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Promising practices in Social Protection for children

in Europe and Central Asia

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LIST OF ABBREVIATIONS

BiH	Bosnia and Herzegovina
CRC	Convention on the Rights of the Child
CSWs	Centres for Social Work
DSI	Directorate for Social Inspection
EPIC	European Platform for Investing in Children
EU	European Union
FBiH	Federation of Bosnia and Herzegovina
GEL	Georgian Lari
GMI	Guaranteed Minimum Income
HRBAP	Human Rights-Based Approach to Programming
IPA	EU Instrument of Pre-Accession
ISC	Integrated Social Centre
ISCP	Institute of Social and Child Protection
ISS	Integrated Social Services
LAP	Local action plan for social protection and inclusion
LSP	Local Social Plan
MBPF	Monthly Benefit for Poor Families
MoLSA	Ministry of Labour and Social Affairs of Armenia
MoLSW	Ministry of Labour and Social Welfare of Montenegro
MoTAD	Ministry of Territorial Association and Development of Armenia
NGO	Non-governmental organization
OECD	Organization for Economic Cooperation and Development
OECD DAC	OECD Development Assistance Committee
PMT	Proxy means test
RS	Republika Srpska
SPIC	Social Protection and Inclusion Commission
SPIS	Social Protection and Inclusion Systems
SSPD	Strategy for Social Protection and Development of Kyrgyzstan
TSA	Targeted Social Assistance
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
US\$	United States dollar
USAID	United States Agency for International Development

EXECUTIVE SUMMARY

A wealth of global evidence demonstrates the important role that well-designed and implemented social protection systems can play in helping to guarantee the right of children to an adequate standard of living, and to build more cohesive societies and stronger economies. The international commitment to expand social protection systems has been underlined through Sustainable Development Goals, in particular **Goal 1: End Poverty in All its Forms, Everywhere; and through the specific target 1.3 Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable.**

Social protection policies are essential to tackle inequities and drive progress towards equal opportunities and access to services for children. UNICEF's global Social Protection Strategic Framework highlights the need for countries to tackle child poverty and social and economic vulnerability by developing well-integrated social protection systems that speak to children's rights and their specific needs, paying special attention to the most vulnerable. Within this framework, UNICEF considers the following to be elements of a social protection system for children: social transfers; programmes to ensure access to services; social support and care services; and legislation and policies to ensure non-discrimination in access to services, employment and livelihoods.

The *Social Monitor: Social Protection for Child Rights and Wellbeing in Central and Eastern Europe, the Caucasus and Central Asia* found that social protection in the region does not currently ensure an adequate living standard for children, and often fails to reach the most marginalized children and those most in need of assistance. The challenges noted included low levels of cash benefits, low levels of spending on family and child benefits, exclusion of large numbers of the poorest people, underdevelopment of social care and support services, a lack of links between cash and care services, and low awareness of social protection entitlements among the most vulnerable children and families.

Several countries in the region have initiated reforms to their social protection systems and are tackling the issues identified. This paper documents some of the promising practices in social protection for children in Europe and Central Asia, and UNICEF's role in supporting national social protection systems and policies. It is intended to support the sharing of good practice across the region, as well as the identification of lessons to be learned. The study was based on an extensive desk review of UNICEF-supported social protection practices in each country, and interviews with UNICEF country office staff and stakeholders from selected countries. Fourteen examples of promising practices were presented by UNICEF country offices, of which five are documented here, from Armenia, Bosnia and Herzegovina, Georgia, Kyrgyzstan, and Montenegro. The selected practices are complex interventions that approach the problems of vulnerable children in a holistic and sustainable way, interconnecting different components of social protection systems, building wide partnerships, and introducing new models and work processes in the area of social protection. Several of the practices presented have already led to significant demonstrable system change, which may ultimately be expected to lead to improvements to children's lives.

In Armenia, Government and partners enacted reforms to shift from a model that exclusively focused on providing and managing of cash-based support interventions towards a more proactive and holistic model that provides support to families and children based on their specific needs. UNICEF was involved in conceptualizing and piloting a model of integrated services, and in building capacity for national roll out. The model builds on four pillars: case management, the establishment of a Single Window of Integrated Social Centres, design and implementation of local social plans, and enhanced cooperation among local stakeholders. The reform is improving access to social protection benefits and services for the most vulnerable children and is being rolled out nationally.

Bosnia and Herzegovina introduced an instrument for multidisciplinary needs assessment of vulnerable children and identification of the social services that would address the needs revealed through a tailored support plan. All the needs of vulnerable children in the community are consolidated within one document, together with the resources needed for support. To be able to meet the identified needs, UNICEF supported the introduction of new social services for vulnerable children. The fragmented governance in the country required specific design of a practice that empowered institutions and organizations at local level, giving them the opportunity to change the system locally. The model is fully operational in 32 local administrative units and is currently being implemented in the rest of the country.

In Georgia, government undertook a policy reform to improve the targeting accuracy and effectiveness of the national means-tested social assistance programme. UNICEF supported the reform through technical assistance carried out with the World Bank, based on a thorough analysis of child poverty. Simulations forecast a significant drop in child poverty as a result of the policy changes. An impact evaluation is planned to assess the actual impact on children and families. This practice is a good example of an evidence-based public policy process, with an ex-ante social and impact evaluation and high quality analysis at all steps of the reform.

The Government of Kyrgyzstan, with UNICEF support, undertook a policy intervention aimed at improving the adequacy of the national monthly benefit for poor families with children by linking the benefit calculation to the subsistence minimum. The intervention provides a good example of combining ex-ante analysis and evidence based policy with public awareness and social mobilisation to effect policy change. This could be considered a good example of evidence-based policy reform, and the actual impact of the intervention on child poverty should be evaluated in the future.

Montenegro introduced case management into the work of social centres at community level, with support from UNICEF. In addition, new social services, a mechanism for needs' identification and personalized plans for support have been introduced. The reforms led to a complex systemic change, establishing a new way of approaching children in need. Case management is fully operational at national level: it is sustainable, innovative and transferable. However, it is too early to evaluate how the tool has changed the lives of vulnerable children.

Based on analysis of these promising practices, two principal approaches are emerging as successful for the region. The first is based on extending the targeting and increasing the adequacy of child- and family-related cash benefits: this can rapidly reduce child poverty and vulnerability. The second is based on developing more responsive and integrated social care and support services for the most vulnerable children. The two models are not mutually exclusive, and several of the countries are beginning to find ways to bring the two together, through integration of databases, and the establishment of "single window" service centres, and integrated case management.

A number of useful lessons are identified in this report, on issues including the power of evidence and data combined with high level advocacy and policy dialogue to guide policy change and enlist political will in support of reforms; the importance of high quality partnerships among national and international agencies in support of reforms; the need to consider wider public administration and fiscal frameworks for social protection reform; and the need for sustained commitment to the long term and complex nature of some of the changes being implemented.

INTRODUCTION

Social protection has emerged as a key strategy for protecting people from shocks, reducing vulnerability, and investing in human capital as a means to promote inclusive economic, political and social development. In particular, well-functioning social protection policies and programmes are essential to tackle inequities and drive progress towards equal opportunities and access to services for all children. The international commitment to expand social protection systems has been underlined through Sustainable Development Goals, in particular **Goal 1: End Poverty in All its Forms, Everywhere; and through the specific target 1.3 Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable.**

The *Social Monitor: Social Protection for Child Rights and Wellbeing in Central and Eastern Europe, the Caucasus and Central Asia*¹ found that social protection in the region does not currently ensure an adequate living standard for children, and often fails to reach the most marginalized children and those most in need of assistance. The challenges noted included low levels of cash benefits, low levels of spending on family and child benefits, exclusion of large numbers of the poorest people, underdevelopment of social care and support services, a lack of links between cash and care services, and low awareness of social protection entitlements among the most vulnerable children and families.

The purpose of the current paper is to document promising practices in extending and improving social protection for children in Europe and Central Asia, and UNICEF's value added and modes of engagement to support national social protection systems and policies.

The United Nations Convention on the Rights of the Child (CRC) defines social protection as the right of all children to a minimum level of living standards (Article 27), leaving primary responsibility to parents or other formal carers, but with clear accountability for States to provide assistance if adequate standards cannot solely be met by primary carers.

UNICEF defines social protection as “*the set of public and private policies and programmes aimed at preventing, reducing and eliminating economic and social vulnerabilities to poverty and deprivation. Social Protection is essential to furthering UNICEF's commitment to the realization of the rights of children, women and families to an adequate standard of living and essential services*”.² Ensuring that families with children access a minimum package of cash benefits and social support services has been shown to directly contribute to reducing inequities in development opportunities and outcomes, social inclusion and child income poverty, and should lead to improvements in education and health outcomes and help prevent institutionalization, school drop-outs and stunting.

This report on promising practices aims to clarify, document and communicate the reforms to social protection for children that UNICEF has been supporting in Europe and Central Asia, and the related emerging results from UNICEF's engagement in social protection reform and child poverty reduction. A promising practice is one that is relevant, effective, changes the social protection system, or has an impact on children and their families, as demonstrated by quality and reliable evidence.

¹ UNICEF, *Social Monitor: Social Protection for Child Rights and Wellbeing in Central and Eastern Europe, the Caucasus and Central Asia*, December 2015, at https://www.unicef.org/ceecis/Social_Monitor_Regional_Report.pdf

² Natalia Winder and Jenn Yablonski, *Social Policy Strategic Framework*, UNICEF, 2012, p14

The paper is based on a literature review of UNICEF's work in the region, interviews with social policy experts in the region, and information gathered during country visits for the cases that were selected as potentially promising practices. During country visits, in-depth interviews were conducted with UNICEF staff, authorities at national and local levels, international partners, and representatives of civil society.

The first chapter presents the scope of the work, the main definitions, sources of data and information used to analyse the practices, the steps

of the analysis, the criteria to select the promising practices, and the approaches and dimensions used in the analysis.

The second chapter contains an in-depth analysis of selected practices in Armenia, Bosnia and Herzegovina, Georgia, Kyrgyzstan and Montenegro. The analysis of the practice is organized in sub-sections: implementation stages, key activities, main results, lessons learned and next steps.

The final chapter provides overall conclusions from the interventions.





CHAPTER 1 :

Methodology and approaches

DEFINITIONS

The definitions of terms used in this paper are drawn from UNICEF's vision and mandate for social protection, but also respond to the objectives of this exercise: to document knowledge on promising practices in social protection in the region that are having a proven beneficial impact on children and families with children, and to provide ideas and lessons learned for ongoing and future social protection interventions in Europe and Central Asia and beyond.

UNICEF defines *social protection* as the set of public and private policies and programmes aimed at preventing, reducing and eliminating economic and social vulnerabilities to poverty and deprivation.

Vulnerability is the interaction between both exposure to risk and one's capacity to respond and cope. The focus on economic and social vulnerability in UNICEF's definition is based on an understanding of poverty and deprivation as multi-dimensional and dynamic.

Social protection programmes and policies must address social and economic vulnerabilities, as well as their underlying drivers, together. UNICEF promotes the development and strengthening of *integrated social protection systems* as a highly effective approach for addressing the multiple and compounding vulnerabilities faced by children and their families.³

UNICEF embraces three core principles for Social Protection:⁴

- **National Systems and Leadership:** UNICEF supports nationally owned and led systems. There is no 'one size fits all' blueprint for social protection policies; the most effective and appropriate mix of programmes and financing strategies must be identified in each context.
- **Inclusive Social Protection:** Dimensions of exclusion such as gender, ethnicity, HIV status, geographic location, and disability status fundamentally shape the vulnerabilities of children and their families. UNICEF promotes inclusive social protection that is responsive to different dimensions of exclusion and their manifestations.

UNICEF's work on social protection focuses on four components:

1. *Social assistance cash benefits or in-kind transfers and social insurance benefits.*
2. *Programmes that facilitate children's, adolescents' and families' use of health care, education, early learning, and other services.*
3. *Social services which provide care and support*
4. *Legislation and policies*

This paper considers the first three components, and explores legislation and policy changes as they relate to these components. This means that interventions such as anti-discrimination legislation or parental leave, which fall under the fourth component, are not included in this exercise, though reforms may be taking place in these areas in the region.

³ Ibid. p.21

⁴ Ibid. p.23

Additional terminology used in this exercise is adapted from the European Platform for Investing in Children (EPIC) Evidence Based Practices assessment.⁵ The main terms are defined as follows:

Practice or intervention - an activity or a set of activities driven by a government, civil society or other relevant stakeholders in a given country, and partially or fully supported by UNICEF, aimed at improving the social protection system (or parts of it) and having a positive impact on the beneficiaries of the social protection system, in particular children and families with children.

Promising practice – a practice that is relevant, effective, changes the social protection system, or has an impact on children and their families, as demonstrated by quality and reliable evidence.

DATA AND INFORMATION

Data and information on promising social protection practices was collected directly from the 21 UNICEF country offices in the region. To gather the data and information a questionnaire was developed and sent to each participating UNICEF country office (Annex 1: Promising Practices Questionnaire). The information received was analysed based on pre-determined terms and criteria, and a limited number of promising practices were selected.

The questionnaire was divided into two parts:

1. The “general information” part requested information on the title of the practice, the UNICEF Social Protection components to which the practice could be referred, duration, current status, geographic area of intervention, main partners, and total cost. Supporting documents (inception documents, concept notes and terms of reference) were attached.
2. The “specific information” part offered a general description of the social protection practice: purpose, baseline, availability of data to evaluate the impact of the intervention, and documented system changes. The questionnaire also contained a ‘self-evaluation’ of the practices, conducted by a UNICEF social protection staff member in each country based on the definition of “promising practice” used in the exercise.

This documentation exercise considers both ongoing and completed interventions between 2010 and 2015. It includes local, regional and national practices, and modelling or piloting interventions. It also identifies the main partners (authorities at all levels, international partners and NGOs), as well as the costs (financial and non-financial contributions) of the intervention wherever possible.

The data and information used in this study were selected and provided by UNICEF staff members from each participating UNICEF country office. Based on the guidance, each country office sent one⁶ social protection practice that was considered the most relevant. Therefore, this paper does not attempt to give an overview of the whole variety of social protection work in the region; rather it is a snapshot of selected work in the area of social protection.

SELECTION CRITERIA AND SCOPE OF ANALYSIS

The selection criteria for identifying the ‘promising practices’ were defined in an iterative consultation process with the UNICEF Regional Office and country offices, so as to both have a sound conceptual and empirical underpinning, and to take into account the practical limitations to data availability.

Conceptually, the selection criteria and analysis process are largely based on the OECD evaluation principles and criteria, and on relevant aspects of the European Union Platform for Investing in Children (EPIC). Both these conceptual frameworks are described in more detail in Box 1 below.

For the purpose of the current exercise, a practice was selected for analysis if it has *proven relevance and impact (on beneficiaries and/or on systems)*, based on quality reliable evidence.

To determine *relevance*, the following questions were formulated: “To what extent is the practice relevant to the situation of children in the country?” and “To what extent is the practice relevant to the national reform agenda?” To answer these questions, inception documents (situation analysis, needs assessment and so on) were analysed to see if the

⁵ For more on EPIC, see http://europa.eu/epic/practices-that-work/evidence-based-practices/evidence-criteria_en.htm

⁶ Georgia, the former Yugoslav Republic of Macedonia and Uzbekistan each sent more than one practice.

design and implementation of the practice responded to the particular needs of vulnerable children in the country, were compatible with the national agenda and visions and were part of national strategies and policy documents.

To assess *impact*, the following questions were formulated: “Is the practice directly impacting the children and their families?” “In what ways are children benefiting?” and “Did the practice have an impact on the social protection system that is expected to positively affect children’s wellbeing?” This dimension was assessed by analysing the supporting documents

(ex-ante impact evaluation, mid-term evaluations, ex-post/final evaluations and so on).

In order to be able to prove that a practice satisfies these selection criteria, evidence was required, including: (1) a baseline (ex-ante analysis, needs assessment, situation analysis) of the situation before the practice was initiated; (2) quality and reliable data to measure and assess the change (at system level, ex-post analysis); and (3) documented impact on children and their families. The practice was only considered further if all three criteria were met.

Figure 1: EPIC and OECD DAC

The European Union Platform for Investing in Children (EPIC) elaborated a set of criteria to evaluate evidence-based practices that can help to strengthen the capacities of children and their families to face the current social and economic challenges in Europe. The EPIC criteria are used to designate practices as “evidence-based” and to establish whether they have an “impact” on the final beneficiaries of the policies. EPIC includes both “evidence” and “process review” criteria. The EPIC classifies practices into three levels: emerging, promising and best practices. The criteria used to determine the evidence level of the practice are categorized under effectiveness, transferability and enduring impact. This study reviewed criteria from all the categories and adapted some of these. Additional details about the EPIC scope, methodology and evaluation criteria are available online.^a

The Organisation for Economic Co-operation and Development’s Development Assistance Committee (OECD DAC) criteria were first laid out in the DAC Principles for Evaluation of Development Assistance (1991) and further revised and defined in the Glossary of Key Terms in Evaluation and Result based Management (2000). Five dimensions of evaluation were defined:

1. **Relevance:** to what extent are the objectives of the practice still valid; are the activities and outputs of the practice consistent with the overall goal and the attainment of its objectives; are the activities and outputs of the practice consistent with the intended impacts and effects?
2. **Effectiveness** is a measure of the extent to which an aid activity attains its objectives. The following questions are considered: to what extent were the objectives achieved / are likely to be achieved; what were the major factors influencing the achievement or non-achievement of the objectives?
3. **Efficiency** measures the outputs - qualitative and quantitative - in relation to the inputs. It is an economic term which signifies that the aid uses the least costly resources possible in order to achieve the desired results. The following questions are considered: were activities cost-efficient? Were objectives achieved on time? Was the practice or project implemented in the most efficient way compared to alternatives?
4. **Impact:** what has happened as a result of the practice or project? What real difference has the activity made to the beneficiaries? How many people have been affected?
5. **Sustainability** measures whether the benefits of an activity are likely to continue after donor funding has been withdrawn. Projects need to be environmentally as well as financially sustainable. The following questions are considered: to what extent did the benefits of a practice or project continue after donor funding ceased? What were the major factors which influenced the achievement or non-achievement of sustainability of the practice or project?

Further details about the scope, methodology and evaluation criteria can be found online.^b

^a See <http://ec.europa.eu/social/main.jsp?catId=1246&langId=en>

^b See <http://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm>

STEPS OF THE ANALYSIS

The *first step* of the analysis was to collect data from country offices on the basis of the questionnaire described above. All the information was compiled into a matrix that provides a general description of each presented practice.

The *second step* was to apply the evidence test, i.e. to ensure the existence of a baseline and data to measure impact on children or system change. All relevant documents and reports were analysed and the practices were filtered through the selection criteria.

1. **Baseline:** only practices that clearly set a baseline at the inception phase could be considered promising.
2. **Measurable impact:** enough information/data should be available to measure the actual impact and/or system change. Information was collected through practice evaluation documents, reports provided to donors, and beneficiary satisfaction assessments (depending on the nature of each practice).
3. **Impact on beneficiaries:** how many beneficiaries (children and their families) and to what extent are they/will they be positively affected by the practice (for example, the number of children accessing better social services, the number of children accessing new social services, the number of children receiving targeted social assistance, any decrease in the child poverty headcount due to better targeting of social assistance, and so on).
4. **System change:** does the practice support the development of social protection systems that are protective, resilient, promotive, productive and transformative, and respond particularly to the needs of the most vulnerable children?

This led to the production of a tentative list of promising practices that was discussed with the UNICEF Regional Office and validated with the UNICEF country offices in the region.

The *third step* was to analyse the selected practices in depth, taking into account several important dimensions of analysis: the cross-sectorality of the intervention, innovation in the approach, equity dimensions, sustainability, and transferability of the practice. Additional information on each of the practices was collected through in-depth interviews with partners and stakeholders from each country, and through country visits. The presented analysis of each practice is organized into: introduction, analysis of practice (implementation stages and key activities), results, lessons learned and next steps. On the basis of these criteria, five practices were selected, from Armenia, Bosnia and Herzegovina, Georgia, Kyrgyzstan, and Montenegro.

Three of the practices focus on system changes in human, institutional, financial and technical capacity. The analysis attempts to provide an understanding of how the current system works, where the gaps are, how the components are or will be affected by the planned reforms and how much the changes cost in the short and medium-term.

Two of the practices are based on ex-ante impact assessments focusing on the following dimensions: the fiscal impact (the cost of the intervention to the state budget), the social impact (the impact of the intervention on the general population or a specific group, as applicable), the administrative impact (the cost of putting in place the practice, adjustment of the institutions, processes and human resources), and the economic and environmental impacts. It also assesses risks in a medium-term and long-term perspective.

Figure 2: Steps and Dimensions of Analysis

Step 1 Definition and data collection	Practice	Define practice	A “practice” is an activity or a set of activities driven by governments, civil society or other relevant stakeholders in a given country and partially or fully supported by UNICEF, aimed at improving the social protection system (or parts of it) and/or having a positive impact on the beneficiaries of the social protection system, in particular children and families with children.
		Establish time frame of the analysis	2010 to 2015
	Identify basic variables	Name and short description of practice	Name: Goal: Current status:
		4 UNICEF social protection components	<ol style="list-style-type: none"> 1. Cash transfers 2. Programmes to ensure access to services 3. Social support and care services 4. Legislation and policy reform to ensure equity and non-discrimination (not considered for the current task)
		Duration	
		Status	Ongoing/finished
		Area of intervention	Pilot projects/nationwide
		Leading organization / agency / institution / body / Ministry	
		Partners	
		Budget/costs Financial and non-financial contributions from UNICEF	
Step 2 Selecting promising practices	Promising practice	Define promising	A “promising practice” has proven relevance, effectiveness, and impact.
	Evidence test	Step 1. Ensuring quality of evidence	<ol style="list-style-type: none"> 1. Is there a baseline (any data or information about the situation before the practice was initiated)? 2. Is there data to measure/assess the changes (at system and/or impact level) effected by the practice or any studies/ evaluations/ assessments? 3. Is there observable and documented change at system level or in terms of impact on children and families?
		<i>If 1, 2 and 3 Yes</i>	
Step 3 In-depth analysis of the selected promising practices	Analysis	Step 2. Filtering practices through three selection criteria	<p>Relevance: The extent to which the practice is relevant to the situation of children in the country and to national reform agendas;</p> <p>Effectiveness: Detailed analysis of how changes and results were achieved, what the success factors were, which challenges arose, and what the role was of UNICEF and other partners in the process. Cost-benefit: comparison of the results achieved with the financial and non-financial resources inputted by the government and other partners into the process, and by UNICEF (if information is available);</p> <p>Impact: Detailed assessment of each practice, including specific changes in the system and, if applicable, changes in the lives of children and their families. Is the practice impacting children directly (or only indirectly)?</p>
		Step 3. Analysing promising practices in the light of four dimensions	<ol style="list-style-type: none"> 1. Is there an “equity” dimension (is the practice having a particularly positive impact on a group of children who were previously underserved or excluded)? 2. Is the practice cross-sectoral? 3. Is the practice innovative (does it bring a new element that did not exist/ was not applied before)? 4. To what extent is the practice sustainable/ transferable?
Methodology		<ol style="list-style-type: none"> 1. Desk review of available information and data 2. Quantitative analysis of survey data (when available and relevant) 3. Country visits to conduct in-depth interviews with key informants (5 days per country) 4. Write up of each practice and production of the compendium 	



CHAPTER 2 :

Detailed analysis of five selected promising practices

CASE 1:

Introduction of Integrated Social Services in Armenia

INTRODUCTION

Historically, Armenia has had a strong culture of social protection and support for the most vulnerable. During the Soviet period, Armenia offered various benefits such as free medical services, old age pensions and several entitlements for persons with disabilities. After independence in 1991, Armenia had to respond to a massive increase in poverty as a result of a series of crises and economic instability. Given this situation, the social protection system gradually incorporated new benefits, such as unemployment benefit, family benefits, and childcare allowance.⁷ Until the 2008 financial crisis, the country made steady progress at reducing monetary poverty.⁸

However, the global economic crisis from 2009 onwards contributed to a considerable increase in poverty and unemployment in Armenia. During this period, the Government realized the deficiencies in its social protection infrastructure, including the lack of preventive and transformative measures with regard to poverty and vulnerability. There was also a realization that most of its responses to poverty adopted a “one size fits all” approach to delivering cash-based support, and also suffered from fragmentation of responses. This became a pressing issue as increasing numbers of families needed more than just cash support: they required advice, guidance and professional social work to overcome some of their unfavourable conditions.

In response to these issues, the Government of Armenia, through its Ministry of Labour and Social Affairs (MoLSA), initiated a process known as Integrated Social Services (ISS) Reform. The fundamental intention of the reform was to shift from a model that exclusively focused on providing and managing cash-based support interventions towards a more proactive and holistic model that would provide support to families and children based on their specific needs.

UNICEF’s engagement in the reform process has been pivotal for its successful conceptualization, approval and implementation. The support has involved various types of action, focusing primarily on the provision of technical support and advice to government counterparts, technical assistance for the piloting of the Integrated Social Services model, and bringing together various actors, including the World Bank and USAID.

⁷ UNICEF, “Integrated Social Services Reform: Progress Report”, 2014.

⁸ Records from the National Statistical Service of Armenia reported a decline in poverty to 27.6 per cent in 2008.

ANALYSIS OF THE PRACTICE

In 2010, the Ministry of Labour and Social Affairs (MoLSA) initiated the ISS Reform. The main objective of the reform was to establish a more efficient, effective, well-coordinated and holistic social protection system. The MoLSA began developing its model based on research, analysis and visits to other countries to learn from experiences around the world. The social protection principles applied in several European Union countries were identified as the main template for the new model. Some of the driving principles of the European model of Integrated Social Services include: (i) universality of access, allowing all persons to access information and support if needed; (ii) a focus on vulnerable groups, promoting equity principles; (iii) partnerships with other actors, recognizing the importance of bringing non-governmental service providers and formal and informal groups into networks of support; and (iv) improving the living conditions of people, by working on preventive measures rather than reactive ones.⁹

The Government of Armenia, led by MoLSA, defined the Armenian model of Integrated Social Services around the following four pillars:¹⁰

1. Introduction of case management.
2. Establishment of single-window-based Integrated Social Centres.
3. Design and implementation of Local Social Plans.
4. Enhancing cooperation among all stakeholders at local level.

The first pillar of Armenia's model is the introduction of case management, which is the practice of providing tailor-made support to individuals and their families. Case management takes a proactive approach to supporting individuals in need, by focusing on coping skills, identifying needs and vulnerabilities, and mobilizing all available support

to meet those needs.¹¹ Such support can involve a combination of responses, including the provision of cash benefits as well as psychosocial support, guidance, referrals to other social services, and links to social networks.

The second pillar is the establishment of Integrated Social Centres (ISCs) throughout the country. ISCs are venues where all social protection programmes and services are provided through a "single-window" or "one-stop-shop" approach. This means that citizens can access all the information they require about programmes and services (including pensions, employment services, social assistance services and disability benefits) in the same place. The intention is to make the services more user-friendly and accessible by reducing the number of visits and facilitating completion of the paperwork required to access different benefits.

The third pillar is the introduction of Local Social Plans (LSPs). This approach aims to promote greater coordination of social sectors such as health, education and social protection at the local level, in order to find common solutions to the emerging needs of the most vulnerable population groups. LSPs take into consideration the decentralized context of Armenia, and highlight the importance of decentralized action for tackling poverty and social exclusion.

The fourth pillar is enhancing institutional cooperation among all relevant actors at local level, including public social services (such as health, education, child protection, justice, and social protection) as well as non-governmental institutions. In order to formalize collaboration, two innovations were introduced: (i) voluntary protocols of cooperation at regional and community levels; and (ii) legally defined protocols regarding exchange of information and referrals. These arrangements aim to reduce informal mechanisms based on personal relations, and establish formal mechanisms for collaboration.

⁹ UNICEF, "Integrated Social Services Reform: Progress Report", 2014.

¹⁰ These pillars, although self-contained, are meant to function together as an interconnected system. For example, one of the main inputs to develop Local Social Plans (LSPs) in a given territory is the aggregate analysis of cases that arise from case management. This helps to understand what is needed in the community. In turn, case managers refer their beneficiaries to services and programmes that were established under LSPs.

¹¹ The fundamental function of a case manager is to coordinate the support available from other services and providers. A case manager does not replace more traditional community social work that provides in-depth support to families in their communities.

UNICEF has provided comprehensive support to Armenia's ISS reform process through the following stages:

1. Conceptualization of the new ISS model:

UNICEF began its close engagement with the reform process when MoLSA identified the need to reform its existing social protection model in 2010. At this time, UNICEF enabled key government authorities to learn from different experiences and to carry out various study tours to better understand integrated social service models in other countries. After the Integrated Social Services model was developed and approved by the Government, UNICEF provided technical assistance and guidance, particularly around the introduction of case management practice, as well as the initial establishment of local social planning and institutional cooperation.

2. Piloting ISS pillars: In 2010, the MoLSA launched its main proposal for Integrated Social Service reform. Throughout the process, UNICEF, with the World Bank, provided technical and financial assistance to the MoLSA, which led the process, as well as to the Ministry of Territorial Administration and Development (MoTAD), which oversees decentralized institutions and service provision at subnational level. One of the initial actions of the reform was the development of case management methodology, which was piloted in six areas and was the basis for further development and mainstreaming of the reform. UNICEF also supported development of the LSP methodology and its piloting in two provinces.

3. National roll out and expansion of the model:

During 2012, the Government of Armenia officially approved the introduction of the Integrated Social Services model in the country as part of broader social sector reform. The model was acknowledged at high level as a key component of the Government's efforts to address poverty and vulnerability. This demonstrated ownership and political support for the reform. After this high-level roll out MoLSA, with UNICEF support, launched a large-scale training initiative to inform social workers about the function of case management. For this purpose, MoLSA developed a Case Management Training Package and various

training modules, including an online course on case management and LSP. It also developed monitoring and evaluation guidance for ISS. During 2013 and 2014, MoLSA and MoTAD built and opened 19 ISCs around the country. This involved resources from the World Bank to build, adapt and provide appropriate equipment for the new centres. It also involved training and on-the-job mentoring to ensure quality and consistency of services. Throughout this period, UNICEF supported the Government by producing communication materials related to the ISS reform, including a number of dedicated television programmes, short video materials, posters, booklets, and so on. These campaigns sought to enhance public understanding of the new services and to increase their uptake.

4. Consolidation process: In late 2014, the National Assembly approved a new Law on Social Assistance, incorporating the concepts of Integrated Social Services and Local Social Planning. Throughout 2015 specific regulations required to initiate consolidation of Integrated Social Services in Armenia were developed. Also in 2015, UNICEF commissioned a fully-fledged evaluation of its support in the areas of social protection and child protection that largely focused on Integrated Social Services reform. The independent evaluation pointed to the significant value of the reform and the pivotal contribution of UNICEF to the process.¹² The evaluation findings are an important contribution to consolidation of the ISS model.

¹² UNICEF Evaluation Office included this evaluation in the list of the best 48 evaluations commissioned by UNICEF in 2015.

RESULTS¹³

ISS reforms have been in progress for about five years and have already started to generate important results. In terms of institutional ownership and sustainability of the reform, it should be noted that all the key elements of the Integrated Social Services model – the introduction of case management, the establishment of Integrated Social Centres, the launching of local social planning, and institutional cooperation among stakeholders – have been captured in the new Law on Social Assistance: this reveals their relevance to the reform and will ensure their sustainability. The new structure is fully integrated into the national budget with additional budget lines provided to cover items including transportation costs for case managers.

At the time of writing this report, 19 Integrated Social Centres are operating in Armenia, primarily to provide harmonized benefits information and offer case management services. In addition, there are over 130 trained case managers in Armenia. An estimated 1,300 families have had their needs assessed, and individual plans developed for them. The evaluation reported that over 70 per cent of case managers had dealt with child-related issues, and 66 per cent stated that they prioritise child-related cases. Most child-focused cases are linked to social vulnerabilities related, for example, to disability, school attendance and childcare. Case managers confirmed that as many disability-related cases concern access to cash benefits, the case management approach means they are also able to look at social vulnerabilities and social service support for these children. Beneficiaries reported that they have been provided with more information about services and opportunities available to them, such as free eyecare and free participation in summer camps.

Four Local Social Plans have been developed and adopted for 2014-2017. In some cases these have been incorporated into regional development plans. Priority projects were included in local budgets. During the process, more than 90 professionals, primarily municipal civil servants, gained the knowledge and skills they needed to design territorial social plans. At least 10 local social projects are

being implemented in four target regions responding to the needs of the most vulnerable families and their children. Most of the projects are focused on legal, psychosocial, childcare and home-based assistance and support to children and their families.

LESSONS LEARNED AND THE WAY FORWARD

Armenia's experience of the ISS reform shows that the development of a comprehensive social protection system is an ongoing process that requires active leadership and engagement from key institutions. Other considerations and lessons from this process include the following:

- Successful reform requires engagement with a broad group of stakeholders. Although the reform in Armenia was focused on social protection, the process went beyond the social protection sector and involved various institutions even beyond the social sectors such as the Ministry of Finance and MoTAD. This required the expectations and interests of all stakeholders to be managed, including policy makers, service providers, donor agencies, NGOs and beneficiaries.
- The reform required a major change in understanding of social services, both from the side of the provider and from the side of the beneficiary. For the provider, this means going beyond cash-based solutions and developing a more comprehensive understanding of the needs of the population and the resources available to meet these needs. For the beneficiary, while social service support may continue to involve the delivery of cash-based solutions, it now also involves a broader set of responses engaging different social sectors and networks.

¹³ The results are based on VISTAA and Mathematica Policy Research, "Effectiveness of Family Support Services and Stakeholders Contribution to Related Reforms", Evaluation Report, 2015.

In terms of steps forward there are four main priorities for continuing efforts to strengthen Armenia's social protection system:¹⁴

- Enhance communication of entitlements: As many beneficiary families are unaware of the changes to social services and do not expect any support other than cash assistance, more needs to be done to communicate entitlements and available services to the general population.
- Continue training and enhancing capacities: While the training of case managers has been used as a key intervention to build case management capacity, there are many gaps in case managers' and social workers' knowledge and skills that need to be gradually filled. In the near future, the capacity of both case managers and community-based social workers will need to increase to be able to respond to a growing demand for services as the population becomes more aware of the support they are entitled to.
- Enhance linkages and complementarities with child protection services: According to the amended Law on Social Assistance, some of the key functions of the child protection system including guardianship, family and child protection, will eventually also be transferred to Integrated Social Centres. This will require close oversight from MoLSA and other key agencies at national and subnational levels.
- Fiscal space and sustainable government sources of resources are still to be developed to support the local plans. Proposals for territorial development funds or other instruments need to be fully developed.

¹⁴ Based on the evaluation "Effectiveness of Family Support Services and Stakeholders Contribution to Related Reforms", VISTAA and Mathematica Policy Research, 2015.



CASE 2:

Bosnia and Herzegovina - Enhancing the social protection and inclusion systems for children

INTRODUCTION

The social protection sector in Bosnia and Herzegovina (BiH) has a particular administrative arrangement because of the country's governance structure. BiH has a limited central government and is composed of two entities: the Republika Srpska (RS) and the Federation of Bosnia and Herzegovina. Brcko District is a separate administrative unit. All entities,¹⁵ including the cantons of the BiH Federation, have governing functions with legal and regulatory powers. While child cash benefits are regulated and administered at higher levels in FBiH and RS, in both entities and Brcko District, municipalities provide for 'extended benefits' from their own budgets, covering various types of social services and financial assistance (such as scholarships and transportation costs). Administrative functions for the social protection sector are spread among different entities and levels. The practice examined here has intervened at all levels of administration but focused its efforts at the lowest levels of administration: municipalities and Centres for Social Work (CSWs). At the same time, UNICEF is advocating for more equitable coverage¹⁶ of children with cash benefits, through ongoing reforms to social and child protection legislation in both entities.

The need to reform social sector provision was identified from data and evidence on the situation of vulnerable children in Bosnia and Herzegovina. In 2008, only limited social support services were in place to cater for vulnerable groups of children other than those in residential care institutions, the rate of institutionalization of children was growing, and most institutionalized children were children with disabilities. The performance of service providers at

local level, as the first instance for providing social protection and inclusion, was characterised by significant human, financial and technical capacity gaps. This was largely because of a fragmented social protection system, poor targeting of already scarce funding, and limited capacity and resources of social sector entities at local level. Social services were scarce, of poor quality, geographically uneven, and lacked a regulatory framework.¹⁷ In the absence of an overarching social protection strategy, or national or sectoral policies and strategic papers containing a medium-term or long-term vision of social services, a needs-based approach was adopted.

Enhancing the social protection and inclusion systems (SPIS) for children in Bosnia and Herzegovina is a complex reform process aimed at improving the system of social support services at all levels of governance. From 2008 to 2015, a multidisciplinary mechanism was introduced to assess the needs of vulnerable children, formulate individual plans for support, and translate these into municipal plans for children. The particular focus of the reform was on children with disabilities, children without parental care and children at risk of family separation. The reform had three specific objectives: 1) to strengthen governance and the legal and policy framework related to social protection of vulnerable children; 2) to enhance capacities to deliver quality social support services; and 3) to raise public awareness to reduce stigma and increase opportunities and social mobility for vulnerable children. The SPIS model is the core of the practice, and was piloted in 32 localities and later scaled up to national level.

¹⁵ Brcko district has legal and regulatory power; there are 10 cantons with legal and regulatory power in BiH Federation with 79 municipalities, and 62 municipalities in Republika Srpska.

¹⁶ There are huge gaps in provision of cash benefits, either based on geographical criteria (in FBiH, 5 out of 10 cantons do not provide child cash benefits), or gaps in current regulatory frameworks (even though cash benefits are means tested, in RS the first child in the family, as well as children aged 15-18, is not eligible).

¹⁷ UNICEF, *Situational Analysis of Children without Parental Care FB&H 2010. Multiple Indicator Cluster Survey 2011-2012. Knowledge, attitudes and practices survey on fostering and violence against children, 2013, Gap analysis in the area of social protection and inclusion policies in BiH, 2013. UNICEF, Analysis of Social Welfare and Health Needs of Families and Children in the Federation of Bosnia and Herzegovina and Brcko District, 2013.*

The main partners were the authorities at all levels, (the Ministry of Civil Affairs of Bosnia and Herzegovina, the Ministry of Human Rights and Refugees of Bosnia and Herzegovina, the Ministry of Health and Social Welfare of Republika Srpska, the Federal Ministry of Labour and Social Policy; the BiH Directorate for Economic Planning, Brcko District Government; and 32 Municipalities), civil society actors (the International Bureau for Humanitarian Issues, Step by Step, Duga, the International Baby Food Action Network, GENESIS and Info House¹⁸) and certain donors (the European Union and USAID). In addition, the local SPIS model foresees municipal cost sharing for the piloting of local tailor-made social services during the initial phase of planning and implementation. The small grants which were provided for this purpose by the project were matched by up to 20 per cent from municipal budgets (in kind or in cash).

The reform is analysed here from the perspective of the systemic changes brought about by the practice, in particular the multidisciplinary mechanism (SPIS model).

ANALYSIS OF THE PRACTICE

Implementation stages

UNICEF's support for the reform centred on the following activities at various stages:

1. Strengthening the legal and policy framework for social protection and inclusion and coordination mechanisms. Specific activities included a gap analysis in the area of social protection and inclusion policies; development of Social Protection and Inclusion Strategic Directions at entity/district level; a Social Protection and Inclusion Policy Coordination Framework at national level; technical and financial assistance to introduce and change legislation; development of procedures and protocols for social service delivery; and establishment of inter-entity, inter-sectoral cooperation platforms.
2. Enhancing existing systems and capacities to deliver quality inclusive services at local level. Specific actions included the mapping of available social services and gap analysis at local level, the modelling of a new mechanism for needs assessment for vulnerable children and

provision of multi-sector support, and capacity building for professionals from CSWs, social services providers and other sectors.

3. Establishment of new social services for children with disabilities, in particular day care and foster care.
4. Raising public awareness of social inclusion, child rights, peace building and inter-cultural education and dialogue, through advocacy and awareness campaigns.¹⁹

During the first phase of the reform an individual approach was developed for integrated needs identification, a municipal mechanism was set up to consolidate individual needs assessments, a baseline was established of social and economic conditions in the community, municipal Action Plans for Social Protection and Inclusion of Children were designed, and the legal and institutional framework for implementation was put in place. The second phase focused on implementation of the municipal Action Plans, improvement of the social support services network and continuous monitoring of children's needs. In both phases, the intervention involved developing human and institutional capacity, adjusting the legal and regulatory framework, and undertaking advocacy and communication activities.

The greatest achievement and strength of the programme has been the *successful modelling of an integrated approach to social protection and inclusion at the local governance level*. The programme has demonstrated a model for how different social sectors can collaborate to address a common objective (improved social protection and inclusion). The value of this model/mechanism has been appreciated both by the municipalities where SPIS was implemented and in municipalities where it has not been implemented. The replication of this model in other programmes, such as a programme financed by the Millennium Development Goals Fund to increase access to water, is in itself an indication of its value.

¹⁹ For examples of campaign materials, see: https://www.youtube.com/playlist?list=PLaZqGtgVXJuODxcd1_lh1dEdcEld6tJLL; <https://www.youtube.com/watch?v=5HHamU7XhPQ&list=PLaZqGtgVXJuPa5GlbTOzcW6QZv1i5LqVK>; https://www.facebook.com/109313552469031/photos/?tab=album&album_id=772275459506167; and https://www.facebook.com/109313552469031/photos/?tab=album&album_id=527677263965989

¹⁸ International and local civil society organizations and public interest groups.

Key activities are analysed below in more depth, looking at efficiency and sustainability.

Key activity 1: *Introduction of the SPIS model*

The SPIS model, at its core, is an instrument for multidisciplinary needs assessment of vulnerable children and identification of the social services required to meet their needs. The model brings together a range of services including social protection, education, health, social welfare, finance, security, the judiciary, and internal affairs, as well as civil society, in support of vulnerable children.

SPIS has two key components: **1)** an individual integrated approach to needs identification and support, and **2)** a community (municipality) approach, which aggregates the identified individual needs into a joint document and a plan to address these needs. Under the work process: **a)** the situation analysis of a vulnerable child is considered by a multidisciplinary team (the Operations Team); **b)** the particular needs of the child are evaluated and an individual plan for support and referral is drawn up based on available services; **c)** the appropriate social

services available at community level are provided to the child as per the individual plan. To operationalize the model, the practice introduced needs assessment procedures and referral standards, and inter-cooperation protocols. The Referral Protocols enable official lines of cooperation and referral by endorsing authorization for referral of cases between institutions. The value of Referral Protocols is in the fact that they lay out a common understanding of referral lines and ways in which actors communicate when referrals are needed.

The model also included a mechanism to aggregate individually assessed needs at community level and translate these needs into local action plans for social protection and inclusion (LAPs), which are developed by Social Protection and Inclusion Commissions (SPICs). The SPICs were established during the piloting phase and their terms of reference were developed to support sequential steps of SPIS model implementation.



However, on project completion the bodies continued as permanent municipal social protection multi-sectoral forums at local level.²⁰ The Local Action Plans include: a) situation analysis of vulnerable children in the particular community, conducted by the multidisciplinary team (SPIC); b) identification of institutional roles and capacity gap analysis;²¹ and c) consensus reached about the most vulnerable groups of children at local level. The action plans are adopted by Municipality Councils, which are responsible for making budgetary allocations from local budgets.

The plans are being used to define the priority projects of municipalities (special focus projects) to address the most critical child-related issues. According to the representatives of SPICs interviewed for this study, while the commissions meet with less regularity since the SPIS project ended, they still do meet several times per year. The composition may not be always as planned at the beginning of the intervention: the commissions meet to address particular problems facing specific children and only cooperate on specific child-related cases.

Key activity 2: *Strengthening institutional capacity and improving multi-sectoral cooperation at policy level*

The approach taken was to build institutional and regulatory infrastructure from the bottom up, towards the end goal of quality social support services for children with disabilities and children without parental care. Building up the various blocks required connections to be made between many institutions, and the creation of coordination and monitoring bodies. Several such bodies were created at the level of each entity, with a joint management board at state level chaired by the BiH Ministry of Civil Affairs. In addition, two entity-level management boards and a number of multi-sectoral working groups were established, consisting of representatives from state, entity and cantonal ministries responsible for social and child protection, education, health and the justice

sectors, with the aim of ensuring a platform for policy dialogue, technical exchanges and synergies between various sectors.

At a technical level, four working groups in each entity and one working group in Brcko District dealt with the following topics: 1) monitoring and evaluation; 2) capacity building; 3) policy and legislation; and 4) functional review. The working groups were comprised of representatives from all administrative levels to ensure the transfer of information and know-how into policy solutions and service provision. This was a new institutional setup aimed at making participation, coordination and decision making possible by involving different sectoral and entity state institutions. It proved a good tool for the period that the practice was in place. However, during interviews conducted for this study, several members of such bodies mentioned that it is unlikely that collaboration will continue in the future. UNICEF has limited opportunities to further promote these mechanisms, but it could engage in dialogue with other stakeholders to continue stressing the positive results of this setup.

At municipal level, collaboration between institutions was more sustainable. Two main actors were engaged in the process: municipal authorities and CSWs. The main institutional adjustment was conducted at the CSW level, where new work processes, regulations and protocols have been introduced to make the SPIS model functional. In each municipality a system was established for **multi-sectoral collaboration and referral**.

In the final phase of implementation in the second half of 2014, the SPIS project strategically invested time and effort into knowledge and peer-to-peer sharing between SPIS and non-SPIS Municipalities. Well-performing municipalities were promoted as 'SPIS champions' and a number of knowledge sharing events were organized, including some with professionals from entity level who were leaders of change in their respective sectors. This resulted in increased demand for technical assistance from UNICEF to municipalities to apply the specific elements of SPIS methodology.

²⁰ Within the joint projects, UNICEF tested the usage of SPIC for wider purposes and it proved to be a good approach to mobilize different local stakeholders and ensure ownership and sustainability of actions.

²¹ The gap analysis has several components: qualitative assessment, quantitative assessment, and functional review of the existing support network at municipality level.

Key activity 3: Strengthening human capacity

The capacity of policy makers and social support service providers was strengthened by: a) building the professional capacity and knowledge of relevant policy-makers and professionals, including core skills for SPIC members such as budgeting; project design, monitoring and evaluation; communications and use of the Human Rights-Based Approach to Programming (HRBAP); b) introducing and sharing new methodologies and integrated approaches to social protection and inclusion to targeted professionals, SPIC members, parents and teachers; and c) sharing lessons learned and raising public awareness about children's rights, child protection and inclusion (through media campaigns and dissemination of results).

The performance of the new model is directly linked to the human resources involved. The intervention made significant efforts to train staff to deliver the SPIS model.

RESULTS

According to an evaluation of the intervention, it has achieved results in the areas of outreach and inclusion of vulnerable children and facilitated provision of social support tailored to the particular needs of vulnerable children, including early childhood development, inclusive education, and participation in community life. The practice is laying down a foundation for system change²² in terms of efficient and adequate support for vulnerable children.

The intervention improved the legal and governance framework for social support services and inclusion. It provided technical assistance for the drafting and promotion of a regulatory framework in the area of social and child protection in all entities. The importance of a multisectoral and holistic approach to addressing social protection issues and the SPIS example informed the new Law on Social Protection in Republika Srpska (2012), which states that every municipality in Republika Srpska should establish such a Commission. As a result of a policy gap analysis conducted by UNICEF,²³ the intervention also led to the development of three important strategic

documents: the Roadmap in the Field of Social Protection and Inclusion for FBiH, Strategic Directions of Development in the Field of Social Protection and Inclusion in RS, and the Roadmap in the Field of Social Protection and Inclusion for Brcko District. The practice also assisted the authorities at local level to develop social protection and inclusion action plans.

Six new social services were established that provide support to about 134 children with disabilities and their families. Interviews conducted as a part of an external evaluation of the intervention²⁴ proved that quality of existing services improved, as evidenced by the increase in demand for such services. Early development and intervention and early childhood development services were established in six locations and reached 2,500 children.

As the practice was a complex intervention, different components have had different degrees of sustainability. The empowerment of local level administrations, involvement of civil society and creation of demand for social services are the elements of the practice most likely to lead to sustainable system changes. The reform has made a major contribution to the promotion and realisation of child rights by opening access to social protection and inclusion services and early development to children left out of the system, and empowering them as rights holders to make informed choices and have their opinions heard. It strengthened the capacity of a wide range of Bosnian duty-bearers to protect and fulfil children's rights. It also paid particular attention to capacitating parents as rights holders to organize themselves and advocate for children's rights and better local governance. It managed to ensure an equity focus, especially in the case of rural children and by orienting investment to municipalities with the lowest coverage of children in social protection and inclusion services.

²² Zehra Kacapor-Dzihic, *Final Evaluation: Enhancing Social Protection and Inclusion Systems for Children in Bosnia and Herzegovina*, UNICEF, April 2015

²³ UNICEF, *Gap analysis in the area of social protection and inclusion policies in BiH*, 2013

²⁴ Zehra Kacapor-Dzihic, *Final Evaluation: Enhancing Social Protection and Inclusion Systems for Children in Bosnia and Herzegovina*, UNICEF, April 2015

LESSONS LEARNED AND WAY FORWARD

- The reform demonstrates that a bottom-up approach can bring about desired legislative/policy changes at higher levels through experiences, tested models and beneficiary satisfaction. Being able to refer to locally-tested models and concepts was crucial to generate ownership and support for new mechanisms for social protection and inclusion and demonstrate their relevance in the specific national context.
- SPIS has emerged as innovative and successful at demonstrating good governance at local level. This is exemplified by institutionalized mechanisms for multisectoral cooperation and piloting of joint action plans. Intersectoral cooperation was the essence of the new instrument. The practice did more than simply bring together professionals from relevant sectors and put in place cooperation protocols: it created vertical as well as horizontal collaboration. One of the most significant contributions of the SPIS model was the establishment of multisectoral cooperation and a coordination group, which directly strengthened the system and also identified gaps in previous working methods.
- The capacity building component of the SPIS model has been assessed by local partners as extremely important because it developed the knowledge and skills of the existing staff of partner institutions, but also created opportunities to open positions for new staff (even if short-term) and for volunteers in some locations. It combines an extensive list of training events, workshops and meetings tailored for specific groups of professionals. This is highly relevant, particularly for the scaling-up of the programme and its longer-term sustainability. By strengthening existing organizations, institutions and networks, the SPIS approach and its implementation has become less vulnerable to political changes at municipal and higher levels of governance. Partners have also emphasized as invaluable the networking component among professionals from different locations for sharing experiences and information.
- Sufficient time should be allowed for the implementation of such complex reforms: staff at local level need time to understand and digest new information. Further on-the-job training, discussion and exchange of experiences may be useful as follow up. Some work incentives linked to good performance of the new working methods could be explored to diminish staff turnover and create incentives for good professionals to join and remain in the sector, such as performance based remuneration and bonuses.
- The sustainability of social service delivery depends on the engagement of authorities at all levels to increase funding. Legislation should be improved to ensure binding links between policy, planning and financing. In this regard, continued pressure on authorities from civil society organizations (e.g. parents' associations and associations of persons with disabilities) to allocate resources for implementation of the LAPs will be important. Consideration should also be given to setting universal quality standards and universal per-unit costs for social services, and establishing national-level institutions to perform quality control, and accreditation.

CASE 3: Georgia - Revision of Targeted Social Assistance

INTRODUCTION

The revision of the Targeted Social Assistance programme (TSA) in Georgia aimed to increase the effectiveness of cash transfers at national level, with the ultimate goal of reducing child poverty in the country. About 173,450 households and 103,700 children were impacted by the changes. The total cost of the intervention was US\$137,000 from UNICEF, while the Government used existing administrative resources to test the reform and initiate programme implementation. The goal of the practice was to revise the existing means-tested cash benefit scheme (TSA) and increase the size of cash benefits delivered to families with children by revising existing benefits as well as introducing new ones. UNICEF carried out the intervention in partnership with the World Bank. A joint analysis was conducted of the existing scheme and joint policy options were formulated and presented to the Georgian authorities. A UNICEF/World Bank joint report “Continuous Improvement Strengthening Georgia’s Targeted Social Assistance Programme”²⁵ documents the reform.

Situation prior to the intervention

General poverty in Georgia has been continuously falling, while child poverty has remained steady. Relative poverty fell from about 25 per cent in 2009 to about 22 per cent in 2013; and extreme poverty among the general population decreased from 9 per cent in 2009 to about 4 per cent in 2013. Both relative and extreme child poverty are higher, with relative child poverty of about 28 per cent and extreme child poverty of about 6 per cent in 2013. Households with three or more children are the poorest in the country: about 33 per cent live in relative poverty and 10 per cent in extreme poverty.

The social protection system in Georgia has one important characteristic: there is no social insurance system and social assistance is entirely financed through general taxation. Social assistance is composed of two large programmes: an old age pension and the TSA, which is a poverty-targeted programme. UNICEF analysis, drawing on regular Welfare Monitoring Surveys,²⁶ shows that TSA is relatively well targeted and accuracy improved between 2009 and 2013 to reach an increasing share of the poorest 10 per cent of the population. By 2013, over 70 per cent of recipients were from the bottom quintile. Targeting improved thanks to improvements in administrative practices, including reassessments and reduced inclusion error among higher income earners.

The coverage of the TSA scheme was also slowly extended. In 2011, about 12 per cent of all households with children received the benefit. However, data indicated that households without children were more likely to receive the benefit at every level of income distribution, and in 2011 47 per cent of the poorest households with children were not covered by the scheme. Data also indicated that the size of the TSA was enough to raise some households above the poverty threshold and thus help to reduce extreme child poverty. In both 2011 and 2013, the effect of the TSA at reducing extreme child poverty was similar to that of the social pension, despite the much greater cost and wider coverage of the pension. Despite the improvements then made, it was clear there was much more to be done to enhance the performance of the programme at reducing child poverty.

²⁵ Baum, Tinatin; Mshvidobadze, Anastasia; Posadas, Josefina: *Continuous Improvement: Strengthening Georgia’s Targeted Social Assistance Programme*, World Bank, Open Knowledge Repository, August 2016, at <https://openknowledge.worldbank.org/bitstream/handle/10986/24812/9781464809002.pdf>

²⁶ UNICEF and World Bank, *Reducing child poverty in Georgia: a way forward*, Policy Paper, 2016.

The overall goal of the initiative was to reduce child poverty in Georgia by improving the TSA scheme. The specific objectives were: 1) to identify and institutionalize specific child benefits; 2) to revise the Proxy Means Test (PMT) targeting methodology of the Targeted Social Assistance programmes; and 3) to create a referral mechanism between the social benefit system and other social services to address social vulnerabilities of children. This responded to one of the priorities of the Government of Georgia, as defined by its 2012 Programme,²⁷ which stipulated that sufficient support should be provided for the extreme poor and coverage increased. A strong Government commitment to reducing child poverty emerged following a high level conference on early childhood development, after which the Ministry of Health, Labour and Social Affairs specifically requested UNICEF to assist with improving existing social assistance support.

It is important to understand that the following analysis of child poverty trends in Georgia is based on ex-ante modelling, rather than the actual impact of the intervention on poverty levels. It is not possible to predict poverty trends in the future, as these may be affected by internal and external shocks, other social policy reforms or decisions at household level. This analysis focuses therefore on the evidence-based policy process that formed the basis of the intervention.

²⁷ Government Programme for a Strong, Democratic, United Georgia 2012.





ANALYSIS OF THE PRACTICE

Implementation stages

The practice combined poverty analysis, policy analysis, and sustained policy advocacy to achieve reform of the system. The first stage of the intervention was to monitor and analyse poverty data. UNICEF conducted several rounds of research on child poverty, including two rounds of poverty data collection²⁸ and analysis. As part of the analysis, the extent to which the main social assistance programmes reduced household poverty was assessed. The analysis considered the following variables that influence child poverty: the educational attainment of the head of household, parental employment status, ages of parents, age group of children and others. The analysis provided a solid basis for the policy-based interventions that followed.

At the second stage, the existing social protection system and its impact on child poverty was analysed. UNICEF also thoroughly analysed access to the main poverty alleviation programmes among households with children in Georgia.

The final stage was development of a concept note on reducing child poverty through an improved TSA scheme, including an ex-ante analysis of various

possible poverty targeting methodologies and reforms. Following this, consensus was built on the most appropriate reform for the country. Once the decision was made, UNICEF supported the authorities to make the regulatory changes needed to put in place the best of the proposed options.

Key activity 1: development and evaluation of policy options for the TSA and child benefit

As a result of the simulation exercise conducted by UNICEF, a new methodology for means-tested social assistance was proposed with **three policy options**. The basic premises underlying these options were that TSA coverage would be expanded to reach more poor households; that thresholds for the poverty cut-off under the proxy means test would be revised;²⁹ and that the scheme would be better able to meet the needs of families with children because the TSA payment would be complemented by a child benefit payment.

²⁹A proxy means test is a test that seeks to identify household income or poverty with reference to a number of indicators of wellbeing, which may include factors linked to observable household characteristics and assets. A poverty cut-off is the score on a means test that leads a household to be classified as poor or non-poor, and may be used to ascertain eligibility for a means tested benefit.

²⁸ The Welfare Monitoring Survey in 2009 and 2011.

The policy options evaluated were:

Option 0 (status quo): a household receives a benefit if it accumulates less than a certain score (57,000) on the proxy means test. The benefit is set at the same rate for all eligible households and is calculated based on a simple scale (full amount for the first member, minus 20 per cent for each subsequent member of the household).

Option 1: households receive benefits based on several thresholds, with households identified as poorer receiving larger benefits (30,000 households receiving 60 GEL, 57,000 receiving 50 GEL, 60,000 receiving 40 GEL and 65,000 receiving 30 GEL). All households receive the same amount per household member. This option is more equitable as it provides higher benefits to households with lower income scores. However, this option makes the scheme difficult to administer.

Option 2: like option 1, but with the size of the benefit adjusted in line with household composition and with different thresholds. An additional 20 GEL would be paid at a flat rate for each child (aged 0-16) in households with scores below 115,000. This option has a strong focus on equity and poor households with children, but is also administratively more difficult to manage.

Option 3: exactly the same as option 1, but with an additional 10 GEL paid for each child (aged 0-16) in households with scores below 100,000. Options 2 and 3 both focus on households with children but the difference is that Option 2 focuses on more households with children and provides twice the amount (20 GEL in Option 2 compared with 10 GEL in option 3) per child, while the third covers less households (households with children with scores below 100,000 rather than 115,000).

Based on the proposed options, a social impact analysis was conducted to model the change in poverty indicators among poor families with children. Child poverty was computed on the basis that a household would receive a benefit calculated using the new formula (the ex-ante social impact assessment) for all three options. The modelling showed that, in terms of coverage, the best option was the second. In terms of the impact on extreme child poverty, the best option was the third (a reduction of 3.8 percentage points compared to the status quo). In terms of reducing general child poverty, the third option also performed better (a reduction of 3.5 percentage points compared to the status quo).

Key activity 2: *calculating the cost of the intervention*

In the next stage, the cost of the different options was calculated. For the purpose of this exercise, the fiscal impact was defined as the total cost of the proposed policy change to the state budget. The ex-ante fiscal impact was calculated for all options in two scenarios: the total maximum cost scenario and the total minimum cost scenario. In the maximum scenario, the annual cost³⁰ to the state budget would be about US\$13.2 million for option one, US\$14.6 million for option two, and US\$14.8 million for option three. In the minimum cost scenario, it would cost about US\$12.5 million for option one, US\$13.1 million for option two, and US\$13.7 million for option three.

Key activity 3: *presentation of options and building consensus for reform*

All the options were analysed, and the World Bank conducted additional analysis around the proposals to highlight the distributional impacts of each option. The various options were agreed in Government at technical level, and were then presented in different fora including at the Ministry of Health, Labour and Social Affairs, the Prime Minister's Office, the Ministry of Finance, and to three Parliamentary Committees (Human Rights, Finance, and Health). Involvement of both UNICEF and the World Bank lent a high level of credibility to the process and the proposals, and placed the reform on a solid foundation of evidence. In particular, the World Bank's analysis of the distributional implications led to proposals to compensate groups that would lose out, thereby minimizing political barriers to the reform.

Amendments to the law setting the TSA were adopted by the Government, and the TSA is now being delivered to households with a score below 100,000 with an additional amount being paid for each child (option 3).

³⁰ US\$ costs calculated at the average exchange rate of the respective year.

RESULTS

The intervention consisted essentially of a series of technical changes to the national poverty alleviation programmes. As discussed above, the aim of this policy change was to make social assistance more effective, but it was also an exercise in evidence-based policy making, and demonstrated the need for social assistance to be flexible and adjust to the changing vulnerabilities in the country. Constant monitoring and timely policy reactions will ensure the efficiency of the programme over the medium term and long term.

The intervention is *sustainable*, as it has resulted in a change to social assistance provision. It is planned to assess the actual impact of the policy intervention and reform on child poverty through an ex-post impact assessment after reassessment of beneficiaries has been completed by the end of 2016. If the actual impact is equal to the estimated impact, there will be a 3.8 percentage point drop in extreme child poverty. The results of the reform in terms of increased coverage and access to benefits for poor children are already starting to be seen. Under the new methodology, as of May 2016 over 144,000 children below the age of 16 (19 per cent of the total) qualify for cash transfers and child benefits, of whom over 55,000 qualified as a result of the new assessment.

LESSONS LEARNED AND WAY FORWARD

- While the specific technical solutions provided by the current practice may not be *transferable* to other means-tested schemes in the region due to differences in approaches to means testing, some of the technical elements such as the introduction of multiple thresholds could be considered by other countries.
- When it comes to the steps of the intervention, the analysis, the *ex-ante* approach to policy change, the research methodology, the partnerships built between UNICEF and the World Bank, and the follow up to the intervention,³¹ are all activities that could be

considered for use in other similar interventions in the region. This practice has a strong *equity* focus, as it concentrates on poor and extremely poor households with children in Georgia.

- As an example of an evidence-based policy intervention, the practice is a good example for the social sector of how public policy should be approached. It is relevant to public administration reform in the country and beyond, and within the context of the EU Association it can be positioned within the larger public administration reform context, in particular with agencies supporting central public administration reform.
- Child poverty in Georgia is not a problem of the social protection system, but reflects social and economic problems in the country. Broader solutions to build the resilience of vulnerable households with children could be found, beyond the social protection system. The social assistance system in Georgia is oriented more towards solving the problem of poverty than towards preventing it. A more complex approach that would bring payments and services together could be adopted to bring children above the poverty line and offer them equal opportunities. The next steps in this process are to map out the benefits and services currently available, to develop a national social protection vision and strategy, and to monitor the effects of the ongoing reform.
- According to information received from the Ministry of Health, Labour and Social Affairs, the methodology for the Household Budget Survey will be revised in the near future. It is important for partners to support this exercise and help ensure that the process generates good quality representative data, to avoid having to conduct parallel surveys on child poverty in the future. This would also be one means to monitor the effects of the ongoing reform.

³¹ UNICEF and World Bank, *Continuous Improvement Strengthening Georgia's TSA*, 2016.

CASE 4:

Kyrgyzstan - Improving the coverage and adequacy of poverty-targeted benefits for children

INTRODUCTION

The practice focused on changing the parameters of the Monthly Benefit for Poor Families with Children (MBPF): abandoning the ranking of beneficiaries based on their income, and granting the same benefit to all eligible families: the so-called “flat rate”. The flat rate MBPF is now delivered to qualifying poor families with children.

The MBPF is the most important means-tested programme in the country, and offers a cash benefit to poor families with children. Before the intervention, eligible households received a benefit equal to the difference between actual household income divided by household members on the one hand and the guaranteed minimum income (GMI) on the other. The GMI was very low. The policy change involved altering the formula to calculate the benefit amount, which is now a fixed (flat) amount for eligible beneficiaries.

UNICEF monitored the MBPF scheme between 2012 and 2015, and supported this policy intervention in 2015. The main counterpart was the Ministry of Social Development, while other actors (Parliament, social protection experts and civil society) were involved in advocacy actions. The resulting policy change was budget-neutral for the Government of Kyrgyzstan and within the annual social protection budget ceiling.

Situation prior to the intervention

A large proportion of Kyrgyzstan’s population is poor, and children are the most exposed to poverty. The absolute general poverty rate rose from 32 per cent in 2009 to 37 per cent in 2013, but fell in 2014 (to 31 per cent), while child poverty was registered at 45 per cent in 2013 and 38 per cent in 2014, or almost 900,000 children. The proportion of children living below the extreme poverty line was 4 per cent in 2013 and 2 per cent in 2014.³²

³² Poverty data provided by the National Statistical Committee of the Kyrgyz Republic.

The performance of the social protection system in terms of poverty reduction (targeting accuracy and coverage) was poor.³³ Social assistance in Kyrgyzstan is mainly categorical,³⁴ and two thirds of all benefits go to well-off beneficiaries with very high exclusion errors for poor households. The reform to make the system more efficient began with a reduction in the number of categorical benefits (subsidies and exemptions) from 38 to 25, and the introduction of a moratorium on new exemptions.

The biggest national programme to support poor households with children is the Monthly Benefit for Poor Families with Children (MBPF). The programme, the only one to explicitly target the poor, used a means test (income test plus proxy test) in addition to categorical identification (families with children). An income test established total monthly household income, while an additional two proxy test filters (availability of livestock and certain goods) defined eligibility. Programme coverage was continually falling (about 371,000 families in 2009 and 304,000 in 2015),³⁵ and targeting was poor (60 per cent of children in the poorest quintile were not covered by the programme). The size of the MBPF benefit depended on the guaranteed minimum income (GMI) that the country ensures for its population, but the level of the GMI was budget-driven, based on the overall level of funding allocated by the Ministry of Finance, rather than the needs of the poor population or the poverty line, and was less than 30 per cent of the extreme poverty line in 2011. The specific benefit for a specific household consisted of the difference between the family’s per capita income and the GMI.

³³ World Bank, *Kyrgyz Republic: Public Expenditure Review Policy Notes, 2013*

³⁴ There are more than 25 categories eligible for social payments, including (among others) pensioners, persons with disability, the elderly, veterans, and decorated citizens.

³⁵ Administrative data from the Ministry of Labour and Social Development of the Kyrgyz Republic

The practice documented here was designed to analyse and propose options to improve the effectiveness and efficiency of the MBPF. In the status quo scenario, the benefit scheme was inadequate to tackle poverty in the country, the guaranteed minimum income was less than 30 per cent of the extreme poverty line, and more than 60 per cent of the poorest households with children were not covered by the transfer.

The main elements of the intervention were: 1) identification of potential changes to the calculation of the benefit levels and introduction of a 'flat rate' benefit level; 2) ex-ante assessment of the impact of the changes on poverty; 3) production of costing estimates and possible funding sources for poverty-targeted benefits for children; and 4) policy advice for changes to the law on state benefits, and advocacy with Parliament, the media, civil society and the general public.

The intervention was relevant from the perspective of increasing the effectiveness of the cash support programme, and was also an opportunity to improve other aspects of the programme. It was also consistent with the national vision for the social protection sector, and was included as one of the objectives of the Strategy for Social Protection Development (SSPD) 2015-2017 of the Kyrgyz Republic (Objective 4: Improvement of MBPF effectiveness, Strategy measure 18: Update the normative framework to take into account the new formula for EMI and introduce a fixed level of benefit for children aged 3-18 years).

It is important to understand that the following analysis is based on ex-ante modelling, rather than the actual impact of the intervention on poverty levels in Kyrgyzstan. It is not possible to predict poverty trends in the future, as these may be affected by internal and external shocks, other social policy reforms or household-level decisions. This analysis focuses therefore on the evidence-based policy process that was the foundation of UNICEF's intervention.

ANALYSIS OF THE PRACTICE

Implementation stage

The first stage was child poverty data monitoring and analysis. Between 2012 and 2015, UNICEF brought together data and analysis on child poverty. This provided a solid basis for the policy intervention.

The second stage was analysis of the existing social protection system and its impact on child poverty. UNICEF analysed the impact of GMI on poverty levels of families with children, and considered options to improve the methodology to calculate GMI and the eligibility criteria, in order to enhance the impact of the MBPF on child poverty.³⁶

The final stage was advocacy activities to promote the change and technical assistance for policy makers to change the regulatory framework of the MBPF programme.

Key activities are analysed below in more depth, looking at efficiency and sustainability.

Key activity 1: changing the formula and eligibility conditions for the MBPF

Two solutions were proposed to improve MBPF delivery for families with children: 1) linking the value of the benefit to the minimum subsistence level, as opposed to the status quo formula that was dependent on funds available for that year; 2) offering the same level of benefit to every eligible household.

The proposal to link the GMI to the subsistence minimum food component for children was based on the calculation of the subsistence minimum, which is guaranteed by the state, and is indexed and automatically increased on a quarterly basis. Prior to the reform the GMI was increased annually by the issuing of a governmental decree and a related regulation. The increase was not clearly regulated, and was subject to individual and group interest agendas. The new approach is based on a normative consumption basket, the composition of which is determined by a Working Group consisting of the Ministries of Health, Social Development and Economy

³⁶ UNICEF, "Recommendations on GMI methodology and value of the MBPF and their impact for families with children", 2014

and the National Statistical Committee. The Ministry of Health leads the discussion on the food component with respect to minimum caloric requirements and nutritional values. The current minimum subsistence level is calculated based on 32 different food items, accounting for 2,101 kcal per average person per day. Food accounted for 65 per cent of the total minimum subsistence level in 2011. Milk and dairy products account for the largest share in terms of weight of foodstuffs, followed by bread and cereals, vegetables and fruits. In terms of monetary value, meat and meat products account for 30 per cent of the total food basket. The minimum subsistence level is set for different population groups (working age men, working age women, pensioners, and children of various ages) and per province. It is used to assess the living standards of the population, to identify social policy interventions and to determine minimum state labour guarantees. The National Statistical Committee updates the subsistence minimum every quarter using consumer price indexes based on registered prices.

Two options were proposed to link the value of the benefit to the subsistence level: 1) a mechanism gradually linking the amount of GMI to the food component of the subsistence minimum level (SMFood) (slow option); or 2) immediately setting the GMI as equal to the SMFood (a faster option). This aspect of the reform took a lot of monitoring, advocacy and pressure from UNICEF and child rights civil society organizations.

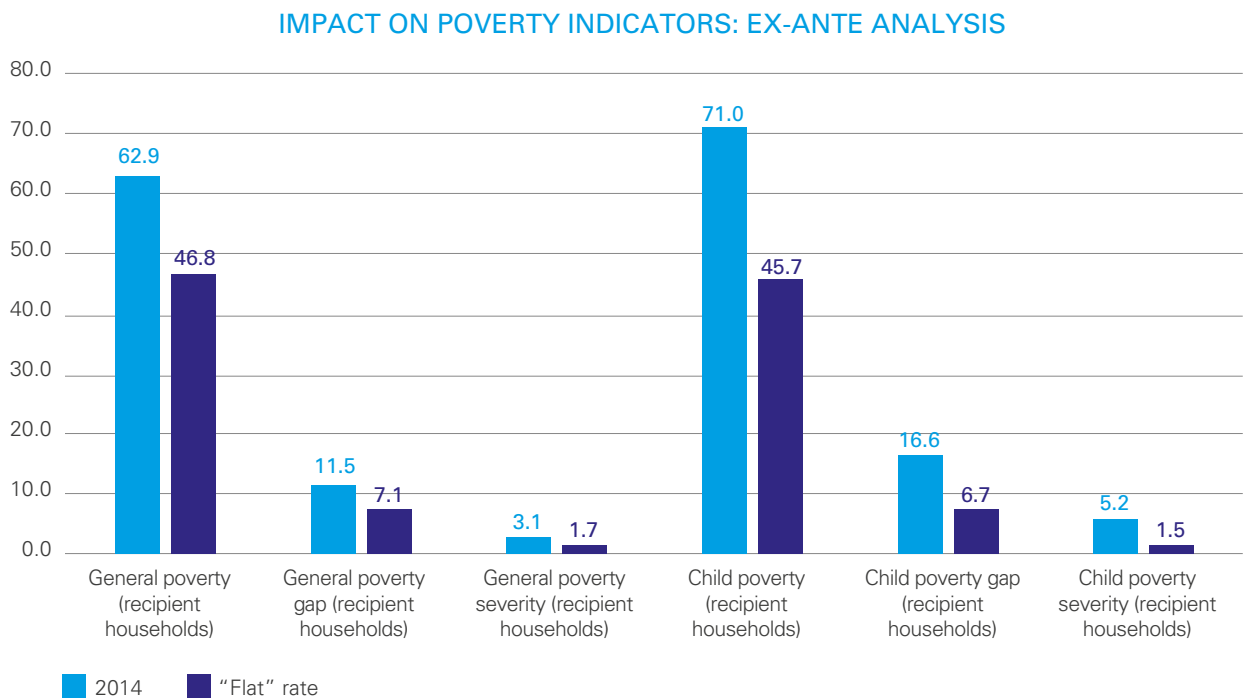
As to the introduction of the flat rate, the analysis brought up several reasons to justify the change. The existing system was found to be difficult to administer and socially divisive. There were difficulties capturing the real gap between incomes and the GMI, and an increased risk of corruption because of the complexity of the process. More importantly, the analysis showed that most of the beneficiaries in fact ended up receiving approximately the same level of benefit. About 83 per cent of beneficiaries received a benefit in the range of 400-580 som. Therefore it was not administratively efficient to have a variable benefit level when the poverty gap within the beneficiary group was almost the same. There had been no attempts to cost this administrative burden.



Key activity 2:
evaluation of the impact of the intervention

The National Statistical Committee estimated the social impact of the intervention by simulating the impact of the new benefit on poverty with technical support from UNICEF. The poverty line was calculated based on consumption expenses. The method assumed that the household uses the benefit³⁷ for personal consumption. Only benefit recipients were selected (households with children less than 16 years old). Simulations showed that the level of child poverty among beneficiary households would fall from 71 per cent to 46 per cent, with similar reductions in the child poverty gap and the severity of child poverty. These data should be interpreted with care given the small sub-sample for the analysis (230 beneficiaries).

Figure 3: Impact of Change on Poverty: Ex-Ante Analysis



Source: National Statistical Committee, Kyrgyzstan

37 The new benefit of 705 KGS

An aspect that was not considered by the analysis was the impact of the flat rate on extremely poor households not covered by the benefit.

Key activity 3: *calculation of the cost of the intervention*

The analysis supported by UNICEF included a calculation of the fiscal impact of each proposed change in the medium and long term, and concluded that the changes were affordable for the social assistance sector. The total costs of the policy change to the MBPF, administration costs and the potential increase in beneficiaries were presented for four years of implementation. The total cost for 2013 was estimated to about US\$50 million,³⁸ for 2014 about US\$55million, for 2015 about US\$56 million, and for 2016 US\$52 million (the drop in 2016 is due to a depreciation of the national currency). The UNICEF-supported analysis of the administrative impact showed that the practice saved resources otherwise used to measure the gap between the GMI and the household income, reduced the incentives for applicants to under-report their income, and made the process easier for beneficiaries.

Key activity 4: *raising awareness of child poverty and advocacy for policy changes*

A critical component of the practice was public advocacy via traditional media and social media, particularly the “Survive on 18 som a day” campaign. Eighteen som was the average daily amount of poverty-targeted benefits. NGO partners and young activists recorded what one could afford to buy with 18 som and posted this on social media. This was effective at highlighting the low level of the benefit. It was a very effective campaign that brought the problems of the most vulnerable to the centre of public attention, with additional visual materials on how public money was spent on the well off and how public spending could be made more equitable.

Civil society representatives interviewed during this research stated that the campaign to raise awareness of child poverty mobilized the entire society and “was a unique example of real advocacy”. It resulted in more focus on child-related issues in national strategic documents, and in the agendas of Government, parliamentary committees and the presidential apparatus. Child poverty was publicly discussed and public pressure was generated to better use social assistance to respond to child poverty.

RESULTS

The practice changed the mechanism for MBPF provision by granting the same amount to all eligible households. The flat rate was introduced in July 2015 and was set at 25-30 per cent of the Minimum Subsistence Level for a child. The average MBPF amount in 2015 increased by 38.8 per cent compared to 2014. The MBPF was equivalent to 13 per cent of the subsistence minimum in 2014, and about 17.5 per cent in 2015.

The practice had a *strong equity aspect*, being focused on poor households with children. The practice is a good first step in a series of measures that should be put in place to achieve a significant and *sustainable* decrease in child poverty.

³⁸ US\$ costs calculated at the average exchange rate of the respective year.

LESSONS LEARNED AND WAY FORWARD

- An ex post analysis (based on actual data) of the impact of the intervention on poverty within the target households should be conducted, with the results analysed and used to effect corrections (if needed) to the MBPF. The analysis should also include the latest developments in social assistance provision. If possible this should be linked with monitoring of the main social indicators in the country. More generally, improvements to poverty data collection (for example, increasing the sample size of MBPF beneficiaries within the household budget survey) are desirable, as this will allow more accurate impact assessments in the future.
- Political will for change is one of the critical ingredients for improving a social assistance scheme. Authorities from the sector stated that “more decisions should be made within the sector” referring to political decisions that are often ad-hoc, and to the missing link between financial planning and financial execution. In this respect, the practice documented here is a good example of mobilization of public opinion to promote evidence-based, pro-poor and fiscally sustainable reforms. The same advocacy strategy could be further applied to future policy changes.
- Further work is also necessary to eliminate barriers to accessing the scheme, for instance advocating with the authorities to facilitate paperwork and obtaining identity documents for very poor households; and investigating options to improve access to the scheme in isolated parts of the country and concentrating efforts in the regions with the greatest exclusion error and highest incidence of poverty. Actions to build resilience for families with children should also be considered.



CASE 5: Montenegro - Introduction of Case Management into the work of Centres for Social Work

INTRODUCTION

Montenegro's social and child protection system aims to respond to family and child poverty through a system of benefits and services, including benefits for family, disability allowance, an allowance for assistance and care provided by another person, placement in institutions,³⁹ foster placement, assistance with the education of children and youth with special needs, healthcare, one-off financial assistance, equipment for newborn babies, child allowances, benefits payable on the birth of a child, salary compensation for part-time work, and rest and recreation for children.⁴⁰ Coverage of family benefits ranged from below 2 per cent in parts of the coastal region to almost 19 per cent in some northern municipalities. There is a growing need for social and child protection services among citizens, but community services are underdeveloped.

The need for reform was dictated by the situation of vulnerable children in Montenegro, and the inadequate response of the national system to these vulnerabilities. Data from various analyses indicated the necessity for system changes. The overarching document for the analysis was the Study on Social Inclusion and Preparation for the 2010 EU Instrument of Pre-Accession (IPA).⁴¹

The introduction of case management was part of this broad reform of the social and child protection sector in Montenegro, and was also a specific component of the childcare system reform process supported by UNICEF aimed at enhancing access to comprehensive, inclusive and sustainable family and community-based services as an alternative to the institutionalization of vulnerable children.

Childcare system reform is part of overall reform of the social and child protection system, which the Ministry of Labour and Social Welfare of Montenegro (MLSWofM) has been implementing since 2001. Unlike the piecemeal approach used during the first decade of the reform, since early 2011 the reform has followed a systematic approach in the framework of a partnership between the MLSWofM, UNICEF, UNDP and the EU entitled "Social Welfare and Child Care System Reform" (IPA 2010) and "Support to Montenegrin Social Reform" (IPA 2014). Implementation partners also included, *inter alia*, the Ministries of Health and Education, Day Care Centres, child care institutions, municipalities, and Centres for Social Work (CSWs).

The UNICEF initiative supporting this reform process was designed to achieve four outcomes: 1) regulation, standards and social services quality control in place; 2) institutional and human capacities in the sector increased; 3) social services for vulnerable children expanded; and 4) the behaviour of the general population towards social inclusion changed. The beneficiaries of the reform are vulnerable children and their families. In this section, the childcare system reform process is referred to as the reform, and the introduction of case management as the practice.

Social support services were practically non-existent in Montenegro as an alternative to residential care institutions⁴² prior to the reform. Case management was non-existent which led to poor care planning practices, a lack of follow up and a reactive, as opposed to proactive, approach to clients who were left in a passive position.⁴³

³⁹ Placement in an institution became a measure of last resort under Article 70 of the Law on Social and Child Protection.

⁴⁰ Government of Montenegro, *Social and Child Protection System Development Strategy, 2013*

⁴¹ Christopher Horne, "Study on Social Inclusion and Preparation for 2010 IPA". Unpublished report commissioned by the EU Delegation to Montenegro, 2009.

⁴² There was weak focus on prevention of family breakdown and lack of preventative services. There were no small group homes and the only alternatives to institutionalization were two day care centres for children with disabilities, and five non-kinship foster care families.

⁴³ A proactive approach to social protection is a set of measures to reach clients that will not ask directly for support (due to lack of information, stigma, and lack of access).

The reform was intended to improve the situation of vulnerable children through improved social service provision. In particular, it aimed to identify the individual needs of vulnerable children, improve the quality of existing social services at community level, expand the coverage of existing services, and offer new services.

The practice was formulated in line with the 2008-2012 Strategy for Social and Child Welfare Development and international standards. In 2013, this document was updated (as the 2013-2017 Strategy for the Development of the Social and Child Protection System in Montenegro), taking into account developments and the results of ongoing reforms.

This analysis does not consider the impact of the practice on beneficiaries because such data was not available at the time of the analysis. Moreover, it is still too early to measure the effects of introducing the case management tool on beneficiaries. The analysis presented here focuses on how the practice is shaping the social protection system and establishing functional and sustainable case management.

ANALYSIS OF THE PRACTICE

Implementation stages

Case management methodology was modelled with support from UNICEF from 2011 in relation to individual care planning in several child care institutions, and was subsequently introduced into legislation in 2013. Following this it was rolled out in 2014 and 2015. Using a tool for individual and integrated needs assessment of children using a multidisciplinary approach, the methodology is being used by CSW personnel at community level. The CSW is responsible for implementing social policies at local level. Certain critical elements should be in place to ensure functional, efficient and sustainable case management: good and simple procedures; qualified human resources (case managers and supervisors); strong institutions, and data interoperability.⁴⁴ One element that is important for sustainability is having social services at community level to which clients can be referred.

⁴⁴ Data operability is improvement of data use by improving system-to-system sharing, when the individual components of service provision are technically different and managed by different organizations. In the context described here, all existing data and information within the social protection system should be available to all involved entities at all levels.

Key activity 1: Introduction of case management

Case management is an approach to social assistance delivery that implies an individual and integrated assessment and a tailored response to the needs of beneficiaries (one-to-one support). Case management changes the way employees in the social sector approach beneficiaries by shifting the focus to providing solutions by mobilizing all available services. This requires interaction among all components of the social protection and welfare sector, as well as expertise and services provided by other sectors (such as health, education and justice).

A rulebook⁴⁵ was elaborated to introduce case management, with rules for the organization, norms, standards and methods of work of CSWs. The rulebook regulates the provision of assessments and planning for social and child welfare, introduces case manager units and defines their work competences, explains what a case file is, and defines the rules and actions to open a case management file and for prioritization. The rulebook also provides forms for needs assessments, instructions on how to draft individual support plans, how to review and evaluate a case, and the procedures for case closure. Separate procedures are elaborated for children, children and their families, and adults.

Some case managers interviewed during the field visit mentioned that some procedures should be revised based on the experience already accumulated. For instance, duplication of documentation should be avoided (files are currently being kept both on paper and electronically). Others mentioned that they require on-the-job training on working with the Social Welfare Information System (the new integrated information system for the social sector), and changes could be made to the system to allow for the re-opening of closed files.

⁴⁵ Official Gazette of Montenegro No. 58/2013, addendum 30/2015.

Key activity 2: Strengthening human capacity

One of the main challenges in such changes of social provision is how to shift the mentality of professionals, both within and outside the sector. UNICEF supported a series of training and skills development events as part of the reform. Training was provided on case management for professionals from across all CSWs (about 150 professionals in total). Training was also provided for professionals from child care institutions, the MoLSW and Institute for Social and Child Protection.

In-depth interviews with case managers revealed that they have a good understanding of the concepts. When asked about their main tasks as case managers, they highlighted evaluating needs, advising, making sure beneficiaries reach services outside the sector, referral to multidisciplinary teams, and searching for solutions.

Key activity 3: Strengthening institutional capacity

In 2011, UNICEF Montenegro published a report on the capacity of the CSWs in the country, focusing on the challenges and opportunities for re-organization. The report assessed the work processes, administrative and professional procedures and human resources at the time, and made projections for progress by mid-term. A functional review was undertaken in 2015 to expand the analysis to other institutions.⁴⁶

Based on these analyses and the developments brought about by the reform process thus far, the institutional set up was adapted. UNICEF contributed to substantial changes at CSW level, in terms of adjusting the rules and procedures. New working methods were introduced including systematization of posts, new professional profiles, and new procedures and tools.⁴⁷ Two new important institutions were established: the Directorate for Social Inspection (DSI) and the Institute of Social and Child Protection (ISCP), the latter with UNICEF support. The DSI will be mandated for quality control of social service provision.

⁴⁶ Anna Nordenmark Severinsson, "Functional review of the Directorate for Social and Child Protection, Ministry of Labour and Social Welfare of Montenegro", 2015. Unpublished report prepared for UNICEF Country Office in Montenegro.

⁴⁷ Prof. Dr. Zegarac, Report on the capacities of the CSW in Montenegro, challenges and possibilities for reorganization, standardization and improvement of their professional practice, commissioned by UNICEF Montenegro, 2011.

The ISCP is a crucial institution for ensuring the impact and sustainability of reform, including good functioning of case management. It is mandated to conduct research on social issues, develop standards, license professionals, provide training, establish a code of ethics, monitor the quality of professional activities in the field of child protection, and help authorities with policy design. As part of this process, in February 2016 UNICEF organized an assessment of the capacity of the ISCP to train professionals in the sector and it is supporting the ISCP with training methodology, and to implement a training needs assessment of the social and child protection system.

Key activity 4: Improving data collection and operability

Much consideration was given to data gathering, data sharing and use of technologies to simplify and improve processes. UNICEF developed a methodology for a child protection database and provided the software. A broader information management system was introduced in 2014 by the Government with UNDP technical assistance (the Social Welfare Information System (SWIS)). The SWIS contains data on beneficiaries and cash payments, administers payments, and contains data on CSW services. Data synchronization of the two databases is currently underway.

RESULTS

The main legal and regulatory framework for case management is in place and procedures have been developed, including formalized protocols for inter-ministerial cooperation, piloted and institutionalized case management, assessment of needs of children with disabilities, family counselling and fostering. Staff have been trained.

It will take some time to estimate the impact of introducing case management on the situation of vulnerable children. Currently, on average, there are eight new cases per manager per month;⁴⁸ it is difficult to estimate how much time a manager spends on each case, because the cases are very different. UNICEF Montenegro is currently estimating how many people benefit from case management practices.

⁴⁸ This number is based on discussions with case managers from two CSWs, so it is only indicative.

New social support services (as an alternative to residential care) were introduced as part of the reform process. Day care centres for children and youth with disabilities increased from two to 10 units, professional foster care families increased fivefold, and one small group home was established.⁴⁹ Plans to transform the two main residential institutions in the country were developed and implemented.⁵⁰ One of the institutions was closed and children were moved to more suitable accommodation, in line with international standards. The institution of family outreach worker, initially piloted by UNICEF in cooperation with MoLSW but with UNICEF funding, is now being funded, still on a pilot basis, by MoLSW.

UNICEF Montenegro commissioned a beneficiary assessment in 2016 that indicates that considerable work is still needed to complete the reform, and to ensure consistent use of the case management approach. Nevertheless, indications suggest a positive impact on beneficiaries where the approach is applied.⁵¹

The practice, as well as the overall reform, was appropriate for the needs of vulnerable children in the country, in line with international standards and national legislation, and aligned with the EU accession process. Case management is a useful evaluation tool for assessing the needs of vulnerable children. The reform and the practice have a strong equity component designed with a focus on vulnerable children and children with disabilities. Sustainability will depend on various factors, including ongoing dedicated resources from the social protection sector, sustained demand from the population, further development of local social services, and political support for the reform. The reform in general, and case management in particular, use a cross-sectoral approach. The new tools ensure that case managers interact with professionals from other sectors, especially the police, justice, healthcare and education. Even though these interactions are well-regulated on paper (through protocols on inter-sectoral cooperation), in practice there are still many difficulties as case management is largely seen as a purely social protection responsibility.

⁴⁹ Data from July 2014, presented in Camelia Gheorghe, "Child Care System Reform: Final Evaluation Report."

⁵⁰ Developed and implemented for one institution and only developed for the second institution.

⁵¹ Marko Milanovic, 'Report of the Beneficiary Assessment Childcare System Reform 2010-2015', (March 2016)



LESSONS LEARNED AND WAY FORWARD

- Many countries in Europe and Central Asia are supporting integrated social services reforms at various stages of implementation. Montenegro is at a more advanced stage and its experience could be relevant for other countries in terms of: a) the analytical and preparatory work undertaken at different stages; b) the adjustment of processes (case management rulebook and other regulations) and institutions (professional profiles, new competences within CSWs, management and supervision arrangements, creation of new institutions to support the development of social services and to improve policy process); and c) the adjustment and improvement of human and technical⁵² resources. Montenegro's practice gives some idea of the complexity of such an exercise, and the sequencing necessary for the various actions to achieve fully functional case management.
- The reform was very broad and complex, with a lot of information and changes to be assimilated by the sector, at both policy and implementation level. Reforms of this type should be conducted over longer time periods. For instance, some child protection specialists were reluctant to accept case management, believing that it places greater responsibility on the case manager than on specialists to make the correct decisions. However, in practice the tool does ensure a multi-disciplinary approach and relies on effective supervision for junior staff to ensure they have access to sufficient support when necessary.
- Consideration should be given at the planning stage to estimating the funds needed for various components of the reform from the state budget in the medium term. An initial estimation of the overall cost of the reform (in terms of institutions, personnel, training, and new services) is needed when initiating such reform processes, along with a more systematic approach to the costing of the new social services (e.g. the cost of foster care and day care per child).
- Development of community social services will need to continue to meet the particular needs of vulnerable children as revealed by case management. If these needs are not met (or only partially met), case management will become a formalistic procedure. UNICEF has supported a mapping of child protection services, and other efforts are being made to map specific services such as services for victims of violence, but there is no systematic, holistic database of services. Further support is also needed to ensure the quality of professionals employed by social service providers (NGOs and others) through a systematic licensing process. Ultimately, development of community social services for children should be viewed in the larger context of social service development in the country. In the long run, the social support system should be flexible enough to allow for some services to be closed or transformed and new ones to be created based on changes in the vulnerability profile of the population.
- The workload of CSW professionals is already heavy and it will get heavier when the reform matures further with an increased number of applicants for cash benefits and services and with increasing complexity of vulnerabilities to tackle. To motivate professionals in the social sector and beyond, authorities may explore revisions to human resources policies such as linking remuneration to performance, promoting the best-performing case managers, recognizing or rewarding the CSWs and municipalities with the best local social plans, promoting a culture of continuous learning and providing on-the-job training. Such measures could help bring qualified specialists into the sector and reduce the high staff turnover.

⁵² Improved information systems, access to data, technical capacities of the CSWs, and so on.



CHAPTER 3 :

Conclusions

In Europe and Central Asia, there are largely two categories of promising practices implemented with UNICEF support, which are beginning to have an impact on children's welfare. The first type are technical interventions that reduce child poverty through improvements to means-tested cash benefit programmes. The two examples in this category, Georgia and Kyrgyzstan, have had important impacts on the coverage and value of social benefits, and are expected therefore to have an impact on the number of children living in poverty. Georgia improved targeting by revising the proxy means test, introducing multiple eligibility thresholds, and increasing the adequacy of benefits by putting in place a new benefit for poor families with children. Kyrgyzstan simplified the administration of benefits and at the same time increased the benefit value. Both of these interventions appear to have leveraged substantial resources for children from a relatively small financial input from UNICEF.

The second type does not produce an immediate impact but builds the basis for a social protection system that considers the specific needs of each child. In this respect, a new model of social protection implemented at local level has been emerging in the region: an interdisciplinary model of individual needs assessment and support plans, integrated within existing social protection programmes (in Armenia, Montenegro, and Bosnia and Herzegovina cases). This model aims to complement cash social assistance with appropriate social support services tailored more accurately to the needs of children. It represents a step towards an integrated social protection approach. The interventions included are complex and require long-term efforts but, if implemented properly, they should lead to real system change, and, in the medium and long term, sustainably improve the situation of highly vulnerable children.

These two models are not mutually exclusive: vulnerable children may require cash assistance, social support services, or both. Therefore, many of UNICEF's country programmes are working on both elements of the social protection system, and are beginning to find ways to bring them together. For example, Armenia's "one stop shop" approach is a means for families to apply for both cash benefits and social support services, and Montenegro is working on integrating information from databases of beneficiaries of cash and social support services.

In all the practices examined in this report, UNICEF played an important role in collecting data, undertaking analysis, designing the mechanisms, introducing new concepts, studying best practices and getting involved in implementation. For instance, in the cases of Armenia, Montenegro, and Bosnia and Herzegovina, UNICEF helped with the implementation of the reform at every step. In Georgia and Kyrgyzstan, UNICEF analysis of the proposed policies helped identify the best solution given the specific context. In all cases, UNICEF worked with the public and civil society in order to help secure public support for the reforms. In the cases of Armenia, Georgia and Montenegro, external funding was mobilized for the social protection sector, while in the cases of Georgia and Kyrgyzstan, domestic budgetary resources were increased or utilised more effectively.

Overall, the analysed practices try to respond to a wide array of child vulnerabilities, transforming social protection systems towards prevention, support and integration of poor and excluded children. The practices highlight the importance of focusing on child-centred social protection interventions (e.g. family and child benefits, case management, and social work). There is also need, working in partnership with others, to do more to support the wider social protection system as it affects children (for example considering the role of social protection in building resilience and disaster risk reduction, enhancing labour market participation and addressing gender inequality).

These experiences also demonstrate the need for effective social protection reform to be considered alongside other elements of public administration, such as public finance management, decentralization, and central and local public administration reform. Social protection reforms and interventions should ideally be integrated within a broader social protection strategic view (social protection sector strategies and action plans at central and local levels). The lack of a clear overall picture of the sector leads to fragmented reforms, uncoordinated actions, poor distribution of resources and ineffective policies. Assisting the authorities to formulate sector strategies is necessary to fulfil children's rights. It is unlikely that a social protection system can be good for children if it is not performing well as a whole.

Much of the success of the reforms highlighted is based on cooperation and partnerships, with other critical partners working on social protection, including the EU and the World Bank. The quality of partnerships has been key in some instances to the success of the reform. Cooperation could be further enhanced by more systematic efforts to work together.

Finally, each of the interventions has a clear equity focus, targeting vulnerable children (the poor and extremely poor, those with disabilities, and those without parental care). The investment made by countries in the region to these reforms is fundamental for achieving more equitable outcomes for children in areas such as health and education. However, there is currently limited evaluation evidence about this topic in the region, and so this is an area in which countries, and UNICEF, could do more to support enhanced decision making.

ANNEXES :

Annex 1. Questionnaire on social protection best practice

General information	Name of the practice		
	4 SP UNICEF components (legislation not considered)	1. Cash transfers 2. Programmes to ensure access to services 3. Social support and care services	
	Duration	Years	
	Status	finished/on-going	
	Geographic area of intervention	pilot/regional/national	
	Partners	main partners /counterparts	
	Budget (costs)	total cost of intervention (spent and not spent as per duration of the practice)	
Practice concept note/proposal	Inception document, practice proposal, concept note	if Yes please insert the link in comments column or send the document	

Specific information		general description (goal of the intervention and to what extend it is achieved (as per May 2015), who/what is targeted, how the goal was/is achieved,	
	Please provide a sort description of the practice	Is there a baseline data (any data or information of the situation before the practice was initiated)?	if Yes please insert the link in comments column or send the document
		Is there data to measure/assess the changes (at system and/or impact level) brought by the practice or any studies/ evaluations/ assessments?	if Yes please insert the link in comments column or send the document
		Is there observable and documented change at system level or in terms of impact on children and families?	if Yes please insert the link in comments column or send the document
Why it is a "promising practice"?	Please provide any information you think might indicate this practice might be a "promising" practice. Please use the Word document (Documentation of promising practices in UNICEF's work on Social Protection in Eastern Europe, the Caucasus and Central Asia, Outline of the Compendium) as guidance. Please see the advanced screening criteria and dimensions for in-depth analysis.		

Source: Author's design



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