Lot 2 - Impact Evaluation of ROP 2007-2013 Interventions

KAI 3.2: Rehabilitation / modernization / development of social services infrastructure

Evaluation report

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LIST OF ABBREVIATIONS

CFA	Counterfactual analysis
RDA	Regional Development Agency
CAPSI	County Agency for Payments and Social Inspection
CAE	County Agency for Employment
AMMA	Management Authority
ROP MA	ROP Managing Authority
ANEO	National Agency for Equal Opportunities for Women and Men
NAFP	National Agency for Family Protection
NACP	National Authority for Child Protection
NACPA	National Authority for Child Protection and Adoption
NAPD	National Authority for Persons with Disabilities
NAPCR	National Authority for the Protection of Child's Rights
NAPCRA	National Authority for the Protection of Child's Rights and Adoption
NAPD	National Authority for Persons with Disabilities
NAPSI	National Agency for Payments and Social Inspection
NAE	National Agency for Employment
LPA	Local public authority
BEI	European Investment Bank
BERD	European Bank for Reconstruction and Development
WB	World Bank
ECC	Evaluation Coordination Committee
ToR	Terms of reference
EC	The European Commission
CC	County Council
LC	Local Council
ROP MC	ROP Monitoring Committee
NCRD	National Council for Regional Development
RC	Residential Social Center
MSRC	Medical-social residential center
MSC	Multifunctional social center
DC	Day social center
DSA	Direction of Social Assistance
GDSACP	General Directorate for Social Assistance and Child Protection
KAI	Key Area of Intervention
SSPD	Social Services Policy Directorate
CIIA	Counter-impact Impact Assessment
CF	Cohesion Fund

ESIF	European Structural and Investment Funds
ERDF	European Regional Development Fund
EAGF	European Agricultural Guarantee Fund
SF	Structural Funds
ESF	European Social Fund
EQ	Evaluation Question
FIFG	Financial Instrument for Fisheries Guidance
NIS	National Institute of Statistics
MDP	Ministry of Development and Prognosis
MRDPA	Ministry of Regional Development and Public Administration
MEF	Ministry of European Funds
MEI	Ministry of European Integration
MLFSPE	Ministry of Labor, Family, Social Protection and the Elderly
MLSJ	Ministry of Labor and Social Justice
MLSP	Ministry of Labor and Social Protection
MLSSF	Ministry of Labor, Social Solidarity and Family
MH	Ministry of Health
OECD	Organization for Economic Cooperation and Development
IB	Intermediate Body
NGO	Non-governmental organization
TO	Technical offer
HCOP	Human Capital Operational Program
ROP	Regional Operational Program
SOPHRD	Sectoral Operational Program Human Resources Development
NRDP	National Rural Development Program
PSM	Propensity Score Matching
AIR	Annual Implementation Report
FIR	Final Implementation Report
SRSS	Single Registry of Social Services
UIMS	Unique Information Management System
PSSA	Public Service for Social Assistance
ToC	Theory of Change
ATU	Administrative-Territorial Unit
EU	European Union
MSU	Medical-social units
MSCU	Medical-social care units

EXECUTIVE SUMMARY

This document represents the Evaluation Report for the project "Lot 2 - Impact Assessment of the ROP 2007-2013 interventions", the evaluation theme: **Impact on the rehabilitation, modernization, development and equipping of social services infrastructure (KAI 3.2).** The related contract is concluded between the Ministry of Regional Development and Public Administration through the ROP Evaluation Office (the "Contracting Authority" and the "Beneficiary") and the consortium consisting of Civitta Strategy & Consulting SA, Archidata, NTSN CONECT and Structural Consulting. The specific objective of the **Key Area of Intervention (KAI) 3.2 - Rehabilitation / Modernization / Development and Equipping of the Social Services Infrastructure**, within the ROP 2007-2013, was to improve the quality and capacity of the social services infrastructure, by supporting the balanced development of throughout the country, in order to ensure equal access of citizens to such services.

PURPOSE OF THE EVALUATION

This evaluation was intended to provide answers to the two Evaluation Questions (set out in the ToR of the current Impact Assessment of ROP 2007-2013 interventions), namely:

- EVALUATION QUESTION (EQ)-1: WHAT IS THE NET EFFECT OF THE FUND INTERVENTION FOR KAI 3.2 AND WHAT ARE THE FACTORS WHICH HAVE DETERMINED THIS EFFECT?

The net effect or impact of an intervention is defined as the change that can be credibly attributed to an intervention. The evaluation process has taken into account the fact that the changes can be both intentional and unintentional, as well as the fact that they can influence larger target groups or territories than what was defined in the Operational Program, ie the KAI 3.2.

- EVALUATION QUESTION (EQ)-2: WHAT TYPE OF INTERVENTION GIVES RESULT, FOR WHOM AND IN WHAT CIRCUMSTANCES?

To answer this question, it was intended to identify the most effective interventions and the end-beneficiaries for which there are obvious results. The aim was to understand how the key interventions function and key features of the interventions with the most visible effects, as well as those mechanisms that facilitated or prevented the effects.

THE FINDINGS OF THE EVALUATION

The main findings of the evaluation are summarized below:

- At the pre-stage of the ROP 2007-2013 financing, the situation of the buildings in which the centers were operating was precarious, without the possibility to ensure a minimum quality standard for the beneficiaries.
- The great majority of the financed projects aimed at rehabilitation / modernization, the purchase of equipment and other facilities.

- As a result of the final beneficiary survey, a significant number of final beneficiaries (96%) considered that the ROP funding effects are positive, especially in terms of increasing the quality of the social services provided.
- The vast majority of social service providers (94% of respondents) expressed their satisfaction towards the rehabilitated infrastructure (building, premises, equipment, furniture).
- An important impact is the one related to the growth and diversification of the social services within the rehabilitated centers, especially the niche ones, palliative type, but also of other nature. Some of the providers have been able to create services that respond to new needs that appeared in the period 2007-2010 (supporting children with autism, supporting elderly people with Alzheimer's or people with neuromotor deficiencies).
- The counterfactual analysis confirms a net effect of 9 additional employees in the funded centers, which validates the evaluation hypothesis. In the case of the care staff, there is an increase in the number of carers (more than 7 people in the case of funded centers).
- Depending on the categories of beneficiaries (elderly, vulnerable, children, disabled) - most vulnerable users that benefit of social services are the vulnerable adults (68%), followed by people with disabilities (24%) , elderly (17%) and children (11%).
- Data analysis, including the speciality literature, triangulated with the qualitative information obtained from interviews and focus groups, revealed that at th moment of ROP programming the main need of financing was determined by the precarious situation of the social infrastructure at regional level. The financed projects had a balanced distribution in relation to regional disparities from the perspective of the risk of social exclusion and poverty and are impressive through the types of investment that have been made in the centres, to achieve a modern infrastructures, the existence of modern facilities and equipment, attracting specialised personnel.
- The lack of policies and strategies correlations in the social sector at the moment of ROP 2007-2013 programming determined a rather fragmented consultation process in relation to the strategic aspects, among MDRAP and the relevant institutions in the field.
- The analysis of the KAI 3.2 related indicators reveals that there was no unitary approach, the funding applicants being able to propose a number of indicators in their funding applications, many of which are irrelevant to measuring outcomes.
- There are a number of factors of influence that have limited the effects of the investments under the KAI 3.2, the most important ones being those related to the inter-institutional cooperation from the moment of ROP programming 2007-2013, the subsequent evolution of the legislative framework with regard to the policies de-institutionalization, but also other factors related to the long-term sustainability of projects.
- From a financial point of view, an issue raised by some of the representatives of the social services suppliers that have attended the events organized within the evaluation project (focus groups, surveys), was the one related to ensuring the operational costs of the centres (repairings, maintenance).

CONCLUSIONS

- The investments through DMI 3.2 had a positive impact on increasing the *quality of social infrastructure*, contributing to the fulfillment of the basic needs of the social centres and the provision of minimum standards for the provision of services, by infrastructure modernization, characterised by a very precarious condition before the financing.
- The investments within KAI 3.2 had a *positive effect on the improvement of the degree of comfort of the final beneficiaries*. The net impact is evidenced at the level of elderly people within the residential centres. The investments in the modernization and rehabilitation of the centres have resulted in an increase in quality of life and improvement of the health of the residents (increase in the number of bathrooms and toilets, elevators and an increase in the number of treatment spaces)[1].
- The investments in social infrastructure *had a positive impact on the quality of social services*.
- *The accessibility for the persons with disabilities and the elderly in buildings that have been rehabilitated/upgraded is improved*.
- Although the program indicator shows an increase in the number of beneficiaries of the infrastructure rehabilitated / modernized through the KAI 3.2, this increase is registered at the level of the day centers and does not have a significant impact on the residential centers, aspect which is in line with the tendencies imposed by the the deinstitutionalization policy.
- *There is a consistently positive effect on the number of full-time equivalents, employees, statistically significant*. Also, the number of volunteers has increased in in the centres as a result of the finaancing received, and the community has become more involved.
- A significant impact is observed for projects where there was complementarity between soft and hard type og projects, and where the suppliers have accessed both types of interventions.
- The distribution of projects shows a balanced number of projects financed within the regions with a high degree of exclusion and poverty, the investments being triggered at the moment of ROP programming by the situation of the centers. Nevertheless, it would have been useful a more clear analysis of the specific needs of each regions on types of interventions (residential/day/multifunctional centres) and according tp the needs of the different categories of social centres' beneficiaries as well as the social policies that target these categories.
- The lack of a clear methodology for the financiang applicants regarding project indicators has made it difficult to monitor the projects from the point of view of reporting on results and measuring impact.

RECOMMENDATIONS

[1] According to the research results of this Impact Evaluation.

- It is necessary to continue the financing of investments in the social infrastructure, based on a detailed analysis of the needs at the regional level, in correlation with the social policies related to each category of beneficiaries (children, elderly people, vulnerable adults, people with disabilities).
- Improving the efficiency and impact of investments in social infrastructure requires a better prioritization of projects, depending on the needs of the regions targeted by the interventions.
- It is necessary to correlate the interventions for the development of infrastructure with soft interventions (eg projects to ensure the financing of salaries for the staff of the centers, covering the running costs of the social centers over a period of time).
- In order to ensure a consistent reporting on the progress and impact of interventions, there needs to be a clearer methodology for the indicators, including instructions for defining and calculating the value of the indicators. At the same time, data related to the achievement of indicators (targets) resulting from project monitoring activity should be aggregated into a database, that should allow the analysis of the extent to which interventions have achieved their results and their impact.
- In order to ensure the long-term sustainability of investments, it is necessary to take into account, from the design phase of the projects, different strategies for resolving the problems related to sustainability (for example the request that the benefciary to annex, at the moment of submitting the financing application, of a Sustainability Plan for the post-implementation phase or mechanisms that should allow the complementarity of ROP projects with projects financed from other sources, such as OPHC or other programs that should ensure the financing of administrative costs (operational) or extending the eligible expenditures over a determined period of time after the infrastructure investment finalization.

LESSONS LEARNED

- In order to maximise the benefits of POR funding, it was also outlined the need to implement related projects financed from other operational programmes, such as the POCU, to ensure the financing of administrative costs (operational), the extension of eligible expenditure categories for a fixed period of time after the completion of infrastructure investments through POR. In order to stimulate this approach, a possibility is to prioritize and award additional scores to Projects aimed at such complementary/related measures.
- An increased impact for these types of investments in social infrastructure could have the investments in non-residential social services and investments in social services integrated into the community.
- One of the lessons learnt, mentioned also in the previous impact evalution and reconfirmed also as a methodological limitation in this present evaluation, refers to the high variability of the sample of social services infrastructures and beneficiaries , which, together with the degree data availability, represents a major challenge for achieving a comprehensive counterfactual approach by types of centres and categories of beneficiaries. This reconfirms the conclusion of the previous evaluation study

related to differentiating the typology of indicators by type of target group and centre.

- Other lessons learnt, which have not emerged strictly from the implementation of POR but which may be envisaged as additional or related measures, in future programming period are: the need to develop quality technical documentation from the project preparation phase (SF, DALI) to eliminate the possibility of errors in the advanced stages of implementation.

METHODOLOGICAL APPROACH

The Evaluation Report presents a detailed analysis of the extent to which the objectives envisaged by KAI 3.2 have been met and the impact of the interventions together with the identification of the net effect of the interventions. It also sought to identify the (negative and / or positive) effects that resulted from the implementation of KAI 3.2, without these having been directly targeted by the implemented actions.

The evaluation methodology used was appropriate to achieve the objectives of this evaluation. Both the needs of the beneficiary, the time constraints and the availability of the data, which conditioned the evaluation process, were considered.

The answer to each Evaluation Question is based on the findings of the hypothesis resulted in the testing phase. The evaluation process involved a mix of quantitative and qualitative research tools and techniques. The counterfactual analysis was a key tool in this assessment and highlighted a series of important issues related to the impact of the interventions (it was intended to measure the net impact at two levels, namely at the center level, but also at the level of the final beneficiaries of the interventions (resident persons).

The documentary analysis, consultation of the stakeholders (BE ROP, RDAs, MDRAP) on the project cycle, as well as discussing and agreeing on the reconstruction of Theory of Change, hypothesis testing, have been particularly important for the entire evaluation process. In this regard, numerous interviews took place and focus groups were organized with the relevant actors involved in the KAI 3.2.
The review of the speciality literature, along with the case studies elaborated, also represented an important support in the evaluation process.

Another important tool used in the evaluation was the survey, which aimed to determine the extent to which the beneficiaries of social services were satisfied with the services received within the social services units. For this research, the face-to-face interview was used based on questionnaire (Satisfaction Questionnaire among Social Service Beneficiaries).

The findings of testing hypotheses and documentary analysis, validated through consultations with the stakeholders, led to the formulation of the answers to the evaluation questions and the identification of the conclusions and recommendations of the evaluation.

1. THE EXISTING SITUATION

Priority Axis 3 "Improving the Social Infrastructure" of the ROP 2007-2013 includes the Key Area of Intervention (KAI) 3.2, which aims to improve the health infrastructure, education, social assistance and public emergency services, contributing to the improvement of the quality standards. DMI 3.2 aimed at improving the quality and capacity of the social services infrastructure by supporting their balanced development across the country to ensure equal access for citizens to such services[2].

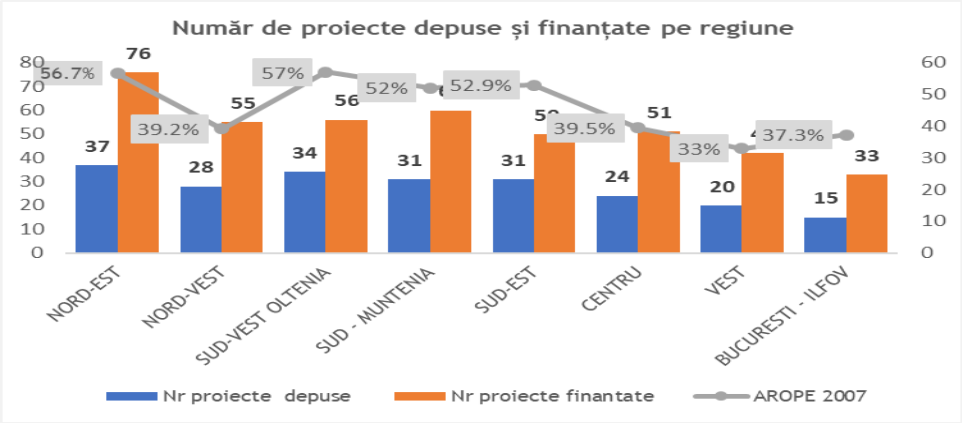
Indicative operations	Eligible indicative activities	Program indicators
Rehabilitation, modernization, development and equipping of buildings for multifunctional social centers; Rehabilitation, modernization and equipping of buildings for residential social centers.	▪ Rehabilitation / modernization / extension of buildings of social centers (accommodation, canteens, sanitary groups, etc.); ▪ Rehabilitation / modernization / extension of buildings for the establishment of new social centers; ▪ Rehabilitation / modernization of the general and specific utilities of the social centers; ▪ Creating / modernizing access facilities for people with disabilities; ▪ Creating workshops within social centers; ▪ Equipping equipment tailored to the needs of service providers offered by social centers, including equipment for people with disabilities.	▪ No. Of rehabilitated social centers (no) ▪ Persons benefiting from rehabilitated / modernized / extended / equipped social services infrastructure - no.

Source: ROP Implementation Framework Document for 2007-2013, Version 17, June 2015

Within KAI 3.2, 423 grant applications were submitted, totaling EUR 273 million, out of which 220 financing contracts (out of which 1 cancelled project) were contracted in a total amount of 438.066.146,60 RON (ERDF value of funded projects). Concerning the submission of projects, DMI 3.2 had only one call for projects, launched on January 28, 2008, on the "first come and first served" principle.

FIGURE 1 DISTRIBUTION OF PROJECTS SUBMITTED AND FINANCED BY REGION

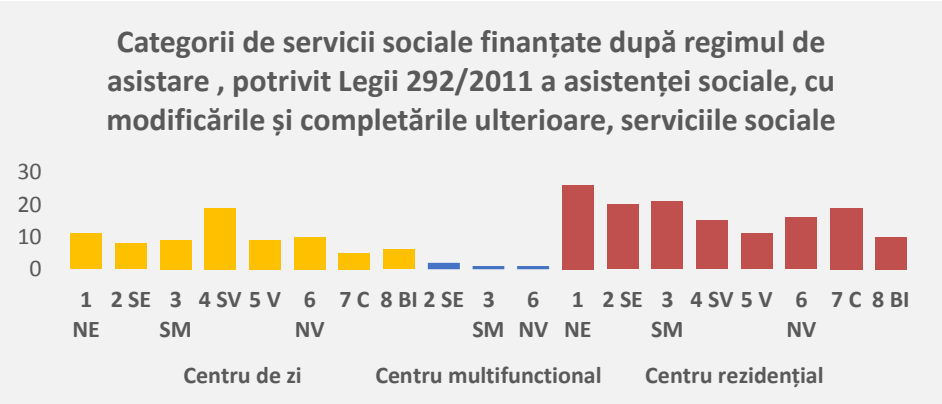
[2] According to the ROP Implementation Document 2007-2013, version 17, June 2015



**processed data from ROP MA database (submitted, contracted projects) and NIS indicator AROPE in 2007*

As highlighted in the figure above, the North East region had the largest number of funded projects (37), being also a region at high risk of poverty and social exclusion, followed by the South-West Oltenia region with 35 projects, and the Bucharest-Ilfov Region with the lowest number of projects (15) being at the opposite pole, as the region with one of the lowest indices of social exclusion. Most of the projects were implemented by public beneficiaries[3], ie 175, while only 42 private beneficiaries[4] implemented projects under the 3.2 KAI, most of them from the North-West region. From the perspective of the assistance regime, according to Law 292 / 2011 of Social Assistance, with the subsequent modifications and completions, the 219 financed projects are classified into 77 day centers, 138 residential centers and 4 multifunctional centers (2 of which fall into the category of residential centers and 2 in day centers[5]).

FIGURE 2. CATEGORIES OF SOCIAL SERVICES FINANCED, BY ASSISTING REGIME ACCORDING TO THE LAW ON SOCIAL ASSISTANCE 292/2011, AS AMENDED AND SUPPLEMENTED



[3] Including the categories: a) authority of the central public administration, b) territorial administrative unit / county council, c) territorial administrative unit / town hall / local council, d) public health unit, e) unit subordinated or coordinated by a public administration authority local or f) a unit subordinated or coordinated by a central public administration authority)

[4] Including the following categories: a) intercommunity development association, b) worship institution, c) non-profit non-governmental body, or d) legal person of private law and public utility

[5] Several multifunctional centers have been identified at the leel of the project database, but the evaluation team maintained the correlation of the classification with the ROP MA database.

2. STAGES OF STUDY

The main purpose of this study is to identify and record the impact of the interventions funded under KAI 3.2, in particular the effects produced, and to propose useful recommendations for improving the implementation of thr current interventions in the field of regional development. In this respect, the present study aims to answer two evaluation questions, namely:

- ✓ *EQ-1 What is the net effect of the fund intervention for KAI 3.2 and what are the factors that have caused this effect?*
- ✓ *EQ-2 What kind of intervention results, for whom and under what circumstances?*

2.1. DESCRIPTION OF THE METHODOLOGY

The working methodology was based on a mix of methods and tools appropriate to respond to the two evaluation questions presented above.

Methods based on theory have been proposed alongside with econometric / statistical and counterfactual methods. Qualitative evaluation methods, as the main methodological basis, contributed significantly to addressing the evaluation tasks, the findings resulting from these methods being complemented by quantitative evaluation methods.

The answers to the two evaluation questions aimed to test the validity of the Hypotheses constructed on the basis of the theory of change. To each evaluation questionnaire (IE) corresponded a set of assumptions and evaluation indicators (starting from the program ones, to which were added indicators referring directly to the measurement (evolution) of the quality of social services and living conditions of the services beneficiaries). Quantitative and qualitative methods adapted to each hypothesis were used, to get a complete and accurate picture of the effects of interventions.

The information obtained from multiple sources has been triangulated, contributing to the increase of validity, credibility and relevance of the information gathered.

During the evaluation process, the following evaluation assumptions were taken into account:

TABLE 1: EVALUATION HYPOTHESES

The evaluation question	Evaluation hypothesis
What is the net effect of intervention funds, taking into	Interventions through KAI 3.2 have effects on: 1. increasing the number and quality of social services infrastructure
	2. increasing the number of beneficiaries of social services
	3. increasing the number of social services at the community / county / regional / national level
	4. raising the level of quality of social services

account the factors that have caused this effect?	5. increasing the number of personnel (human resources) employed in social services
	6. increasing the satisfaction of the beneficiaries of social services, in relation to their number and types
	7. Increasing the access of people in vulnerable situations to integrated services (social, educational, employment, health)
	8. facilitating the process of socio-professional integration / reintegration of beneficiaries of social services
	9. Interventions funded under the KAI 3.2 are prioritized according to national strategic objectives and regional / local level
What kind of intervention results, for whom, and under what conditions?	10. Are there any factors influencing the impact of investments made under KAI 3.2 on direct beneficiaries and final beneficiaries?
	11. Are there differences regarding the impact of investments between certain types of interventions and certain types of social service providers, beneficiaries of funding?

During the evaluation, the hypothesis validation was pursued on the basis of the following scale:

- ***Valid hypothesis:*** if the information from quantitative and qualitative research provided arguments for all established evaluation indicators.
- ***Partially validated hypothesis:*** if the research provided arguments only for some variables / indicators and not for all those targeted.
- ***Invalid hypothesis:*** The hypothesis was invalidated if the research does not provide arguments for validating the hypothesis or provides arguments that lead to the contradiction of the hypothesis statement.

The evaluation methodology has been described in detail in the Inception Report and approved. The evaluation methods and tools used are summarized below and in detail in the Annexes to this report.

2.1.1. METHODS OF DATA COLLECTION

The following data collection methods have been used in the evaluation process, described below for each category:

DOCUMENTARY RESEARCH	Documentary research was a continuous activity and was used to obtain information about the framework in which ROP 2007-2013 was implemented, and specifically related to the sphere of KAI 3.2 (programming documents, applicant's guide, public policy documents in the social field, Annual Implementation Reports, Final Implementation Report, Impact Assessment Study KM 3.2, ROP interim evaluation reports). Also, project documentation (databases, grant applications, monitoring and sustainability reports) has been

	analyzed. The list of relevant documents identified and consulted during the evaluation is presented in **Annex 14.**
INTERVIEWS	The interviews were semi-structured and aimed at deepening and clarifying the information obtained in the framework of documentary research, as well as aspects related to the estimated net effects following the implementation of the projects. The interviews contributed with qualitative information to the analysis process , needed to answer the evaluation questions, but also to better understand the social services system, social infrastructure and its evolution from the first projects funded so far. 16 individual interviews were organized at national level (MDRAP - AMPOR, ANPIS, Ministry of Health, Ministry of Labor and Social Justice, ANPD, ANPDCA) and regional level (RDAs), for which detailed and adapted interview guides institutions at central and regional level. All the interviews were conducted face-to-face, the evaluation team moving to the premises of the interviewed institutions in Bucharest or in the regions. Additionally, 3 interviews / on-the-spot visits were carried out in the territory to beneficiaries of DMI 3.2 interventions. The minutes of the interviews and the interview guides used are presented in **Annex 2.**
ANCHETĂ/ SONDAJ	The survey / survey was an important method of collecting quantitative and qualitative data that supported counterfactual evaluation and other types of statistical processing. Two types of surveys were conducted: ➢ *Inquiry/survey to measure the satisfaction at the level of social service providers and final beneficiaries.* At the level of all social service providers within the 219 projects implemented, an online survey was applied using a survey dedicated to these survey types (Survey Monkey). At the end of the survey, 50 questionnaires were received from suppliers (a response rate of 22.83%). The results and questionnaires related to this survey are presented in **Annex 6**. At the level of the final beneficiaries, given the difficulty of addressing this target group because of their specific situation (minors, adults with disabilities, lack of discernment or medical problems, the elderly with various medical conditions such as dementia, Alzheimer's etc.), the questionnaires have been applied at the level of 5 funding beneficiary centers that have shown their readiness to support the evaluation process. At the end of the survey, 74 questionnaires were received from the beneficiaries of social services in these centers.

	The results and questionnaires related to this survey are presented in **Annex 5**. ➢ *Inquiry / survey at the level of the beneficiaries (treatment group) and at the level of non-beneficiaries (control group) from the LPA category, providers of social services of public or private law, accredited under the law.* The treatment group (the group subject to interventions) was represented by all the projects completed within the KAI 3.2 which had as end beneficiaries elderly and vulnerable adults or people with disabilities from residential centers (69 financed projects). This group was selected (approximately one third of the total of 219 projects) due to the homogeneity of the characteristics of the social centers and services provided as well as the final beneficiaries. At the end of the survey, after successive returns by phone and email, 48 questionnaires were received from a total of 69 funded projects (a response rate of 69.56%). The control group (at the level of non beneficiaries of interventions) consisted of 70 centers with similar characteristics as treatment, which did not benefit from DMI 3.2 interventions, selected from two distinct situations: (1) Centers that applied for funding , were rejected and were not among the beneficiaries of interventions and (2) centers from the Single Register of Social Services of the Ministry of Labor with accredited providers of social services and who did not apply at all to ROP funding. Due to the low response rate, another 70 centers with similar characteristics as the one of treatment were selected, fully selected from the Single Registry of Social Services to get the number of responses closest to the treatment group. At the end of the survey, after successive returns by telephone and email, 37 questionnaires were received from a total of 140 centers (a response rate of 26.42%). The results and questionnaires related to this survey can be found in the counterfactual analysis presented in **Annex 4.**
USE OF CROSS SECTIONAL DATA, TIME SERIES, LONGITUDINAL DATA, SAMPLING	This collection method supported the data analysis and application of counterfactual methods by correlating the relevant data from multiple sources, including defining the group of intervention beneficiaries and the control group (service providers who did not benefit from ROP funding and people served by them).
FOCUS GROUPS	Six regional focus groups, covering all 8 regions, were organized, with 59 representatives of kAI 3.2 intervention beneficiaries participating, from central and regional institutions, local authorities, social service providers. Discussions within these focus groups have been consistent and have helped to validate the issues identified in interviews and case studies, while providing additional qualitative information. Within the FGs, topics such as: – justification and opportunity of interventions financed under ROP 2007-

	2013 at the level of the social services infrastructure; – factors that have influenced the efficiency and effectiveness, sustainability and impact of interventions; – the effects of the interventions financed under the KAI 3.2; – types of interventions that have had a significant impact or significant impact on the quality of the social services system over time; lessons learned and recommendations. The minutes of focus groups as well as the resulting Synthesis Report are presented in **Annex 3**.

2.1.2. METHODS OF DATA ANALYSIS

The following data analysis methods have been used in the evaluation process, described below for each category:

COUNTERFACTUAL ANALYSIS	The counterfactual analysis involved a quasi-experimental quantitative approach, based on the comparison between the group of beneficiary units of the intervention and a group of similar non-beneficiary units. It was envisaged the measuring the net impact on two levels, namely at the centers, but also at the level of the final beneficiaries of the interventions (resident persons). The collection of the data required for the ACF was carried out through the survey at the level of the beneficiaries (treatment group) and at the level of non-beneficiaries (control group) in the LPA category, providers of public or private social services, accredited under the law , which was detailed above in the section on data collection methods. The counterfactual analysis was carried out for projects related to residential centers that had as beneficiaries the elderly and the adults, financed and non-financed projects. The sample comprised 85 subjects (48 from the treatment group and 37 from the control group). For the present study two methods of counterfactual analysis were applied: the correlation of the propensity score, as the main method and the difference-in-difference, as a complementary method. The counterfactual analysis is presented in **Annex 4.**
ANALYSIS OF PRIMARY AND SECONDARY DATA	The data analysis covered the physical and financial progress of the projects, following the projects situation and the territorial distribution, as well as the progress on the type of impact indicators, by types of interventions. The data was collected from MDRAP, ANPIS, MMJS and through applied questionnaires. The analysis of the primary and secondary data was done by statistical processing of these and completing with information from qualitative methods.

THE SWOT ANALYSIS	This analysis supported the identification of specific aspects of the KAI interventions 3.2. and was used to identify the main strengths, weaknesses, opportunities and threats of social services infrastructure in Romania. The SWOT analysis is presented in **Annex 10.**
THE PEST ANALYSIS	The analysis aimed at identifying the context factors (political, economic, social) that influenced the implementation of KAI 3.2 and the results obtained. By identifying the exogenous factors influencing the field of social services, the results of the PEST analysis have been an important input in the process of reconstruction Theory of Change for this KAI, especially on contextual factors, given the role of this analysis in identifying the exogenous factors influencing social services . The PEST analysis is presented in **Annex 11**.
ANALYSIS OF THE INTERESTED PARTIES (STAKEHOLDERS)	This analysis followed the influence of various actors in social services and reform in the social services system, with an emphasis on social services infrastructure and increased access to quality social services. Potential effects that some stakeholders have had or have in developing the social services system through POR interventions, DMI 3.2 or the like have been identified. The stakeholder analysis is presented in **Annex 9.**
ELABORATION OF VISUAL DIAGRAM	It was used to synthesise, on the one hand, the information on the identified needs, objectives and strategy defined at KAI 3.2 level, and - on the other hand - on the status of the implemented projects.
THE LOGIC MODEL	This tool has been used to analyze the extent to which the implemented projects have contributed to the achievement of the DMI 3.2 objectives and meeting identified needs.
THEORY OF CHANGE (ToC)	ToC pursued the causal chain of producing the results, the relevant aspects of each type of intervention being analyzed. The hypotheses formulated followed the way in which the proposed strategy led to the achievement of the results under the conditions of influence factors. The theory of reconstructed change is presented in **Annex 8.**
REPRESENTATION / TERRITORIAL ANALYSIS OF RESULTS	In the analysis and in the presentation of the findings, maps and graphical representations were used, on the basis of which, the results of the analyzes could be correlated with the relevant relevant territorial / regional statistical indicators to track the effects of the interventions in a wider territorial context. The evolution of the main relevant indicators for this area has been analyzed also over time.

2.1.3. ADDITIONAL PROPOSED METHODS

CASE STUDIES	Case studies have allowed an in-depth analysis of how interventions and their effects were implemented, as well as the mechanisms used to achieve the results. The way in which case studies were selected was to ensure representativeness, both in the types of interventions supported and in the categories of beneficiaries. The selection strategy aimed at identifying cases with a high potential for information as well as on the basis of recommendations from the RDAs. Case studies are presented in **Annex 12**.

2.2. LITERATURE REVIEW

The impact evaluation of an Operational Program is extremely complex[6] because it seeks to capture te effects at macro level, provided that many factors affect the causal chain. At the same time, the social impact evaluatiom, even when it is about investments in social infrastructure, can not be analyzed isolated from an economic, numerical or quantitative perspective, but in complementarity with the social perspective and, in particular as regarding the desirable effects on medium and long term on the quality of social services.

An important aspect of the literature review was represented by the reconstruction of the moments of legislative reform in the social field in order to analyze the context of the investments in the social infrastructure from the moment of ROP programming, respectively KAI 3.2.

From the detailed analysis presented in **Annex 1** – Literature Review, there are several periods of reform in the social field, most relevant for the programming of the ROP 2007-2013, being the period 2000-2006 characterized by the evolution of the reform for the decentralization of the child protection activities[7], restructuring of the placement centers organized according to obsolete principles, closure of most of the institutions with more than 150 seats[8], development of new, family-friendly services and prevention of separation of children from their families, training of professionals in childcare field, adoption of mandatory minimum standards for most of the existing services, etc[9]. Not the same progress was registered in the social services for the other categories of beneficiaries, elderly people, young people in difficult situations, low-income families, people subjected to domestic violence etc., there being an imbalance both within the system in relation to different categories beneficiaries, but also between regions.

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[6] As identified by Evalsed Guide: https://ec.europa.eu/regional_policy/sources/docgener/evaluation/guide/guide_evalsed.pdf
[7]. The first governmental strategy on the rights of the child, approved in 1997, covered the period 1997-2000 and marked the beginning of the reform of the child protection system in Romania. In 2001, the Government adopted the "Government Strategy on the protection of children in difficulty 2001 – 2004" through GO 539/2001
[8] A significat row had the Phare programmes (1999, 2001 si 2002 Children First)
[9] The periodic report on the progress registered by Romnia on the preaccession

The lack of funds and experience from this period led to **a precarious situation of the residential services infrastructure for the different categories of beneficiaries**, still existing being placement centers of large size for children that had not benefited from long-term investments, the centers for people with disabilities or older people were overcrowded, lacking of equipment and endowments, and the buildings requiring urgent rehabilitation interventions.

Besides the specific legislation, each area was regulated during the reference period of strategies and action plans (the legal framework regulating each category of beneficiaries, elderly people, disabled people, vulnerable adults, children, are presented in detail in the extensive analysis of Annex 1 Literature Review), and in 2005, the National Strategy for the Development of Social Services for the period 2006 - 2013 was approved, all of these strategic documents being the basis of the interventions under the KAI 3.2-ROP 2007-2013.

The various legislative and institutional developments in the period 2000-2006, as well as the priorities identified in the strategic documents for the next period, plus the findings of the European Commission Report of October 2005, outlined the urgent investment needs of the social services system due, on the one hand to the **poor and insufficient infrastructure quality** to meet the minimum quality standards for the provision of these services, and on the other hand the need to set up social services at Community level to meet the needs of all categories of beneficiaries. For their magnitude, there were no financial resources at the state or local budget, therefore these urgent needs for rehabilitation, modernization or endowment of the social services infrastructure and for the establishment and diversification of social services, especially at the community level, have been transposed as priorities for financing under the Regional Operational Program 2007 - 2013.

In the field of social services for children, for some of the classical placement centers, especially those serving children with disabilities, the emergency in the years 2006-2008 was represented by the improvement of the living conditions and the creation of the environment closest to the family, as long as there were not yet the resources and mechanisms to ensure the reintegration of children into the family, their placement in family-type services or alternative to residential services. Therefore, as a transition to a new phase of the reform, ROP 3.2 funding has contributed to the construction of a next level and to the stability of the social service system, being noticed here the imposed condition related to the maximum number of places in the residential centers (50 places) .

During the implementation of projects that received funding under the KAI 3.2, the social reforms have not stagnated, new normative acts have been introduced that have imposed new rules, conditions or different contexts for the development of social services, for example the emergence in 2012 of the Law 197/2012 on quality assurance in the field of social services, which regulated the evaluation, certification, monitoring and control process for quality assurance in the field of social services. This introduced the obligation of of social services licensing on the basis of minimum quality standards that imposed the obtaining of approvals and authorizations from institutions such as ISU, ANSVSA or DSP, obligativity which did not exist and therefore was not requested at the time of approval of the KAI 3.2. Also, the

emergence of the New Social Services Nomenclature[10] in 2015 imposed the inclusion of the services set up in one of the social services included in the nomenclature, which, especially for the implementers of the services financed by the ROP 3.2, was a new challenge in order to align the services in the nomenclature also respecting the indicators from the Applicant's Guide without having the possibility to obtain financial corrections. Therefore, the emergence of new legislative conditions has led to the identification of solutions by the service providers who have implemented projects funded by KAI 3.2, to implement the new requirements. It has often been necessary to allocate additional amounts from their own budgets, adjustments of the technical projects, obtaining authorizations, all of these leading to delays in implementation or to difficulties in ensuring the sustainability of social services.

Another problem faced by the suppliers was the lack of specialized staff needed for the functioning of the established services, especially those set up at rural level. There are many localities / counties where these centers need to work at a high as possible capacity, but this is not possible due to lack of staff (either there are no specialists in the area to be hired or not willing to move in these areas, or because of the lack of transport infrastructure).

New legislative developments in the social field and main conclusions

The new developments in the social field presented in detail in Annex 1 Literature Review, as well as the latest amendments and completions to Law no. 272/2004 on the Protection and Promotion of the Rights of the Child[11], approved by the Government on June 12th, 2019, confirm that the national objective in the social field on the deinstitutionalization and the transition from residential care to family care continues this initiative, leading the reforms in the field of protection and promotion children's rights as well as in the field of protection of people with isabilities, in a new phase. The deinstitutionalisation commitments have been included in the 2014-2020 Partnership Agreement and taken over by ROP 2014-2020 to support and strengthen the transition from high residential institutions to community care, alongside with the development of institutionalization prevention services, especially for children and people with disabilities.

Social services are essential for the eradication of poverty and social exclusion and their development must be integrated into a coherent policy based on an inclusive approach designed to support people in families and communities[12].

A priority is also the creation of a network of integrated community centers[13] bringing together health and social services as well as education, employment, housing and access to other public services, in order to create a sustainable process of getting out of poverty and for the social and economic integration of vulnerable people. At institutional level, the

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[10] GD no. 867/2015 for the approval of the Social Services Nomenclature and of the framework regulations for the organization and operation of social services

[11] The adopted normative act prohibits the placement of children in residential services with the characteristics of classical centers starting January 1st, 2020. It also introduces the obligation for local authorities and private social service providers to close their old placement centers or to reorganize residential services by 31.12.2020. After January 1, 2021, the operation of placement centers is forbidden, and failure to comply with this provision will be considered a contravention and the finding and application of the fine is proposed to be made by the Prefect.

[12] National Strategy on Social Inclusion and Poverty Reduction (2014-2020)

[13] Joint Order Ministry of Labor and Social Justice, Ministry of Health and Minister of National Education no. 393/630/4236/2017 of March 13, 2017 for the approval of the Collaboration Protocol for the implementation of the integrated community services needed to prevent social exclusion and fight against poverty

delivery of integrated services with horizontal and vertical real-time coordination between agencies is vital to ensure adequate support for families and children in extreme poverty. At the same time, mediation or social facilitation programs are needed to help extremely poor families, especially those in marginalized areas, to access social services in both rural and urban areas. Complete integration of services would mean abandoning the fragmented approach whereby each agency works only within its own specified responsibility area and moving to the adoption of multi-institutional teams at national, regional and local levels[14]. Investments are needed to ensure the availability and endowment of infrastructure and equipment for these integrated services, especially in rural and poorer areas, to tackle the current imbalance of public services at primary and / or community level as well as the poor capacity to address the needs of poor and isolated people from the rural areas[15].

With the support of the ROP 2014-2020, 147 placement centers will be closed from 35 counties, the list of eligible centers for closure being the result of an evaluation carried out within the project "Elaboration of the deinstitutionalisation plan for children in institutions and ensuring the transition of their care in thr community "- SIPOCA 2 code, co-financed by the European Social Fund through the Administrative Capacity Operational Program[16].

For a better and sustained respect for the rights of persons with disabilities in accordance with the Convention on the Rights of Persons with Disabilities ratified by Romania in 2010[17], as well as with the National Strategy "A barrier-free society for people with disabilities" 2016 – 2020 [18], Law 448/2006 on the protection and promotion of the rights of persons with disabilities was amended by GEO 69/2018 and introduced, among other things, the limitation of the capacity of residential centers for disabled adults to a maximum of 50 places while developing the alternative community services network. The construction of new residential institutions or the renovation and upgrading of existing ones should only be addressed as transitory measures in the context of a de-institutionalization strategy and can be justified only in exceptional cases where residents' lives are jeopardized due to poor material conditions[19]. As Romania undertook the deinstitutionalization of a significant number of adults with disabilities (516 persons between 2015 and 2023) through the 2014-2020 Regional Operational Program, ANPD undertook an analysis of the deinstitutionalization needs, a process that serves the process of substantiating the selection of investment objectives to be financed under the ROP 2014-2020. The result of the analysis was a list of 11 old type institutions with a capacity of more than 120 beneficiaries from which people with disabilities will be transferred in alternatives of family type. These, together with people with

[14] In the second half of 2018, the implementation of a specific project, co-funded by the EU, aimed at introducing integrated teams into 139 marginalized communities, began. The project will develop integrated case management methodologies that can be extended at national level and provide for closer collaboration with employment services.
[15] ROP 2014 - 2020
[16] The Diagnostic Study was developed within the framework of the Consultancy Services Agreement on the Development of Plans for the Deinstitutionalization of Children Remaining without Parental Care and their transfer to Community Care, concluded between the World Bank and the National Authority for the Protection of Children's Rights and Adoption (ANPDCA) on May 12, 2016. The agreement envisages the implementation of the project implemented by ANPDCA - "Elaboration of the plan to de-institutionalize children in institutions and ensure the transition of their care in the community" - SIPOCA 2 code, financed by the European Social Fund through the Operational Capacity Administrative Program.
[17] The Convention on the Rights of Persons with Disabilities, adopted at New York by the United Nations General Assembly on 13 December 2006, opened for signature on 30 March 2007 and signed by Romania on 26 September 2007, was ratified by Law no. 221/2010; Article 19 of the Convention guarantees the right of persons with disabilities to live independently in the community.
[18] Approved by HG 655/2016
[19] "Social Services Analysis Document for ensuring the Transfer to Alternative Family Types of Disabled Persons with Disabilities from old Residential Institutions" - approved by Decision no. 171/2018 of the President of NAPD

disabilities in the community, will benefit from a network of 24 day centers and 72 protected shelters.

The developing and strengthening of the capacity at local level to provide social welfare services is essential for the entire social protection system and should cover a broad range of needs. However, only about 20% of the administrative-territorial units have accredited social services and they are usually concentrated in richer areas or in urban areas, although they are most needed in the poorer rural areas and regions[20].

Analysis of other relevant studies on the need to invest in social infrastructure and the main effects

Other relevant studies have been analyzed related to the need for investment in social infrastructure detailed in Annex 1, from which the following main conclusions can be drawn:

- ✓ Social services should be community-based rather than institutional and segregated. No person should be forced to live in centers, but to be allowed to live - and receive support - wherever they want.
- ✓ Public funding should also help people have control over the type of care and support they need. This requires a change of paradigm for social services, involving changes both in terms of support and the professionals and the infrastructure in which they work. Significant progress has been made across entire Europe through the provision of person-centered services at the community level where the person has control or decision on the assistance he receives. However, there is still much to be done to create a truly inclusive society.
- ✓ The demographic changes play an important role in identifying the need for social services, the demand for elderly care and long-term care services in Europe is expected to explode in the coming decades due to the aging population. Also, family structures (more women in the labourfield), life arrangements (smaller families, isolated people) and mobility (people who live mostly outside the family, in another country or locality) are factors that lead to an increased need for diversified social services in all sub-sectors of social services: childcare, care and support for people with disabilities, elderly care [21]etc.
- ✓ There is a need for a "social investment package"[22] also underlined in the document "Social Investment in Europe", namely that "personalized and integrated services and benefits (for example, offered through one-stop-shops) can increase the effectiveness of social policies. The simplification of procedures could help people who need, to access the benefits and services more easily, avoiding overlapping systems and costs too. "
- ✓ The effect of residential care on children is conclusively reflected in the survey "Exploring the long-term results of children being in residential care" carried out in 2012[23] on 10

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[20] COUNCIL RECOMMENDATION on the National Reform Program of Romania for 2019 and including a Council Opinion on the Convergence Program of Romania for 2019, 05.06.2019

[21] European Social Network, Contracting for Quality, An ESN research study on the relationships between financer, regulator, planner, case-manager, provider and user in long-term care in Europe, 2010

[22] ”Social investment in Europe”, a study on national policies, EUROPEAN COMMISSION, Directorate-General for Employment, Social Affairs and Inclusion Directorate D — Europe 2020: Social Policies Unit D.3 — Social Protection and Activation Systems, Brussels, 2015

[23] ”Exploring the Long-Term Outcomes of Children in Residential Out-of-Home Care”, 2012, authors Abela Angela, Abdilla Nadya, Abela Claire, Camilleri Juan, Mercieca Daniel & Mercieca Graziella

young people from residential institutions in Malta. The interviews with the young peole revealed both negative and positive features of out-of-home care. However, most of the times, the phenomenon of "institutions" has negative connotations. In the research "Impact of Residential Placement on Child Development", the authors conclude that "if there is evidence that residential care works, then there will be a demand for such services", with particular reference to the situation of children with chronic illness, needing constant care, primarily medical and health-enhancing but also at boarding schools like those in the UK where children from high income families usually go for traditional education models [24].

- ✓ A number of factors in the organizational culture of a residential unit, whether residential or family type, can contribute to the quality of life among young people leaving the protection system (according to the study's results.). The Impact of the Residential System Culture on the Quality of Life of Young People leaving the protection system "). It is important to focus to be put on: completing education, providing independent action space, adopting approaches that can replace parental love, encouraging positive thinking, encouraging better relationships with the biological family, encouraging promising social ties, promoting future planning, developing supporting relationships among children, encouraging hobbies and ways to earn money so that young people can gradually arrange their own life while still in the care.

At the same time, the evaluation team also analyzed the conclusions, recommendations and lessons learned from the previous evaluation exercises, namely "Updating the mid-term evaluation of the Regional Operational Program 2007 - 2013 (April 2014)" and the Impact Evaluation of the Key Area of Intervention 3.2. - Rehabilitation / upgrading / upgrading and equipping the social infrastructure from 2014, when the project portfolio was not completed and the impact evaluation could not capture the gross and net impact of the investments related to KAI 3.2.

2.3. DATA COLLECTION

2.3.1. QUANTITATIVE DATA

The process of collecting quantitative data for evaluation has started by analyzing the portfolio of projects received from several official sources (ROP MA - Monitoring, RDAs, NAPIS[25], Ministry of Labor). In order to have a complete and relevant overview of the projects submitted, contracted and finalized on the KAI 3.2, both in terms of funding as well as from the social services perspectives, the databases were aggregated and completed with information available on official websites dedicated to European funds [26] as well as information gathered from funding applications and contracts, final progress reports and sustainability reports.

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[24] The impact of residential placement on child development: research and policy implications - Little M, Kohm A, Thompson R. Int J Soc Welfare 2005: 14: 200–209 © Blackwell Publishing, 2005.

[25] National report of the thematic campaign "control of social services developed through the Regional Operational Programme" conducted by ANPIS during 03.09.2014 – 31.12.2015 at the request of the Monitoring Directorate of the AM POR. The campaign sheet can be Consult here: http://www.mmanpis.ro/wp-content/uploads/2016/06/fisa_campanie_control_servicii_sociale-1.pdf

[26] www.old.inforegio.ro, old.fonduri-ue.ro, www.fonduri-ue.ro

At the same time, 4 surveys were conducted:

Survey for measuring satisfaction at the level of social service providers and final beneficiaries.

The research for measuring satisfaction at the level of social services providers, aimed to determine the extent to which social service providers were satisfied with the investments made under the ROP 2007-2013 related to the KAI 3.2 and the results obtained with regard to social infrastructure (see Annex 6). The questionnaires used in the questionnaire applied envisaged the degree of satisfaction with the infrastructure (building, premises, equipment, furniture, etc.) that the social centers have, as well as the working conditions within the centers before and after the implementation of the project (s) through ROP 2007 - 2013, KAI 3.2 taking into account a number of issues.

The research for measuring satisfaction at the level of beneficiaries of social services within the social assistance beneficiary centers (Annex 5) aimed to determine the extent to which the beneficiaries of social services were satisfied with the services received within the social services units (investments achieved through ROP 2007-2013, related to KAI 3.2). The questionnaire used for this survey included questions that looked at issues such as: the main types of services they receive, the assessment of the the conditions in the centers, and suggestions for improvement and if the social services provided respond to their needs.

Survey for measuring satisfaction at the level of the beneficiaries (treatment group) and non-beneficiaries (control group) of the LPA category, providers of social services of public or private law, accredited under the law.

The survey aimed to collect data on two types of target groups (treatment group - intervention beneficiaries and control group - non-beneficiary of interventions) as described in the previous section. The selection of the target group (beneficiary and non-beneficiary of interventions) for these two surveys and implicitly for the counterfactual analysis in order to be as homogeneous as possible given the high heterogeneity both in terms of type of interventions as well as categories of final beneficiaries, was made from the perspective of the social services provided in the centers. The social centers in the selected target group (treatment and control) are of the same type, provide the same type of services and are listed under the social service code 8730 (homes for elderly people) or 8790 (medical-social centers).

The questions within the questionnaires used addressed various issues at the level of years 2009 and 2018 for each group category, such as: the annual infrastructure and budgets of the centers, the number of beneficiaries within the centers, the number of staff, the types of services social services offered, types of interventions they benefited from.

2.3.2. QUALITATIVE DATA

The collection of qualitative data has been achieved through several research methods, such as:

Interviews

Sixteen (16) interviews were carried out with representatives of central and regional institutions, attended by representatives of the main institutions involved in the management and implementation of KAI 3.2 and / or with responsibilities in the field of social services, namely:

- 3 interviews with representatives of the ROP MA (Programming Directorate, Contracting Directorate, Monitoring Directorate), which focused on the strategic framework of the KAI 3.2, as well as contracting and monitoring aspects.
- 5 interviews with representatives of the Ministry of Labor and Social Justice and subordinated institutions (ANPIS, ANPDCA, ANPD) and the Ministry of Health in order to collect additional information on the context of social services in Romania and to correlate and observe the impact of social infrastructure on services. The most representative were the interviews with ANPIS, ANPDCA and ANPD that provided relevant and complex information about the policy and legislative framework in the field of social services (especially with regard to accreditation, licensing and the capacity of residential centers), the implementation of the non-reimbursable funding during the programming period 2007-2013, as well as the specificities of each category of vulnerable persons.
- 8 interviews with representatives of the RDAs (one interview in each development region) in order to obtain relevant qualitative information on a number of relevant issues, such as: the need for intervention at the social infrastructure level at regional level; details of the types of projects implemented, the implementation process; the sustainability of the projects and the potential effects that could be caused by these types of interventions at local / regional level. Taking into account the long time elapsed since the launch of the call (2008) to date, as well as the high workload of RDAs, these interviews were attended by representatives who had different responsibilities in the project cycle and did not always have all the necessary information or an overall view of the effects of KAI 3.2 interventions on social infrastructure.
- 3 interviews (field visits) with beneficiaries of interventions KAI 3.2: Social Center Together from Piatra Neamţ (placement center), Residential Center for Elderly People "Amalia and Rabbi Dr. Moses Rosen" in Bucharest and Center for Palliative Care " Saint Irina "in Voluntari in order to obtain information from beneficiaries of interventions on how to implement projects, ensuring sustainability, problems encountered, impact of intervention.

Focus groups

Six regional focus group / group interviews covering all 8 regions were organized throughout the data collection period. They have had a diverse participation from both public and private beneficiaries, covering all categories of social services, as well as representatives of RDAs, AJPIS, AJOFM, local authorities. In addition, the focus group organized in Bucharest for the Bucharest-Ilfov and South-Muntenia regions also benefited from the participation of representatives from the central level, such as MMJS and ANPIS.

Because of the low interest or lack of availability of the invited persons / institutions, the focus group in the North-West region has been transformed into a group interview, but the discussions have proved to be very productive and relevant to the evaluation process in line with the focus group discussions in other regions.

TABELUL 2: SITUATION OF FOCUS-GROUPS / GROUP INTERVIEWS AT REGIONAL LEVEL CARRIED OUT UNDER THE KAI 3.2.

REGION	PARTICIPANTS NO.	INSTITUTIONS
South-West	5	ADR SV, AJPIS Dolj, Primăria Bistreț, Primăria Tg. Jiu, Arhiepiscopia Craiovei.
Bucharest-Ilfov and South-Muntenia	11	ADR BI, ANPIS, MMJS, ANPDCA, DGASPC Sector 4, DGASPC Sector 2, DGASPC Sector 3, DGASPC Sector 6, CJ Ilfov
West and the Center	7	DGASPC Sibiu, Hunedoara Town Hall, Asociația Samaritenii Orăștiei, DAS Deva, DGASPC Hunedoara
South-East	14	ADR SE, DGASPC Constanța, DAS Galați, Grădina Town Hall, Multifunctional Centre Galați, DAS Focșani, DGASPC Vrancea, AJOFM Constanța, Focșani Town Hall,
North-East	19	UAMS Zvoriștea, UAT Tg. Frumos, DGASPC Neamț, CIA Oșlobeni, CIA Tg. Neamț, UAT Piatra Neamț, Pentecostal Community Piatra Neamț, CRRN Războieni, CJ Neamț, The Foundation of Solidarity and Hope, UMS Flămânzi, Roman Town Hall, Bethany Foundation.
North-West	3	CJ Bistrița Năsăud, DGASPC Bistrița Năsăud, UMS Popești.

Case Studies

They were conducted five case studies that envisaged to ensure the representativeness both in terms of the types of interventions supported and the categories of beneficiaries:

- 1 case study for a medical-social unit: these types of units have a special status, their potential to cover certain categories of beneficiaries (those with medical-social problems) justifying the more in-depth analysis of the services they offer and its effects;
- 1 case study for a multifunctional social center: the analysis of such a project is relevant from the point of view of how the final beneficiaries apply the integrated services provision;
- 1 case study for a day care center for children to better reflect the potential of (social) reintegration of children in vulnerable situations;
- 2 case studies for residential centers, covering two categories of beneficiaries: elderly people and people with disabilities, given that these types of centers have the largest share of total projects financed under the KAI 3.2.

2.4. LIMITATIONS (MANIFESTED RISKS)

The main methodological challenges and limitations with the most significant impact on the evaluation process, together with the ways of solving the negative impact on the evaluation, were as follows:

- *The application of the methodological tools lasted longer than was estimated due to the complexity and number of methods and the short time available for evaluation, given also the delay in receiving the data and information requested.*

  The evalaution team has made every effort to meet the required deadlines, supplementing the number of experts and the backstopping team.

- *Delays in programming the interviews and obtaining databases and project portfolio documents (funding requests, progress and sustainability reports, availability for interviews, participation in focus groups).*

  This risk was solved by involving BE ROP and the team of experts, communicating directly with stakeholders, overcoming communication barriers, and conducting appropriate management. All the planned interviews were carried out, some with delays, but this did not affect the evaluation process. In addition, the team of experts identified other official sources for data collection and subsequent aggregation of all the information obtained and needed for the evaluation.

- *Limited availability of social service providers, beneficiaries of interventions to participate in focus groups and low response rate*

  Given the limited number of projects funded under this KAI, this has led to a reduced base of beneficiaries to be invited to regional focus groups. In addition, the long time elapsed since the end of the ROP 2007-2013 projects, personnel fluctuations and the urgency of daily activities, taking into account the categories of final beneficiaries, negatively influenced the interest in participation in FGs and to respond to the questionnaires.

  This limitation was solved by the consistent efforts of the team of experts and backstopping by updating contacts in databases, sending invitations to all beneficiaries at each level, and maintaining a direct communication with them to participate in focus groups and increase polling response rate.

- *One of the most restrictive hypotheses of the counterfactual method refers to the homogeneity of the target group.*

  For KAI 3.2, the beneficiary intervention units of KAI 3.2 show a high heterogeneity in terms of diversity, both in terms of the type of social services, but also in the categories of final beneficiaries (eg the elderly, children, people with disabilities, people with special needs). .

  To mitigate this risk, the selection of the target group included in the counterfactual analysis took into account the number of projects addressing the largest number of similar end-beneficiaries. In this case, most projects funded centers for the elderly and adults. Thus, social residential centers of the same type have been selected, providing the same

type of services, being registered in the Service Nomenclature under code 8730 or 8790, and so it can be said that they are homogeneous by nature of the selection.

3. ANALYSIS AND INTERPRETATION

3.1. EQ-1 WHAT IS THE NET EFFECT OF FUND INTERVENTION FOR KAI 3.2 AND WHAT ARE THE FACTORS WHICH HAVE DETERMINED THIS EFFECT?

The net effect, or the impact of an intervention, is the change that can be credibly attributed to an intervention. Thus, this evaluation took into account the fact that the changes produced could be both intentional and unintentional, as well as the fact that they could influence larger target groups or territories than what was defined at the level of the Operational Program.

The impact has been evaluated from the following perspectives:

- ✓ Intended gross impact: the degree of achievement of the objectives of the intervention. This can not be attributed solely to intervention due to the influences of socio-economic factors, policies, etc., but also the coexistence of other potential interventions in the same timeframe.
- ✓ Net impact: the effect attributed solely to the intervention (identification of any positive effects or benefits recorded or for which there are favorable premises to occur in the medium or long term)

3.1.1. COLLECTED DATA

In order to respond to this evaluation question, the collection of data and information was done through quantitative and qualitative methods (already presented in the previous section).

- *Quantitative data*: information related to the interventions under KAI 3.2, project portfolio, funding applications, final implementation reports and project sustainability reports (based on a selection made from the 219 projects in KAI 3.2[27]), data from the surveys conducted.
- *Qualitative data*: opinions and views of different stakeholders, collected through interviews, focus groups, statistical data on the socio-economic situation of the regions and social problems, prioritization of interventions by types of services and categories of beneficiaries.

3.1.2. DATA ANALYSIS AND FINDINGS

In order to formulate the answer to this Evaluation Question (EQ), the following assumptions were followed. For the validation / invalidation of each hypothesis, a mix of methods, from the IBT, counterfactual analysis (ECI), documentary analysis of primary and secondary data, qualitative information obtained from interviews, Focus Groups (FGs), surveys, case studies.

[27] The data in the analyzed project portfolio reflects the situation at 31.12.2015. For this evaluation, the reference date is set at 31.12.2018. Through the surveys conducted in the evaluations, data were also updated at the level of 2018.

The analysis envisaged to validate / invalidate the hypotheses formulated in the process of reconstruction of Theory of Change, namely whether the interventions of the KAI 3.2 have effects on:

- ✓ *increasing the number and quality of social services infrastructure*
- ✓ *increasing the number of beneficiaries of social services*
- ✓ *increasing the number of social services and their quality*
- ✓ *Increasing the quality of social services*
- ✓ *increasing the number of personnel (human resources) employed in social services*
- ✓ *increasing the satisfaction of the beneficiaries of social services, in relation to their number and types*
- ✓ *increasing the access of persons in vulnerable situations to integrated services (social, educational, employment, health*
- ✓ *facilitating the process of socio-professional integration / reintegration of the beneficiaries of social services.*

At the same time, the analysis sought to see whether the interventions financed by KAI 3.2 were prioritized according to the national strategic objectives and the importance at regional / local level.

Prioritization of KAI interventions 3.2 according to the national strategic goals and importance at regional and local level

The evaluation envisaged the extent to which the objectives, service providers, final beneficiaries and types of actions funded under the KAI 3.2 are in line with the strategic objectives set at national and regional / local level[28] .

From the perspective of the socio-economic context, the evaluation team conducted a research of the analysis of the context of the interventions of the KAI 3.2 and of the evolution of some indicators (AROPE indicator, demographic indicators, unemployment rate) and their evolution from 2007 to 2018 presented in Annex 7.

Thus, at the programming stage of ROP 2007-2013 at national and regional level, the main social problems identified were those related to the aging of the population (a process that affected and still affects the population of our country), the poor health status reflected in the standard of living of population, poverty spreading (lack of jobs in certain areas, limited access to education in poor areas), high unemployment among young people, low inclusion on the labor market, etc.

It was found that, although there was a minimum prioritization given by the Applicant's Guide requiring the correlation with national and regional strategies and that the projects financed had a balanced distribution in relation to the regional disparities in terms of the risk of social

[28] National Strategy for Development of Social Services 2005; County strategies for social inclusion; Regional Development Strategies and Plans; National Strategy on Social Inclusion and Poverty Reduction; National Strategy for the Protection and Promotion of Children's Rights 2007-2013; County Strategies in the field of social assistance and protection of children's rights 2007-2013.

exclusion and poverty. However, a prioritisation of interventions by types of services and categories of beneficiaries as they defined by Law 292/2011 (elderly, vulnerable people, disabled persons, children)cannot be planned- -there were some discrepancies between regions related to the way of identification and prioritization of beneficiaries' ' needs (e.g. disadvantaged people). For certain groups of disadvantaged persons, their needs were not included in the local/regional strategies, a fact confirmed also by the analysis and evolution of the legislative framework presented in extenso the literature review from Annex 1, reconfirmed through thefocus groups at regional level with the funding beneficiaries.

At the same time, it has to be considered that strictly from the precarious situation of the social infrastructure, the needs of the regions clearly required such financing, and the projects are impressive by the types of investments that have been made in the centers, the realization of a modern infrastructure, the existence of modern facilities and equipment, the attraction of specialized personnel. Thus, the improvement of the social infrastructure implied, first of all, the creation of the necessary premises for the provision to the population of essential social services necessary to support the vulnerable persons defined as beneficiaries of social services (children, elderly people, disabled persons, vulnerable adults), overcoming of difficult situations, increasing the quality of their lives, supporting social reintegration.

It also analyzed the extent to which the objectives and types of actions within KAI 3.2 are complementary to the priorities proposed in other parallel programs: POSDRU, PODCA, other programs with national or foreign funding. Under the 2014-2020 Partnership Agreement, one of the major weaknesses identified in the implementation of policies and programs in the previous financial year was that the complementarity between the programs was not ensured and the main intervention areas were not addressed in a strategic and coherent way . Strategic projects targeting social inclusion in rural areas also indicated ineffective coordination at county and regional level, of the funding sources as well as local stakeholders.

One aspect revealed by the stakeholders was that in general the pressure on municipal budgets (to cover the running costs of the centers) was very high and the non-reimbursable funds partly offset this, mainly by financing the investments in infrastructure related to the centers social.

The needs for intervention on the social services infrastructure at the regional level have been covered to a very limited extent in comparison with needs (432 submitted projects out of which only 220 projects have been funded). There have been numerous projects on the reserve list that could not be funded, and in some localities where funding would have been needed, no projects were submitted because of the limited capacity to access the funds. From interviews and focus groups, it was stressed that there is still a stringent need for funding for immediate priorities that ATUs cannot cover. Social policies are and will remain a priority, so it will be continued to attract European funds.

Findings:

- ✓ *The distribution of projects indicates a balance in the number of projects financed to the regions with a high degree of exclusion and poverty, the investments being determined at the time of programming POR 2007-2013 primarily by the precarious situation of the centres. However, for the future, a detailed analysis of the specific needs of each region on the types of interventions (residential/day/multi-functional centres) would be useful according to the needs of the different categories of beneficiaries of the centres Social policy, as well as social policies targeting these categories of beneficiaries*
- ✓ *The complementarity between the programs was not specifically taregted in the period 2007-2013, which led to the lack of synergies and funding measures enhacement that could have been complementary*
- ✓ *The need of intervention on the social services infrastructure at regional level could be covered to a very small extent.*

Increasing the number and quality of social services infrastructure

One of the first hypotheses identified by the evaluation team in the process of rebuilding the Theory of Change envisgaed the effects that KAI 3.2 had on the increase in the number and quality of social services infrastructure. This aspect can not be analyzed in isolation, but in relation to existing needs.

In this respect, the analysis of the project portfolio under the KAI 3.2 also envisaged their regional distribution in relation to the socio-economic context. This analysis reveals that the regions with the highest risk of poverty and social exclusion (South-West, North-East, South-East and South-Muntenia) were also the ones with most funds through KAI 3.2. Service providers from the North-East region have implemented most of the projects, especially in Neamt County (with 16 projects reported to 87 existing social services). This region has the greatest need to develop social services, according to information available from the Ministry of Labor and Social Justice.

In the South-West Region, too, many projects have been accessed-34 with a significant number of peopl benefiting _for example 19.936 persons according to the final reports). The region does not have a large number of social services available, but it is the region with the greatest risk of poverty and social exclusion and needs to develop its social services. The South-Muntenia and South-East regions have a similar profile, with a high risk of poverty and high unemployment rate. They have managed to attract financing for 31, respectively 30 projects, and still need investments.

The West, North-West, Center and Bucharest-Ilfov regions are more developed regions with a lower unemployment rate. However, it is noteworthy that the West and Northwest have the largest number of social services and have attracted funding for over 20 projects, Bihor being on the second place as number of projects.

TABLE 1. DISTRIBUTION OF THE PROJECTS FINANCED BY REGION WITH REFERENCE TO NUMBER OF BENEFICIARY CENTRES AND SOCIAL SERVICES REQUIRED

REGION	NO. OF PROJECTS FINANCED	NO. BENEFICIARY SOCIAL CENTERS	NUMBER OF PERSONS BENEFITING FROM THEREHABILITATED / MODERNIZED / EXTENDED / EQUIPPED SOCIAL SERVICES INFRASTRUCTURE	NUMBER OF SOCIAL SERVICES IN THE REGION IN 2018[29]	NUMBER OF SOCIAL SERVICES NECESSARY IN THE REGION [30]
1 NE	37	37	13,053.00	567	2,611
2 SE	30	31	3,397.00	437	1,663
3 SM	31	34	4,056.00	433	2,287
4 SV	34	38	13,379.00	308	1,775
5 V	20	20	13,361.00	363	1,436
6 NV	28	31	4,023.00	641	1,703
7 C	24	28	6,103.00	695	1,515
8 BI	15	15	2,039.00	232	283
Total	**219**	**234**	**59,411.00**	**3,676**	**13,273**

** Processed data from ROP MA database as of 31 December 2018 and data from https://portalgis.servicii-sociale.gov.ro/arcgis/apps/MapJournal/index.html?appid=80a803fabb834a67971c1053a65c18bd*

***the number of beneficiaries has been quantified differently, some for the entire duration of the E-xpost, others only on the last year of Expost)*

It can be noticed that the financed projects have been targeting the regional disparities, most of the projects being financed in the regions with the highest needs, in these regions being registered a larger number of beneficiary social centers, but this was a consequence of the requirements imposed by the applicant's guideline, indicating the types of investments that can be made and containing the request to be relevant to the priorities established by the regional development strategies, the correlation with the regional development plans (RDPs).

Also from the numerical / quantitative perspective towards the assumed target of the output indicator target Social centres rehabilitated / upgraded / extended , has been fulfilled in a proportion of 86%, but the increase in the number of social infrastructure has to be understood beyond the economic dimension, respectively of the social one, related to improving the capacity of these centers to cope with higher demands for social services.

TABLE 3: THE RESULTS OBTAINED AT THE LEVEL OF PROGRAM INDICATORS

INDICATOR	ROP 2007-2013 TARGET	ESTIMATED CONTRACTS SIGNED	IMPLEMENTED ON 31 DECEMBER 2018	DEGREE OF PERFORMANCE
Social centers rehabilitated (no)	270	233	234	86%

[29] Map available at: https://portalgis.servicii-sociale.gov.ro/arcgis/apps/MapJournal/index.html?appid=80a803fabb834a67971c1053a65c18bd
[30] Map available at: https://portalgis.servicii-sociale.gov.ro/arcgis/apps/MapJournal/index.html?appid=452fcc543d224674addca36d6f2ff703

INDICATOR	ROP 2007-2013 TARGET	ESTIMATED CONTRACTS SIGNED	IMPLEMENTED ON 31 DECEMBER 2018	DEGREE OF PERFORMANCE
Persons benefiting from the rehabilitated/upgraded/ expanded/equipped social services infrastructure - no.	10.000	56.024	59.411	594%

Source: DCI 2007 and the database AMPOR

In the context of the concept of social services, the term sf ocial infrastructure cannot be associated only with the infrastructure of a social service (day / residential center), this being broader - referring both to the structure / building in which specialized services are provided to the different types of beneficiaries, as well as the facilities, equipment / endowments - human resources - necessary for the functioning of the respective social service.

Thus, the investments made in these centers have been varied, ranging from rehabilitation, renovations and modernization, to facilities/endownments specific for the provided services, but also to the construction / extension of new spaces.

Regarding the net effect of the ROP on the increase of the number of social service infrastructures, in the above mentioned concept, the counterfactual analysis was followed by a series of infrastructure variables, namely:

1. the aggregate size of the available spaces: built-up area, number of buildings, surface space for outdoor socialization, surface space for interior socialization;
2. specific elements of the basic infrastructure: number of bedrooms, number of elevators, number of beds / room, number of bathrooms;
3. elements of the health infrastructure: number of treatment rooms: number of access ramps, spaces adapted to persons with disabilities;

It is obvious that although all variables were tested by ECI methods, not all of them had a significant net impact following the ROP investment through KAI 3.2. Because some variables are very specific, they were not totally covered with data, and in other cases the results were not statistically significant. Despite all the limitations imposed by the relatively low volume of the sample, the ECI has demonstrated a statistically significant net impact on the following variables:

1. *the number of sanitary groups and bathrooms,*
2. *number of elevators*
3. *the number of treatment rooms*

These variables were positively influenced by the ROP investment, which contributed decisively to the increase in the quality of services and the standard of living. **The strongest effect occurs in the case of the number of sanitary groups and bathrooms, higher by 18 in the case of the financed group (t-stat = 1,84).**

This confirms that investments amde through the 3.2 KAI *have primarily helped to meet the basic needs of social centers by upgrading the existing infrastructure rather than by building new spaces*. The increase in the number of bathrooms and sanitary groups is an effect

identified in other impact studies on social infrastructure[31] as a response of the intervention to meet basic needs specific to the period under review, namely the first programming exercise funded by European funds. The number of elevators increased by 0.5 (t-stat = 1.84) as a result of the intervention, an important effect on the quality of life, given the fact that the centers under discussion are adressing the elderly, vulnerable adults or persons with disabilities who may have motricity limitations. These effects measure the average differences between the funded and not-funded centres after applying the matching pattern. For example, the number of treatment rooms is about 6 in the first case, compared with 2 in the second, and the number of elevators is 0.7 versus 0.2. Therefore, at 10 social centers there is a difference of 5 elevators in favor of the treated group. As regards the effect on the number of sanitary groups and baths, the sample treated had an average of 35, compared with 17 in the case of control group, which confirms a strong impact on this type of infrastructure

Moreover, the intervention also ***had a positive impact on the health infrastructure, leading to more than 4 treatment rooms for the treated group***. (t-stat = 1.81). These are for services such as physiotherapy, kinetotherapy, hydrotherapy or other types of medical services.

The investments in modernization and rehabilitation, predominantly in the case of the centers for the elderly and adults, have a net positive impact on their infrastructure, **leading to an increase in the quality of life and improvement of the health of the residents by increasing the number of bathrooms and sanitary groups, increasing the number of elevators and the number treatment rooms.**

The investments in the construction and expansion of the premises were lower in number, therefore there is no clear effect on the variation of the number of buildings, the number of bedrooms or the built area. In this case, the analysis was completed by the comparison with the situation of the infrastructure of the centers before the intervention made, through the double difference method, and the results are summarized in the table below:

TABLE 4: ANALYSIS OF THE IMPACT OF INFRASTRUCTURE USING DIFFERENCE-IN-DIFFERENCE

	TOTAL BUILT AREA (IN SQUARE METERS)	NUMBER OF BUILDINGS / UNITS THAT CONSTITUTE THE TOTAL INFRASTRUCTURE OF THE CENTER	NUMBER OF LIFTS / ELEVATORS	BEDROOM NUMBER (ZROOM FOR RESIDENTS)	BED NUMBER / ROOM	NUMBER OF SANITARY / BATH GROUPS USED BY RESIDENT PERSONS IN THE CENTER	CAPACITY OF THE TABLE OF SERVICE (N ° OF PLACES)	NUMBER OF TREATMENT / THERAPY / RECOVERY ROOMS (PHYSIOTHERAPY, SPEECH THERAPY, OCCUPATIONAL THERAPY; ETC.)
control 2009	1168.96	2.03	0.05	15.03	2.43	8.59	29.81	1.19
treated 2009	1155.98	2.48	0.26	18.69	4.09	18.85	32.38	2.50

31 Studiul Nicaragua

	TOTAL BUILT AREA (IN SQUARE METERS)	NUMBER OF BUILDINGS / UNITS THAT CONSTITUTE THE TOTAL INFRASTRUCTURE OF THE CENTER	NUMBER OF LIFTS / ELEVATORS	BEDROOM NUMBER (ZROOM FOR RESIDENTS)	BED NUMBER / ROOM	NUMBER OF SANITARY / BATH GROUPS USED BY RESIDENT PERSONS IN THE CENTER	CAPACITY OF THE TABLE OF SERVICE (N ° OF PLACES)	NUMBER OF TREATMENT / THERAPY / RECOVERY ROOMS (PHYSIOTHERAPY, SPEECH THERAPY, OCCUPATIONAL THERAPY; ETC.)
D1	-12.98	0.45	0.20	3.66	1.65	10.26	2.56	1.31
control 2008	2093.89	3.14	0.43	22.00	3.06	16.08	46.92	1.86
treated 2018	2067.98	3.38	0.77	29.31	3.39	30.71	54.27	5.27
D2	-25.90	0.24	0.33	7.31	0.33	14.63	7.35	3.41
D2-D1	**-12.92**	**-0.21**	**0.13**	**3.65**	**-1.32**	**4.37**	**4.79**	**2.10**

** processed data ACF*

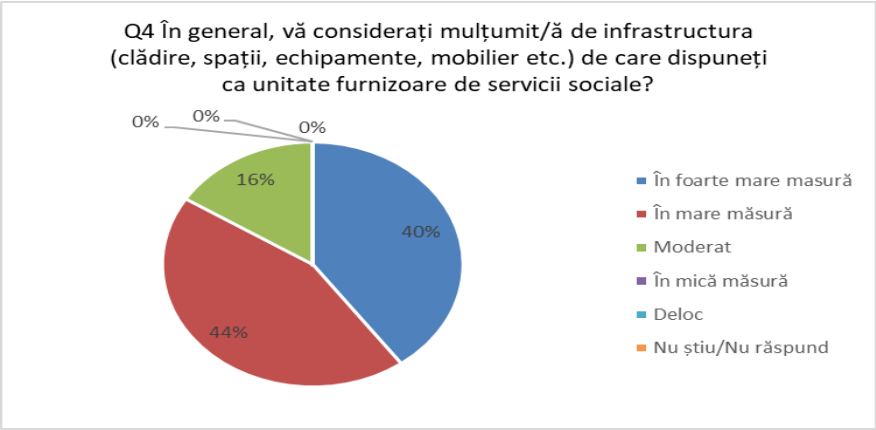
The results confirm previous findings, even though they have different magnitudes. It is clear from the double difference analysis that a decrease of 1.3 in the average number of beds in the room, a clear signal of improving the quality of the hosting services offered, while increasing the number of bedrooms by 3.65.

The ECI's results are supported by the fact that more than 68% of the projects financed have envisaged rehabilitations / modernization, and that most of these projects also envisaged the purchase of equipment.

The ECI analysis is also complemented by the results of the two surveys carried out among the social services providers, the data collected by these surveys indicating a positive perception of both from the side of the social services providers and of the final beneficiaries.

Thus, the vast majority of social service providers (84%) are satisfied with the existing infrastructure (building, premises, equipment, furniture) and only 16% have moderately appreciated the quality of the infrastructure. No respondent rated the quality at all or not at all.

FIGURE 3. PERCEPTION OF SOCIAL SERVICE PROVIDERS WITH REGARD TO THE MODERNIZED INFRASTRUCTURE

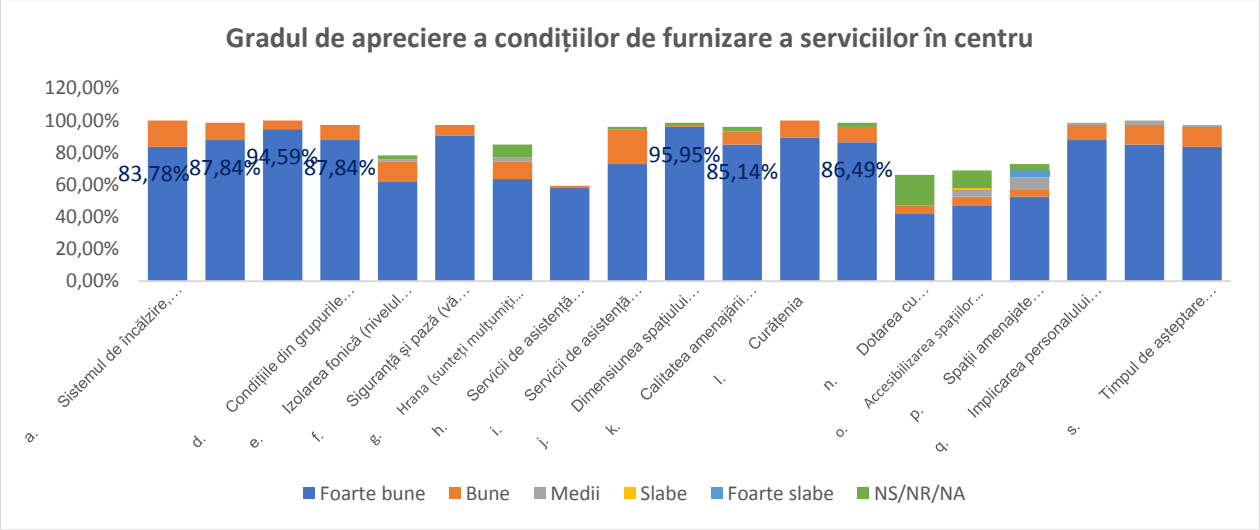


Source: Satisfaction measurement survey among providers of social services

The final beneficiaries appreciated the conditions in the center as very good, for the following infrastructure variables (over 80%):

- ✓ *Heating system during the cold season (is it warm enough in the building?)*
- ✓ *Indoor, outdoor lighting (measure in which the center spaces are illuminated properly)*
- ✓ *Access to running water, drinking water (at the level of bathrooms, kitchens, living areas)*
- ✓ *The conditions of the sanitary groups (cleaning, bathroom equipment, WC etc.)*
- ✓ *The size of the space in which the services were provided (did you benefit of an appropriate space as a dimension for carrying out activities)*
- ✓ *Quality of the space arrangement (space is welcoming, friendly, beautifully arranged?)*
- ✓ *Equipping with equipment, furniture, computers*

FIGURE 4: THE PERCEPTION OF THE FINAL BENEFICIARIES OF SOCIAL SERVICES ON THE FACILITIES MODERNIZED



Source: Survey on the satisfaction among final beneficiaries

At the same time, the qualitative data collected from the interviews and the focus groups confirm the findings from the above analyzes, **namely that the interventions of the 3.2 KAI had a positive impact on the increase in the number and quality of the social infrastructures compared to the needs at that moment that were triggered by:**

- ✓ the extremely poor condition of the buildings where the social assistance units operated at that time, requiring very large investments;
- ✓ Poor and inadequate quality of social infrastructure at the beginning of the programming period, which had to be improved with very large financial investments that were not available at that time;
- ✓ the need to ensure minimum standards for the provision of these services;

The net impact can be isolated at the level of residential centers for the elderly and adults, the investments in the modernization and rehabilitation of the infrastructure of these centers **having a positive effect on the increase of the quality of their infrastructure and also determining an increase in the quality of life and improvement of the health of the residents by increasing the number of bathrooms and sanitation groups, increasing the number of elevators nd the number of treatment rooms.**

Findings:

- ✓ From the perspective of the number of rehabilitated social centers, the target assumed by the Program has not been fulfilled, but this indicator has to be understood beyond the numerical dimension and in terms of improving the capacity of these centers.
- ✓ More than 68% of the projects financed have been targeting the rehabilitation / modernization and equipment purchasing. As a result of the ECI analysis conducted at the level of residential centers for the elderly and the adult, it appears that the strongest effect occurs in the number of sanitary groups and bathrooms, higher by 18, followed by treatment rooms, several by 4. The number of elevators increased by 0.4 after intervention. A decrease of 1.3 in the average number of beds in the room, a clear signal of improvement of the quality of the hosting services offered.
- ✓ The vast majority of final beneficiaries surveyed in the satisfaction survey (80%) is satisfied with the existing infrastructure (building, premises, equipment, furniture).
- ✓ 96% of the social service providers surveyed following the survey carried out among the units considered that the ROP funding effects are positive, especially regarding the conditions of rehabilitated social infrastructure.

The increase of the number of social service beneficiaries

From the perspective of the program indicator *Number of persons benefiting from the rehabilitated / modernized / extended / equipped* social services infrastructure presented in the previous section, it was found that a number of about 59,411 persons benefited by the social services had compared to the target set at the program level, the indicator being exceeded by over 500%, the highest values (around 13,000 beneficiaries) were recorded in the North-East, South-West regions with a similar number of rehabilitated centers (37 and 38 respectively) and West by 20 rehabilitated centers.

According to the following table, the largest number of beneficiaries was registered at the level of day centers (approximately 79.54%), followed by residential centers (approximately 18.53%) and multi-functional centers[32] (1.93%).

The concept of multi-functional centres in the POR acceptance, started from the idea of multi-functional social centres (SCM), which can cover a wide range of social services

[32] It is worth mentioning that out of the 4 multifunctional centers classified according to the AMPOR database, 2 are day-center and 2 residential centers, but the database analysis revealed that there are several multifunctional centers that were not classified as such.

(including primary services), in order to help people in difficulty, starting with their acceptance in the centre, to the solving of specific problems they faced, temporarily, including by organising workshops for the development of independent life skills and professional competences.

TABLE 5: THE NUMBER OF BENEFICIARIES BY TYPE OF CENTRES FINANCED

CATEGORIES OF CENTRE	NUMBER PROJECTS	PERSONS BENEFITING FROM SOCIAL SERVICES INFRASTRUCTURE REHABILITATED/UPGRADED/EXPANDED/EQUIPPED	% OF PERSONS BENEFITING FROM SOCIAL SERVICES INFRASTRUCTURE REHABILITATED/MODERNIZED/EXPANDED/EQUIPPED
Day care centre	77	47.258	79.54%
Multifunctional Center	4	1.147	1.93%
Residential center	138	11.006	18.53%
Total	**219**	**59.411**	**100%**

** Data processed according to the database received from the Monitoring Department, ROP MA.*

According to the table below, there are also some differences between the values reported and collected by AMPOR for this indicator in different periods based on final and sustainability reports from the Beneficiaries (including the value reported at the level of final programme report 2017 of 47,805 people). This highlights the difficulties in collecting accurate information on this program indicator, given the fluctuating nature of the number of people requesting the services of these centers at day center level during one year and year to year.

TABLE 6: EVOLUTION OF THE NUMBER OF BENEFICIARIES BY TYPE OF CENTRE IN THE PERIOD 2015-2018

REGION	NUMBER PERSONS BENEFITING FROM (DATA AT THE LEVEL OF DECEMBER 2015)	NUMBER OF PERSONS BENEFITING FROM SOCIAL SERVICES INFRASTRUCTURE REHABILITATED/MODERNIZED/EXPANDED/EQUIPPED FROM RP/RD	NUMBER OF PERSONS BENEFITING FROM SOCIAL SERVICES INFRASTRUCTURE REHABILITATED/MODERNIZED/EXPANDED/EQUIPPED ACHIEVED (ACCORDING TO THE LAST REPORTS/VISITS)
Day care centre	30.230	47.258	44.305
Multifunctional Center	1.715	1.147	2.313
Residential center	7.383	11.006	10.380
Grand Total	**39.328**	**59.411**	**56.998**

** source of AMPOR database processed*

The only information available at the level of categories of beneficiaries, elderly people, vulnerable adults, children with disabilities, who benefit from the rehabilitated

infrastructure, are those at the level of 2015[33], which shows that the largest share of users benefiting from social services vulnerable adults (68.34%), followed by people with disabilities (24.79%), elderly people (17.19%) and children (11.33%).

TABLE 7: NUMBER OF USERS BY CATEGORIES OF BENEFICIARY

CENTRE	ELDERLY PERSONS	VULNERABLE ADULTS	CHILDREN	DISABLED PERSONS
Day care centre	3.480,00	18.474,00	3.210,00	4.662,00
Multifunctional Center	72,00	1.615,00	28,00	
Residential center	2.005,00	2.004,00	426,00	3.352,00
Total	**5.557,00**	**22.093,00**	**3.66,.00**	**8.014,00**
Procent	**17.19%**	**68.34%**	**11.33%**	**24.79%**

** source of AMPOR database processed, CM 2015.*

The counterfactual analysis tracked the impact of the increase in the number of people at the level of residential centers for the elderly and disabled (due to the methodological limitations presented in the Methodology section).

The impact on the number of residents has been analyzed by two impact variables from the ones mentioned: *the number of elderly people and the total number of beneficiaries*; the vulnerable adult population being present in a too low number of centers, to allow impact isolation.

The impact on the number of elderly people is negative and of high magnitude (15 persons more in the case of funded centers), but this effect is not statistically significantly different from zero (according to the table below).

The data set 2 provides information on the following variables describing the beneficiaries of interventions in elderly perosan centers: Total number of beneficiaries, Persons with disabilities, Elderly people, Share of women, Roma weight, Average length of stay (months). Their description is presented in Annex 4.

TABLE 8. IMPACT ON THE NUMBER OF ELDERLY BENEFICIARIES ACCORDING TO THE ECI

ELDERLY PERSONS	SAMPLE	TREATED	CONTROL	DIFFERENCE	STANDARD ERROR	T-STAT
	uncorrelated	54.28889	58.83784	-4.54895	15.48006	-0.29
PSM (NN)	correlated	51.23256	70.48992	-19.2574	17.67665	-1.09
PSM (Kernel)		50.38095	66.12817	-15.7472	18.05517	-0.87

**processed data ACF*

[33] AM POR database for CM POR 2015, the only one showing the breakdown of the indicator number of persons benefiting from infrastructure rehabilitated on the four categories of beneficiaries.

Although a positive effect is also seen in the case of total number of beneficiaries (elderly people plus vulnerable adults), where ECI, by correlating the propensity score, shows 5 more beneficiaries in the treated units, this is not significant. The difference between the two categories before correlation is extremely low and statistically insignificant, suggesting that mechanisms other than infrastructure financing have a decisive impact on the number of beneficiaries (legislative aspects, costs, popularity, etc.).

TABLE 9: IMPACT ON THE TOTAL NUMBER OF BENEFICIARIES ACCORDING TO ECI

VARIABLE	SAMPLE	TREATED	CONTROL	DIFFERENCE	STANDARD ERROR	T-STAT
Total beneficiaries	uncorrelated	47.76471	48.06897	-0.30426	5.519235	-0.06
PSM (NN)	correlated	48.66667	43.62963	5.037037	7.748315	0.65

** processed data ACF*

In order to substantiate the findings, the double difference method has been applied, which has the benefit of comparing the two groups of centers, but also between pre-intervention (2009) and post-intervention (2018). The table below describes the results obtained for all variables related to the beneficiaries of the centers, available in the database.

TABLE 10: ANALYSIS OF THE IMPACT ON THE NUMBER OF BENEFICIARIES USING DIFFERENCE-IN-DIFFERENCE METHOD

SAMPLE	TOTAL NUMBER OF PERSONS WHO HAVE RECEIVED SERVICES	PERSONS WITH DISABILITIES (NO.)	ELDERLY (NO.)	OTHER PERSONS IN VULNERABLE SITUATIONS	THE SHARE OF RESIDENTS OF FEMALE GENDER (%)	RESIDENTS SHARE ROMA ETHNIC (%)
Control 2009	49.37838	6.945946	32.78378	5.459459	37.18919	2.27027
Treated 2009	58.8125	9.6875	40.02083	2.729167	39.64583	1.1875
D1	9.434122	2.741554	7.23705	-2.73029	2.456644	-1.08277
Control 2018	79.03	7.27027	58.83784	6.756757	53.83784	3.972973
Treated 2018	79.31250	12.9375	55.54167	5.916667	53.02083	2.479167
D2	0.29	5.67	-3.30	-0.84	-0.82	-1.49
D2-D1	-9.1486	**2.925676**	**-**	**1.890203**	**-3.27365**	**-0.41104**

SAMPLE	TOTAL NUMBER OF PERSONS WHO HAVE RECEIVED SERVICES	PERSONS WITH DISABILITIES (NO.)	ELDERLY (NO.)	OTHER PERSONS IN VULNERABLE SITUATIONS	THE SHARE OF RESIDENTS OF FEMALE GENDER (%)	RESIDENTS SHARE ROMA ETHNIC (%)
			10.5332			

** processed data ACF*

The double difference shows a negative effect on the total number of residents and the number of elderly people, albeit insignificantly statistically, a positive effect on the number of people with disabilities.
Therefore, the ECI **does not show a significant impact on the number of beneficiaries at the level of residential centers.** Moreover, the total number of beneficiaries decreased more in the financed centers compared to the control group, according to the double difference. This negative impact can not be attributed to the intervention and it has to be correlated with other factors identified by the qualitative analysis.

This finding is also supported by the evolution of the number of beneficiaries per types of centers according to the monitoring data collected at different times and are showing the decrease in the number of persons at the level of the residential centers as reported in the final / sustainability reports and the situation at level 2018 following the further monitoring visits.

This aspect in line with the legislative developments presented in Question 2 as an influential factor and reflected also by information obtained from interviews and focus groups, namely those related to the necessity to apply the policy of de-institutionalization and integration of the disadvantaged persons into society, indifferent of the category of beneficiaries (although the projects had some indicators to be met and the project sustainability had to be ensured).

From the perspective of the number of persons at the level of the day centers, there is an increase in the number of beneficiaries in the period 2015-2018.

In relation to the establishment of the program indicator as the total number of people benefiting from the rehabilitated infrastructure, during interviews and focus groups the importance of separating the categories of beneficiaries was emphasized due to the different social policies addressing the needs of these categories as well as the deinstitutionalization policy . The program indicator did not intend to collect information on the 4 large categories of social service beneficiaries (children, elderly people, vulnerable adults, people with disabilities) according to the L292 / 2011, with subsequent amendments and completions.

Even at the level of the four categories of beneficiaries, the information obtained from the central level interviews with the main institutions involved in social policy and FGs (focus groups) with the beneficiaries of funding has also emphasized the importance of separating the categories of beneficiaries, since deinstitutionalization can not apply to all categories , such as elderly people with dementia, serious medical problems or neuropsychiatric conditions that may even be a danger to family and society, in addition to the need for appropriate care. These types of people have to be institutionalized for their own good and for the good of family members. Although the AMPOR monitoring level tried to divide the total number of people into these types of beneficiaries, collecting this information proved to be difficult.

In conclusion, although the program indicator shows an increase in the number of beneficiaries of the rehabilitated infrastructure, modernized through KAI 3.2, this increase is registered at the level day centers and does not have a significant impact on residential centers, especially those dedicated to the elderly, fact which is in line with the tendencies imposed by the policy of de-institutionalization.

Findings:

- ✓ The counterfactual analysis **does not demonstrate a significant impact on the number of beneficiaries (older persons) at the level of residential centres**. This finding is also supported by the evolution of the number of beneficiaries by types of centres according to monitoring data collected at various times and that is showing a decrease in the number of persons at the level of residential centres as they were Reported at the level of final reports/durability and the situation at level 2018 following subsequent monitoring.
- ✓ The increase in the number of beneficiaries registered at the level of the program indicator is due to the increasing number of beneficiaries in the day centers. At the same time, there are some differences between the values reported and collected by AMPOR in different periods (2015, 2017, 2018). This highlights the difficulties in collecting accurate information on this program indicator and especially on categories of beneficiaries.

Increasing the number of social services and their quality

One of the requirements of the ROP was the existence of the accreditation mentioned in the Applicant's Guideline, but not of the licensing, which appeared only in 2015. In this context, the problem of ROP financing beneficiary centers was the situation between two different legislative cases: they had to be accredited (authorized), and later they had to align with the new, more stringent licensing quality standards. The Social Services Nomenclature (approved by GD no. 867/2015) currently lists 73 categories of social services, grouped in 25 large types of social services, defined according to the assisted regime (residential / non-residential) (in

the center / community / home of the beneficiary, etc.) and the categories of beneficiaries to whom it is addressing.

At the time of the KAI 3.2 call, it can be observed that more than 30% of the accredited suppliers submitted projects under KAI3.2, the most needy regions, South-East, South-Muntenia registering over 50% of all accredited suppliers in 2008, which confirms the great need for investment in those regions. The competition for accessing funding was open to all categories of social service providers accredited under the law in all localities of the country. The reducing of the gap in the rural areas has also been followed, especially as regarding the improvement of the social infrastructure conditions and increasing the access to quality social services and health services.

Compared to 2008, ten years later, there is an increase of over 200-300% in the number of social service providers in most regions, the highest increase being recorded in the BI region, which also shows an increase in the number of social services.

TABLE 11: EVOLUTION OF NUMBER OF ACCREDITED SOCIAL SERVICE PROVIDERS

REGION	NUMBER OF SUPPLIERS WHO HAVE SUBMITTED PROJECTS WITHIN DMI 3.2	NUMBER OF ACCREDITED SOCIAL SERVICE PROVIDERS IN 2008	NUMĂR DE FURNIZORI DE SERVICII SOCIALE ACREDITAȚI ÎN 2018 (ÎN BAZA LEGII 197/2012)
1 NE	37	**188**	449
2 SE	31	**61**	239
3 SM	37	51	300
4 SV	19	42	176
5 V	23	64	305
6 NV	39	74	454
7 C	36	129	421
8 BI	18	20	335
Total	**240**	**629**	**2697**

Source: MMJS Activity Report 2008 and REUSS, Social Service Providers accredited under Law 197/2012, December 10, 2018 (processing), AMPOR data submitted projects

From the analysis of the portfolio of projects classified on social services codes according to the Social Services Nomenclature (approved by GD No. 867/2015) [34] and based on the correlations with the database obtained from ANPIS (presented in detail in Annex 7), it results that the level of the 234 centers a total of 271 services are provided, most of them being of type 1 in the nomenclature of the social service providers (ie 80% of the projects had one type of service, the main one - type 1) , and within those the largest number is held by the residential care homes for elderly people (49), followed by day care centers for children at risk (28), residential centers for the parent temporarily separated from parents (22) and residential and rehabilitation centers (20) and care and assistance (14). Only 17% of the 219 financing projects had other types of services (type 2) and only 4%, respectively 2% of type 3 and 4, ie very few projects have proposed to offer more types of services than basic ones.

From the project portfolio analysis, there are a number of centers that have diversified their number of social services, especially niche, palliative, rehabilitation, space expansion and specific facilities or day-care centers for children by diversifying types of services with parental counseling services, educational activities.

From the perspective of large groups of services, the social services addressed within the assistance centers within the KAI 3.2 focused on:

- ✓ Social services for the child and / or family,
- ✓ Social services for people with disabilities,
- ✓ Social services for the elderly,
- ✓ Social services for victims of domestic violence,
- ✓ Social services for the homeless,
- ✓ Social services for people at risk of poverty,
- ✓ Social services for other people in need.

The analysis of the impact on the number of services available in the social centers was also followed by the counterfactual analysis, ie the double difference method. It was found that both categories of social centers, namely those funded and not funded, have diversified the number of services offered to final beneficiaries, which increased by 3.7 in the first case and 3.4 in the second. Therefore, the investment impact on the number of services appears to be negative, ie a difference of 0.3 services.

SAMPLE	2009	2018	D1
Control	7.108	10.892	3.784
Treatment	6.250	9.729	3.479
D2	-0.858	-1.163	**-0.305**

Therefore, the intervention did not affect the number of services provided by the social centers, which, although increased in the period 2009-2018, can not be associated with the interventions on their infrastructure, carried out by KAI 3.2.

From the point of view of increasing the quality of social services, the adoption of legislative measures specific to the area of interventions allowed also the improvement of the quality of social services provided, starting with 2015, when it was required that the suppliers to obtain the licensing for social services in order to align with the much stricter quality standards . On the other hand, these legislative changes that occurred during the implementation of the

[34] The Social Services nomenclature currently lists 73 categories of social services, grouped in 25 large types of social services, defined according to the assistance regime (residential/non-resident), place of granting (in centres/in the community/ At the domicile of the beneficiary, etc.) And the categories of beneficiaries to which it addresses

projects have made implementation difficult, and the beneficiaries have to identify additional sources of financing in order to comply with the new standards, which were unforeseen costs in ROP financing.

According to the data analysis carried out by ANPIS following the control campaign from 2014-2015 and the data from the ROP 2007-2013 monitoring system, it results that approximately 89% of the financed centers fulfill the conditions of accreditation according to Law 197, and more than 90% of the centers day and residential applications have applied for and obtained the provisional license, and meanwhile the majority have also obtained the final license.

TABLE 12. STAGE OF THE ACCREDITATION OF THE CENTRES FINANCED THROUGH ROP

FULFILLS THE CONDITIONS OF ACCREDITATION TO THE LAW 197	YES	NO	TOTAL
Day centre	**75**	**6**	**81**
YES (filed for a provisional licence folder)	48		48
YES (provisional licence)	21		21
Have NOT submitted the file	6	6	12
Multifunctional centre	**4**		**4**
YES (filed for a provisional licence)	1		1
YES (operating licence)	1		1
YES (provisional licence)	1		1
NO	1		1
Residential centre	**115**	**18**	**133**
YES (filed for a provisional licence)	61		61
YES (operating licence)	12		12
YES (provisional licence)	38		38
NO	4	18	22
Total	**194**	**24**	**218**

** processed database ROP MA monitoring and ANPIS*

From the point of view of the social service providers, the respondents in the survey conducted within the social services units (see Annex 6) considered that the effects are positive, especially in terms of increasing the quality of social services provided (96%), the ability to provide social services to many beneficiaries (94%) and positive effects on the diversification of services.

From the data gathered from the survey carried out at the level of the final beneficiaries of the funding, their perception (96% of the respondents) is positive especially in terms of increasing the quality of the social services provided, adapting the services to the needs of the beneficiaries (all respondents considered that the social services provided the center responded / responded to their needs) and specialized staff (generally qualified for the type of service).

TABLE 13: PERCEPTION OF THE SOCIAL SERVICES PROVIDERS REGARDING THE QUALITY AND DIVERSIFICATION OF SOCIAL SERVICES

	YES, TOTALLY AGREE	PARTIALLY AGREE	PARTIAL DISAGREEMENT	NO, TOTAL DISAGREEMENT	DON'T KNOW/ NO ANSWER
Have had positive effects on the quality of social services provided to increase?	96,00%	4,00%	0,00%	0,00%	0,00%
Have had positive effects on the capacity to provide social services by several recipients?	94,00%	6,00%	0,00%	0,00%	0,00%
Have had positive effects on diversification of social services provided?	84,00%	14,00%	0,00%	0,00%	2,00%

From the analyzes carried out on the basis of the information obtained through interviews and focus groups, it is clear that interventions under KAI 3.2 have targeted investments in social infrastructure by proposing to improve its quality and, implicitly, the number of beneficiaries served, and no major effects at the level of their number increase. Although the ECI analysis reveals an increase / diversification of services by 3.7 in 2009-2018, both funded and non-funded projects recorded approximately the same 3.4 increase, the effect couldn't be attributable to KAI 3.2 interventions.

Regarding the increase in the quality of the services provided, there is a positive perception of the level of the social service providers regarding the positive effects of the investments made by means of the KAI 3.2 on the quality of services provided and the diversification of services, an aspect sustained by over 96% % of respondents. This hypothesis is invalidated as regarding the effects on the increase in the number of social services and partly validated in terms of the effects on their quality.

Findings

- ✓ Although ECI analysis shows an increase / diversification of services by 3.7 in the period 2009-2018, both the financed and non-financed centers recorded the same increase of 3.4, and the effect cannot be attributed to the KAI 3.2 interventions.
- ✓ From the analysis of the project portfolio there are a number of centers that have increased the number of social services, especially those of niche, palliative type, recovery, by extension of space and specific facilities endowments or at the level of day centers for children by diversifying the types services with parental counseling services, educational activities.
- ✓ From the perspective of the quality of services, following the survey carried out within the social service providers, there is a positive perception of the respondents about the positive effects of the investments made by means of KAI 3.2 on the quality of services provided and the diversification of services, 96% and 94% respectively.
- ✓ At the level of the final beneficiaries, their perception (96% of the respondents) is positive especially in terms of increasing the quality of the social services provided, adapting the services to the needs of the beneficiaries (all respondents considered that the social services provided by the center responded to their needs) and specialist staff (generally qualified for the type of service).

Increase the number of staff (human resources) employed in the social services

The increase in the number of staff (human resources) employed in social services was not a matter of the program and directly verifiable. From the interviews and focus groups, it

became apparent that the number of personnel at the level of social services was maintained and even increased.

At the same time, the social service providers responding to the survey conducted responded in proportion of 84% to the fact that the KAI 3.2 interventions had positive effects on the increase in the number of staff.

Most of the data collected for this hypothesis came from the survey conducted at the level of non-beneficiaries / control group for the counterfactual analysis, respectively from Set 2. Impact variables were selected from the following list: Average total number of full-time equivalents employees out of which: social workers (average number), psychologists (average number), doctors (average number). Other specializations (average number), care staff (average number).

The standard ECI method, the correlation of the propensity score, demonstrates a consistently positive effect on the number of full-time equivalents, statistically significant:

TABLE 14: THE OVERALL IMPACT ON THE NUMBER OF EMPLOYEES IN ACCORDANCE WITH ECI

	NO_EMPLOYEES	COEF.	STD. ERR.	Z	P>Z	[95% CONF.	INTERVAL]
NN(3)	Difference	9.562963	5.290924	1.81	0.071	-0.80706	19.93298
Nr_employees		Treate	Control	Difference	S.E.	T-stat	
NN(1)		35.02326	23.25581	11.76744	6.008089	1.96	

**data processed ACF*

A net effect of 9 additional employees in the funded centers is confirmed, which validates the evaluation hypothesis. The analysis is detailed by categories of staff, ie physicians and medium care staff. A positive net effect is also seen on the number of physicians (more than 0.5 people, remarkable in the conditions of the crisis in the medical sector, which has become chronic in recent years.) **The strongest effect is seen in the case of the care staff, which is more with 11 persons in the case of funded centers**. The results are detailed in the Annexes.

TABLE 15: IMPACT ON THE CATEGORIES OF EMPLOYEES ACCORDING TO COUNTERFACTUAL ANALYSIS

	TOTAL AVERAGE NUMBER OF EMPLOYEES FULL-TIME EQUIVALENTS OF WHICH:	SOCIAL WORKERS (MEDIUM NO.)	PSYCHOLOGISTS (MEDIUM NO.)	DOCTORS (MEDIUM N.)	OTHER SPECIALIZATIONS (MEDIUM NO.)	PERSONAL CARE (MEDIUM NO)
control 2009	23.05	1.00	0.32	0.38	6.24	12.24
treated 2009	28.81	1.46	0.42	0.50	7.58	15.40
D1	5.76	0.46	0.09	0.12	1.34	3.15
control 2008	27.73	1.05	0.49	0.35	8.35	14.54
treated 2018	37.40	1.44	0.92	0.71	9.19	23.50

	TOTAL AVERAGE NUMBER OF EMPLOYEES FULL-TIME EQUIVALENTS OF WHICH:	SOCIAL WORKERS (MEDIUM NO.)	PSYCHOLOGISTS (MEDIUM NO.)	DOCTORS (MEDIUM N.)	OTHER SPECIALIZATIONS (MEDIUM NO.)	PERSONAL CARE (MEDIUM NO)
D2	9.67	0.38	0.43	0.36	0.84	8.96
D2-D1	3.91	-0.07	0.34	0.24	-0.50	5.81

**data processed ACF*

The double difference method confirms these results and complements them. The total number of employees has also increased, so is the number of psychologists and physicians. On the other hand, it shows that the average number of social assistants and specialized staff of other categories has decreased, but insignificantly.

These effects confirm a positive impact on the number and structure of human resources existing at the level of the centers. In the context of the health sector labor crisis, this effect is remarkable. However, the results need to be seen in a wider context that takes into account the legislative aspects. To the open question in Set 2 on the obstacles that social service providers encounter, a respondent makes the following statement about the difficulty of staffing: "A service contract with nursing staff (nurses) was concluded because the legislation did not allow staff employment "Which also describes the solution found by the suppliers for the identified problem.

Another unpredictable, but very important, effect on Human Resources and community involvement is related to an increase in the number of volunteers. The participants within the focus groups from social service providers have argued that the number of volunteers has increased in funding centers and the community has become more involved in this. In the context of the crisis of employees in the field of Social Assistance, this effect is welcome, giving volunteers opportunities for practice and community involvement.

Findings

- ✓ The counterfactual analysis confirms a net effect of 9 additional employees in the funded centers, which validates the evaluation hypothesis. In the case of the care staff, there is an increase in the number of carers (more than 7 people in the case of funded centers)
- ✓ Another unforeseen but very important effect on Human Resources and community involvement is related to the increase in volunteers.

Increasing the satisfaction of the beneficiaries of social services, in relation to their number and types (social services) - validated

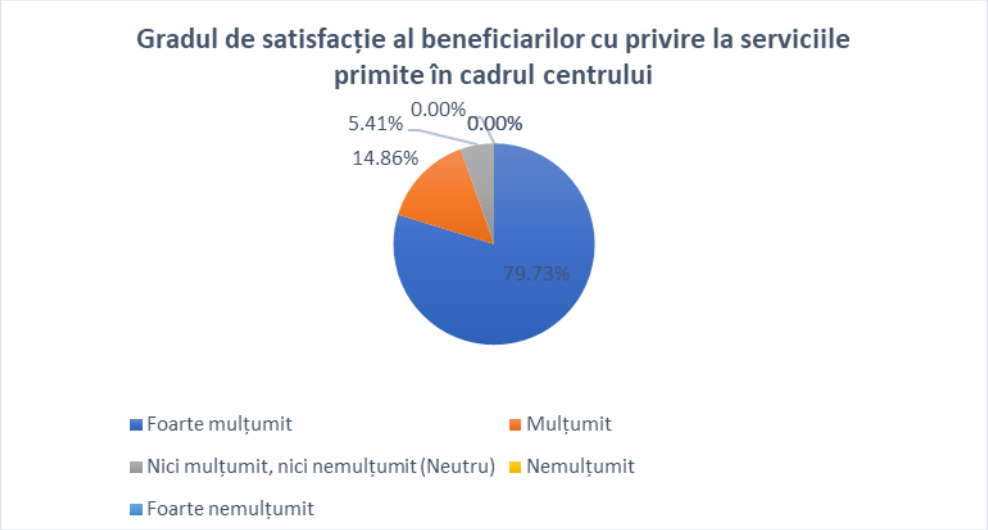
The projects funded through the KAI 3.2 aimed at improving the living standards of the final beneficiaries, and the perception largely spread is that overall, the degree of satisfaction with the social services provided has increased.

The data collected for this hypothesis came from the two surveys measuring the level of satisfaction at the level of social services providers and beneficiaries.

Social service providers note that the investments made have significantly increased the degree of comfort of the beneficiaries and that they feel that they have conditions at European standards tailored to specific needs (especially for people with disabilities or the elderly).

From the perspective of the satisfaction of the final beneficiaries, the two surveys carried out in this evaluation show that 96% of the respondents are particularly satisfied with the increase in the quality of the social services provided, the adaptation of the services to the needs of the beneficiaries (all respondents considered that the social services provided by the center responded / responded to their needs) and the specialized staff (generally qualified for the type of service). The detailed results of the two surveys are presented in Annexes 5 and 6.

FIGURE 5: THE DEGREE OF SATISFACTION OF BENEFICIARIES REGARDING THE SERVICES RECEIVED WITHIN THE CENTRES



Source: Survey results processed by measuring satisfaction among final beneficiaries

Another effect of the investments correlated to it, is the satisfaction of the beneficiaries, especially the elderly. In some situations, the family's trust increased in the social services that the relatives may benefit and have chosen to ask for their services.

Findings:

- ✓ Social service providers note that the investments made have significantly increased the degree of comfort of beneficiaries and that they feel that they have conditions at European standards tailored to specific needs (especially for people with disabilities or the elderly).
- ✓ From the perspective of the satisfaction of the final beneficiaries, it is clear from the two surveys carried out in this evaluation that 96% of the respondents appreciated are particularly satisfied with the increase of the quality of the social services provided, the adaptation of the services to the needs of the beneficiaries considered that the social services provided by the center responded / responded to their needs) and specialized staff (generally qualified for the type of service).

Increasing the access of vulnerable people (from a socio-economic point of view) to integrated services

Regarding the effects of ROP interventions on increasing the access of vulnerable people (from a socio-economic point of view) to integrated services, the increased capacity to provide social services as a result of investments has enabled many people from disadvantaged environments to access them . An important aspect of accessibility for social services is related to the specific facilities for people with disabilities and the elderly. ROP has allowed buildings to be equipped both with basic infrastructure elements suitable for people with

disabilities (eg, elevators or specific hygienic spaces), as well as equipment in the necessary equipment for their recovery, which has improved their accessibility.

Such effects also exist from the perspective of multifunctional centers, but there are isolated effects of the KAI 3.2 interventions. In this respect, representative is the Târgu Frumos project selected as a case study, where there are three multifunctional centers with accommodation, education, and other types of activities in several fields. The center offers a holistic approach to services, namely addressing the family in its entirety (children and parents) and providing planned and organized integrated socio-medical and educational services. The services are provided not only at the headquarters, but also in the environment where the beneficiaries live or at school and are tailored to their real and specific needs. The services offered at the center are complementary to the initiatives and efforts of their own family as well as to the services provided in the educational units and corresponding to the individual needs of the child / vulnerable person in a socio-familial context.

The establishing of centers that provide integrated services and granted in integrated system: social, educational and medical services to children and people at risk, as well as their families, is a guarantee of the sustainable development of the local community through the implementation of active social inclusion: health care , education for a safer community, in which the rights of each individual are respected and promoted. Thus, the whole family is supported to overcome the risk / difficulty situation, regardless of whether the problems they face are social, educational, medical, etc.

This hypothesis is only partially validated as these effects can be identified at the level of projects that offer several types of services and have proposed this at project design level.

Findings

- ✓ ROP allowed buildings to be equipped with basic infrastructure elements suitable for people with disabilities (eg, elevators or specific hygienic spaces), as well as equipments necessary for their recovery, which improved their accessibility
- ✓ Such effects also exist from the perspective of multifunctional centers, but there are isolated effects of the KAI 3.2 interventions.

Facilitation of the process of socio-professional integration / reintegration of social service beneficiaries

The infrastructure investments do not have an impact on integration into the community unless there are complementary software interventions or enough job opportunities. The available data do not support the idea that investments have supported the increase in the labor market reintegration of the target group capable for work. However, effects on the reintegration into the community can be seen from two perspectives:

1) children or people with disabilities or vulnerable admissions benefit from an increased capacity of service providers, ie the equipment needed for their recovery them and for improving their ability to carry out day-to-day activities, especially for children who can reintegrate into school or specific facilities in special laboratories of either educational type or for people with problems (like autism). Such an effect is also evidenced by the case study mentioned, where among the social services organized is the organization of the parental education course meant to support the parents / legal representatives of children to improve their parenting skills and to strengthen their relationships with their own children. Within the center, there is a permanent collaboration with the educational units to which the children are enrolled, in order to remedy the educational problems (absenteeism, school abandonment, others)

encountered by them. Thus, by supporting children and their families for social integration, increasing access to complementary services to the current education system, providing socio-medical services tailored to needs, empowering parents / legal representatives / community with regard to the importance of harmonious development of all children with insurance rights, non-discrimination and equal opportunities, a sustainable community development is ensured.

2) increases the popularity of service providers that can find partners more easily at the local level and thus diversify the activities in which the target group is involved in and that helps it feel part of the community.

This hypothesis is only partially validated as these effects can be identified at the level of projects that offer several types of services and that have proposed this at project design level.

Findings:

- ✓ Available data do not support the idea that investments have supported the increase in the level of reinsertion into the labor market of the target group capable to work. There are isolated effects in this respect at the level of the projects that have proposed this objective and equipped laboratories for educational activities, etc.

3.2. EQ-2 WHAT TYPE OF INTERVENTION DOES RESULT, FOR WHO AND IN WHAT CIRCUMSTANCES?

To respond to this Evaluation Question, we sought to identify the most effective interventions and the direct or final beneficiaries[35] for whom the interventions had obvious benefits.

It was analyzed the impact of investments by types of interventions and social service providers, by beneficiaries of the financing, the extent to which there were variations in the impact on the degree of satisfaction of the final beneficiaries (in terms of increasing the quality of life, increasing the number of users social services, diversification of social services at regional / community level, facilitation of socio-professional reintegration).

The two hypotheses considered in this evaluation question were:

- ✓ Analysis of the factors influencing the effects of the investments made under the KAI 3.2 on the beneficiaries and the final beneficiaries
- ✓ The existence of differences regarding the impact of investments between certain types of interventions and certain types of social service providers, beneficiaries of financing

The analysis of this Evaluation Question was based on:

3.2.1. COLLECTED DATA

The collection of data and information has been done through quantitative and qualitative methods (already presented in Section 2a), namely documentary research, semi-structured interviews, focus groups as well as information collected from polls.

3.2.2. DATA ANALYSIS AND FINDINGS

The reconstruction and interogration of Programme Theory by analyzing the extent to which the proposed strategy of the program produced the expected results, under the conditions of influence factors, supported the evaluation process.

At the same time, in order to formulate the answer to this Evaluation Question (EE), the factors that at the time of programming represented only assumptions or estimated risks were verified and confirmed by the evaluators, and their influence on the Program was analyzed.

The methods of analysis used included analysis of primary and secondary data, SWOT analysis, PEST, stakeholder analysis, visual diagrams.

Types of investment funded by the KAI 3.2

At the KAI 3.2 level, the following types of projects were funded:

- Rehabilitation, modernization, development and equipping of buildings for multifunctional social centers;
- Rehabilitation, modernization and equipping of buildings for social centers.

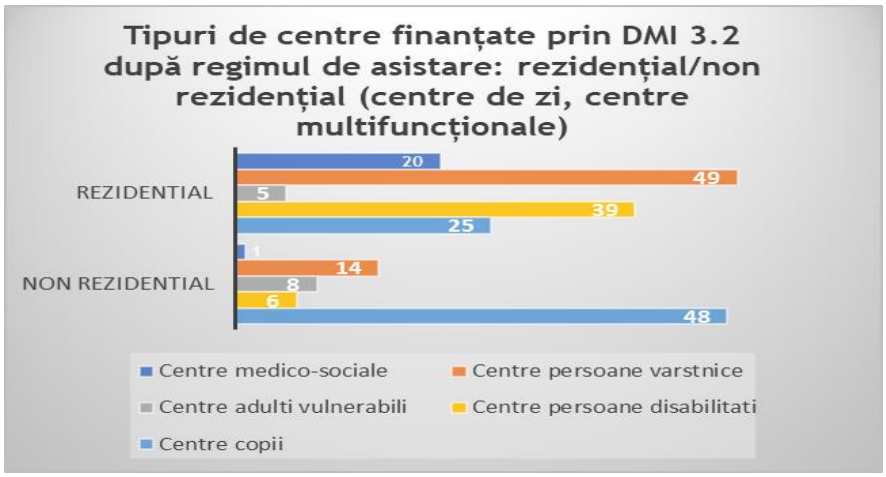
Through DMI 3.2, both residential and non-residential investment (day centers and multifunctional centers on the four categories of beneficiaries[36] (children, elderly people, people with disabilities, vulnerable adults) have been funded. The need for investment was

35 Direct beneficiaries at the ones that received financing and implemented the projects; the final beneficiaries are the final receipients of the services within the rehabilitated centres.

36 According to the categories of Beneficiaries, according to Law 292/2011, with the subsequent modifications and completions, the social services are granted for: children, elderly people, disabled persons, vulnerable adults).

determined by the extremely precarious situation of the social services infrastructure, benefiting these categories of people.

FIGURE 6: TYPES OF CENTRES FUNDED BY DMI 3.2 ACCORDING TO THE REGIME OF ASSISTANCE



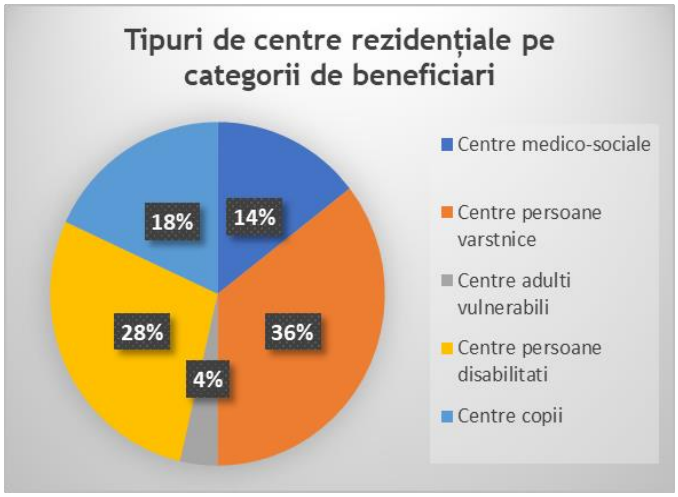
Source: AMPOR base processing

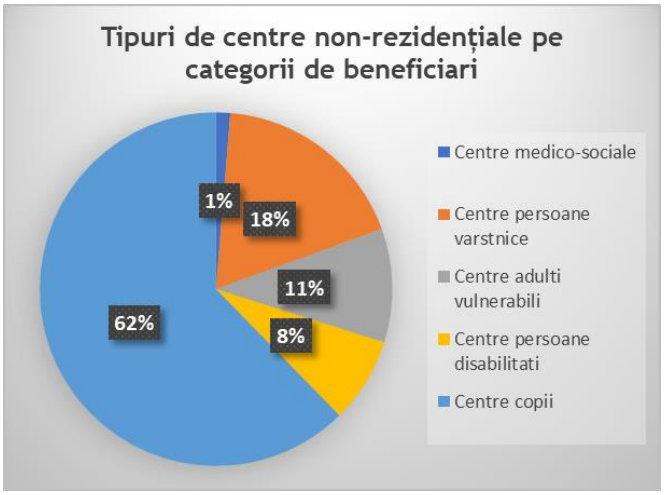
The investments in the residential centers represent 63% of the investments financed by KAI 3.2 (138 out of the 219 financed projects). The largest share of these investments have the residential centers for elderly persons, such as old people's homes (35.51%) , followed by residential centers for people with disabilities (28.26% of which the most centers for rehabilitation and rehabilitation (20 centers) and care and assistance centers (14 centers), children's centers (18.21%, most of them centers (14.49%). The medical-social centers were the majority of medical-social assistance type (17) and three of palliative care.

With regard to non-residential centers, out of the 78 projects, the largest share has day care centers for children (62%, most of which (28) are day care centers for children at risk of separation parents, 9 day care centers for children with disabilities, 4 day care centers for independent lifestyle development and 4 nurseries), followed by elderly care centers (18% - 7 day care and recovery centers and 7 socializing and) and for vulnerable adults (11% - 4 social canteens, 3 community assistance services, 1 information and counseling center). On the opposite side with 1%, is the medical-social centers[37] which represent a special category of ROP-funded centers.

FIGURE 7: TYPES OF CENTRES PER CATEGORIES OF BENEFICIARIES

[37] the medical-social units are subordinated to the local / county councils, for which the salaries of the medical staff are paid by the Ministry of Health and the control and verification of the units are carried out by ANPIS. Given the large number of institutions involved in managing them, there is an institutional vacuum with regard to the overall situation.

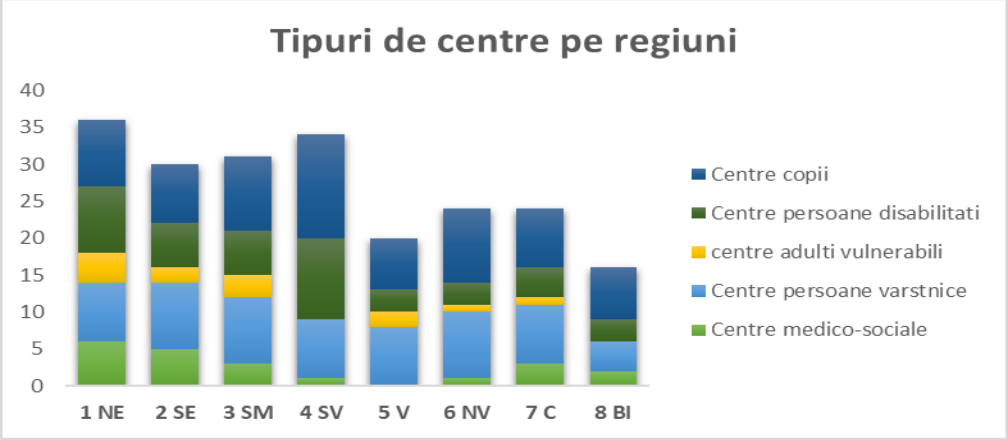




Source: based on data correlated with AMPOR and ANPIS databases

A number of 3 projects were identified as being classified in the category of residential centers, but following the monitoring campaign conducted by ANPIS in the year 2015, it was found that they did not provide residential social services but social homes.

FIGURE 8: TERRITORIAL DISTRIBUTION OF THE TYPES CENTERS BY REGION



Source: based on data correlated with AMPOR and ANPIS databases

From the point of view of the territorial distribution of the types of centers by region, it can be seen that most centers are located in the NE region with a balanced distribution on the four categories of beneficiaries, followed by the SV region where the highest share have the centres for children with disabilities . Most centers are for children and a large number of such centers are found in each region (over 30% of the total centers in each region).

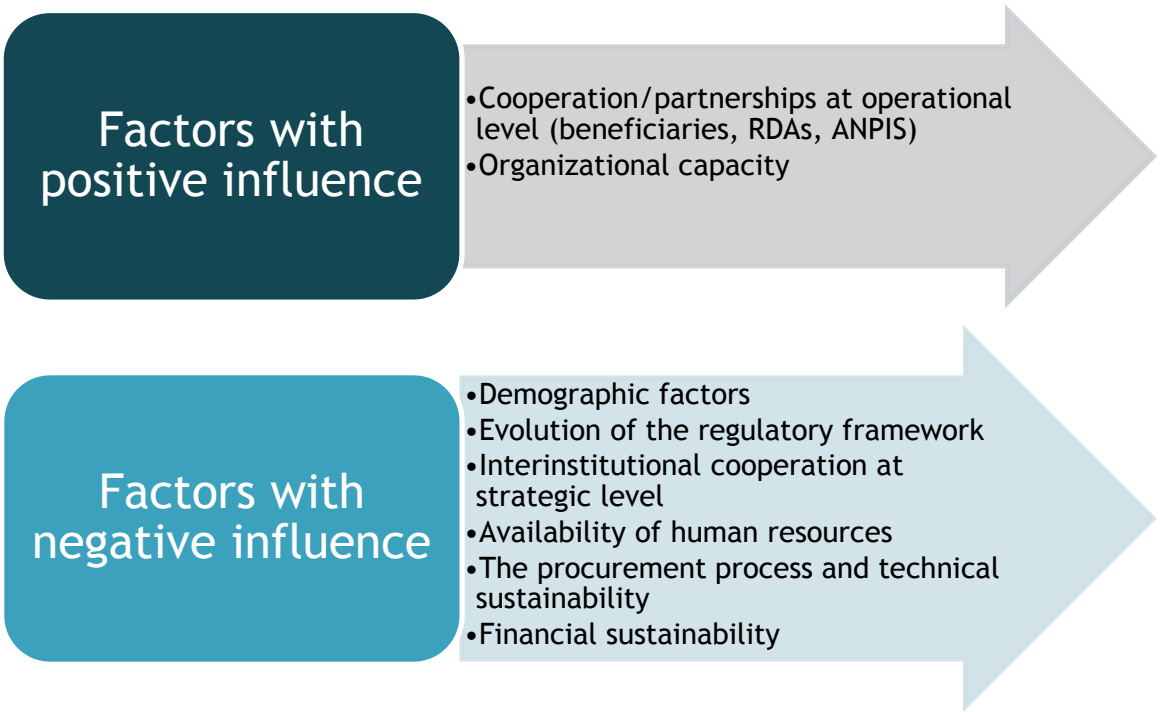
There is also a balanced distribution of the number of centers for the elderly in all regions (less the BI region), which reconfirms the need for such centers, given the demographic factor linked to the aging of the population.

Factors of influence

The evaluation also considered the most significant circumstances and factors of influence that facilitated (or prevented / limited) the effects, the most important ones being:

- ✓ Factors associated with the evolution of the regulatory framework in the social field[38];
- ✓ Factors regarding the inter-instutional cooperations
- ✓ Organizational factors.
- ✓ Demographic factors

These factors have been classified in factors that have influenced (positive or negative) the implementation and effects of interventions funded by KAI 3.2[39], according to the figure below and detailed in the following sections



✓

Factors associated with the evolution of the regulatory framework regarding social services and the policies regarding the different categories of social services beneficiaries

The main legislative developments that influenced and affected the implementation of the projects were those related to the **licensing procedure**[40], presented in detail in Annex 1.

One of the requirements of the ROP was the existence of the accreditation mentioned even in the Applicant's Guideline, but not the license, which appeared later. In this context, the problem of the beneficiary ROP funding centers is that they were at one time in the context of two different legislative situations: first the suppliers had to be only accredited and then in 2015 they had to align themselves with the new and more strict quality standards, and this made the projects implementation more difficult, because they had to find solutions and other sources of funding to meet these standards, costs that were not provided by ROP funding.

[38] See Annex 1 - Specialty Literature Review.

[39] Information was collected from quantitative data and correlated with the qualitative data from interviews and focus groups.

[40] The changing of the legislation and the emergence of Law 197/2012 on quality assurance in the field of social services has made the distinction between social service providers (accreditation process) and effective social services (the accreditation process completed with obtaining the operating license). Prior to 2013, licensing applied only to childcare centers, and since 2015 there has been a mandatory licensing of all services.

For example, by applying the new standards whereby beneficiaries are divided into different centres according to the category in which they fall (for example persons with disabilities can no longer be accommodated with older people, although the services would be similar), suppliers are required to find funding sources to adapt or recompartment the existing centres so that they can further receive the operating licences and retain their beneficiaries/residents.

Another aspect that influenced the causal chain from the moment when ROP was elaborated, was the one related to the evolution of the social policies aimed at de-institutionalization in the period 2011-2018. The requirement within the ROP Applicant's Guide to this policy was related to the limitation of residential centers to a capacity of up to 50 places, which was respected by the beneficiaries.

The aspects related to the deinstitutionalisation policy, such as the plan for restructuring and closure of centres for persons with disabilities, approved by OUG 69/2018 of 17 July 2018, with deadline of 31st December 2018, created some distortions, being in contradiction to the POR requirement on sustainability assurance, namely that the centres can only be closed after a period of 5 years from the date of completion of the assistance.

From the analysis of the speciality literature, as well as from the interviews and focus groups, there is a need to make a clear distinction in the future between the different problems of certain categories of beneficiaries (for people with disabilities, for example most of the beneficiaries of these centers are disabled persons neuropsychic or seriously associated, and lack the skills to lead an independent life, making it difficult to identify for them an alternative to the residential service currently provided).

The inclusion in the restructuring plan of some modernized and recently rehabilitated centers through the ROP 2007-2013, without taking into account the situation of the beneficiaries in these centers (persons mentally disabled, with neuropsychic or associate problems, who do not have the ability to lead an independent life and for whom there is no possibility to access alternative services) has effects on the sustainability aspects of these projects and the maintenance of program indicators (the result indicator number of beneficiaries of the rehabilitated / modernized infrastructure) as well as on the final beneficiaries who benefited within these centres of access to quality services and implicitly improved health.

Demographic factors

The long-term care sector is not prepared to cope with the rapid population aging. Romania faces one of the fastest rates of aging in the EU, but this trend is not fully taken into account in the development of current policies or in the forecasts regarding long-term needs. In 2016, the care centres for the elderly covered only 1% of the population aged over 75. There are very few home and day care services, and those that are there are usually near larger income areas. In order for Romania to keep pace with the aging rate of its population, additional investments are needed[41].

Interinstitutional cooperation at strategic level

At the time of POR 2007-2013programming /KAI 3.2, the social regulatory framework was changing due to significant reform processes, which resulted in a relatively fragmented consultation process. There were consultations at that time between the MDRAP and the representatives of the Ministry of Labour. However, at that time, the national Authority for

[41] The 2019 Country Report on Romania, including an in-depth review of the economic imbalances, accompanying the COMMUNICATION FROM THE COMMISSION TO THE EUROPEAN PARLIAMENT, THE EUROPEAN COUNCIL, THE COUNCIL, THE EUROPEAN CENTRAL BANK AND THE EUROGRUP, European Semester 2019: assessing progress on structural reforms, on the prevention and correction of macroeconomic imbalances, and on the results of in-depth reviews under Regulation (EU) 1176/2011

Persons with disabilities, the National Child Protection and Adoption Authority and the National Family Protection Agency were under the supervision of MMSSF as public institutions with legal personality and they were not involved by the MMSSF in the consultation process with the MDRAP, limiting the level of consultation on strategic issues and the ensuring of a full correlation with the social policies, as evidenced by the stakeholder analysis in annex 9. Although the financing of the POR primarily targeted interventions on the social infrastructure side, for the forthcoming programming period it would be useful to carry out a deeper analysis of the existing situation in the field of intervention in correlation with the needs of social infrastructure beneficiaries.

Availability of human resources

Many of the providers have encountered difficulties in providing the necessary staff forbthe functioning of the centers. There were many localities / counties with the demand for these centers to operate at a high capacity, but this could not be solved because of the lack of staff and specialists available for the area. The number of social service providers in Romania is still low and the services are not very diversified. For this reason, the ratio between the number of beneficiaries and that of specialized staff is in many cases not the optimal, which negatively affects the possibility of providing quality services. There is an acute shortage of social practitioners, which affects the sustainability of projects and the viability of the centers in certain areas.

Procurement process

The implementation process was frequently affected by delays in the developmemt of theprocurement procedures, in particular those related to the execution of works, as well as the occurrence of unforeseen situations during the execution of works buildings rehabilitation projects. There were recorderd sometimes difficulties in the performance of suppliers in the construction sector, so in some cases the level of quality of the rehabilitated or modernised infrastructure was not as expected. This is important because the infrastructure must comply with specific standards for the vulnerable target group. However, in most cases the infrastructure achieved has a very high qualitative level, according to European standards

Technical and financial sustainability

An important challenge for suppliers is to ensure the long-term sustainability of the rehabilitated / modernized infrastructure. From a financial point of view, most public suppliers face major difficulties in securing the financing after 5 years, for repairings and maintenance. Working with a vulnerable target group and with specific infrastructure requirements, the financial resources devoted to sustainability are in these conditions more important and higher.

From a technical point of view, the sustainability of projects is influenced both by the developments in the regulatory framework for the provision of social services (e.g. the new quality standards are much more difficult to implement for suppliers, including due to the condition for an increased number of specialised staff) and those related to the deinstitutionalisation policy (closure of placement centres for children and persons with disabilities), these putting additional pressures on financing beneficiaries and on the compliance with the indicators assumed for the sustainability period.

Among the factors with positive influence there can be mentioned:

The cooperation/partnerships at operational level (beneficiaries, RDAS, ANPIS)

As it was outlined from the above analysis, given the specificities of the KAI 3.2 projects, the inter-institutional cooperation was a decisive factor, so it acted both as a positive and negative factor.

One positive aspect is that, in general, there has been good collaboration between beneficiaries, RDAS and ANPIS. Annual visits to beneficiaries have been organized, each of the authorities checking the aspects under its area of responsibiltiy.

Organizational capacity

Efforts have been made to financially support social services, to cover the costs of maintaining and operating the centers (ensuring the salary of staff serving that social center). A good project management team makes the difference in the implementation process, and in the sustainability period a decisive factor is the management of the center and the quality of the specialist staff. Also, the increase in the number of people involved in volunteering has greatly supported the provision of human resources for activities that allow this.

Findings:

- ✓ The evolutions/developments in the legislative framework in the field of social assistance and the social policies for deinstitutionalisation ,have affected the implementation of projects (licensing procedure issues) and their sustainability (the measures to close Residential centres for persons with disabilities-for example, the plan for restructuring and closure of centres for persons with disabilities, approved by OUG 69/2018 of 17 July 2018, with a deadline of 31 December 2018)
- ✓ Aspects related to the difficulties of the public procurement process, the sometimes limited financial capacity of the beneficiaries of the financing to ensure the financial flow of the projects, the limited availability of human resources - were other factors of influence.
- ✓ Among the positive influence factors it can be included the organizational capacity of the beneficiaries to find solutions to solve the various problems encountered during the implementation of the projects, as well as the aspects related to the inter-institutional cooperation UAT-ri and ANPIS, the collaboration with representatives of AMPOR.

Effects of KAI 3.2 interventions on types of final beneficiaries of funding

From the perspective of the four categories of beneficiaries (elderly people, children, vulnerable adults, people with disabilities), it can be confirmed the provision of new or improved services.

The classic rezidential centres for the elderly manage to rise to European standards, the socio-medial units offer more performant services and lower the pressure on hospitals, the multifunctional centres and cantines cope more efficiently with the demand.

For example, for the elderly, KAI 3.2. has improved the social services in residential and day centers through rehabilitation, endowments, extensions and modernizationss, which has led to increased comfort. The acquisition of equipment has allowed the improvement of medical and care services, the development of palliative services, of complementary services for recovery (physical therapy and massage, balneotherapy services, physiotherapy, psychological counseling services, speech therapy services) (Băcești Case Study - Annex 12).

For example, through the rehabilitation of Băcești social-medical center, as major effects of CAMS Bacesti investment we can list the following:

- ✓ Providing job opportunities for the dismissed personnel of the Negresti City Hospital, closed in 2011;
- ✓ The doubling the number of employees of the center from the moment when the investment started;
- ✓ The increasing of the number of disadvantaged persons (elderly, disabled, chronically ill, etc.) in Vaslui county, serviced by medical-social care services;
- ✓ The decrease in the number of persons requesting social benefits from the City Hall;
- ✓ Preventing institutionalization, especially for the low-income;
- ✓ Improving the quality of life of the beneficiaries of services on all levels: emotional, social, medical, functional and physical;
- ✓ Decongesting of the hospitalsvunits, overcrowded with social cases, with the elderly, due to the fact that old age is sometimes confused with the disease.

Another example is the residential center for elderly in Focșani, which, through funding, has managed to transform an elderly asylum into a centre of European standards, with a very good quality of accommodation services, recreation rooms and other facilities to support quality services.

For children, another category of beneficiaries, the KAI projects 3.2. have helped to improve the quality of social services for children in placement, but also for children with problems (children at risk of separation or separated from parents, those in families with difficulties, children with special problems (autism) by modernizing the centers, endowing with modern equipment at EU standards and providing opportunities for social inclusion through services (such as counselling centers).

However, the impact on this category of beneficiaries (children) is low due to the legislative developments regarding the deinstitutionalization and ANPDCA plan for the closure of the placement centers.

For vulnerable adults (category including homeless people, victims of domestic violence, those at risk of poverty, dependent persons), buildings have been rehabilitated and modernized(eg a social center in the city of Roman); equipping and endowing with equipment specific to social services. The final beneficiaries received counseling, it was ensured equal and guaranteed access of the population from all disadvantaged categories to the social services and rehabilitated infrastructure.

For people with disabilities, especially those with neuromotor disabilities, the need for complex and professional recovery and rehabilitation services, customized and appropriate to individual needs, is high. Also, although in recent years, visible efforts have been made for social inclusion of vulnerable groups across the country, the mentality with regard to people in distress is still manifested by the tendency of the society to exclude them and implicitly appears the effect of self-exclusion and social isolation. Through the rehabilitated projects, many modernisations/rehabilitation and equipment endownments have been made to diversify the recovery services for this category. An example of success in this sense is the modernization, development and equipping of the module "Saint Mary " Craiova project, which through the realised investments diversified the ambulatory neuromotory recovery services by including new therapies respectively: water recovery, melotherapy, aromatherapy, sensory stimulation, ergotherapy. The impact of the investment is evident as long as both the representatives of the Centre and the DGASPC Dolj consider that at present the two centres, the Saint Mary and a similar centre in southern Craiova, together with the centre of Filiași, cover the needs of all Disability in Dolj County. There are no waiting lists at the center, all the

cases that are addressed to them are resolved. The management of the Centre reported that many cases of social reintegration were successful, especially for people with small and medium disability diagnostic. For example, there were many young people with disabilities in an easy/average category, and after the recovery treatments in the center they did not need any framing.

Totodată, la momentul programării POR 2007-2013, centrele multifuncționale au avut în vedere locații care să ofere mai multe tipuri de servicii sociale pe standarde separate (de exemplu, un centru poate avea la parter o cantină socială, la etajul 1 funcționează căminul pentru persoane vârstnice, iar la etajul 2 un centru de zi pentru copii). Aceste tipuri de clădiri se numesc și în accepțiunea MMJS ”complex de servicii multifuncțional” deoarece oferă mai multe tipuri de servicii sociale pe aceeași infrastructură existentă, dar care are licență pentru fiecare tip de serviciu social oferit în conformitate cu standardul aferent serviciului respectiv.

Also. at the moment of ROP 2007-2013 programming, the multifunctional centres considered locations offering several types of social services on separate standards (e.g. a centre can have a social cantine on the ground floor, on the 1st floor a residential home for the elderly, and on the 2nd floor a day centre for children). These types of buildings are also called in the perspective of MMJS ' complex of multifunctional services ' as they offer several types of social services on the same existing infrastructure, but which has a licence for each type of social service offered in accordance with that service standard.

From the perspective of the institutions responsible for the sectoral policy for each category of beneficiaries, e.g. the ANDPCA, the provision of services for several categories of beneficiaries within the same centre would not ensure a proper addressing of the specific needs of each category of beneficiaries (e.g. multifunctional centres dedicated to both children and elders) and recommends, in order to achieve increased effects, the financing of integrated service centres and which would entail e.g. a centre that would offer in addition to social services , complementary services of health or educational services, advice etc, depending on the category of beneficiaries concerned.

As a conclusion on the effects of KAI3.2 interventions by categories of beneficiaries, for all four categories of beneficiaries, the interventions through KAI 3.2 have contributed significantly to increasing their satisfaction by improving the quality of the infrastructure and social services provided and implicitly the degree of comfort ensured to the 4 categories of beneficiaries, by the diversification of the types of services as well as increasing their attractiveness.

The greatest impact is evidenced at the level of the elderly and the persons with disabilities where the rehabilitated residential centres have led to an increase in the level of comfort and medical care of these people through the development of medical and care services or complementary ones (recovery, etc.). For some of these categories of people, for example in the case of elderly people with dementia, with chronic health problems, or for persons with neuropsychial conditions requiring constant, specialised care in a framework that would allow the conditions for such services, the residential centres should continue to exist as separate services even in the context of the next stages of social reforms, aligned with European practices, aimed at deinstitutionalisation and integration of the disadvantaged people in society.

For the other categories of beneficiaries, e.g. vulnerable children or adults, in the context of deinstitutionalisation policies, the best effects were achieved in the case of multifunctional centres aimed at providing integrated services that envisaged the complementarity between the social services and other educational or advisory services.

Findings:

- ✓ Depending on the categories of beneficiaries (elderly, vulnerable, children, disabled) - the highest share of users benefiting from social services have the vulnerable adults (68%), followed by disabled people (24%), elderly (17%) and children (11.33%).
- ✓ There are different effects of the investments in the social infrastructure depending on the type of centres financed (residential/day centres) and the type of beneficiaries (elderly persons, persons with disabilities). Overall, for all four categories of beneficiaries, the KAI 3.2 interventions have contributed significantly to increasing their satisfaction by improving the quality of the infrastructure and social services provided and implicitly the degree of comfort ensured to all the 4 categories of beneficiaries, the diversification of the types of services as well as increasing their attractiveness.

LESSONS LEARNED

- In order to maximise the benefits of POR funding, it was also outlined the need to implement related projects financed from other operational programmes, such as the POCU, to ensure the financing of administrative costs (operational), the extension of eligible expenditure categories for a fixed period of time after the completion of infrastructure investments through POR. In order to stimulate this approach, a possibility is to prioritize and award additional scores to Projects aimed at such complementary/related measures.
- An increased impact for these types of investments in social infrastructure could have the investments in non-residential social services and investments in social services integrated into the community.
- One of the lessons learnt, mentioned also in the previous impact evalution and reconfirmed also as a methodological limitation in this present evaluation, refers to the high variability of the sample of social services infrastructures and beneficiaries , which, together with the degree data availability, represents a major challenge for achieving a comprehensive counterfactual approach by types of centres and categories of beneficiaries. This reconfirms the conclusion of the previous evaluation study related to differentiating the typology of indicators by type of target group and centre.

  Other lessons learnt, which have not emerged strictly from the implementation of POR but which may be envisaged as additional or related measures, in future programming period are: the need to develop quality technical documentation from the project preparation phase (SF, DALI) to eliminate the possibility of errors in the advanced stages of implementation.

4. CONCLUSIONS, RECOMMENDATIONS AND LESSONS LEARNED

TABLE 16: TABLE OF CONCLUSIONS, CONCLUSIONS AND RECOMMENDATIONS

RECOMMENDATION 1	
IT IS NECESSARY TO CONTINUE THE FINANCING OF INVESTMENTS IN THE SOCIAL INFRASTRUCTURE, BASED ON A DETAILED ANALYSIS OF NEEDS AT THE REGIONAL LEVEL, IN CORELLATION WITH THE SOCIAL POLICIES RELATED TO EACH CATEGORY OF BENEFICIARIES (CHILDREN, ELDERLY, ADULTS VULNERABLE PERSONS WITH DISABILITIES). AT THE SAME TIME, IN THE CONTEXT OF THE NEXT STAGES OF SOCIAL REFORMS, ALIGNED WITH EUROPEAN PRACTICES, WHICH AIM TO DEINSTITUTIONALISE AND INTEGRATE DISADVANTAGED PEOPLE INTO SOCIETY, IT IS IMPORTANT AND USEFUL TO CONTINUE TO FINANCE INVESTING IN SOCIAL INFRASTRUCTURE BY TYPES OF SERVICES (RESIDENTIAL/DAY CENTRES) SEPARATED FOR THE VARIOUS CATEGORIES OF BENEFICIARIES BECAUSE DEINSTITUTIONALISATION CANNOT BE APPLIED SIMILARLY, FOR EXAMPLE IN ELDERLY PEOPLE WITH DEMENTIA, WITH CHRONIC HEALTH PROBLEMS OR FOR PEOPLE WITH NEUROPSYCHIIC CONDITIONS NEEDING CONSTANT, SPECIALISED CARE IN A FRAMEWORK THAT ALLOWS SUCH SERVICES.	
EQ 1: What is the net effect of the intervention of the funds, taking account of the factors that have caused this effect?	
FINDINGS	**CONCLUSIONS**
Relative to the needs existing at the time of funding, in corellation with demographic change, aging populations and the risk of exclusion and poverty, the investments in social service infrastructure were a stringent need. KAI 3.2 has, however covered, only part of the funding needs. The vast majority of funded projects aimed at rehabilitation / modernization, purchase of equipment and other facilities. As a result of the research, a significant number of final beneficiaries considered that the ROP financing effects are positive, especially in terms of increasing the quality of social services provided. The vast majority of social service providers expressed their satisfaction with the rehabilitated infrastructure (building,	1. The investments through KAI 3.2 have had a positive impact on the increase in the quality of social infrastructure, contributing to the satisfaction of some basic needs of social centers and the ensurance of some minimum standards for the provision of services by modernizing the infrastructure, characterized by a very precarious situation prior to the financing. 2. Most types of funded centers (residential, multi-functional, day) combined the investment of rehabilitation, modernization with equipment endownment. The positive effects of the KAI 3.2 interventions are highlighted for all categories of centers by improving the overall conditions. 3. The investments within the KAI 3.2 have had a positive effect on improving the degree of comfort of the final beneficiaries. The net impact is highlighted at the level of elderly people in residential centers. The investments in the modernization and rehabilitation of the centers have led to an increase in the quality of life and improvement of the residents' health (increasing the number of

RECOMMENDATION 1 IT IS NECESSARY TO CONTINUE THE FINANCING OF INVESTMENTS IN THE SOCIAL INFRASTRUCTURE, BASED ON A DETAILED ANALYSIS OF NEEDS AT THE REGIONAL LEVEL, IN CORELLATION WITH THE SOCIAL POLICIES RELATED TO EACH CATEGORY OF BENEFICIARIES (CHILDREN, ELDERLY, ADULTS VULNERABLE PERSONS WITH DISABILITIES). AT THE SAME TIME, IN THE CONTEXT OF THE NEXT STAGES OF SOCIAL REFORMS, ALIGNED WITH EUROPEAN PRACTICES, WHICH AIM TO DEINSTITUTIONALISE AND INTEGRATE DISADVANTAGED PEOPLE INTO SOCIETY, IT IS IMPORTANT AND USEFUL TO CONTINUE TO FINANCE INVESTING IN SOCIAL INFRASTRUCTURE BY TYPES OF SERVICES (RESIDENTIAL/DAY CENTRES) SEPARATED FOR THE VARIOUS CATEGORIES OF BENEFICIARIES BECAUSE DEINSTITUTIONALISATION CANNOT BE APPLIED SIMILARLY, FOR EXAMPLE IN ELDERLY PEOPLE WITH DEMENTIA, WITH CHRONIC HEALTH PROBLEMS OR FOR PEOPLE WITH NEUROPSYCHIIC CONDITIONS NEEDING CONSTANT, SPECIALISED CARE IN A FRAMEWORK THAT ALLOWS SUCH SERVICES.	
premises, equipment, furniture). Depending on the categories of beneficiaries (elderly people, vulnerable adults, children, people with disabilities)-the highest share of users benefiting from social services have the vulnerable adults (68%), followed by persons with disabilities (24%), Elderly people (17%) and children (11%).	bathrooms and sanitary groups, increasing the number of elevators and the number of treatment rooms)[42].
The interventions under the KAI 3.2 have allowed buildings to be equipped with basic infrastructure elements suitable for people with disabilities (eg, elevators or specific hygiene areas), as well as endownments iin equipment necessary for their recovery, which has improved their accessibility.	4. **The accessibility of disabled and elderly people in the buildings that have been rehabilitated / upgraded is improved.**
Although the program indicator shows an increase in the number of beneficiaries of the rehabilitated / modernized infrastructure (the target of this indicator being exceeded by more than 500%), the increase is registered at the level of the day centers and does not have a significant impact on the residential centers.	5. KAI 3.2 has had an impact on the increase in the number of beneficiaries of the rehabilitated / modernized infrastructure, as reflected in the program indicator. However, this increase is predominant at the level of day centers and does not have a significant impact on the increase of the number of beneficiaries of social services at the level of residential centers, which is in line with the tendencies imposed by the de-institutionalization policy.
The analysis of the impact on the number of services available in the social centres was also followed by counterfactual analysis, through. the double differences method. It was found that both	***6.*** KAI 3.2 din not have a direct impact on the increase in the number of social services, but only unintended effects on the quality of the services provided.

[42] According to the research results of this Impact Assessment.

RECOMMENDATION 1 IT IS NECESSARY TO CONTINUE THE FINANCING OF INVESTMENTS IN THE SOCIAL INFRASTRUCTURE, BASED ON A DETAILED ANALYSIS OF NEEDS AT THE REGIONAL LEVEL, IN CORELLATION WITH THE SOCIAL POLICIES RELATED TO EACH CATEGORY OF BENEFICIARIES (CHILDREN, ELDERLY, ADULTS VULNERABLE PERSONS WITH DISABILITIES). AT THE SAME TIME, IN THE CONTEXT OF THE NEXT STAGES OF SOCIAL REFORMS, ALIGNED WITH EUROPEAN PRACTICES, WHICH AIM TO DEINSTITUTIONALISE AND INTEGRATE DISADVANTAGED PEOPLE INTO SOCIETY, IT IS IMPORTANT AND USEFUL TO CONTINUE TO FINANCE INVESTING IN SOCIAL INFRASTRUCTURE BY TYPES OF SERVICES (RESIDENTIAL/DAY CENTRES) SEPARATED FOR THE VARIOUS CATEGORIES OF BENEFICIARIES BECAUSE DEINSTITUTIONALISATION CANNOT BE APPLIED SIMILARLY, FOR EXAMPLE IN ELDERLY PEOPLE WITH DEMENTIA, WITH CHRONIC HEALTH PROBLEMS OR FOR PEOPLE WITH NEUROPSYCHIIC CONDITIONS NEEDING CONSTANT, SPECIALISED CARE IN A FRAMEWORK THAT ALLOWS SUCH SERVICES.	
categories of social centres, namely those funded and not-funded, diversified the number of services offered to final recipients, which increased by 3.7 in the first case and 3.4 in the second. Therefore, the impact of the investment on the number of services appears to be negative, i.e. a difference of 0.3 services. So the intervention has no impact on the number of services, which has increased more in centres not funded There are centres that have increased the number of social services, especially the niche ones, of a palleative type, by expanding the space and through specific acilities.	
There is an increase in the number of care staff in rehabilitated centers. KAII 3.2 had a net impact on the number of full-time equivalent employees and the structure of human resources at the level of the centers, which is a remarkable issue in the context of the health sector labor crisis. As an unintended effect, the number of volunteers increased in centers as a result of funding.	7. **There is a consistent positive effect on the number of full-time equivalent employees, statistically significant. Also, the number of volunteers has increased in the centres after the financing and the community has become more involved.**

RECOMMENDATION 2 IMPROVING EFFICIENCY AND IMPACT INVESTMENT IN SOCIAL INFRASTRUCTURE REQUIRES A BETTER PRIORITIZATION OF PROJECTS ACCORDING TO THE NEEDS REGIONS COVERED BY INTERVENTION AND THE SOCIAL POLICIES FOR EACH CATEGORY OF TARGET GROUP AS WELL AS THE MECHANISMS TO ENSURE THE SUSTAINABILITY OF THESE TYPES OF INTERVENTION

RECOMMENDATION 2 IMPROVING EFFICIENCY AND IMPACT INVESTMENT IN SOCIAL INFRASTRUCTURE REQUIRES A BETTER PRIORITIZATION OF PROJECTS ACCORDING TO THE NEEDS REGIONS COVERED BY INTERVENTION AND THE SOCIAL POLICIES FOR EACH CATEGORY OF TARGET GROUP AS WELL AS THE MECHANISMS TO ENSURE THE SUSTAINABILITY OF THESE TYPES OF INTERVENTION	
FINDINGS	**CONCLUSIONS**
EQ 1: What is the net effect of the intervention of the funds, taking account of the factors that have caused this effect?	
Data analysis, including the literature review, triangulated with qualitative information obtained from interviews and focus groups, revealed that at the time of the POR 2007-2013 programming, the main need for funding was determined by the precarious situation of social infrastructure at regional level At the time of the POR programming, all relevant institutions were consulted, in particular MMSSF as a responsible insituation of all policies and legal framework in the field of labour and social protection. The correlation of the sectoral policies and strategies currently achieved, but which was not possible at the time of programming POR 2007-2013 due to the dynamics of the regulatory framework in the social field, could ensure in the future that such investments to be correlated with the sectorial needs of the categories of beneficiaries of social infrastructure	***8.*** The projects financed had a balanced breakdown in relation with the regional disparities from the perspective of the risk of social exclusion and poverty, and the projects are impressive through the types of investments that have been made in the centres, the achievement of modern infrastructure, the existence of modern facilities and equipment, attracting specialised personnel. However, in the future it would also be useful to analyse the specific needs of each region on the types of interventions (residential/day/multifunctional centres) and according to the needs of the categories of beneficiaries of social centres, as well as social policies targeting these categories of beneficiaries.
EQ 2: What type of intervention gives results and for whom?	
There are a number of factors that have influenced the effects of investment under the DMI 3.2, the most important being those linked to the subsequent development of the legislative framework in particular in the licensing procedure and deinstitutionalisation policies.	9. Due to the legislative developments on deinstitutionalisation, for example the ANPDA's plan for the closure/restructuring of residential centres for persons with disabilities, it is found that although during the sustainability period the effects of these types of investments in residential centres are maintained, on the long term, the effects of these centres (in terms of the functionality of these long-term centres for the entire category of beneficiaries persons with disabilities) may be limited (for the persons that cannot be deinstitutionalized the investments will continue to produce their effects).

RECOMMENDATIONS 3 IT'S NECESSARY THE CORRELATION OF INFRASTRUCTURE DEVELOPMENT INTERVENTIONS WITH SOFT TYPE OF INTERVENTIONS (EG PROJECTS TO ENSURE THE FINANCING OF SALARIES FOR THE PERSONNEL OF THE CENTERS, COVERING THE SOCIAL CENTER'S OPERATING EXPENDITURE FOR A DETERMINED PERIOD OF TIME).	
FINDINGS	**CONCLUSIONS**
EQ 1: What is the net effect of the intervention of the funds, taking account of the factors that have caused this effect? and EQ2 What type of intervention gives results, for whom and under what circumstances?	
An important impact is related to the increase and diversification of social services within the rehabilitated centers, especially the niche, palliative, but also of a different kind. Some of the providers have introduced services that respond to new needs during 2007-2010 (supporting children with autism, supporting elderly people with Alzheimer's or people with neuromotor deficiencies). From the perspective of social service providers, ROP funding represented an opportunity to diversify the types of social services.	10. A significant impact is observed in projects where there was complementarity between soft and hard type projects, and where thesuppliers have accessed both types of interventions.
The available data do not support the idea that investments have supported the increase of the labour market insertion of the target groups capable for work. There are isolated effects in this respect at the level of the projects that have envisaged this objective and equipped laboratories for educational activities, etc.	**11.** The investments in infrastructure have no direct impact on the integration into the community unless there are complementary interventions or sufficient job opportunities.

RECOMMENDATION 4 IN ORDER TO ENSURE A UNITARY REPROTING ON THE PROGRESS AND THE IMPACT OF INTERVENTIONS, IT IS NECESSARY TO HAVE A CLEARER METHODOLOGY FOR THE INDICATORS, INCLUDING INSTRUCTIONS FOR DEFINING AND CALCULATING THE VALUE OF THE INDICATORS. AT THE SAME TIME, THE DATA RELATED TO THE ACHIEVEMENT OF TARGET INDUCATORS RESULTED FROM THE PROJECT MONITORING ACTIVITY MUST BE AGGREGATED IN A DATABASE THAT WOULD ALLOW THE EVALUATION OF THE EXTENT TO WHICH THE INTERVENTIONS HAVE ACHIEVED THEIR RESULTS AND THEIR IMPACT.	
FINDINGS	**CONCLUSIONS**
The use of indicators that predominantly measure the economic magnitude of interventions (such as number of rehabilitated / modernized centers, number of services set up, number of users of services) may lead to incomplete or inconclusive results with regard to the estimated effects of interventions in the KAI 3.2. By selecting indicators that directly target the measurement of the quality of social services and the quality of life (or living conditions) of beneficiaries (assumed as the ultimate goal of interventions in the social field), a more complete picture of the effects of interventions can be obtained. The analysis of the KAI-related indicators 3.2 reveals that there was no unitary approach, the funding applicants being free to propose a multitude of indicators in their funding applications, many of which are irrelevant for measuring outcomes.	12. The lack of a clear methodology for application for funding on indicators has made it difficult to monitor projects in terms of reporting on results and measuring impact. 13. The programme indicators were not divided into categories of beneficiaries, which did not allow for the proper calculation of the impact of interventions on the different categories of beneficiaries

RECOMMENDATION 5 IN ORDER TO ENSURE THE LONG TERM SUSTAINABILITY OF INVESTMENTS, IT IS NECESSARY TO CONSIDER, EVEN FROM THE PROJECT DESIGN STAGE, DIFFERENT STRATEGIES FOR SOLVING THE SUSTAINABILITY PROBLEMS.	
FINDINGS	**CONCLUSIONS**
From a financial point of view, most of the suppliers face major difficulties in securing financing after 5 years, for repairing and maintenance.	14. It is necessary to grant a higher attention to the conditions for ensuring the sustainability of projects from the time of contracting and to identify sustainability mechanisms (e.g. requesting that the beneficiary, at the time of submitting the project application, to attach a sustainability Plan for the post-implementation phase of the project or financing mechanisms to ensure the complementarity of POR projects with projects from other sources of financing, such as POCU or other Programmes to ensure and finance administrative

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	(operational) costs, extending the categories of eligible expenditure for a specified period of time after infrastructure investment has been completed).