of the draft strategy by the county commission for social inclusion - how this process is described in the strategy	1	0	1	0.17	0.37
PC3. Public consultation of the draft strategy in line with Law no. 52/2003 on decisional transparency in public administration - how this process is described in the strategy	1	0	1	0.17	0.37

Source: Assessment of 18 county/sector strategies for developing social services carried out by the World Bank team (November-December 2021).

Note: The strategies at the level of Bucharest sectors have received by default a score of 1 for the indicator *Stakeholders were consulted to substantiate the strategic document/draw the diagnosis: representatives of the public social assistance services from the local authorities* (sub-dimension Consultations with public and private social service providers, professional associations and organizations representing persons with disabilities - how such consultations are described within the strategy).

Key findings of the analysis on the Participation and Consultation dimension

Most strategies mention the public consultation stage, although this matter is not detailed as needed, as there are usually no references to specific participants involved (e.g., authorities with responsibilities in the sector of social inclusion, public and private social service providers, professional associations, and organizations representing beneficiaries, specifically persons with disabilities). The list of participants involved in the consultation phase should be included as an annex to the strategy, taking into consideration all personal data protection requirements. Providing such a document would allow identifying the fields of the social inclusion domain represented during the consultation phase. The language used to refer to public consultation activities is vague, which makes it difficult to assess if the process of elaborating the county strategy has included a solid component of consultations and active involvement of all relevant actors. As the strategies do not provide concrete information regarding the participants to the consultation sessions organized, it is difficult to uncover if persons with disabilities, organizations of persons with disabilities, or other relevant actors have been included in the consultation process.

Information on the debating of the strategies within the commissions for social inclusion and on the public debate conducted in line with Law no. 52/2003 are missing from the strategies. The few strategies that have scored 1 for those indicators have been accompanied by additional documents. Even in these cases, the information was scarce and general: it is simply mentioned (in the endorsement) that the project of the strategy had been debated or that information on the public consultation period, in accordance with Law no. 52/2003, is available. More detailed information is not available in terms of themes debated, received feedback, potential revisions of the strategies due to the debate/consultation.

Transparency and Accessibility dimension

The county strategies for developing social services represent programmatic instruments drafted to improve the situation of vulnerable target groups. In relation to the strategic process, there is a strong link between transparency and accessibility on one side and participation on the other. More specifically, to be able to represent the target groups and their needs, the process of elaborating county strategies should be transparent, and all stakeholders should have access to updates on the progress at every stage. For example, the needs assessment conducted to set the direction of the strategy is an essential stage of the process and beneficiaries as well as other relevant institutional entities ought to be involved. In such an open context, all stakeholders and beneficiaries can actively engage in the process of elaborating the county strategy, if they choose to do so. In addition, including a component of transparency and accessibility in the analysis allows checking and ensuring compliance with the operating principles of good governance.

The Transparency and Accessibility dimension (TA) in the assessment grid comprises only one sub-dimension, referring to the accessibility of the strategy for a variety of key stakeholders, different groups of services beneficiaries and to the public (TA1

indicators). This dimension contains a minimal level indicator and an optimal level indicator.⁴¹

For the minimal level, the highest score a strategy could achieve for the dimension Transparency and Accessibility is 1 (one). All 18 strategies included in the analysis are uploaded on the GDSACP website, so they scored 1 on that indicator. For the optimal level, the grid includes an indicator requiring the strategy to be accessible to persons with different types of disabilities (i.e., visual, learning, or intellectual). No strategy reviewed includes such accessibility features. The table below presents the scores obtained by the analyzed strategies for the dimension Transparency and Accessibility and its sub-dimension.

Table 11. Scores obtained by the analyzed strategies for the Transparency and Accessibility dimension (minimal level indicators)

Dimension/Sub-dimension	Corresponding score for the minimal level	Obtained scores			
		Min.	Max.	Mean	Standard Deviation
TA. Transparency and Accessibility	1	1	1	1.00	0.00
TA1. The strategy is accessible to a variety of key stakeholders, different groups of services beneficiaries and to the general public	1	1	1	1.00	0.00

Source: Assessment of 18 county/sector strategies for developing social services carried out by the World Bank team (November-December 2021).

Key findings of the analysis of the Transparency and Accessibility dimension

All 18 strategies included in the analysis are on the GDSACPs websites and most of them are easy to find on the respective websites, using the menu of that web page. In few cases, the strategies are easier to find using a search engine instead of the GDSACP website.

Typically, the format of the county strategy is not user friendly. The documents presenting the strategies are, usually, scanned copies of the county council's decisions for the approval of the strategy (with all stamps and signatures certifying the approval). Such documents, scanned as images, are not easy to read (the scanned copies are not of excellent quality) and do not allow simple functions (i.e., word search, text copy, text marking, being read by a text reader in order to assist persons with visual impairments). Even if the strategies are available to the public, they do not meet the standards of working documents available for use by any

⁴¹ See Table 1 for the complete list of indicators per dimensions and sub-dimensions.

stakeholder. The disclosure on the website of a copy of the approved, signed, and stamped strategy should not exclude the publishing of the final version in a user-friendly format.

Consequently, not all stakeholders, such as persons with disabilities, can have access to these documents. There are no versions of the strategies accessible for persons with visual disabilities, learning difficulties or intellectual disabilities.

Findings on the quality of the annual action plans

The annual action plans for developing social services must be drawn up by the GDSACPs, in accordance with the measures and actions laid down in the strategies for developing social services at county/sector level. The elaboration of the annual plans must follow regulations on: (i) types of services they refer to (namely, social services administered and financed from the budget of the county councils/local councils of the Bucharest sectors); (ii) information they must include and the format in which the information is presented (a template for the annual plans is set up through an order of the Minister of Labor).⁴²

The assessment of the annual action plans is part of the methodological framework for the assessment tool proposed, as these plans are closely linked with the strategies and their implementation plans - they must be prepared in line with the measures and actions of the county strategies for developing social services. Hence, the assessment of these plans, given they are prepared on an annual basis, could determine the extent to which they can be used as tools for monitoring the implementation of the strategies.

The grid for assessing the annual action plans for developing social services includes the indicators for the Annual Action Plans dimension, as well as the indicators for the Participation and Consultation, respectively the Transparency and Accessibility dimensions, which refer directly to the annual action plans.

The Annual Action Plans dimension had been operationalized through indicators analyzing: (i) the correspondence between the annual plans and the legal requirements regarding the template and content of the plans (PA1 indicators) and (ii) the existence of a clear connection between the annual planning of social services and the county strategy/multi-annual implementation plan (PA2 indicator). Moreover, the assessment grid tool for the annual action plans includes indicators regarding the consultations held for the development of the plans (PC1 indicators) and indicators regarding the accessibility of these plans (TA1 indicators). The grid tool includes only an optimal level indicator, on the existence of accessible versions for persons with disabilities (accessible versions for persons with visual disabilities, with learning or intellectual disabilities).⁴³

For the minimal level, the highest score that an annual plan can obtain is 13. Two out of the 13 plans included in the analysis received the maximum score for the minimal level; none of the plans received the maximum score (14) corresponding to the optimal level.

⁴² Order no. 1086/2018 of the Minister of Labor and Social Justice regarding the approval of the template of the Annual Action Plan on social services administered and financed from the budget of county councils/local councils/Bucharest General Council.

⁴³ See Table 2 for the complete list of indicators per dimensions and sub-dimensions.

For the Annual Action Plans dimension, the highest score that can be obtained is 10 (ten). The scores of the analyzed annual plans have an average of 9.08 (SD = 0.83) on this dimension, five plans receiving the maximum score. For the indicators related to the consultations held for the elaboration of the plans, the annual plans recorded a mean of 0.46 (SD = 0.75), and for those related to accessibility they obtained a mean of 0.85 (SD = 0.36). The table below presents the scores obtained by the analyzed annual plans, split by dimensions and sub-dimensions.

Table 12. Dimensions, sub-dimensions and indicators of the grid for the assessment of the annual action plans regarding social services

Dimension/Sub-dimension	Corresponding score for the minimal level	Obtained scores			
		Min.	Max.	Mean	Standard Deviation
PA. Annual Action Plans	10	8	10	9,08	0,83
PA1. The content of the annual action plan sections regarding persons with disabilities is structured in accordance with the law	9	7	9	8,23	0,80
PA2. Inclusion of a clear link between the planning of social services for persons with disabilities and the county strategy/the multi-annual implementation plan	1	0	1	0,85	0,36
PC. Participation and Consultation	2	0	2	0,46	0,75
PC1. Consultations with public and private social service providers for persons with disabilities, professional associations and organizations representing persons with disabilities - how such consultations are described within the strategy and the annual action plan regarding social services	2	0	2	0,46	0,75
TA. Transparency and Accessibility	1	0	1	0,85	0,36
TA1. The strategy and the action plan are accessible to a variety of key	1	0	1	0,85	0,36

Dimension/Sub-dimension	Corresponding score for the minimal level	Obtained scores
stakeholders, different groups of services beneficiaries and to the general public		

Source: Analysis carried out by the World Bank team (November-December 2021).

Note: The strategies at the level of Bucharest sectors have received by default a score of 1 for the indicator *Stakeholders were consulted to elaborate the plan: representatives of the public social assistance services from the local authorities* (sub-dimension Consultations with public and private social service providers, professional associations and organizations representing persons with disabilities - how such consultations are described within the annual action plan regarding social services).

Key findings of the analysis on the annual action plans regarding social services

For the most part, the annual action plans regarding social services are developed in accordance with the legal requirements concerning the content and its form of presentation. However, some slight deviations from the set template have been observed, such as the introduction of a new column for adding supplementary information, not requested in the template (but seen as important to mention by the representative of the respective GDSACPs) or changes of the column corresponding to budgets (columns that are not easy to follow/fill out). At the same time, small departures from the information requested through the template have been observed (for instance, plans that do not clearly specify an estimated budget per social service, but mention/tick only the financing source; plans that do not present exact data on the service capacity, but use general wording, such as “according to the standards”).

The assessment of a clear link existing between the annual planning of social services for persons with disabilities and the county/sector strategy could be only partially conducted. The annual plans received a score of 1 if the services proposed to be developed were also found in the implementation plan of the strategy for developing social services. An analysis regarding the annual planning of social services in accordance with the deadlines set in the strategy could not be conducted, as most strategies do not include deadlines for implementing measures/actions, only an implementing period, which in most cases coincides with the implementation period of the strategy. The annual plans refer (in accordance with the regulations) only to social services administered and financed from the budget of the county councils/local councils of the Bucharest sectors; the strategies for developing social services should also include the development of services that do not fall in this category, that have other sources of financing and/or are not administered by county councils/local councils of sectors.

In the case of strategy for developing social services, the legislative regulations mention the obligation to organize consultation sessions with the scope of substantiating the strategy, but do not mention the obligation to document these

consultations. The elaboration of the annual plans must also be substantiated by consultations held with public and private providers, professional associations and organizations representing the beneficiaries of services; in addition, the template for the annual plans sets out the inclusion of information regarding the conducting of these consultations, the report/summary proceedings of the consultations, date of consultations and even the list of stakeholders consulted. However, 5 out of the 13 plans analyzed do not mention anything on consultations held for substantiating the elaboration of the plans. In some cases, it is mentioned that the consultation stage consisted of publishing the plan on the website of the GDSACP and/or sending the plan to the stakeholders. Most probably this solution was chosen given the restrictions imposed to reduce the impact of the COVID-19 pandemic. Scoring the indicators on the organization of consultations for drafting the plans also encountered difficulties in the case of plans clearly mentioning that consultation sessions were held and even mentioning the categories of stakeholders consulted; if the information existing in the annual plan was not enough to determine that the stakeholders in the field of disability (such as providers of services targeting persons with disabilities, representatives of persons with disabilities) were consulted, the corresponding indicators did not receive a score of 1.

From the transparency and accessibility perspective, the annual plans receive lower scores than the strategies. The analysis included 18 strategies (which are all available on the GDSACPs web pages) and only 13 annual plans. Out of the annual plans included in the analysis, 11 were available on the GDSACPs web pages, 2 (two) being sent for evaluation to the research team, following requests. Four annual action plans for 2021 could not be included in the analysis because they were not available on the GDSACPs web pages, nor were they sent to the research team, following requests. In the case of one sector of Bucharest, the GDSACP notified that an annual action plan regarding social services for the year 2021 had not been elaborated. As regards the annual plans, as in the case of the strategies, the issue concerning the format in which the document was made public is encountered; out of the 11 annual plans published on the GDSACPs websites, only 4 (four) are not scanned copies. Hence, most action plans do not meet the standards of working documents, that can be available for use by any stakeholder, that can be easily read and used by anyone who is interested to do so. As in the case of strategies, there are no versions of the annual plans accessible to persons with disabilities - there are no versions of these accessible for people with visual impairments, for persons with learning difficulties or for those with intellectual disabilities.

Recommendations

The recommendations cater for two scenarios, the first one implying a partial reform of the legislative and policy framework for the preparation of the county strategies for developing social services, and the second one implying incremental adjustments of the legislative and policy framework, aimed at improving the quality of the strategies, with a focus on the strategic planning process in the disability sector. Table 13 specifies to which scenario each of the recommendations belongs and

additionally highlights the institutions carrying the main responsibility for the implementation of the measures, should they be implemented.

Table 13. Recommendations in two scenarios: partial reform and incremental adjustments

	Partial reform scenario: reform of the preparation timeline, revision of strategies, reform of the endorsement and monitoring framework	Incremental scenario: incremental changes aimed at increased quality of the county strategies, clarification of the endorsement role
NARPDCA	REC_1.; REC_2; REC _5.1, 5.2, 5.3, 5.4	REC_3.1, 3.3; REC_4; REC_7
GDSACP	REC_1.1.; REC_5.2, 5.3, 5.4	REC_3.2, 3.4.; REC_4; REC_6; REC_7

REC_1: Regulate a cycle of preparation of the county/sector strategies for developing social services synchronized with the programming period of the European Funds and the strategic planning cycle at national level (including in the disability sector)

REC_1.1. Revise the county strategies in operation and launch strategies in counties currently lacking one

Justification: The provisions of the Social Assistance Law required a largely synchronized strategical preparation process, with the GDSACP expected to draft a strategy a year after the approval of the Law, at most (2011). However, in some counties, strategies were not prepared at all from 2011 onwards, while in others the elaboration and approval were conducted much later than originally envisioned. *This was the first factor for heterogeneity of timelines across county strategies.*

The law also specifies that strategies should be designed within a medium term (5 years) and long-term (10 years) framework. However, in practice, the strategies' timeframes span between 5 and 11 years. The strategies designed on "medium-term" (according to the Social Assistance Law classification), i.e., 5-6 years, are the most frequent: 11 out of the 18 currently active strategies. *This was the second factor for heterogeneity of timelines across county strategies.*

One of the reasons for this heterogeneity is precisely the objective of some of the GDSACPs to align to the European and national planning processes: several former strategies ended in 2020/2021, 5 strategies have been launched in 2021 and 2 strategies are designed for 2021-2027.

The consultations with some of the GDSACP representatives also revealed that they perceive the requirement to plan within a 10 years' timeframe as difficult.

This asynchronous implementation timelines across counties is consequential for the ability of county strategies to capture European and national priorities, and to adequately cost their measures, indicating funding sources. This could lead to a misalignment of the strategic priorities among counties and between county authorities and the national authorities and/or decreased relevance of the county and national strategies because of the changed priorities. For instance, there are

active county strategies referencing the *National Strategy “A society without barriers for persons with disabilities” 2014-2020*, some of them planned to be implemented until 2030.

REC_2. Ensure an integrated inter-institutional endorsement process

REC_2.1. Establish an inter-institutional Commission, with representatives of the MLSP, and NARPDCA, for the assessment of the county strategies for developing social services

REC_2.2. Use an integrated assessment tool, derived from the grid prepared as part of this report, with some of the existing criteria formulated in more generic terms, and with some criteria added, such as to cover the needs of other vulnerable groups than the persons with disabilities

Justification: The planning capacity of GDSACP and other county stakeholders would be increased when faced with demands of compliance to an integrated set of assessment criteria. Ensuring a single endorsement process would also minimize the efforts of all the institutions involved, at central and county levels.

Moreover, the adequate implementation of many of the elements measured by the indicators included in the assessment grid proposed as part of this report would be beneficial for all the vulnerable groups, not only for persons with disabilities. For instance, if a sound diagnosis is conducted, the needs of all vulnerable groups are better documented, and the priorities for intervention in the disability sector are organically integrated into a larger prioritization process.

REC_3. Clarify the role of endorsement as a tool for the development of the strategic capacity at county level, within the framework of a dynamic process of quality improvement

REC_3.1. Legally clarify that the endorsement by NARPDCA/other central public institutions should be awarded before the final approval of the county strategies by the county councils

REC_3.2. Promote a GDSACP self-administered assessment, based on the self-assessment grid enclosed in Annex 2, with solid argumentation required from the GDSACP for positive self-awarded scores.

REC_3.3. Frame the endorsement as a consultation process between NARPDCA and GDSACP, where the initial self-assessment may be followed up, if the case, by specific central authorities/NARPDCA recommendations for improvement in the areas where the quality of the strategies is assessed as insufficient, and re-submission of the improved version, until requirements for a good quality strategy are met.

Justification: The legal provisions do not clarify what the role of the endorsement is and what the consequences of a positive or negative resolution in this respect are. Several arguments for the self-administered version became clear as a result of the interaction with the GDSACP, including the following: (i) removing the perception of an external check-up (from the side of the central government authorities); (ii) better serving the main function of the assessment instrument to be a tool for institutional development of the strategic planning capacity of the GDSACP; (iii) the

grid requires a package of documents that are in possession of the county authorities, and not always in electronic version; and (iv) the synthetic version of the assessment grid is well suited for self-administration, the indicators being complemented by clarifications on their definitions/requirement/question and afterwards by additional questions on the evidence supporting the claim that a certain indicator meets the requirements. The grid for self-assessment is constructed based on the grid used by the research team, with some changes meant to make the requirements easier to understand and to facilitate the self-completion process (see Annex 2).

REC_4. Develop a methodological guide to support GDSACPs and/or providing consultation and training activities on the completion of the assessment grid. The guide/training sessions/consultation should cover at least the following aspects:

- *CRPD framework and the Strategy for the rights of persons with disabilities 2021-2027*
- *Evidence-based strategic plans/diagnoses aimed at informing policies*
- *Planning for results and logical frameworks*
- *M&E systems embedded in the strategic planning*
- *Consultation and participation approaches and methods*

Justification: The self-assessment grid is specific in terms of what each indicator measures, and how the argumentation for the compliance should be built. However, the methodological guide should make one more step towards offering adequate methodological support for the DGSACP and county stakeholders, further clarifying the criteria and increasing the level of competence in terms of strategic planning. The guide could offer, for instance, examples of proper strategic planning approaches and methods, adequate use of research methods for diagnosis, consultation and participation, and adequate use of monitoring indicators. Such a resource could go into greater technical details and provide good practices and lists of “dos and don’ts” and lists of recommendations.

REC_5. Develop a monitoring system for the implementation of county strategies

REC_5.1. Develop a common MLSP/NARPDCA monitoring framework

REC_5.2. Include in the monitoring system a set of indicators tracking the measures regarding the development of services for the prevention of institutionalization and de-institutionalization

REC_5.3. Collect annual data on the progress of the measures of the multi-annual implementation plan

REC_5.4. Report regularly on the implementation progress

Justification: Law no. 292/2011 on social assistance stipulates that MLSP has the responsibility of monitoring the implementation of the strategies prepared by local authorities for developing social services. Government Decision no. 1002/2019 on the organization and functioning of the National Authority for Persons with Disabilities, Children, and Adoptions stipulates that NARPDCA has, among other

responsibilities, the responsibility of “monitoring, in its areas of competence, the implementation of strategies for developing social services prepared by the local public administration.” The monitoring function of the two authorities should be carried out in an integrated manner. However, a centralized monitoring reporting on the monitoring activities is conditioned by the implementation of a set of indicators and monitoring template to be agreed with the GDSACP in the future.

REC_6. Ensure that the scope of the county level strategies is the development of the social services along with all the public and private stakeholders

Justification: NARPDCA should provide assistance/methodological coordination to GDSACPs so that a common understanding and approach, at the level of all counties, is reached, regarding the scope of the strategies. Currently, some are elaborated as strategies of the GDSACP, others are based on a wider perspective at county level (being based on data collected from other sources), but implementation is still exclusively or mainly the responsibility of the GDSACP, and only a few substantially involve other social services providers, public and private, in the implementation of the proposed measures.

REC_7. Require that consultation and participation processes are documented as part of the strategy

Justification: Consultation and participation should be inter-institutional and cross-sectoral, covering public and private stakeholders and beneficiaries of social services. Consultation and participation should ensure common ownership of the strategic planning process, from the inception phase of the diagnosis preparation to the set-up of the multi-annual implementation plan.

References

1. Ministry of Labor and Social Protection - MLSP (2021) *Government Decision Project on the approval of the National Strategy for the Rights of Persons with Disabilities 2021-2027 and the Action Plan for the implementation of the national strategy for the rights of persons with disabilities 2021-2027*. Available at: <https://mmuncii.ro/j33/index.php/ro/transparenta/proiecte-in-dezbatare/6259-proiect-de-hotarare-pentru-aprobarea-strategiei-nationale-privind-drepturile-persoanelor-cu-dizabilit%C4%83ti-2021-2027>
2. Organization for Economic Co-operation and Development - OCDE-DAC Network on Development Evaluation (2019) *Better Criteria for Better Evaluation. Revised Evaluation Criteria Definitions and Principles for Use*. Available at: <https://www.oecd.org/dac/evaluation/revised-evaluation-criteria-dec-2019.pdf>
3. United Nations - UN (2006) *The United Nations Convention on the Rights of Persons with Disabilities*. New York: United Nations. Available at: <http://www.un.org/disabilities/documents/convention/convoptprot-e.pdf>
4. World Bank (2021) *Proposed methodology and set of indicators for assessing the county strategies for developing social services*. Output 6 under the “Reimbursable Advisory Services Agreement on Support for Speeding up the Transition of People with Disabilities from Residential Institutions to Community-based Services”, signed between the National Authority for Persons with Disabilities and the International Bank for Reconstruction and Development.

Legislation:

1. Decision no. 878/2018 on the approval of the Methodology for drawing up the plans for the restructuring of residential centers for adults with disabilities. Available at: <http://legislatie.just.ro/Public/DetaliiDocument/206986>
2. Government Decision no. 867/2015 for the approval of the Nomenclature of social services, also of the framework regulations for the organization and functionality of social services. Available at: <http://legislatie.just.ro/Public/DetaliiDocument/172757>
3. Government Decision no. 797/2017 for the approval of the organization and functioning framework regulations of the public social assistance services and the indicative structure of personnel. Available at: <http://legislatie.just.ro/Public/DetaliiDocumentAfis/194962>
4. Government Decision no. 1002/2019 on the organization and functioning of the National Authority for Persons with Disabilities, Children, and Adoptions. Available at: <http://legislatie.just.ro/Public/DetaliiDocument/221924>
5. Law no. 544/2001 on the free access to information of public interest. Available at: <http://legislatie.just.ro/Public/DetaliiDocument/31413>
6. Law no. 448/2006 on the protecting and promoting the rights of persons with disabilities. Available at: <http://legislatie.just.ro/Public/DetaliiDocument/77815>
7. Law no. 292/2011 on Social Assistance. Available at: <http://legislatie.just.ro/Public/DetaliiDocument/133913>

8. Order no. 1086/2018 of the Minister of Labor and Social Justice regarding the approval of the template of the Annual Action Plan on social services administered and financed from the budget of county councils/local councils/Bucharest General Council. Available at:
http://www.mmuncii.ro/j33/images/Documente/Legislatie/Asistentia-sociala-2018/24_04_Ordin_1086_2018.pdf

Annex 1. Assessment grid and the results of the assessment of 18 counties/sector strategies

Excel file available separately.

Annex 2. Self-assessment grid of county strategies for developing social services

General Directorate for Social Assistance and Child Protection _____ (fill out the county/sector)

Clarifications regarding the self-assessment grid:⁴⁴

1. The grid was elaborated for the self-assessment by the General Directorates for Social Assistance and Child Protection of the county/sectors of the Municipality of Bucharest strategies for developing social services. The instrument seeks to be useful in the quality assessment of these strategic documents and to support the National Authority for the Rights of Persons with Disabilities, Children, and Adoptions in fulfilling its endorsement attributions, in the field of disability, of the county/sectors of the Municipality of Bucharest strategies for developing social services.
2. The self-assessment grid was developed taking into account the national legislation, the provisions of the United Nations Convention on the Rights of Persons with Disabilities, the strategic framework at national and European level and good practice regarding planning.
3. The self-assessment grid of the county strategies for developing social services from the perspective of planning in the domain of disability will focus on six dimensions. Each dimension comprises sub-dimensions, which in turn each contain a set of indicators. Each indicator can receive a score of one (1) or zero (0), depending on its conformity with the requirements in the assessment framework proposed.
4. Granting a score of 1 for an indicator must be substantiated either by information/evidence available in the strategy/its implementation plan/annexes, or by information/evidence available in other documents connected to the elaboration of the strategy; in the latter case, the GDSACPs must provide these justifying documents as well, together with the completed self-assessment grid.
5. By aggregating the scores assigned to the indicators, a score for each sub-dimension will be obtained; a score for each dimension will be obtained by aggregating the scores of the corresponding sub-dimensions, then an overall total. The scores obtained will be compared, at the level of sub-dimension, dimension, and overall total, with the maximum score that can be obtained, at each level, if all indicators would have received a score of 1.
6. Complementary to this self-assessment grid, the General Directorates for Social Assistance and Child Protection will receive a document in Excel format that will allow the computation of scores at the level of sub-dimension, dimension, and overall total.

⁴⁴ The grid proposed for self-assessment by GDSACPs constitutes an adapted variant of the grid tool proposed and used to assess the 18 strategies.

1. Dimension D. Diagnosis

Sub-dimension D1. Organizing the process of needs assessment regarding social services for persons with disabilities

Indicator D1.1. A Local Advisory Group (LAG) was set up and involved in the needs' assessment process regarding social services at county/sector level.

[Select YES if a Local Advisory Group (LAG) has been formally set up, with responsibilities in the process of needs assessment. The GDSACP representatives responsible with organizing/conducting of the needs assessment should identify key stakeholders at the county/sector level and invite them to take part in the process of preparing the diagnosis, by setting up a LAG. The establishment of a LAG to conduct the needs assessment process ensures that all the important perspectives in the organization of the social services sector, including those of persons with disabilities, are taken into account. The minimum composition of a LAG must include representatives of county/sector public authorities (including those of relevant decentralized institutions), representatives of service providers for persons with disabilities (public and private), and persons with disabilities and/or their representative organizations. The discussions and decisions made by common agreement in the LAG should include at least the following aspects: vulnerable groups from the county/sector that are covered in the diagnosis, for which data will be collected; methodology proposed for carrying out the needs assessment; the results of the diagnosis, the needs identified and their prioritization at the county/sector level.]

Is the strategy compliant with the indicator?

☐ Yes ☐ No

IF YOU SELECTED...

YES: **List** below the following relevant information on how the strategy is compliant with the indicator: details regarding the setting up of the Local Advisory Group, dates when the meetings were organized, list of participants/report/summary proceedings of the meetings of LAG members, topics discussed during meetings. Add any other relevant information.

NO: **Explain** below, in a few words, the way the needs assessment process was organized, in the absence of a Local Advisory Group.

Indicator D1.2. Representatives from different institutions/fields relevant for the social inclusion of persons with disabilities were invited to the LAG.

[Select YES if the LAG included and involved in the process of needs assessment of social services at county/sector level representatives of certain institutions from at least three domains: social assistance (PSAS/SAD/CAPSI), health (CPHD), education (CSI/CCREA), employment (CAE), internal affairs and public order (CPI/probation services), other fields/domains considered to be relevant for the situation at local level.

If a Local Advisory Group was not set up (you filled out “No” for indicator D1.1), fill out “No” for this indicator as well.]

Is the strategy compliant with the indicator?

☐ Yes ☐ No

IF YOU SELECTED...

YES: **List** below the following relevant information on how the strategy is compliant with the indicator: institutions with representatives in the LAG. Add any other relevant information.

--

Indicator D1.3. Representatives of persons with disabilities/of organizations of persons with disabilities/of organizations of parents who have children with disabilities were invited to the LAG.

[Select YES if representatives of persons with disabilities/of organizations of persons with disabilities/of organizations of parents who have children with disabilities were included in the LAG and were actively involved in the process of assessing the needs regarding social services at county/sector level.

If a Local Advisory Group was not set up (you filled out “No” for indicator D1.1), fill out “No” for this indicator as well.]

Is the strategy compliant with the indicator?

☐ Yes ☐ No

IF YOU SELECTED...

DA: **List** below the following relevant information on how the strategy is compliant with the indicator: names of the representatives of persons with disabilities/of organizations of persons with disabilities/of organizations of parents who have children with disabilities invited to the LAG. Add any other relevant information.

Indicator D1.4. Representatives of public and private providers of services were invited to the LAG.

[Select YES if representatives of public and private providers of social services for persons with disabilities were included in the LAG and were actively involved in the process of assessing the needs regarding social services at county/sector level. If a Local Advisory Group was not set up (you filled out “No” for indicator D1.1), fill out “No” for this indicator as well.]

Is the strategy compliant with the indicator?

☐ Yes ☐ No

IF YOU SELECTED...

YES: **List** below the following relevant information on how the strategy is compliant with the indicator: public and private providers of social services for persons with disability, with representatives in the LAG. Add any other relevant information.

Sub-dimension D2. Assessing the needs of persons with disabilities regarding social services

Indicator D2.1. The process of needs assessment regarding the social services at local level was conducted based on a specialized/sociological methodology.

[Select YES if the process of collecting the data needed to conduct the needs assessment regarding county/sector level social services was conducted based on a methodology. The methodology elaborated as such must indicate vulnerable groups that represent the target of the diagnosis, sources of data collected, types of data collected, methods/instruments used for data collection. The methodology must be elaborated by specialized personnel (e.g., sociologist) or with experience in the social field, employed by the GDSACP or contracted externally]

Is the strategy compliant with the indicator?

☐ Yes ☐ No

IF YOU SELECTED...

YES: **List** below the following relevant information on how the strategy is compliant with the indicator: chapter/section/annex in the substantiation document/diagnosis report/strategy, presenting the data collection methodology. Add any other relevant information.

NO: **Explain** below, in a few words, the organization of the process of collecting the data needed to conduct de needs assessment regarding social services at county/sector level.

Indicator D2.2. Data on persons with disabilities (children and adults) were collected from public institutions with responsibilities in protecting the rights of these persons.

[Select YES if data on persons with disabilities were collected from at least two of the following institutions: CSI, CCRAE, CPHD, PSASs, CAE, other institutions relevant for the situation at local level. The data collection could be conducted by using open-source data (data already publicly available) or by sending requests for certain data to the respective institutions.]

Is the strategy compliant with the indicator?

☐ Yes ☐ No

IF YOU SELECTED...

YES: **List** below the following relevant information on how the strategy is compliant with the indicator: institutions from which data on persons with disabilities (children and adults) were collected, the chapter/section/annex in the substantiation document/diagnosis report/strategy, providing information on the way in which the strategy is compliant with the indicator or uses the data. Add any other relevant information.

Indicator D2.3. The methodology for data collection included primary data collection techniques.

[Select YES if the data on persons with disabilities (children and adults), necessary for the needs assessment of social services, were collected using at least two of the following instruments: survey (face-to-face, by phone, email), individual interview,

focus group, workshop, consultation with stakeholders. The data can be collected directly from the beneficiaries, from the representatives of beneficiaries, from organizations, providers of services, public institutions or any other source considered relevant in conducting the needs assessment.]

Is the strategy compliant with the indicator?

☐ Yes ☐ No

IF YOU SELECTED...

YES: **List** below the following relevant information on how the strategy is compliant with the indicator: the chapter/section (including annexes) in the substantiation document/diagnosis report/strategy, mentioning the data collection methodology/data collection instruments. If the methodology is not described in the substantiation document/diagnosis report/strategy, please present it. Add any other relevant information.

NO: **Explain** below the data collection methods/instruments used to conduct the needs assessment.

Indicator D2.4. Data on the need for social services for persons with disabilities were collected from the beneficiaries of these services.

[Select YES if data were collected from at least two categories of beneficiaries out of the following: adults with disabilities living in the community, children with disabilities/their representatives living in the community, adults with disabilities living in institutions, children with disabilities living in institutions. The indicator refers to collecting data directly from beneficiaries/potential beneficiaries of social services planned in the strategy.]

Is the strategy compliant with the indicator?

☐ Yes ☐ No

IF YOU SELECTED...

YES: **List** below the following relevant information on how the strategy is compliant with the indicator: the chapter/section/annex in the substantiation document/diagnosis report/strategy, mentioning the process of collecting data directly from the beneficiaries/potential beneficiaries of social services. Add any other relevant information.

Indicator D2.5. The quantitative and qualitative data have been processed, analyzed, and presented in a research report/document that lays out conclusions/diagnosis report/distinct chapter or section in the strategy.

[Select YES if there is a document separate from the strategy or a distinct chapter/section in the strategy presenting the process of assessing the needs regarding social services and that was at the basis of elaborating the strategy. This document should include the methodology for data collection, the analysis of the data collected and the conclusions of the analysis (the needs identified at county/sector level regarding social services). The components of the aforementioned diagnosis report could be part of the substantiation document provided in Government Decision no. 797/2017, Annex 1 (Art. 4(3)).]

Is the strategy compliant with the indicator?

☐ Yes ☐ No

IF YOU SELECTED...

YES: List below the following relevant information on how the strategy is compliant with the indicator: the document/report on needs assessment regarding social services, or the chapter/section in the strategy analyzing the needs in terms of social services. Add any other relevant information.

Sub-dimension D3. Mapping out social services for persons with disabilities

Indicator D3.1. The list of all licensed county level social services for persons with disabilities is available, with their distribution in terms of territorial level/there is a map of the social services.

[Select YES if the process of needs assessment had included and identified all licensed and functional social services for persons with disabilities at county/sector level, at the time the diagnosis was conducted/the strategy was elaborated. Identifying all functional licensed services should be accompanied by a description of their territorial distribution at the level of the county/sector. This information is important in comparing the needs identified with the existing offer, at the time the strategy was elaborated.]

Is the strategy compliant with the indicator?

☐ Yes ☐ No

IF YOU SELECTED...

YES: **List** below the following relevant information on how the strategy is compliant with the indicator: the chapter/section (including annexes) in the substantiation document/diagnosis report/strategy, presenting all licensed county level social services for persons with disabilities, their distribution in terms of territorial level/the social services map. Add any other relevant information.

NO: **Detail** below why not all licensed county level social services for persons with disabilities have been identified, at the moment of conducting the diagnosis/elaborating the strategy.

Indicator D3.2. The diagnosis conducted as part of the drawing of the strategy includes a minimum analysis of the institutional capacities of institutions with responsibilities in offering social services for persons with disabilities.

[Select YES if the process of needs assessment, which substantiates the elaboration of the strategy, includes a minimum analysis/a discussion on the institutional capacities of the local agencies and services for covering the needs of persons with disabilities.]

Is the strategy compliant with the indicator?

☐ Yes ☐ No

IF YOU SELECTED...

YES: **List** below the following relevant information on how the strategy is compliant with the indicator: the chapter/section (including annexes) in the substantiation document/diagnosis report/strategy, presenting the institutional capacities of the local agencies and services for covering the needs of persons with disabilities. Add any other relevant information.

NO: **Detail** below why was not a minimum analysis of the institutional capacities of the local agencies and services for covering the needs of persons with disabilities conducted.

Sub-dimension D4. Including the needs of persons with disabilities within a needs' prioritization process

Indicator D4.1. The diagnosis includes a detailed description of the local context, of the situation of persons with disabilities at local level, based on well-documented data and facts.

[Select YES if the needs assessment regarding social services includes a detailed description of the situation of persons with disabilities at county/sector level, based on data collected to conduct the diagnosis. The analysis of administrative data, of data collected directly from beneficiaries, from providers of services and from any other relevant sources must allow the description of the real situation of persons with disabilities, at the time of the elaboration of the strategy, at county/sector level.]

Is the strategy compliant with the indicator?

☐ Yes ☐ No

IF YOU SELECTED...

YES: List below the following relevant information on how the strategy is compliant with the indicator: the chapter/section/annex in the substantiation document/diagnosis report/strategy, presenting a detailed description of the situation of persons with disabilities at the county/sector level, based on the data collected. Add any other relevant information.

Indicator D4.2. The diagnosis clearly indicated the needs of persons with disabilities at county/sector level, identified based on analyzing the data collected.

[Select YES if the needs identified at county/sector level, regarding social services for persons with disabilities, are identified based on analyzing the data collected.]

Is the strategy compliant with the indicator?

☐ Yes ☐ No

IF YOU SELECTED...

YES: List below the following relevant information on how the strategy is compliant with the indicator: the chapter/section/annex in the substantiation document/diagnosis report/strategy, presenting the needs of persons with disabilities, identified based on analyzing the data collected. Add any other relevant information.

Indicator D4.3. The diagnosis contains a prioritization, based on clear criteria, of needs of persons with disabilities at county/sector level.

[Select YES if the needs for social services regarding persons with disabilities, identified at county/sector level, have been prioritized based on clear criteria, also mentioned in the substantiation document/diagnosis report/strategy. The most frequent prioritization criteria in processes of assessing the social needs are: (i) the critical mass of users that could need a specific service or social protection measure (the population volume soliciting the service); (ii) social urgency, namely some of the vulnerable groups are not necessarily very large, such as victims of violence or of human trafficking, homeless people etc., but services targeting them could still represent a priority, as these address violations of fundamental human rights. Establishing prioritization criteria for the needs identified at county/sector level regarding social services is provided in Government Decision no. 797/2017, Annex 1 (Art. 4, para. 3 (e) - types of social services that could respond to the needs of identified beneficiaries and the justification for choosing them.]

Is the strategy compliant with the indicator?

☐ Yes ☐ No

IF YOU SELECTED...

YES: **List** below the following relevant information on how the strategy is compliant with the indicator: the chapter/section/annex in the substantiation document/diagnosis report/strategy, presenting the criteria for prioritization and the result of the prioritization. Add any other relevant information.

NO: **Detail** why the prioritization of needs identified regarding social services for persons with disabilities was not conducted.

Sub-dimension D5. Assessing the needs for social services for persons with disabilities from the perspective of deinstitutionalization and of preventing institutionalization

Indicator D5.1. The diagnosis analyzes the need for social services with accommodation for adult persons with disabilities.

[Select YES if the process of needs assessment of social services for persons with disabilities includes an analysis of the need for social services with accommodation for adult persons with disabilities: sheltered housing, centers for independent living, respite centers, crisis centers.]

Is the strategy compliant with the indicator?

☐ Yes ☐ No

IF YOU SELECTED...

YES: **List** below the following relevant information on how the strategy is compliant with the indicator: the chapter/section/annex in the substantiation document/diagnosis report/strategy, presenting the assessment of the need for social services with accommodation for adult persons with disabilities. Add any other relevant information.

Indicator D5.2. The diagnosis analyzes the need for home care services for persons with disabilities.

[Select YES if the process of needs assessment of social services for persons with disabilities includes an analysis of the need for home care services: home care services for adults with disabilities, professional personal assistant, personal assistant of person with a severe disability, mobile teams for adult persons with disabilities.]

Is the strategy compliant with the indicator?

☐ Yes ☐ No

IF YOU SELECTED...

YES: **List** below the following relevant information on how the strategy is compliant with the indicator: the chapter/section/annex in the substantiation document/diagnosis report/strategy, presenting the assessment of the need for home care services for persons with disabilities. Add any other relevant information.

Indicator D5.3. The diagnosis analyses the need for community services for adult persons with disabilities.

[Select YES if the process of needs assessment of social services for persons with disabilities includes an analysis of the need for community services for adult persons with disabilities: care and support services, day care centers, outpatient neuromotor recovery service centers.]

Is the strategy compliant with the indicator?

☐ Yes ☐ No

IF YOU SELECTED...

YES: **List** below the following relevant information on how the strategy is compliant with the indicator: the chapter/section/annex in the substantiation document/diagnosis report/strategy, presenting the assessment of need for community services for persons with disabilities. Add any other relevant information.

Dimension GP. GUIDING POLICIES

Sub-dimension GP1. Relevance of the strategy

Indicator GP1.1. A clear vision and/or mission statement are included in the strategy.

[Select YES if the strategy includes a vision and/or mission statement.]

Is the strategy compliant with the indicator?

☐ Yes ☐ No

IF YOU SELECTED...

YES: **List** below the following relevant information on how the strategy is compliant with the indicator: chapter/section in the strategy that presents the vision and/or mission. Add any other relevant information.

Indicator GP1.2. The general objective and specific objectives of the county strategy configure a strategic framework that responds adequately to the needs of persons with disabilities, identified in the diagnosis and prioritized at the county/sector level.

[Select YES if the general objective and specific objectives of the strategy constitutes an adequate response to the needs of persons with disabilities, as they

have been identified in the diagnosis: (1) the implementation of these objectives would bring substantial improvement to the realization of the rights of persons with disabilities; (2) the objectives configure a strategic framework that is comprehensive enough to allow the development of services for the needs of all vulnerable groups of persons with disabilities, as they have been presented in the diagnosis; (3) the objectives are centered, specifically but not exclusively, on the development of services for the priority needs and for groups of persons with disabilities with the most acute need for support, according to the conclusions of the prioritization process.]

Is the strategy compliant with the indicator?

☐ Yes ☐ No

IF YOU SELECTED...

YES: **List** below the following relevant information on how the strategy is compliant with the indicator: (a) chapter/section in the strategy presenting the general objective and the specific objectives (these could be named differently for each county strategy, for example directions of intervention, operational objectives etc.); (b) detail in a brief banner if they meet the aforementioned criteria (1), (2) and (3) and the way they are compliant with these criteria. Add any other relevant information.

--

Indicator GP1.3. The legislation and policy documents in the field of policies for persons with disabilities are indicated correctly.

[Select YES if the legislation and public policies in force at the moment of elaborating the strategy, with applicability in the domain of disability, are identified and presented.]

Is the strategy compliant with the indicator?

☐ Yes ☐ No

IF YOU SELECTED...

YES: **List** below the following relevant information on how the strategy is compliant with the indicator: chapter/section in the strategy presenting the legislation and public policies with applicability in the domain of disability. Add any other relevant information.

Indicator GP1.4. The national strategy for persons with disabilities, applicable at the time of drawing up the county strategy, is presented/identified as a guiding document of the county strategy.

[Select YES if the course of action regarding developing social services for persons with disabilities are identified and presented in accordance with the national strategy for persons with disability. If at the time of elaborating the county strategy there is no national strategy in effect, the county strategy must present/identify, as guiding documents, national policies in place for supporting the rights of persons with disabilities, as these are presented in other national strategic documents that are available, the European strategy or the international conventions to which Romania acceded.]

Is the strategy compliant with the indicator?

☐ Yes ☒ No

IF YOU SELECTED...

YES: **List** below the following relevant information on how the strategy is compliant with the indicator: chapter/section in the strategy in which the national strategy for persons with disabilities is presented/identified as guiding document in terms of courses of action in developing social services for persons with disabilities. If at the time of elaborating the county strategy there is no national strategy in effect, specify what other strategic documents at national level are mentioned, as guiding policies, in the county strategy. Add any other relevant information.

Indicator GP1.5. The objectives of the county strategy that refer to persons with disabilities are in line with the objectives of the national strategy for persons with disabilities.

[Select YES if the objectives regarding persons with disabilities were stated in line with the national strategy for persons with disabilities. If at the time of elaborating the county strategy there is no national strategy in effect, the county strategy must be in line with the national policies in place for supporting the rights of persons with

disabilities, as these are presented in other national strategic documents that are available, the European strategy or the international conventions to which Romania acceded.]

Is the strategy compliant with the indicator?

☐ Yes ☐ No

IF YOU SELECTED...

YES: **List** below the information relevant on the way in which the strategy is compliant to the indicator: how the objectives of the county strategy are in line with the national strategy for persons with disabilities or, if there is no national strategy in place, with the national policies in effect for supporting the rights of persons with disabilities, as these are presented in other national strategic document that are available, the European strategy and the international conventions to which Romania acceded. Add any other relevant information.

Sub-dimension GP2. Correlation between the measures and programs of national interest in the field of policies for persons with disabilities

Indicator GP2.1. The strategy includes measures/actions related to the closure/restructuring of residential centers for adults with disabilities.

[Select YES if the implementation plan of the strategy includes measures/actions related to the closure/restructuring of residential centers for adults with disabilities that have a capacity/with a number of beneficiaries higher than 50. Fill out Yes for this indicator even if in the county/sector there are no residential centers for adults with disabilities that have a capacity/with a number of beneficiaries higher than 50 and, implicitly, measures to restructure these are not necessary.]

Is the strategy compliant with the indicator?

☐ Yes ☐ No

IF YOU SELECTED...

YES: **List** below the relevant information on how the strategy is compliant with the indicator: chapter/section in the strategy in which these measures/actions are presented and/or the number/code of measures/actions related to the closure/restructuring of residential centers for adult persons with disabilities included in the implementation plan of the strategy (such as “1.1.1.” or “M.4.2.”, depending on the numbering system used). Add any other relevant information.

Indicator GP2.2. The strategy includes, depending on the identified needs, measures/actions for the development of services that are an alternative to institutionalization.

[Select YES if the strategy includes measures/actions regarding the development of services that are an alternative to residential centers for adult persons with disability that have a large capacity (more than 50 beneficiaries), services that would allow persons with disabilities to live in community. Planning the development of these categories of services should be in accordance with the needs identified at the county/sector level. Services that are an alternative to institutionalization refer to: social services with accommodation (centers for independent living, respite centers, sheltered housing, crisis centers), home care services (home care services for adults with disabilities, professional personal assistant, personal assistant of person with a severe disability, mobile teams for adult persons with disabilities) and community services for adult persons with disabilities (care and support services, day care centers, outpatient neuromotor recovery service centers).]

Is the strategy compliant with the indicator?

☐ Yes ☐ No

IF YOU SELECTED...

YES: **List** below the relevant information on how the strategy is compliant with the indicator: (1) social services with accommodation, home care services and/or community services for persons with disabilities, that are planned to be developed; (2) the chapter/section in the strategy in which these measures/actions are presented and/or the number/code of measures/actions regarding the development of services that are an alternative to institutionalization included in the implementation plan of the strategy (such as “1.1.1.” or “M.4.2.”, depending on the numbering system used). Add any other relevant information.

Indicator GP2.3. The measures in the strategy clearly state the type of service that are an alternative to institutionalization.

[Select YES if the implementation plan of the strategy includes in clear information on the type of services planned to be developed. This indicator refers to the following categories of services: social services with accommodation, home care services and/or community services for persons with disabilities.]

Is the strategy compliant with the indicator?

☐ Yes ☐ No

IF YOU SELECTED...

YES: **List** below the relevant information on how the strategy is compliant with the indicator: the chapter/section in the strategy in which these measures/actions are presented and/or the number/code of measures/actions included in the implementation plan clearly presenting the type of services (such as “1.1.1.” or “M.4.2.”, depending on the numbering system used). Add any other relevant information.

Indicator GP2.4. The measures in the strategy clearly state the capacity of planned service that are an alternative to institutionalization.

[Select YES if the implementation plan of the strategy includes in clear information on the capacity of services planned to be developed. This indicator refers to the following categories of services: social services with accommodation, home care services and/or community services for persons with disabilities.]

Is the strategy compliant with the indicator?

☐ Yes ☐ No

IF YOU SELECTED...

YES: **List** below the relevant information on how the strategy is compliant with the indicator: the chapter/section in the strategy in which these measures/actions are presented and/or the number/code of measures/actions included in the implementation plan clearly presenting the capacity of planned services (such as “1.1.1.” or “M.4.2.”, depending on the numbering system used). Add any other relevant information.

Indicator GP2.5. The strategy includes measures/actions on training young persons with disabilities from the protection system for independent living.

[Select YES if the strategy includes measures/actions to ensure the training young persons with disabilities from the protection system for independent living, in accordance with the provisions of Art. 30 from Law no. 448/2006 on the protection and promotion of rights of persons with disabilities.]

Is the strategy compliant with the indicator?

☐ Yes ☐ No

IF YOU SELECTED...

YES: **List** below the relevant information on how the strategy is compliant with the indicator: the chapter/section in the strategy in which these measures/actions are presented and/or the number/code of measures/actions on training young people with disabilities from the protection system for independent living, included in the implementation plan (such as “1.1.1.” or “M.4.2.”, depending on the numbering system used). Add any other relevant information.

--

Indicator GP2.6. The strategy includes awareness-raising activities among local actors on the importance of ensuring accessibility for persons with disabilities.

[Select YES the implementation plan of the strategy includes measures aiming to increase the physical, informational and communicational access of persons with disabilities to the public space, to public, private institutions, to public transport, to intervention services in case of emergency, by conducting awareness campaigns among the actors responsible at the level of the county/sector.]

Is the strategy compliant with the indicator?

☐ Yes ☐ No

IF YOU SELECTED...

YES: **List** below the relevant information on how the strategy is compliant with the indicator: the chapter/section in the strategy in which these type of measures/actions of informing for raising awareness among local actors are presented and/or the number/code of measures/actions included in the implementation plan (such as “1.1.1.” or “M.4.2.”, depending on the numbering system used). Add any other relevant information.

Indicator GP2.7. The strategy includes actions to inform persons with disabilities/their family members about the right to accessibility.

[Select YES if the implementation includes actions aimed at raising the level of knowledge among persons with disabilities and their family members about the rights of persons with disabilities, including those regarding the accessibility to the physical environment, to information and communications.]

Is the strategy compliant with the indicator?

☐ Yes ☐ No

IF YOU SELECTED...

YES: **List** below the relevant information on how the strategy is compliant with the indicator: the chapter/section in the strategy in which these type of measures/actions for informing persons with disabilities are presented and/or the number/code of measures/actions included in the implementation plan (such as “1.1.1.” or “M.4.2.”, depending on the numbering system used). Add any other relevant information.

Indicator GP2.8. The strategy includes public awareness actions on the rights of persons with disabilities, including the right to not be discriminated.

[Select YES if the implementation plan of the strategy includes actions aimed at raising the level of knowledge among the population regarding the rights of persons with disabilities.]

Is the strategy compliant with the indicator?

☐ Yes ☐ No

IF YOU SELECTED...

YES: **List** below the relevant information on how the strategy is compliant with the indicator: the chapter/section in the strategy in which these type of measures/actions for awareness among the population regarding the right to not be discriminated are presented and/or the number/code of measures/actions included in the implementation plan (such as “1.1.1.” or “M.4.2.”, depending on the numbering system used). Add any other relevant information.

Indicator GP2.9. The strategy includes conducting training sessions among staff involved in providing social services for persons with disabilities, on basic human rights and freedoms of these persons.

[Select YES if the implementation plan of the strategy includes actions aimed at increasing the level of knowledge among the staff involved in providing social services for persons with disabilities, on basic human rights and freedoms of these persons.]

Is the strategy compliant with the indicator?

☐ Yes ☐ No

IF YOU SELECTED...

YES: **List** below the relevant information on how the strategy is compliant with the indicator: the chapter/section in the strategy in which these type of measures/actions and/or the number/code of measures/actions of training of this type included in the implementation plan (such as “1.1.1.” or “M.4.2.”, depending on the numbering system used). Add any other relevant information.

NO: **Present** below why the strategy does not include training actions for the staff involved in providing services for persons with disabilities, on basic human rights and freedoms of these persons (for example, conducting this type of actions has not been identified as a need at the level of county/sector).

Indicator GP2.10. The strategy includes measures aimed to encourage voluntary activities of community members, aimed at increasing the public participation of persons with disabilities.

[Select YES if the implementation plan of the strategy includes actions aimed to increase the participation of persons with disabilities to public life, through the involvement of community members.]

Is the strategy compliant with the indicator?

☐ Yes ☐ No

IF YOU SELECTED...

YES: **List** below the relevant information on how the strategy is compliant with the indicator: the chapter/section in the strategy in which these type of measures/actions and/or the number/code of measures/actions aimed at increasing the participation of persons with disabilities in public life (such as “1.1.1.” or “M.4.2.”, depending on the numbering system used). Add any other relevant information.

Indicator GP2.11. The strategy includes measures on contracting of certain social services for persons with disabilities.

[Select YES if the planning of services for persons with disabilities also includes contracting the provision of certain services.]

Is the strategy compliant with the indicator?

☐ Yes ☐ No

IF YOU SELECTED...

YES: **List** below the relevant information on how the strategy is compliant with the indicator: the chapter/section in the strategy in which these type of measures/actions and/or the number/code of measures/actions on contracting included in the implementation plan (such as “1.1.1.” or “M.4.2.”, depending on the numbering system used). Add any other relevant information.

NO: **Present** below why the strategy does not include contracting certain social services for persons with disabilities (for example, there are no providers of services in the county/sector to which social services for persons with disabilities to be contracted).

Dimension MIP. MULTI-ANNUAL IMPLEMENTATION PLANS

Sub-dimension MIP1. Development of a multi-annual implementation plan in the field of disability

Indicator MIP1.1. There is a distinct strategy document or a separate section of the strategy that focuses on the multi-annual implementation of the measures included in the strategy, which also includes measures in the field of disability.

[Select YES if the strategy includes a multi-annual implementation plan, as required by GD 797/2017, Annex 1, Art. 4(1)).]

Is the strategy compliant with the indicator?

☐ Yes ☐ No

IF YOU SELECTED...

YES: **List** below the following relevant information on hoe the strategy is compliant with the indicator: the chapter/section/annex in the strategy representing the multi-annual implementation plan, the section/objective in the implementation plan containing measures in the field of disability. Add any other relevant information.

NO: **Present** below the endeavors conducted for the multi-annual planning of the implementation of the strategy.

Sub-dimension MIP2. Adequate operationalization of objectives regarding persons with disabilities

Indicator MIP2.1. There is a clear link between objectives and measures.

[Select YES if the multi-annual implementation plan used a logical framework type of approach, in which specific objectives derive from general objectives and offer supplementary details, and the measures logically derive from the objectives set and it is to be expected that their achievement leads to reaching the objectives. For this, it is mandatory that for each general objectives there are certain corresponding specific objectives and for each specific objective certain measures.]

Is the strategy compliant with the indicator?

☐ Yes ☐ No

IF YOU SELECTED...

YES: **Specify** below if you have used a logical framework type of approach. Add any other relevant information.

Indicator MIP2.2. Measures are formulated in clear and actionable terms.

[Select YES if the measures are practice, clearly states, avoiding too general wording and explicitly specified how they can be implemented (they are actionable). For example, a measure can be phrased “Organizing of training for the GDSACP staff on

the transition from using substitute decision to assisted decision, in the case of adult persons with disabilities” and not “Involving adult persons with disabilities in making the decision that involves them.”]

Is the strategy compliant with the indicator?

☐ Yes ☐ No

IF YOU SELECTED...

YES: **List** below the relevant information on how the strategy is compliant with the indicator. Add any other relevant information.

--

Sub-dimension MIP3. Inclusion of all the necessary details of the multi-annual implementation plan: measures/activities proposed, responsibilities, indicative resources/deadlines/milestones

Indicator MIP3.1. The multi-annual implementation plan includes responsible institutions for all the measures.

[Select YES if for each measure in the multi-annual implementation plan the institutions responsible are mentioned clearly, under GD no. 797/2017, Annex 1, Art. 4 (1). It is necessary that both the institution coordinating the implementation of each measure, as well as the partner institutions are mentioned, and in the case of inter-institutional and inter-sectorial measures that the entire range of institutions responsible, public and private, is specified.]

Is the strategy compliant with the indicator?

☐ Yes ☐ No

IF YOU SELECTED...

YES: **List** below the following relevant information on how the strategy is compliant to the indicator:

the column in the multi-annual plan table where the institutions responsible with the implementation are listed; mention if the list of nominated institutions covers the entire spectrum of institution that will contribute to the implementation of the measures, being from all domains, both public, as well as private. Add any other relevant information.

--

Indicator MIP3.2. A source of funding has been identified.

[Select YES if for each measure in the multi-annual implementation plan a source of funding is clearly indicated, under GD no. 797/2017, Annex 1, Art. 4 (1). Vague wordings such as “public budget” or “budget of the institution” are not enough for being compliant with the indicator. If implementing the plan is also the responsibility of other entities not just the GDSACP, including private ones, the funds drawn for financing/with which these organization contribute must be mentioned as source of funding.]

Is the strategy compliant with the indicator?

☐ Yes ☐ No

IF YOU SELECTED...

YES: **List** below the following relevant information on how the strategy is compliant with the indicator: indicate the column in the multi-annual plan table where the sources of funding that have been identified are listed. Add any other relevant information.

--

Indicator MIP3.3. Deadlines for all measures are included.

[Select YES if for each measure in the multi-annual implementation plan a deadline/period of implementation is clearly mentioned, under GD no. 797/2017, Annex 1, Art. 4 (1). For compliance to the indicator, it is not enough that all measures are mentioned to be implemented “permanently” or throughout the entire implementation period of the strategy.]

Is the strategy compliant with the indicator?

☐ Yes ☐ No

IF YOU SELECTED...

YES: **List** below the following relevant information on how the strategy is compliant with the indicator: indicate the column in the multi-annual plan table where the proposed deadlines are listed. Add any other relevant information.

--

Sub-dimension MIP4. Costing of measures

Indicator MIP4.1. The multi-annual implementation plan includes cost details on all measures for persons with disabilities.

[Select YES if all the measures aimed at persons with disabilities have an estimated cost for their implementation clearly stated, including those stating service provision, under GD no. 797/2017, Annex 1, Art. 4 (1).]

Is the strategy compliant with the indicator?

☐ Yes ☐ No

IF YOU SELECTED...

YES: List below the following relevant information on how the strategy is compliant with the indicator: indicate the column in the multi-annual plan table where the estimated cost for the implementation of the measure is listed. Add any other relevant information.

--

Sub-dimension MIP5. Inclusion of measures regarding the capacity building needs of staff involved in the provision of services to persons with disabilities

Indicator MIP5.1. The action plan includes details on capacity development needs for the implementation of measures referring to persons with disabilities.

[Select YES if there are concrete measure related to increasing the number of employees (with the clear indication of targeted positions and/or the social services in which they will work), if it is the case, and related to staff training. For each newly set up service the multi-annual plan will gave to state clearly how the necessary human resources and training needs will be covered. Related to the need for staff training, the domains in which training is necessary and the number of targeted employees must be stated.]

Is the strategy compliant with the indicator?

☐ Yes ☐ No

IF YOU SELECTED...

YES: List below the following relevant information on how the strategy is compliant with the indicator: indicate the number/code of measures included in the multi-annual implementation plan, specifying the number of new employees, if it is the case, which provide training for the staff, stated which measures refer to services set to be created. Add any other relevant information.

Sub-dimension MIP6. Description of feedback and complaint mechanisms available for persons with disabilities and other stakeholders involved in the implementation of measures for this group

Indicator MIP6.1. The measures describe the development and/or use of existing indicators on the satisfaction of persons with disabilities with offered services.

[Select YES if there is a measure included related to developing a system for measuring the satisfaction of beneficiaries of social services among persons with disabilities and/or related to using certain data already collected, on the satisfaction of beneficiaries of social services who are persons with disabilities.]

Is the strategy compliant with the indicator?

☐ Yes ☐ No

IF YOU SELECTED...

YES: **List** below the following relevant information on how the strategy is compliant with the indicator: number/code of the measure related to developing a system for measuring the satisfaction of beneficiaries of social services among persons with disabilities and/or related to using certain data already collected, on the satisfaction of beneficiaries of social services who are persons with disabilities and/or indicators included in the implementation plan, using data on the satisfaction of beneficiaries of social services who are persons with disabilities. Add any other relevant information.

Indicator MIP6.2. The measures describe the use and the improvement of the grievance redress mechanisms.

[Select YES if the implementation plan of the strategy includes at least one of the following two types of measures: (i) a measure for developing or improving the mechanism of receiving and solving referrals, complains and grievances

Related to the functioning of social services for persons with disabilities; (ii) a measure specifying the manner in which referrals, complains and grievances related to functioning of social services for persons with disabilities will be used to improve the management of these services.]

Is the strategy compliant with the indicator?

☐ Yes ☐ No

IF YOU SELECTED...

YES: List below the following relevant information on how the strategy is compliant with the indicator: number/code of the measure corresponding to type (i) and/or number/code of the measure corresponding to type (ii), out of the two types of measures listed above. Add any other relevant information.

Dimension M. MONITORING

Sub-dimension M1. Use of quantitative monitoring indicators

Indicator M1.1. The objectives and/or measures regarding persons with disabilities in the multi-annual strategy implementation plan have quantitative indicators.

[Select YES if the implementation plan includes quantitative indicators to monitor objectives and/or measures referring to persons with disabilities. Quantitative indicators are necessary to also allow the abidance of the provisions in GD no. 1002/2019 (on the organization and functioning of the National Authority for Persons with Disabilities, Children, and Adoptions), Art. 4 (1) (e) - in areas of competence, monitoring the implementation of strategies for developing social services prepared by the local public administration.

Examples of indicators are: “annual number of beneficiaries of the habilitation and rehabilitation services” and “percentage of persons with disability certificate that are beneficiaries of counselling services”.]

Note 1: Specifying in the implementation plan certain number and percentages (for example, stating the capacity of a planned service: maximum number of beneficiaries foreseen) is not equivalent with specifying indicators.

Note 2: Indicators/expected results such as “rehabilitation center developed” are progress indicators, which can only take “yes” or “no” values. If the implementation plan includes only this type of indicators and not also quantitative indicators (“number of...” or “percentage of...”), indicator M1.1 is not considered to be complied with.

Note 3: Indicator M1.1. monitors the inclusion in the implementation plan of the strategy of monitoring quantitative indicators, not their values; including values of indicators is covered by indicator M2.1.

Is the strategy compliant with the indicator?

☐ Yes ☐ No

IF YOU SELECTED...

YES: **List** below the relevant information on how the strategy is compliant with the indicator: mention the column in the implementation plan table including the quantitative indicators or use other concrete details related to the way the indicator is complied with.

Sub-dimension M2. Inclusion of baseline values and targets

Indicator M2.1. There are baseline values and targets set, at least at the level of some of the quantitative indicators (those following the achievement of a set of selected/strategic objectives and/or measures for persons with disabilities).

[Select YES if the strategy mention, at the same time, baselines and targets for indicators that follow the achievement of objectives/measures for improving the situation of persons with disabilities. Baselines and targets should be specified for at least a set of selected/strategic objectives and/or measures for persons with disabilities (being values of quantitative indicators that track the achievement of these objectives and/or measures). The baselines are the values quantitative indicators had in a previous (or close) year to the implementation period of the strategy or from the first year of that period. In the case of measures foreseeing the creation/provision of new services and goods, it is not necessary to state the baselines (this is implicitly “0”/“not the case” before the services and goods are created/provided). Targets are expected values of quantitative indicators, at the end of the implementation of the strategy, in the final year of implementation.]

Note: intermediary targets can also be set, for example for the mid-cycle of implementing the strategy, but indicator M2.1. tracks if targets have been set at least for the end of the strategy implementation period.

Is the strategy compliant with the indicator?

☐ Yes ☐ No

IF YOU SELECTED...

YES: **Specify** below what objectives and/or measures for improving the situation of persons with disabilities have baselines (if it is the case) and targets foreseen. Add any other relevant information.

Sub-dimension M3. Feasibility and sustainability of computing and reporting the indicators.

Indicator M3.1. It is feasible and sustainable for data to be collected and for the indicators to be calculated and reported.

[Select YES if all the indicators fall into one of the following three categories: (1) the values of the indicators are usually reported and their reporting will continue for the duration of the strategy implementation; (2) the indicators are newly proposed and their values will be reported by the GDSACP for the entire duration of the strategy implementation; (3) the indicators are newly proposed and their values will be provided by another institution, not the GDSACP, for the entire duration of the strategy implementation and the GDSACP has cleared with these institutions that the values of the indicators will be computed and reported for the entire duration of the strategy implementation.]

Is the strategy compliant with the indicator?

☐ Yes ☐ No

IF YOU SELECTED...

YES: **List** below the categories in which the indicators fall, using the following format:

Situation 1 (the values of the indicators are usually reported and their reporting will continue for the duration of the Strategy implementation): objective 1.1, measure 1.1.1., (...), etc. (until listing all objective and/or measures in this situation)

Situation 2 (the indicators are newly proposed and their values will be reported by the GDSACP for the entire duration of the Strategy implementation): objective 2.1, measure 2.1.1., (...), etc. (until listing all objective and/or measures in this situation)

Situation 3 (the indicators are newly proposed and their values will be provided by another institution, not the GDSACP, for the entire duration of the Strategy implementation; there is an agreement with the GDSACP that ensures the reporting for the entire duration of the Strategy implementation): objective 3.1, measure 3.1.1., (...), etc. (until listing all objective and/or measures in this situation).

Sub-dimension M4. Work plans of indicators

Indicator M4.1. The strategy/multi-annual implementation or other related documents specify a work plan for reporting of indicators.

[Select YES if the strategy and the implementation plan mention reporting deadlines for the indicators. Examples of reporting deadlines for the indicator are “annually” or “2025”. “Permanently” is not allowed to be used as a reporting deadline. Reporting deadlines must be different from the achievement deadlines for objectives and measures. If the achievement deadlines for objectives/measures coincide with the reporting ones for monitoring indicators, the strategy and the implementation plan should explicitly state this aspect.]

Is the strategy compliant with the indicator?

☐ Yes ☐ No

IF YOU SELECTED...

YES: **List** below the relevant information on how the strategy is compliant with the indicator: the chapter/section in the strategy, the column in the implementation plan table or the section from the monitoring plan (a distinct document that details the monitoring plan) specifying the deadlines on the reporting of the indicators. Add any other relevant information. If a separate document from the strategy is elaborated, please include it with the accompanying documents of the strategy.

--

Sub-dimension M5. Specifying the mode in which the outcomes of the monitoring of objective and/or measures regarding the situation of persons with disabilities will be used and reported

Indicator M5.1. Information is available on how the data monitoring the objectives and/or measures regarding the situation of persons with disabilities will be used and reported.

[Select YES if the strategy, the implementation plan, the monitoring plan (as a document elaborated separately from the strategy/the implementation plan) or any other planning document specifies clearly how the results of the monitoring will be used and reported: for example, revising the strategy mid-term during the implementation period, preparing the implementation report, preparing the monitoring data in order to prepare the activity reports of the institutions responsible with the implementation, distributing the data to stakeholders, assessing the strategy at the end of the implementation deadline or any other similar activity.]

Is the strategy compliant with the indicator?

☐ Yes ☐ No

IF YOU SELECTED...

YES: **List** below the relevant information on how the strategy is compliant with the indicator: (1) chapter/section in the strategy, measure in the implementation plan or any other document clarifying the way in which the results of the monitoring will be used and reported; (2) specify how the monitoring results will be reported and used.

Dimension PC. PARTICIPATION AND CONSULTATION

Sub-dimension PC1. Consultations with social service providers for persons with disabilities, professional associations and organizations representing persons with disabilities.

Indicator PC1.1. Stakeholders were consulted to substantiate the strategic document/draw the diagnosis: representatives of the public social assistance services from the local authorities.

[Select YES if consultations sessions aimed at substantiating the strategy were organized and if representatives of public social assistance services from the local authorities participated in these consultations.

Law no. 292 on social assistance and DG no. 797/2017, Annex 1 provide the consultation of public and private providers of social services, of professional associations and of organizations representing the beneficiaries, with the aim of substantiating the strategy for the development of social services.]

Is the strategy compliant with the indicator?

☐ Yes ☐ No

IF YOU SELECTED...

YES: **List** below the relevant information regarding the consultations with the representatives of public social assistance services from the local authorities: chapter/section in the needs assessment report or in the strategy describing the way in which consultations were carried out; report/summary proceedings of the consultations; list of participants at consultations. Add any other relevant information.

Indicator PC1.2. Stakeholders were consulted to substantiate the strategic document/draw the diagnosis: providers of social services (others than the public social assistance services from the local authorities), representatives of professional associations and representatives of organizations of persons with disabilities.

[Select YES if consultations sessions aimed at substantiating the strategy were organized and if representatives of providers of social services (others than the public social assistance services from the local authorities), representatives of professional associations or representatives of organizations of persons with disabilities participated in these consultations.

Law no. 292 on social assistance and DG no. 797/2017, Annex 1 provide the consultation of public and private providers of social services, of professional associations and of organizations representing the beneficiaries, with the aim of substantiating the strategy for the development of social services. In addition, the United Nations Convention on the Rights of Persons with Disabilities states as a general obligation for the States Parties the consultation and engagement, in the process of decision-making that have impact on this segment of the population, of persons with disabilities and of the organizations that represent them.]

Is the strategy compliant with the indicator?

☒ Yes ☐ No

IF YOU SELECTED...

YES: List below the relevant information regarding the consultations with providers of social services (others than the public social assistance services from the local authorities), representatives of professional associations or representatives of organizations of persons with disabilities: chapter/section in the needs assessment report or in the strategy describing the way in which consultations were carried out; report/summary proceedings of the consultations; list of participants at consultations etc. Add any other relevant information.

Sub-dimension PC2. Debate and endorsement of the draft strategy by the county commission for social inclusion

Indicator PC2.1. Consultations were held, as part of the endorsement process within the commission for social inclusion.

[Select YES if a debate on the draft strategy took place, within the county commission for social inclusion. Law no. 292 on social assistance and GD no. 797/2017, Annex 1 provide that the county strategies for developing social services

Is the strategy compliant with the indicator?

IF YOU SELECTED...

NO: **Present** the activities conducted to obtain the endorsement from the commission for social inclusion, in the absence of a debate.

--

Indicator PC3.1. The public consultation under Law no. 52/2003 was carried out.

Is the strategy compliant with the indicator?

IF YOU SELECTED...

87

proposals, suggestions, opinions received and if these led to revisions of the strategy; if a public debate was organized and the document/report/summary proceedings describing how the debate took place (if applicable). Add any other relevant information.

NO: **Present** the reasons why the public consultation under Law no. 52/2003 was not held.

Dimension TA. TRANSPARENCY AND ACCESSIBILITY

Sub-dimension TA1. The strategy and the action plan are accessible persons with disabilities and to the general public

Indicator TA1.1. The county strategy for developing social services is published on the GDSACP website.

[Select YES if the county strategy for developing social services is published on the GDSACP web page, in accordance with the provisions of Law no. 544/2001, which states that the programs and strategies of a public authority or institutions must be made available of its own motion, as these constitute information of public interest (Art. 5 (1)(f)).]

Is the strategy compliant with the indicator?

☐ Yes ☐ No

IF YOU SELECTED...

YES: **List** below the URL of the strategy and all other relevant information regarding the publishing of the strategy on the GDSACP web page.

NO: **Detail** the reasons why the strategy for developing social services is not published on the GDSACP web page.

Indicator TA1.2. There are versions of the strategy or sections of the strategy accessible for persons with visual, learning or intellectual disabilities.

[Select YES if there are versions of the strategy or section of the strategy that have been made accessible, to allow persons with visual, learning or intellectual disability to consult the strategic document. The United Nations Convention on the Rights of Persons with Disabilities provides, in Article 9, the adoption of measures to ensure

accessibility, so that these people can have access, “in conditions of equality to others”, to the physical, information and communicational environment.]

Is the strategy compliant with the indicator?

☐ Yes ☐ No

IF YOU SELECTED...

YES: **List** below the URL of the strategy and all other relevant information regarding the publishing of the strategy on the GDSACP web page.

NO: **Detail** the ways in which the strategy is disseminated to persons with visual, learning or intellectual disabilities, in the absence of accessible versions of the strategy.



***"Persoane cu dizabilități - tranziția de la servicii rezidențiale la servicii în comunitate", Cod
SIPOCA/SMIS2014+: 618/127529***

Date of publishing: December 2021

The content of this material does not necessarily represent the official position
of the European Union or of the Romanian Government

Material distributed for free

*Proiect cofinanțat din Fondul Social European prin
Programul Operațional Capacitate Administrativă 2014-2020!*

