

Development of the Home Care Service “CASMED”

Project Report Phase 2011-2013



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| Name of project | Development of the Home Care Service “CASMED” |
| Location of project | Northern part of Moldova Districts (Rayons) Drochia, Falesti, Riscani, Singerei, Floresti, Balti |
| Implementing Agency | Centre for Social and Medical Home Care “CASMED” |
| Duration of project | 36 months |
| Total project budget | 5,926,853 MDL |
| Period of reporting | January 2011 – December 2013 |

Abbreviations

| | |
|--------|--|
| CASMED | Center for Social and Medical Home Care |
| DECCB | Diaconia of the Evangelical Church of Czech Brethren |
| LPA | Local Public Authorities |
| MDL | Moldovan currency - Lei |
| NHIC | National Health Insurance Company |

Exchange rate

1 CHF = 14.8 MDL¹

¹ As by December 2013
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SUMMARY

CASMED started its work at the beginning of 2011, developing a new model of home-provided socio-medical care services in Bălți Town and 5 neighboring rural communities. This model has an important role in local community education to share the responsibility for its members and participate in the assistance process. Thus, CASMED does not offer just medical and social qualified support, but also creates an economically sustainable assistance system.

The main goal of CASMED is to improve the community services by providing home care, support people with disabilities, people who are recovering from an accident or illness, elderly people with reduced mobility (fractures, stroke, post-surgical interventions, etc.), people with chronic health problems.

Besides that, CASMED aims to strengthen the civil society by building partnerships between local public authorities (LPAs) (municipalities), state institutions and NGOs, working in the same field.

Being aware of the fact that the number of elderly, lonely and ill people has continuously increased during these three years of work, CASMED tried to offer solutions to these challenges by actively involving the communities and local authorities, increasing their awareness and responsibility. In the future, CASMED intends to focus even more on making the communities and local authorities discharge their duties.

CASMED has increased significantly in the number of staff engagement between 2011 and 2013. This is also reflected in the increasing number of patients served from 546 patients in 2011 to 731 patients in 2012 and 1303 patients in 2013. The Home Care Center CASMED is working with specialized medical staff and social workers having gained considerable experience in home-provided socio-medical care through practice and training. In order to maintain the high quality of the services, a continuous professional training programme is in place.

In Moldova, as in other countries, there is an increasing desire of the elderly to stay in their own homes for as long as possible before the need for a higher level of care becomes a reality. For this reason, the number of people who want to be served at home is rapidly increasing. Home care services provided by CASMED are a more effective and efficient alternative to the stationary systems (hospitals, asylums), offering services that are flexible to be adapted to the changing needs of the elderly, ill people, based on a person centred approach. For this reason more than 91,000 visits were provided during the 2011-2013 project phase.

In order to increase and ensure long term sustainability of the service a multi-stakeholder funding approach got applied. This approach means that besides the main donor, the patients, the local municipalities and the National Health Insurance Company (NHIC) co-finance the home care service.

Main project achievements in the reporting period 2011-2013:

- The number of municipalities served with home care services increased from 6 to 16 communities despite of introducing municipalities co-funding. Patients do contribute to the cost of the provided services as well;
- CASMED staff and partner-NGOs provided 91,083 home care visits (41,601 medical and 49,482 social visits). This is an increase of 300% comparing with the previous phase (2008-2010) in which 29,845 got served. The impact of these social and medical home care services are improved health state and quality of life of a total of 2,580 persons. Each medical nurse did in average 5-6 visits per day; the social nurses did 4-5 visits per day. CASMED served an average of 700 clients per month in December 2013 and an average of 72 people per month for the entire reporting period;
- CASMED received the accreditation for providing home care services in 2012 and was subsequently contracted by the NHIC for the provision of 1,000 home visits in Balti municipality;
- Two study visits of CASMED volunteers and employees to the Diakonia ECCB – Centre of Christian Aid in Prague, Czech Republic was organized in 2013, aiming to take over the experience of the Czech partners in providing efficient home care.
- The level of client satisfaction with home services is consistently high, according to the report of an external evaluation provided by "HOME CARE" NGO (Chisinau) to CASMED in August 2013. According to the questionnaires, filled up by the patients, 95% of them are highly satisfied about the provided services;

- CASMED passed an external evaluation of services provided by a Czech expert in 2013. The evaluator concluded that “CASMED’s organizational and institutional setting is suitable and appropriate for providing home care services of good quality and responds well to the cultural, political and social context of Moldova”.
- CASMED received a diploma of excellence for the development and implementation of the model of home care services by the Ministry of Health of the Republic of Moldova in November 2013.

1. CONTEXT: OBSERVATIONS ON THE PROJECT ENVIRONMENT

Political environment:

The Government of Moldova regards the European integration as a fundamental priority of domestic and foreign policy. In line with the government’s objective to create a modern European public administration system, a series of reforms have been launched to streamline and enhance the efficiency of the civil service.

Local governments in Moldova play a significant role in the provision of public services and bear primary responsibility for health services, water supply, sanitation, local roads construction and maintenance as well as other community based services. Currently, the local governments are fragmented, underfinanced and provide inadequate and low quality services. The improvement of the needed public services in rural areas depends on the ability of the government to fast-track local governance reforms.

Economic environment:

The economic and political crises experienced by Moldova during the last years, have even more impacted on the wellbeing of elderly in the country. Poverty remains a major problem in Moldova, especially for old people. Generally, all villages suffer from poor economic and social conditions. Since the beginning of 2013, the prices for services, food and medicines have continuously increased.

On April 1st, 2013, a decision of increasing the pensions that are lower than the subsistence minimum of 1,311 MDL (approx. 79 Euro²) was approved by the Government. Due to this decision the pensioners receive an additional 50-90 MDL (approx. 3-5 Euro³) every month, but this will not considerably improve their financial situation.

2. RESULTS: PROGRESS OF ACTIVITIES AND RESULTS

2.1. Objectives

Objectives of the Project:

Improvement of access to social and medical services in the Northern part of Moldova

Specific objectives:

Objective 1: To improve social and medical services in communities by establishing and running a home care service in efficient, effective and sustainable way. To develop and strengthen a network of high quality social and medical home services.

Objective 2: To increase institutional and financial sustainability of home care services by attracting funds from public and private donors on local, national and international level.

Target Groups:

Elderly persons from rural and urban areas: Solitary persons, persons with reduced mobility; elderly persons in need of post-hospital treatment after harmful diseases (fractures, vascular accidents, important surgery interventions); chronic patients; persons with handicap; persons who have diseases in terminal stages (cancer, cirrhosis).

2.2. Project staff and local partners

² As by December 2013.

³ As by December 2013.

During the reported period the home care service got extended from 6 to 16 communities. Six new working points were established in 2013 (*for more details see Annex 1 Locations and local partners*). In order to provide quality services in all these communities, cooperation agreements were signed with 9 local NGOs and the Local Public Authorities (LPA). The role of each partner, their resources and the way of reporting toward CASMED are stipulated in the cooperation agreements. Together with the partner-NGOs, CASMED developed professional working procedures and collaboration relationships.

CASMED extended not only its area of activity, but also increased in number of staff engaged. The medical staff is qualified according to the law and recruited based on individual employment contracts. All nurses meet regularly in the central office once a month for monthly reporting/planning. During the monthly meetings, are discussed all the problems and difficulties of the daily work, confirmed by minutes. These meetings facilitate the exchange of experiences between the nurses and strengthen the team. The coordinator nurse checks the documentation for each beneficiary monthly and periodically discuss with the served patients.

2.3. Provision of Home Care Service

The home care assistance represents a complex of activities granted within an integrated social and medical system and has the main purpose to maintain the individual autonomy of the person as well as the provision of the assisted family member’s access with information and the active support in the participation of the care process.

During the reporting period, CASMED Center provided the following services:

Home care medical services - administration of drugs, health monitoring (blood pressure, glucose testing, pulse, respiration etc), prevention and treatments of bedsores, treatments of wounds, massage, rehabilitation gymnastics, physiotherapeutic procedures, bandaging, training of patients and their caregivers in self-care and rehabilitation procedures, etc.

Home care social services – supporting people with food preparation, dressing, assistance in solving administrative issues, assistance in dwelling maintenance (house-keeping, water supply, firewood etc.); walks, escort to the hospital, laundry and showering services, counseling and educational activities, shopping. CASMED has coordinated the social services, while the services themselves were provided by local NGOs on contract basis.

During the reporting period, a total of 91,083 home care visits (41,601 medical 49,482 social services) were provided. This is an increase of 500% compared with the previous phase (2008-2010) in which a total of 15,925 visits were provided. Figure 1 shows the distribution of visits provided per years.

These services were offered three or two times per week, depending on the case, the health state and need of the patient. Each medical and social nurse provided on average 5,7, respectively 5,2 visits per day. The duration of medical visits varied between 25 up to 50 minutes per patient, depending on the case. This is on average 40 minutes per visit and patient. The duration of social visits varied between 45 up to 70 minutes, with an average of 58 minutes per visit.

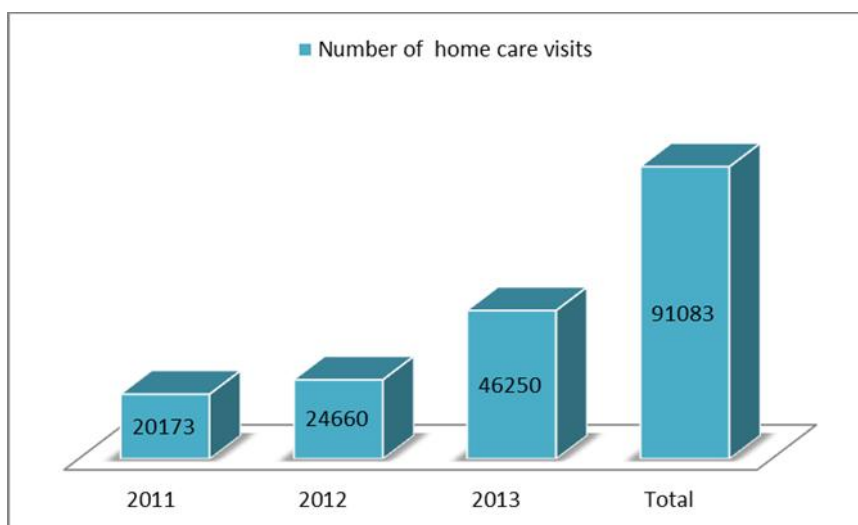


Figure 1: Number of visits provided in the period of 2011-2013

2.3.1. Medical Home Care Services

During the reporting period, CASMED medical nurses served 1,386 individuals (in average 170 patients per month for the reporting period, or 290 patients per month, in December 2013) by providing a total of 41,601 home care visits

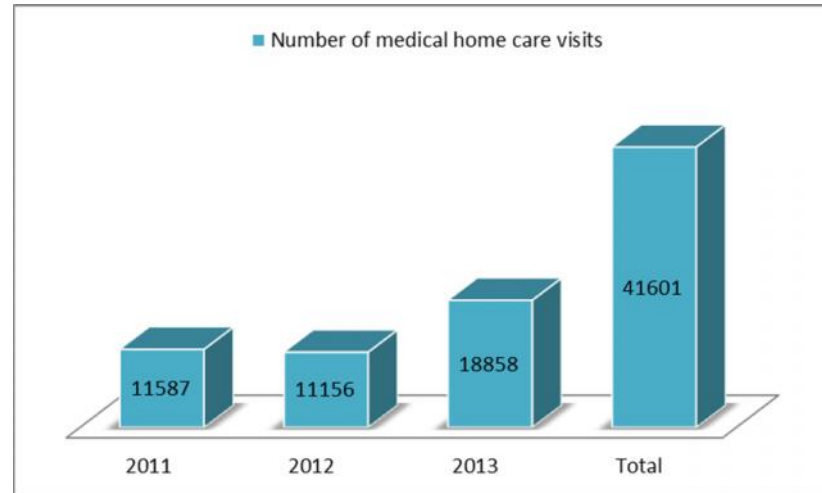


Figure 2. Number of medical home care visits.

The figure below shows the distribution of patients and medical staff in the period of 2011-2013.

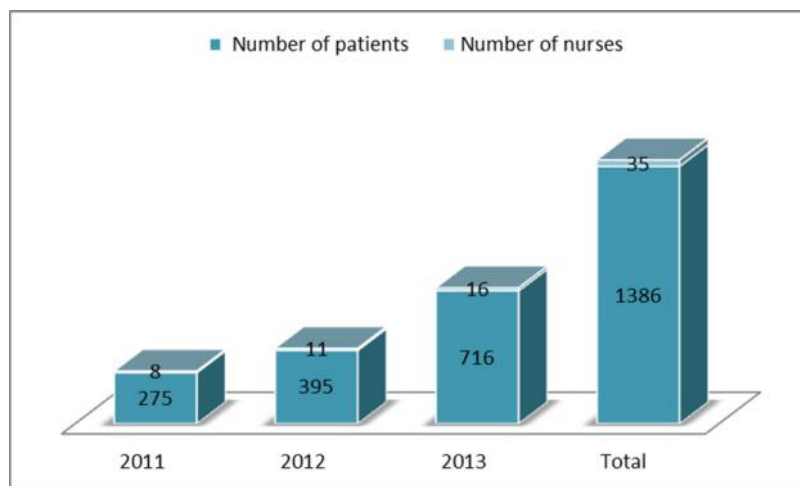


Figure 3: Number of patients and medical nurses in the period of 2011-2013

The project beneficiaries got selected through a needs assessment. Agreements have been signed with all selected beneficiaries. Each nurse provided home care to around 18-20 beneficiaries per month. Periodically, a rotation of beneficiaries took place. Those who showed an improved health status got substituted by other patients. The services were offered according to the recommendations of the family doctors, in average one to three times per week.

During the reporting period, the condition of the beneficiaries, suffering from chronic diseases, has significantly improved. Medical services were provided responding to individual needs, focusing on improving the functional status, social integration and supporting the independency of the patients.

In September 2013 a mobile team providing the services by car was introduced in four neighboring villages: Fagadau, Soltoaia, Ciolacul Vechi and Pocrovca from Falesti District. The mobile team can serve more patients per day (8 on average) than a team solely serving patients by bicycles or on foot, thus increasing the number of people benefiting from home care disproportionately. Hence, it is more

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efficient as the staff saves travel time between patients. In addition, the mobile team made the services also accessible for patients living in more remote areas.

2.3.2 Social Home Care Services

During the reporting period, CASMED social staff and partner-NGOs' social workers served 1,194 individuals (in average 207 patients per month for the entire reporting period, or 400 patients per month, in December 2013) by providing a total of 49,482 social home care visits.

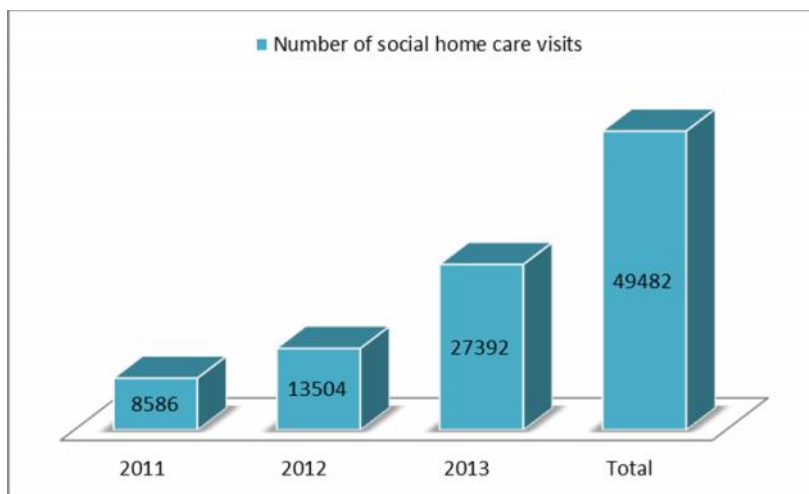


Figure 4. Number of social home care visits.

The figure below shows the distribution of patients and social staff by year in the period of 2011-2013.

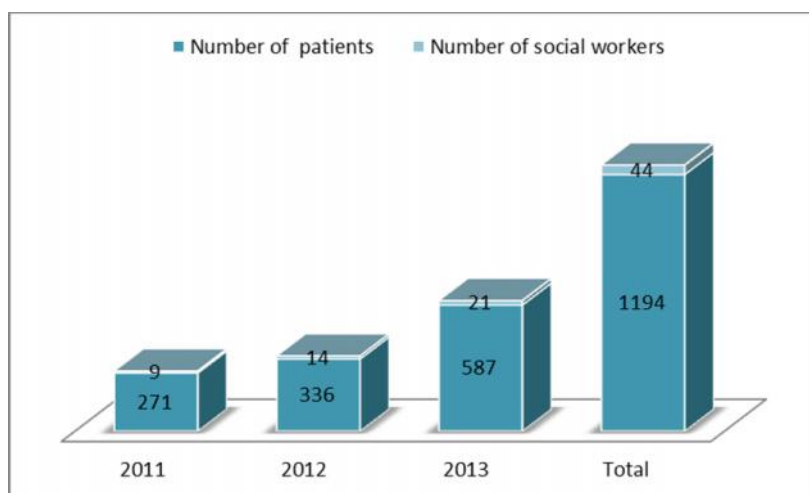


Figure 4: Number of patients and social workers in the period of 2011-2013

As in the case of the medical patients, most of the patients in need of social services are frail elderly people, who are bed-ridden or house-bound. Most of them either live alone or have limited family support. In addition to the professional social home care, CASMED actively involved volunteers, family members and relatives in the care of its patients.

CASMED managed to create a successful partnership between municipalities and local NGOs in social service administration, thus fostering sustainability of the provided service. CASMED selected 9 local NGOs responsible for the social services and concluded an agreement with all of them. The local authorities provided the space needed for organizing and developing the planned activities, funded basic services, such as electricity and running water needed for the washing machines and co-financed the expenses for the hygiene materials and social workers' salaries.

The contribution of the local public authorities amounted to 29,286 CHF (approx. 413,748 MDL⁴) for the 2011-2013 implementation phase. This is a substantial increase of 716% compared with the contribution of 4,091 CHF in the 2008-2010 phase.

⁴ As by December 2013.

One of the advantages of a public-private partnership in the field of social care is that it offers a better coverage of the community's social needs. Moreover, a public-private partnership increases the quality of the services. Both municipalities and public organizations contribute to the improvement of the community services with practical advice and financial resources. Such collaboration is something new for our country, but already demonstrated its effectiveness shortly after its implementation, obtaining very good results with low costs, contrary to the institutionalization system. In the same time such a system insures a high transparency of the provided services, the satisfaction of beneficiaries being the main barometer of the quality of the provided service.

Figure 4 below shows the contribution of the local public authorities per year and the number of communities served.

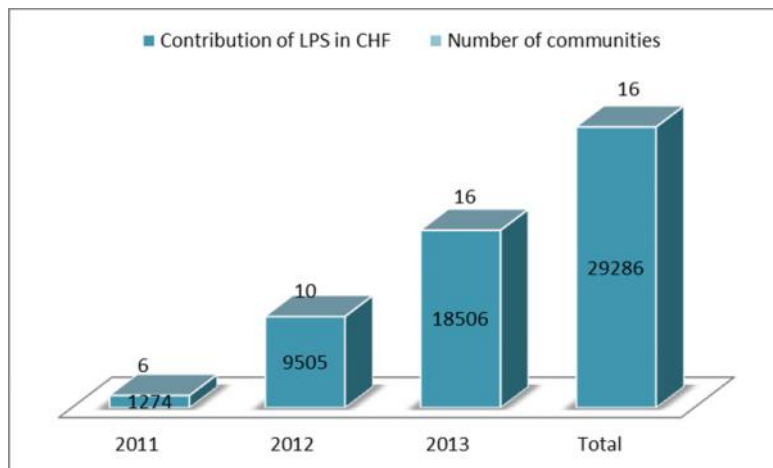


Figure 2: Contribution of local public authorities per year and number of served communities in 2011-2013.

2.2.3 Level of patients' satisfaction

CASMED measures its success or fail through the eyes of the beneficiaries. How satisfied are the patients about the provided services? How satisfied are their relatives about it? How many people have achieved a higher level of independence? All these questions are included in a questionnaire, aiming to make a survey of client's satisfaction and to measure the quality of the provided services. According to this survey 95% of the questioned beneficiaries are highly satisfied about the received services.

CASMED aims to meet the needs and expectations of the patients, focusing the resources on increasing the quality of care and at the same time, ensuring access to the provided services for people who need them.

This is proved by the permanently increasing number of demands from the potential patients, despite the required co-financing, as well as by the increasing number of communities wishing to implement the project (from 6 to 16 in three years)

Home care services have contributed to higher quality of life of elderly people, as for instance Mrs. Liubovi Lucasevici or Muntean family (see text in box).

“My name is I. Lucasevici and I am living in Balti. I am dealing every day with my mother’s cruel disease. The medical nurse helps me to take care of her because the pressure sores she has on her leg are difficult to heal. I want to thank CASMED, on behalf of my mother, for their goodness and professional dedication.” Liubovi Lucasevici

“We are happy with the services we got, especially since Mr. Tudor visits us. He comes three times a week in our house, always being upbeat and encouraging us, that is beneficial for a sick man as I am. We hope that CASMED will create a canteen for elderly and provide food delivery. This would help a lot. This would be very nice as it would save us a lot of time on the road and would help those who are not able anymore to buy or prepare food themselves. With best considerations, the Muntean family.” Maria and Constantin Muntean

Provision of an efficient and needed service could be achieved only with a major effort of the beneficiary and the provider. During the home visits a trustful relationship was established between the beneficiaries and the staff, enabling behavioral changes of the patients and planning interventions that will help to solve their problems, and as a result improve their health.

The quality of services provided by CASMED is recognized at national level. In 2013 CASMED received a diploma of excellence for the development and implementation of a model of home care services, issued by the Minister of Health of the Republic of Moldova.

2.4. Capacity building for staff and partner NGOs

The concern to provide quality services to the beneficiaries and at the same time having well-trained staff is a constant organizational issue. Thus, during the project implementation, both CASMED employees, as well as representatives of the partner-NGOs participated in various trainings, which contributed to their professional and organizational development, and as a result to an increase of the quality of the provided services.

CASMED assisted and accompanied the partner-NGOs, providing advice on management and planning, technical support, mentoring and guidance. All local NGOs have been assisted in establishing working procedures, enhancing the quality of social home care services, as well as in report writing.

CASMED, together with its partner-NGOs participated at the Regional Forum of NGOs - providers of social assistance for elderly people, organized in Chiscareni village, Singerei District by a local NGO and the local public authorities. The main objectives of the forum were to promote the experience of this NGO, especially of the Seniors Club of Chiscareni, in the development of adult education services and identifications of ideas to develop the quality system of the NGOs providing social services to elderly people. The forum was attended by the heads of local administrations of the northern districts, NGOs as well as social care workers.

Four of CASMED nurses were trained in a mix training program (training sessions and exchange visits), delivered by HOME CARE NGO (Chisinau), supported by the Czech Development Agency.

A comprehensive training program was developed and offered in partnership with HEKS Moldova Foundation. The organized trainings aimed to increase the efficiency, effectiveness and accountability in home care delivery. Special attention was given to interpersonal conflict prevention, stress management and other issues related to medical and social home care services. Trainings on the following subjects were provided during the reported period: training course in surgical emergencies, communication with beneficiaries, prevention of nosocomial infections, case management of cardiovascular diseases.

Also, HEKS Moldova Foundation, organized a comprehensive training program for the CASMED project manager in project management, fundraising, financial sustainability, negotiations.

2.5. Visibility of the Project

CASMED activities were promoted via the quarterly published newsletter “Home Care” and a well-maintained website (www.casmed.md), as well as through building good relations with patients, family members, who disseminated their positive experience to other local inhabitants. The newsletter presented information about the activities, organized by CASMED, practical advices, case studies, and other useful information. A total of 4000 copies of the newsletter were published in Romanian language and distributed free of charge to local authorities, NGOs, state institutions, patients. Also an electronic version was available for other stakeholders.

3. PROCESS: CHANGES IN THE PROJECT SET-UP / TEAM

3.1. Organizational development and external evaluation

CASMED invested in basic medical equipment, purchased on the project funds, which eased a lot the home care service delivery. Each nurse had a special medical kit for providing medical services, being equipped with protective equipment and adequate hygienic solutions. Medical consumables necessary for patients care procedures could also be bought from project funds.

Since its foundation, CASMED felt the need of a database, which would allow keeping records of the project beneficiaries and would facilitate the availability of information. With the number of beneficiaries continuously growing, this need has become even more pronounced. Thus, CASMED created a database that increased information accessibility and the efficiency in creating the assisted patients files.

To ensure the quality of services, CASMED has developed a plan of continuous monitoring of the provided service quality, ensuring that the beneficiaries receive quality, sensitive, private and reliable care. In December 2013 CASMED passed an external evaluation performed by the "HOME CARE" NGO (Chisinau), which concluded that the services provided by CASMED are in correspondence with the existing standards and the level of client satisfaction with home help services is consistently high.

3.2. New partnership and collaboration with Diakonia ECCB

Since April 2013 a new partner - Diakonia ECCB, Centre of Christian Aid (Czech Republic) - joined CASMED. The first joint project concerned the development of a network of volunteers at CASMED. 12 young volunteers from CASMED benefited from an exchange visit to Diakonia (Prague, Czech Republic) that lasted more than a week, contributing to consolidation and strengthening of the volunteers' network.

The second joint project began with a study visit of 12 CASMED medical nurses to Diakonia ECCB - Centre of Christian Aid in Prague, Czech Republic, from 7th till 14th of June 2013. The purpose of the visit was to share the working experience and identify a set of best practices in medical and social assistance, registered in the Czech Republic. The agenda included visits to Diakonia social centers, providing social services for elderly people. During these visits there were carried discussions, exchanges of views and experiences on different topics, such as: medical and social security, contracting of services by health insurance companies, ways of organizing medical and social services for elderly people, working with local public authorities on funding the community social services, palliative care system, electronic recording of medical and social services etc.

The visit was extremely productive. The team had the opportunity to meet, discuss and learn from careers, nurses, managers. Diakonia's experience has contributed significantly to improving the work style of nurses, improving the intervention tactics as well as the action methods in caring for people with various degrees of immobility.

Furthermore, a mobile team got introduced in collaboration with Diakonia ECCB in the following four new established working points in September 2013: Fagadau, Seltoaia, Ciolacul Vechi and Pocrovca. All these working points are situated in small villages, situated quite near each other, belonging to Ciolacul Nou mayoralty. The team consisted of one medical assistant and three social assistants, hired from these villages. The car made the services more productive and accessible to patients living in more remote villages.

In October 2013, CASMED's services also got externally evaluated by a Czech expert. The evaluator concluded that "CASMED's organizational and institutional setting is suitable and appropriate for providing home care services of good quality and responds well to the cultural, political and social context of Moldova".

3.3 Networking and advocacy for governmental funds

The National Network of Home Care service providers (CASMED NGO is member since 2011) has continued lobby and advocacy activities on national level for improving the social and medical service systems. Each month meetings with representatives of the Ministry of Health and Ministry of Labor, Social protection and Family were organized. The members of the network presented all difficulties they face in their activity. As a result, the representative of the Ministry of Health made changes in the regulations of home care provision, in return they were expecting help in developing new quality standards for home care services.

After about 1.5 years of meetings and workshops with the Ministry of Health, the new order and new standards of home care was approved in July 2013. This standard is enabling service providers to provide higher quality services to patients.

After numerous workshops with the Ministry of Health and the Medical Insurance Company, it was decided in December 2013 that the cost of a home visit would increase from 35 MDL to 91 MDL (approx. 6 CHF⁵) starting from January 2014.

3.3.1 Volunteering

CASMED focused on the volunteer's involvement in its work, thus in 2013 5 internal and 10 casual volunteers got involved providing a total of 620 volunteer/hours.

In April 2013 a group of CASMED volunteers went to a study visit to Diakonia ECCB, Centre of Christian Aid (Czech Republic). The purpose of the visit was to get to know the way Czech organizations involve their volunteers in the provision of home care services.

"We had the opportunity to meet Diakonia ECCB volunteers, to learn from them how we can help the elderly. We have visited several social centers and we practiced some exercises that are good for the elderly's health with the medical assistants. Although our visit was quite short – only 7 days - we benefited a lot." Elena Gorobe , volunteer.

"We went there to help the elderly in need. As the winter holidays are coming, this is a chance to make a beautiful gesture for those that suffer hunger," Igor Semeniuc, volunteer.

Since 2013, CASMED volunteers' activity was coordinated by an American Peace Corps volunteer. The volunteers distributed promotional materials and organized fundraising campaigns. Thus, in November 2013, CASMED volunteers together with the volunteers movement "Hello, Balti", conducted a social campaign named "From heart, for Grandparents!" to support the elderly. "Hello B I i" is a volunteering initiative financially supported by the Municipality of B I i and facilitated by the volunteers from Peace Corps from Balti. With the generous support of the people living in Balti, we managed to collect goods valued at about 6,500 MDL (approx. 440 CHF⁶): food, clothes, hygienic products. The volunteers distributed these products to 85 elderly persons from B I i and neighbouring villages.

3.5 Difficulties and challenges

Implementation area:

From the beginning, the project was designed to be implemented in 8 communities. Because of the additional funding of HEKS Foundation and the funds from Diakonia ECCB, an extension to 16 communities was possible. This extension has increased the number of beneficiaries, thus the number of visits provided.

Staff selection:

There were difficulties encountered in the staff selection and employment process, especially of medical nurses. The problem was the shortage of qualified personnel in rural areas, as a result of job migration of young nurses toward towns or abroad.

Project funding:

Starting with January 2012, CASMED passed to a new financing strategy, supposing that 20-30% of direct project costs for social services have to be co-financed by the communities.

The procedure of obtaining the co-financing decision from the municipalities proved to be very time consuming. Each year, there was a certain delay of the start of project implementation due to the late approval of the co-financing by the local councils. Sometimes, even if there was a civil initiative to implement the project and the mayor supported it, the councils refused to co-finance the initiative. Unfortunately, in Moldova it often happens that the decisions on the local level are taken according to the political affiliation of the local councillors and not according to the needs of the citizens. This was the reason why several communities did not sign the partnership agreements and CASMED had savings that were actually designated for the provision of social and medical services.

The local contribution is usually transferred from the so called "free balance" of the LPA, generated from taxes, paid by the local entrepreneurs, most of them administrating agriculture-related businesses.

⁵ As by December 2013.

⁶ As by December 2013.

Although CASMED has signed cooperation agreements with mayoralties for co-funding of the social services, some very poor mayoralties could not meet their financial obligations due to budget constraints. For example, although the LPA of Prepelita Village (Falesti District) promised to co-finance the project with the amount of 24,000 MDL (approx. 1620 CHF), they contributed only 15,000 MDL due to financial constraints.

From 1st of January 2013, CASMED has been contracted by the NHIC for the provision of 1,000 home visits in Balti municipality. Although it was planned to get 50,000 from the NHIC funds, it was managed to get only 30,000 MDL, or 70% of the initially planned funds. The NHIC did not accept to fund more visits, because of the limited funds they have allocated for home care services. According to the state insurance system, each patient could benefit from 36 insured visits per year (only in exceptional cases 72 visits are insured).

Although, the price per visit paid by the NHIC is very low - 35 MDL (approx. 2 Euros), which is lower than the actual cost of a visit, covering only the travel expenses, salaries of nurses and some basic medications, CASMED is obliged to prepare monthly detailed reports on the provided services, which increased considerably the time for reporting of the administrative personnel. A specific of the NHIC is that it is very late in payments for the contracted services.

Other achievements:

The local authorities from Bocani, Ciolacul Nou and Ciolacul Vechi Villages in Falesti District have identified additional funds to provide monthly around 14 project beneficiaries with daily hot meals. Most of them suffer from sub-nutrition, as their pensions are too low to buy all the food needed to prepare a balanced meal.

With the help of the organization "Salvation Army" from B i i, it was possible to provide walkers, crutches and wheelchairs to 20 patients with walking disabilities.

Other difficulties:

Another difficulty encountered was the fact that the beneficiaries were often located in different parts of the community with a walking distance of 30 minutes or even 1 hour in bad weather conditions. Also, as the beneficiaries paid for the services, they asked the social workers to perform more hard and time consuming works, thus reducing the number of visits that a social worker could do during the day.

Furthermore, difficulties arose in providing the laundry service. Because not all the communities had a water supply system and the washing machines were supplied with water from wells, there were used pumps, which were broken very often.

CASMED moved into new office at the beginning of September 2013. This caused additional costs and was time consuming (e.g. for the office running costs (rent, security, cleaning, electricity, heating), issue of the new activity license and sanitary authorization, change of the legal address and changes in the Organization Statute at the Ministry of Justice of RM).

3.6 Lesson learnt

As most European countries, Moldova is affected by the phenomenon of an aging society. There is an increasing need to develop programs for supporting elderly people. Compared to services offered by stationary institutions, provision of home care services proved to be more effective and cost efficient.

During the three years of activity the model has proven to be effective, cost-efficient and hugely requested by the elderly in need. The experience has shown that to obtain sustainable results it is necessary to have an efficient collaboration with all stakeholders, including local authorities, civil society, the National Health Insurance Company etc.

The co-financing of the services by LPAs (municipalities) and the clients/beneficiaries is crucial for the sustainability of the services. However, it is difficult to be achieved due to a wide spread short-term perspective of most stakeholders. In addition, co-financing is a good steering tool for demand and need oriented services, fostering quality of the provided services and a good argument for seeking other funding partners.

The human factor is essential in providing quality services - we need committed people in the public services. The results obtained and the experience gained throughout the years give CASMED confidence, courage and the power to continue its work.

4. FINANCIAL STATUS

| Budget position | Expenditure, Cost MDL | | | | Expenditure, Cost CHF | | | |
|--------------------------------------|-----------------------|------------------|------------------|------------------|-----------------------|----------------|----------------|----------------|
| | 2011 | 2012 | 2013 | Total | 2011 | 2012 | 2013 | Total |
| Total income | 1,373,394 | 1,558,129 | 2,937,497 | 5868971 | 97,211 | 110,287 | 207,917 | 415,415 |
| Income from HEKS | 1,147,542 | 1,252,676 | 1,659,400 | 4,059,618 | 81,225 | 88,666 | 125,829 | 295,720 |
| Income from LPAs | 18,000 | 134,292 | 266,171 | 413,748 | 1,274 | 9,505 | 20183 | 30,962 |
| Income from patients | 190,427 | 168,591 | 179,070 | 636,873 | 13,479 | 11,933 | 13,579 | 38,991 |
| Income from other donors | 17,425 | 2,570 | 703,736 | 723,732 | 1,233 | 182 | 50,895 | 52,310 |
| Income from NHIC | 0 | 0 | 35,000 | 35,000 | 0 | 0 | 2,654 | 2,654 |
| Administrative costs | 372,101 | 432,963 | 537,670 | 1,342,734 | 26,338 | 30,646 | 41,102 | 98,086 |
| Finance and administrative staff | 234,715 | 274,778 | 280,202 | 789,695 | 16,613 | 19,449 | 21,247 | 77,164 |
| Rent, office and travelling costs | 137,386 | 158,185 | 257,468 | 553,039 | 9,724 | 11,197 | 19,855 | 40,776 |
| Operational costs | 1,001,293 | 1,125,166 | 2,394,785 | 4,521,244 | 7,0873 | 79,641 | 155,450 | 305,964 |
| Subsidized medical service provision | 595,208 | 544,013 | 965,787 | 2,105,008 | 42,130 | 38,506 | 72,783 | 115,502 |
| Subsidized social service provision | 344,949 | 498,891 | 940,378 | 1,784,218 | 24,416 | 35,312 | 27,107 | 86,835 |
| Investments & medical equipment | 42,450 | 38,697 | 356,587 | 437,734 | 3005 | 2,739 | 45,497 | 51,241 |
| Training and capacity building | 14,175 | 26,412 | 103,882 | 144,469 | 1,003 | 1,869 | 7,928 | 10,800 |
| Marketing & Promotion | 4,511 | 17,153 | 28,151 | 49,815 | 319 | 1,214 | 2,135 | 3,668 |

Annex 1: Communities and local partners

| Nr | Community | The number of inhabitants | Local partner NGO |
|-----|---|---------------------------|--|
| 1 | Mihaileni Village, Riscani Rayon | 4,465 | Asociatia Femeilor „Speranta-Mihaileni“ |
| 2 | Ochiul Alb Village, Drochia Rayon | 3,089 | “BRIA VIS“ NGO |
| 3 | Pirlita Village, Falesti Rayon | 3,392 | “Caroma Nord“ NGO |
| 4 | Prepelita Village, Singerei Rayon | 2,928 | “APP Pentru Sprijinirea Invatamintului“ NGO |
| 5 | Bahrinesti Village, Floresti Rayon | 2,370 | “APP Bahrinesti“ NGO |
| 6 | Floresti Town | 13,164 | “Ungherasul Fericirii“ NGO |
| 7* | Glingeni Village, Falesti Rayon | 3,439 | “Nufarul Alb“ NGO |
| 8* | Falesti Town | 14,900 | “Pro Asistenti si Dezvoltare Comunitara“ NGO |
| 9 | Ciolacul Nou Village, Falesti Rayon | 1,205 | “Pro Asistenti si Dezvoltare Comunitara“ NGO |
| 10* | Ciolacul Vechi & Pocrovca Villages, Falesti Rayon | 1,156 | “Pro Asistenti si Dezvoltare Comunitara“ NGO |
| 11* | Fagadau Village, Falesti Rayon | 600 | “Pro Asistenti si Dezvoltare Comunitara“ NGO |
| 12* | Seltoaia Village, Falesti Rayon | 263 | “Pro Asistenti si Dezvoltare Comunitara“ NGO |
| 13* | Bocani Village, Falesti Rayon | 1,419 | “Pomul Verde“ NGO |
| 14 | Elizaveta Village, Balti Municipality | 3,523 | “CASMED“ NGO |
| 15 | Dominteni Village, Drochia Rayon | 1,389 | “CASMED“ NGO |
| 16 | Balti Town | 143,120 | “CASMED“ NGO |

*New working point established in 2013.

Annex 2: Photos



Monthly staff meeting



Field monitoring visit by donor representatives



**Nina Chitac medical nurse, Falesti Rayon
Physiotherapeutical procedure (Vitafofon T)**



Training session for partners on PR topic



**Mortean Antonina, medical nurse Railean
Ecaterina, patient from Balti, massage**



**Aliona Gorobetchi, medical nurse Zinaida
Smintina, patient from Ochiul-Alb, massage**



Regional forum of NGOs providers of social assistance for elderly people organized in Chiscăreni village



Training for staff on medico-surgical emergency



Training for staff on case management for cardiovascular diseases



Social campaign: "From heart, for Grandparents!"



Social campaign: "From heart, for Grandparents!"



Social campaign: "From heart, for Grandparents!"



Ana Carabulea, medical nurse, Balti. Pampers donation



Tatiana Sau, medical nurse, Mihaileni Village, physiotherapeutical procedure (Vitaфон -T)



Brumari Iulia, medical nurse, Glingeni Village, Bandaging