
Integrated Social Protection Systems: A Review of Different Approaches in UNICEF Europe and Central Asia Region

Phase II: Synthesis Report

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May 2020

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Acknowledgements

This synthesis report draws on three country case study reports from Armenia, North Macedonia, and Moldova. The authors would like to thank all the individuals who have contributed to the case studies, and to producing this report. Each country case study is based on the collective knowledge and dedication of a wide range of people: Government officials, Development Partners, Academics, and Independent consultants.

We are particularly grateful to the UNICEF country teams for the support provided. We would like to acknowledge the extensive support and continuous inputs provided by Armenuhi Hovakimyan (Armenia); Aleksandar Lazovski (North Macedonia); and Xavier Sire (Moldova).

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List of abbreviations

ALMP	Active Labour Market Policies
B&T	Balkans and Turkey
BiH	Bosnia Herzegovina
C&B	Caucasus and Belarus
C4D	Communication for Development
CA	Central Asia
ECAR	Europe and Central Asia Region
GMA	Guaranteed Minimum Assistance
ISS	Integrated Social Services Centre
KII	Key Informant Interview
M&E	Monitoring and Evaluation
MIS	Management Information System
MoHLSP	Ministry of Health Labour and Social Protection, Moldova
MoLSA	Ministry of Labour and Social Affairs, Armenia
MoLSP	Ministry of Labour and Social Policy, North Macedonia
OPM	Oxford Policy Management

1 Introduction

1.1 Purpose of report

This report relates to the assignment “Integrated Social Protection Systems: Review of Different Approaches in UNICEF Europe and Central Asia Region (ECAR)”.

The overall purpose is to review the experience of ECAR countries on coordination and integration, specifically on social protection services and programmes for children and families, and map their progress across different levels (policy, programme and administration) both in terms of horizontal and vertical coordination/integration.

The assignment has been conducted in two phases:

- **Phase I** focused on the status of integration and coordination of 17 ECAR countries’ social protection systems (policies, delivery mechanisms, services and programmes for children and families);
- **Phase II** focused on three in-depth country case studies. The three country case studies - Armenia, Moldova and North Macedonia - were intended to study integration from different points of view and to represent diverse approaches (Annexes 1-3).

This report intends to present a synthesis by bringing together the conceptual framework outlined in the Phase I inception report, the findings of the Phase I regional mapping, and the specific findings and lessons learned from the three country case studies.

1.2 Methodology

A mixed-methods approach was used, involving a literature review and a structured online questionnaire for Phase I. The methods included:

- Comprehensive literature review of integrated social protection (Inception Report);
- Collaborative development of the conceptual analysis framework with UNICEF ECA Regional Office (ECARO);
- Development and application of a wide-ranging on-line structured survey questionnaire of social policy experts in UNICEF ECAR country offices;
- Desk review of country-specific documents generated by the survey, provided by the Regional Office and through on-line research¹;
- Preparation of the Excel country by country database for analysis; and
- Final synthesis report.

¹ UNICEF has also recently worked with OPM in the region on ‘Strengthening the Social Work and Social Service Workforce’, and on a review of the intersection of this specific work on capacity building and Communications for Development (C4D). This has included in-depth case studies in Kazakhstan and Georgia. We have drawn on this learning, in particular for an understanding of the definitions applied.

During Phase II three countries were selected for in-depth case studies. The case study selection was based on convenience (availability of key informants during the review period etc.). Data collection occurred during February and March 2020 and involved:

- Armenia - based on a further country-specific desk review and selected Key Informant Interviews (KIIs) conducted remotely;
- Moldova - based on a further country-specific desk review and face-to-face KIIs conducted in-country;
- North Macedonia - based on a further country-specific desk review and face-to-face KIIs conducted in-country.

The three Country Case Studies are included as Annexes 1-3 of this Synthesis Report.

1.3 Limitations

1.3.1 Regional ranking

During Phase I, data was collected from 17 out of 21 countries in the UNICEF Europe and Central Asia Region.²

The online survey was extensive and proved to be time consuming leading to some incomplete surveys. The survey data was taken from a single source information point (UNICEF social policy expert). As it is derived from the subjective responses of individuals with varying levels and length of experience in social protection in each country, this may affect their own assessment and consequently the overall review. Where possible this was addressed through the complementary desk review and the review team's pre-existing regional knowledge. The scope of the Phase I assignment did not allow for an in-depth review of each of the 92 individual documents provided. Rather, where possible, they were mined to confirm some of the survey questionnaire responses.

The synthesised analysis and findings of the regional review were presented by functional component - policy, programme and administration, summed up to provide an overall score and a consequent ranking. The findings should be interpreted cautiously in view of the limitations noted above. The accompanying qualitative excel database with a country by country mapping based on the analysis of the survey questionnaire and the documents provided by each country provides detailed results and shows how the assessment was conducted (Annex 4).

1.3.2 Country Case Studies

All of the in-depth Country Case Studies involved an additional desk review, and in-country KIIs were conducted for Moldova and North Macedonia. For logistical reasons it was not possible to visit Armenia and the planned KIIs for the Armenia Country Case Study were curtailed by the reduced availability of informants, especially key government informants, as a result of the emergency response to the COVID-19 pandemic.

Country selection was undertaken by UNICEF ECARO in collaboration with UNICEF Country Offices and was based on convenience, including availability of key informants and other ongoing research and evaluation commitments.

The Country Case Studies did not examine wellbeing outcomes for beneficiaries related to integration of social protection systems.

² No information was received for Albania, Belarus, Croatia and Turkmenistan.

2 Conceptual framework

2.1 Common features of an integrated approach

“UNICEF’s approach to social protection is to support governments in addressing the economic and social vulnerability of children and families” (UNICEF, 2019). This framing of child-sensitive social protection is in line with the inter-agency definition of social protection that UNICEF helped to develop and supports, *“a set of policies and programmes aimed at preventing or protecting all people against poverty, vulnerability and social exclusion throughout their life-course, with a particular emphasis towards vulnerable groups”*,³ (Ibid.).

Specifically, UNICEF (2019) defines integrated social protection systems across four key domains:

- **Policy:** Overall policy coherence, including common and shared vision, coordination and financing mechanisms
- **Programme:** Coordination and harmonization among programmes at all levels
- **Administration:** Integrated administrative tools such as registries, payment mechanisms, grievance and redress etc.
- **Evidence:** Poverty and vulnerability analysis, systems assessment and evaluations

This acknowledges that although poverty is a critical driver of social vulnerability, not all poor people require social support and care services, and conversely non-poor individuals and households may be exposed to non-poverty related risks and shocks requiring these services (for example, children with a disability, children with mental health conditions, and children and families affected by household violence).

Thus, the rationale for an integrated social protection system is to reduce multi-dimensional child poverty, related to both monetary poverty and other vulnerabilities; empowering families to more effectively function will contribute to achievement of the Sustainable Development Goals (SDGs), and in particular SDG 1, End poverty in all its forms everywhere. An integrated social protection system should provide holistic and seamless services, reduce fragmentation, contribute to more efficient application of resources and ultimately to better outcomes for users. Integration can also be considered to contribute to prevention of shocks and thus reduce the burden on acute services. (Heenan and Birrel 2018).

Box 1. Updating the meaning of Integration

1. Integration is not a panacea for all and should be targeted where it is most appropriate.
2. Integration is not a quick win. It requires investment in time and resources to underpin what may be a complex change.
3. There are fundamental differences across organisations, and these must be recognised and dealt with.
4. Integration should be designed in conjunction with the needs of service users.
5. If integration is to be sustainable it requires buy-in at all levels.

Source: Heenan, D. and Birrel, D. (2018) The Integration of Health and Social Care in the UK: Policy and Practice. Palgrave:UK

Integrated social protection creates an environment where benefits and services complement each other to adequately support human development. It implies consolidation of investments

³ Definition developed by SPIAC-B as part of Inter-Agency Social Protection Assessments (ISPA) tools development. SPIAC-B is an inter-agency coordination mechanism composed of representatives of international organizations and bilateral institutions to enhance global coordination and advocacy on social protection issues and to coordinate international cooperation in country demand-driven actions.

and efforts to achieve improved outcomes for social capital development (UNICEF 2012). In short, an integrated social protection system creates efficiencies and enhanced effectiveness by:

1. Assuring equitable access - reducing barriers and cost of accessing social protection services (also referred to as 'front office' or demand side);
2. Improving administration - creating efficiencies of administration in service provision, for example, avoiding duplication, improving systems, etc. (also referred to as 'back office' or supply side); and
3. Providing holistic tailored support and improved protection for children and families, including improved cooperation and coordination of service providers.

Whilst integrated social protection systems for children and families are context-based, they are embedded in a set of common principles and share common features. Definitions and models emerge in different combinations depending on the immediate environment; however, these are framed by universally accepted models which usually include at a minimum social assistance, social insurance and labour market programmes (Brunori and O'Reilly 2010; OECD, 2018). The common principles are essentially related to the objectives above: they are client-centred, harmonized (decreased fragmentation), multi-partner (public-private), and lead to improved outcomes at reduced costs (sustainable). Combined systems and multi-sectoral approaches position the individual requiring assistance in the environment in which they live. They acknowledge that this environment consists of many components which need to be connected in order to influence each other. By understanding these commonalities, key domains for mapping social protection systems on the continuum from coordination to integration can be identified (OECD, 2018):

1. Need: Forward-looking analysis of risks and vulnerabilities across the life-cycle to determine the need for social protection.
2. Coverage: Identification of existing social protection schemes and gaps in coverage.
3. Effectiveness: Assessment of the adequacy, equity and efficiency of social protection provision.
4. Sustainability: Assessment of fiscal policy and the financing of social protection.
5. Coherence: Assessment of the institutions and political processes for social protection and their alignment with other policies.

Integrated systems focus on improving coherence and minimizing fragmentation, in order to maximize efficiency and impact. Social protection programmes need to work with each other and with other government policies so that the combined effect enhances efficiencies. For example, social protection which removes financial barriers to accessing health as a key strategy. Planning frameworks, in which national social protection policies are embedded in cross-ministerial portfolios, and where this vision is communicated vertically to subnational government implementers, are evidence of both a systematic and multi-sectoral approach which can increase impact (European Commission, 2015).

There is a growing realization that nationally owned social protection systems that demonstrate political commitment at policy level to multi-sectoral approaches in planning and budgeting strategies can have widespread impact on children and families' wellbeing (Roelen, Palermo and Prencipe 2018; UNICEF 2016). In circumstances of limited resourcing, considering long-term policy goals, identifying priorities and planning for sequential implementation, allow governments to pursue a strategy towards integrated social protection systems (UNICEF 2012). For example, several countries in ECAR are reported to be moving towards social protection systemic approaches that integrate spending on child and family-related cash benefits with social care and support services "through integration of databases, and the establishment of "single window" service centres, and integrated Case Management" (UNICEF 2016, page viii). These systems can facilitate the multi-sectoral access required to meet multiple needs across the life-course.

Where policy commitment is inclusive of capacity development and professionalization, including human capacity to deliver programmes, it can accelerate the achievement of an adequate standard of living and improved wellbeing for children and families. This capacity development outlook extends to all social protection actors including government policymakers, local administrators, researchers and social workers, to educators, health workers, community workers and care providers and non-governmental organizations. For example, UNICEF (2019) considers the social service workforce as “integral to effective child-sensitive social protection”, because “they allow the range of needs of families to be understood and connect families to relevant services, including those such as violence prevention that may fall out of the social protection sphere”.

Policy makers can better understand local context with data collect at the local level including that provided by information systems, which systematically collect and analyse population-based demographic data. These data can contribute to accountability and a more rapid response to changes in local circumstances. They can form the basis for an extended Case Management system that links vulnerable populations in receipt of cash benefits to additional social care and support services and which can inform the planning of new services. These links are founded on the understanding that some of the children in cash-recipient households are vulnerable to other shocks and may require additional social support and care.

Conversely, where the entry point to the social protection system is when a need is identified, these children and families may need to be directed to cash benefit programmes as well as social care and support and other social services (Gitterman and Germain 2008). Where there is no single registry (either planned or operational) system compatibility should be encouraged in order to track beneficiaries in receipt of social protection services, including social support and care services. This will support harmonization and timeliness of information sharing. Data driven evidence can also support political messaging to leverage public support for social protection information as well as information campaigns to challenge harmful social norms.

Resourcing is a critical feature of the systems approach. Limited financial resources and inadequate planning for efficiencies (for example lack of an integrated approach to financing) are commonly listed as constraints to the implementation and extension of social protection.

Finance relates both to the cash benefits directly and to the costs of operating and integrating the systems. For example, if there are not enough human resources to both administer social protection benefits and to deliver social care and support, this can undermine the effectiveness of social protection.

Whilst it can be challenging to consolidate a large number of schemes, often provided by different ministries and supported by donors or delivered by civil society organisations, resourcing integrated systems contributes to scalability and decreases in poverty, (European Commission, 2015; OECD 2019). Social protection, “when integrated with other complementary developmental initiatives, yields impacts on poverty, vulnerability and social exclusion and improves a range of developmental impacts”, therefore considerations of resourcing that go beyond transfer-based programming and integrate the cost of complementary social development approaches can multiply impact (European Commission, 2015).

This requires political commitment at policy level when it comes to considerations of affordability and budgeting (Hagen-Zanker et al. 2010; Martins and Gaia 2012). The Addis Agenda reiterates that funding for essential public services shall include social protection and that efforts shall be directed towards “strengthening national and international policy environments and regulatory frameworks and their coherence”, (Addis Ababa Action Agenda of the Third International Conference on Financing for Development 2015 Article I.5.). Equally, policy level commitment to decentralization should consider the local resourcing needs in countries where responsibility for delivery of social care and support and other social services, and social assistance is delegated to local authorities.

Social accountability is a further consideration for integrated social protection systems. Social protection beneficiaries are usually the most vulnerable in society. Therefore, accountability

mechanisms that serve to empower them are needed to enhance effectiveness of programmes (Ayliffe, Aslam and Schjødt, 2017). Programme beneficiaries who are directly affected by fragmented design are most likely to be in a position to identify potential solutions if there are mechanisms in place to encourage them to do so. FAO (2017) notes that the integration of participatory accountability is essential for the achievement of intended social protection impact and that “this requires not only inclusive policies, but also the institutionalization of participation, Case Management, complaint, and feedback mechanisms at all levels, and communication strategies”, (FAO 2017, pg. 21). In general, social accountability mechanisms in social protection consist of information to raise awareness of programmes and stimulate demand, interface (face-to-face and/or technology-based communications) to allow grievances to be addressed, and civic mobilisation through formally established community mechanisms to mediate and advocate between citizens and the state (Ayliffe, Aslam and Schjødt, 2017). However, these methods are only effective in supporting integration if they are operationally linked to planning processes. For example, complaints and grievances which are not addressed make the accountability mechanism worthless.

2.2 Core principles

UNICEF (2012) notes that an integrated social protection system is founded on three core principles:

- Progressive realisation of universal coverage, developing tailored approaches that consider countries’ capacity and context to build a different mix of policies and programmes;
- National systems and leadership defining a country-specific and appropriate mix of programmes and financing strategies; and
- Inclusion in order to improve access to services through interventions that are responsive to different dimensions of vulnerability, such as gender, ethnicity, disability and migration status⁴ and different requirements across the life-course.

A fourth principle that is implicitly part of the UNICEF 2012 Social Protection Strategy⁵ is a client driven approach, ensuring that people are included in policy formulation and design, implementation and Monitoring and Evaluation.

A system that is founded on these principles requires a horizontally integrated approach (i.e. integration of several ministries and functions) at national level, which supports vertical multi-sectoral delivery at sub-national levels (depending on the extent of de-centralisation and de-concentration of function)⁶.

⁴ Migration status is an addition to the definition in the 2012 Strategic Framework and is included at the request of UNICEF ECARO

⁵ For example, 1. Mainstreaming participation in social protection systems ensures people - especially those less likely to have a voice or power - are included in interventions and are able to claim their rights; 2. Participation is relevant to social protection in two ways: social protection policies and their redistribution mechanisms need to be justified and validated by citizens - beneficiaries and non-beneficiaries; and implementation mechanisms and structures require the active participation of beneficiaries to enhance their relevance, appropriateness and ownership and ensure their effectiveness. This includes children’s participation. 3. Participation of key stakeholders is essential in all stages - design, implementation and M&E. In policy formulation and design, it is important to incorporate authentic consultation and participation when defining policies and strategies, identifying vulnerabilities and needs, as well as in the design of specific interventions.

⁶ Bird and Vaillancourt (1998, p.3) identify three levels of de-centralization depending on the degree of transfer of responsibility: 1) delegation, which implies the transfer of certain executive functions from the central to local government (municipality, city or region); 2) de-concentration, which implies a dispersion of central level responsibility and the transfer to local sectoral departments (centres for social work, local employment offices, regional insurance funds, etc.); and 3) devolution, which is the highest level of decentralization, where decisions are made at local level, including policy decisions in specific areas.

2.3 Functional components of an integrated approach

The principles described above, and the level of horizontal integration in a country, can be further elaborated against the three functional components described by UNICEF and the World Bank (2013): policy, programme and administration:

- Policy - refers to the overall national social protection policy framework, ensuring that there is overall policy coherence across programmes and levels of Government. This level considers the legal framework, policy and strategic objectives, institutional setting, financing mechanisms and arrangements for monitoring implementation. It is crucial to verify that there are mechanisms to ensure coherence across policies, activities, and stakeholders (horizontal and vertical coordination).
- Programme - refers to the design of each programme (in terms of, for instance, eligibility rules, amount of transfers, duration of support, conditions and incentives, exit, and standards of services). It is important to verify the extent to which design is coherent and harmonized across programmes.
- Administration - refers to implementation and is concerned with the actual delivery of the social protection intervention. It requires institutional, organisational and individual capacity for the identification and enrolment of the eligible population, payments/service provision, management of enrolled beneficiaries, dealing with grievances, and Case Management to ensure access to complementary services, communication, and elements of budgeting and planning, etc. - everything that is required for the actual delivery of the policy. Implicit in this is the requirement for data systems, financing mechanisms and workforce planning. At this level, integration can address both barriers to access on the demand side and improving efficiency on the supply of services.

UNICEF (2019) in describing a child-sensitive social protection system identifies a fourth component:

- Evidence-base - “which highlights the situation of children, the impact of current social protection programming, and identifies remaining gaps”. Consisting of poverty and vulnerability analysis, systems assessment and evaluations, “a robust evidence base is a necessary foundation for all elements of a social protection system, including having a clear understanding of child poverty and vulnerability as well as of the effectiveness of existing social protection programmes and remaining gaps in programme areas and coverage”.

2.4 Analytical framework

The analysis framework applied in this review considers integration on a continuum of relationships which require gradually increasing levels of trust and the sharing of resources, risks, rewards and accountability. The shift from coordination towards integration relies on increasing institutionalisation of relationships which have both demand-side and supply-side implications (Table 1).

Implicit in the framework is the understanding that:

- an integrated social protection system requires a *horizontally* integrated approach, i.e. integration of several ministries and functions at national level, (and similarly reflected/replicated locally) which supports *vertical* multi-sectoral delivery at sub-national levels (depending on the extent of de-centralisation and de-concentration of function);
- *coordination* and *integration* are sometimes used interchangeably but are distinct with coordination being the process through which two or more entities interact and complement each other and integration where two or more entities work as a same functional unit in harmony. Depending on context, several factors facilitate integration in social protection, including availability of protocols for multi-sectoral work, Case Management, quality monitoring, information management systems, and improved capacity of the workforce;

- although the continuum towards integration may recognize integration as ideal, in many circumstances this may not always be necessary. For example, for households/individuals facing low levels of risk and multidimensional needs, there is less need for integrated social protection provision. Similarly, institutional care may be considered by some as integrated provision, however the evidence strongly points to the potential for harm inherent in this approach. Moreover, the delivery of different social protection benefits, and services requires substantially different skills and delivery systems in some cases, meaning that delivery via one integrated agency/institution and system is not necessarily cost-effective; and
- social protection in itself, no matter how well-integrated, may not address all of the vulnerabilities experienced by children and families across the life-cycle. Therefore, integration must have a clear objective based on the needs of the target group.

Table 1. The analytical framework

Level	Cross-cutting	Key Areas	Degree of integration			
			Latent	Emerging	Progressing	Advanced
			Score 1	Score 2	Score 3	Score 4
A. Policy	Financing, planning & workforce capacity	A1. Fragmentation and duplication vs. clear complementarities, including across government levels in decentralized contexts	Responsibility for social protection policies and programmes are divided across many institutions, different programmes target the same groups of people. Considerable duplication, fragmentation and gaps.	There is a plan to achieve complementarity of policies within institutions, but not across institutions	Social protection policies are reasonably coherent and complement each other within institutions, but not across social protection functions/life cycle risks such that some duplications are avoided, but some inefficiencies and gaps exist	Social protection policies and programs are coherent and complement each other within and across social protection functions/life cycle risks, avoiding duplications, gaps and inefficiencies, where appropriate also establishing links to other relevant sectors (such as health and education)
		A.2 Coordination mechanisms in policy development and planning for social protection	Neither legal provisions, nor strategies, policy frameworks and institutional arrangements ensure coordination, integration, and complementarity across the social protection sector - or beyond (no clear, shared, priorities)	Limited legal provisions, strategies and frameworks, and ad hoc institutional arrangements lead to limited coordination, integration and complementarity across the social protection sector	Reasonable legal provisions, strategies and frameworks, and related institutional arrangements ensure coordination, integration and complementarity across the social protection sector	Clear and detailed legal provisions, strategies and frameworks, and related institutional arrangements ensure coordination, integration and complementarity across the social protection sector - and beyond (clear, shared, priorities) including planning and resourcing
		A3. Level of coordination and integration across policy areas	There are neither mechanisms (such as monitoring and review, joint development planning processes) nor procedures to ensure coherence and mutual accountability within the social protection sector and beyond, with other sectors (e.g. education, health, etc)	Limited mechanisms and procedures to ensure coherence and mutual accountability within the social protection sector and beyond, with other sectors. These are generally not applied in practice.	There are mechanisms and procedures to ensure coherence and mutual accountability within the social protection sector and beyond, with other sectors. These are applied in some circumstances	There are enforced mechanisms and procedures to ensure coherence and mutual accountability within the social protection sector and beyond, with other sectors.
B. Programme		B1. Benefits and services alignment with national policies	Existing programmes are not aligned with the overall social protection policy/strategy and there is no coordination unit	Existing programmes are only partly aligned with overall policy in social protection and there is no coordination unit	Existing programmes are well aligned with overall policy in social protection, but there is no coordination unit or it is not fully recognised/functional	Existing programmes are well aligned with overall policy in social protection, and there is a recognised, functional coordination unit
		B2. Programmes integration <i>within</i> the same Ministry / Programmatic area	There are no examples of programmes that by design interact with each other to reach a common policy objective	There are examples of programmes interacting through explicit linkages to reach common policy objectives	There is at least one example where two or more programmes by design are integrated to provide the correct level of support/service	There is more than one example where programmes by design are integrated
		B3. Programmes integration <i>across</i> sectoral ministries	There are no examples of programmes that by design interact with each other (e.g. across sectors) to reach a common policy objective	There are examples of programmes interacting through explicit linkages to reach common policy objectives	There is at least one example where two or more programmes by design are integrated to provide complementary support/service	There is more than one example where programmes by design are integrated across sectors
		B4. System of programme incentives (financial nudges and conditions) provides a coherent approach	Either incentive systems across programmes is not developed or it is even contradictory	Coordination of incentives is discussed and, in some cases, legislated for, but not applied in practice	Programmes incentives are thought through and in at least one case supporting the same objective	Programmes incentives are thought through in all cases
C. Administration		C1. Coherence in mandates, roles and responsibilities for programme implementation	There are no formal processes for establishing roles and responsibilities in implementation. These roles are not clear with significant duplication or ad hoc solutions	Roles and responsibilities in implementation are only partly spelled out, and there is not systematic backing in operational manuals, services standards and standard operating procedures	Roles and responsibilities in implementation are well defined, but there is not systematic backing in operational manuals, only some services standards and standard operating procedures are in place	Roles and responsibilities in implementation are well defined through formalised processes for linking (e.g. SOPs, protocols of cooperation, etc.) and there is systematic backing in operational manuals, services standards and standard operating procedures are comprehensive
		C2. Integration of front-office access to SP programmes	Programmes have different entry points and often application requires people to visit many different offices	At least some programmes have a common entry point, but the system is still on a pilot basis and not widespread in the whole country	At least some programmes have a common entry point with established referral procedures	Systematically programmes have a single-entry system, which is also a one-stop shop integrated service
		C3. Integration of back-office operations and sharing of data across sectors	Each programme has a separate and non-interoperable information and implementation system (targeting/registration, payment/delivery, M&E, complaints and appeals)	Some programmes share at least one delivery system (ID, targeting, enrolment, MIS) and there is some ability to share and validate information across a few programmes	Most programmes share at least one delivery system (ID, targeting, enrolment, MIS) and there is some ability to share and validate information across the majority of programmes	Programmes share information and implementation systems
		C4. Social workers' role, case management and level of inter-disciplinary collaboration	Social workers are not integral part of the system, operate in isolation, little or no case management and there is no inter-disciplinary collaboration	Social workers network is present in the country with some case management functions. Moreover, inter-disciplinary collaboration is discussed and encouraged, but remains mainly ad-hoc and based on personal initiative	Social workers network is well developed in the country and integrated in a number of programmes. Case management is used and under development. Inter-disciplinary collaboration is operational and functioning in at least some programmes	Well-developed network of social workers, with case-management as standard practice. Where necessary multi-disciplinary teams work together in needs assessments and provision of programmes/services

Source: Adapted by the authors from *Transform, 2017, "Coordination of Social Protection Systems - Manual for a Leadership and Transformation Curriculum on Building and Managing Social Protection Floors in Africa"* and ISPA, un-dated, *CODI Core Diagnostic Instrument, Assessment Matrix*.

2.5 Integration experience across the region

2.5.1 Highlights from phase I

Our findings from Phase I suggest that integration is not necessarily a defined step-by-step structured process, rather it is organic and dependent on country context and starting point and related to regional specifics and possibly to external push factors (donor interest, UNICEF priorities etc.).

In general, countries of the EU, Balkans & Turkey (EUB&T) Sub-region and countries of the Eastern Europe and Caucasus (EE&C) Sub-region perform better in comparison to countries of Central Asia (CA). Four countries of EUB&T and two countries of Caucasus appear in the top five ranked positions (Table 2).

Table 2. Countries in top five ranking

Country	Ranking
Montenegro	1
Turkey	2
North Macedonia	3
Armenia	3
Bulgaria	4
Georgia	5
Kosovo ⁷	6
Kyrgyzstan	7
BiH	8
Ukraine	9
Serbia	9
Romania	9
Moldova	9
Uzbekistan	10
Kazakhstan	10
Azerbaijan	11
Tajikistan	12

No information available for Albania, Belarus, Croatia or Turkmenistan

Policy

Areas of assessment

The key areas for the assessment of policy level integration are:

- **Fragmentation and duplication versus clear complementarities including across government levels in decentralised contexts**
- **Coordination mechanisms in policy development and planning for social protection**
- **Level of coordination and integration across policy areas**

⁷ All references to Kosovo should be understood to be in the context of United Nations Security Council resolution 1244 (1999).

Overall, four countries score highly at policy level: These are Bulgaria, Kosovo, Kyrgyzstan, and Montenegro. Our evidence shows that a precondition to integration at policy level is the existence of coordination mechanisms. These mechanisms appear to be an important facilitator of cross sectoral interaction even in the absence of a social protection policy.

Consistently across all countries, we find that there is clarity when it comes to overall responsibility and leadership of the social protection sector. There is often a lead Ministry who spearheads social protection policy development and oversees policy implementation, while decentralization gives substantial responsibilities to local bodies for policy implementation. Leadership by one institution is important because it provides the setting for more consistency in social protection policy and also facilitates integration with other sectors.

The level of policy integration can be enhanced by several factors:

- Clarity between the lead Ministry and subordinate bodies in terms of who is responsible for policy design and implementation tasks, can limit functional duplication, create efficiencies and potentially boost the level of integration;
- Meaningful participation of actors in policy development process at decentralized level strengthens integration and encourages innovative contextualized service provision;
- Policy development processes which involve a wide range of stakeholders and pursue a shared vision increase the possibility for developing more coordinated responses;
- The level of participation in policy development is maximized with the participation of the Prime Ministers/Presidents office and the Ministry of Finance. While this does not always translate into long-term commitment in terms of budget and resource allocation, it signals interest from decision makers, which can be seen as a starting point for integration;
- Establishment of functional coordination mechanisms, with broad representation, and leadership with a sincere political commitment to social protection; the political influence to secure adequate resources; and institutional capacity to manage the social protection policy.

Participation in the development of social protection policy is weakest among sector ministries of health and education as well as civil society organizations. This is particularly interesting given that universal health care is part of the Sustainable Financing Initiative (SFI) and critical to achieving the Sustainable Development Goal of universal social protection for all by 2030. The level of participation among these actors is usually left to consultation and comments. Accordingly, when asked about the level of policy linkages between social protection and other sectors, linkages with health and education appeared weaker compared to that of employment, for example. The result of the lack of a participatory process in developing policy is that, while there may be some coherence, little integration exists in reality.

In terms of vertical coordination, the majority of countries do not have an explicit mechanism. Rather, most countries are characterized by a strong top-down organizational structure with a limited role for local authority levels.

Programme

Areas of assessment

The key areas for the assessment of programme level integration are:

- **Benefits and services alignment with national policies**
- **Programme integration within the same Ministry/ Programmatic area**
- **Programme integration across sectoral ministries**
- **System of programme incentives (financial nudges and conditions) provides a coherent approach**

Overall, we find that in the region there is consistency and coherence between policies and main existing programmes and services and, where there is a mismatch, this is due to some policy documents being too aspirational against the reality of a social protection sector that needs to mature and receive adequate resources.

In most countries in the region there is a clear link between social assistance and Active Labour Market Policies (ALMP), whereby recipients of minimum income schemes or targeted social assistance are required to register with relevant employment offices triggering the inclusion of people in working age in ALMP.

Coordination between social assistance and social insurance is mainly linked to the pervasive dual economic structure of formal and informal employment. Vulnerable populations (people reaching old age, persons with disability, people who lost their breadwinner, etc.) either made adequate social insurance contributions and receive support through that means or rely on social assistance, which can be targeted to similar categories or provided as part of minimum income schemes and targeted social assistance.

The link between social protection interventions and social care is fundamental, especially among beneficiaries of minimum income schemes and targeted social assistance, where often problems are not only of an economic nature; and for example, when related to cash benefits for children with disability who require additional supports and services. In countries where cash social assistance and social care services are provided by the same agency these links appear to be stronger. Moreover, social workers and social assistants are those making the connection and ensuring that through adequate Case Management people can access the right level of support.

The most common interactions between social protection interventions and other sectors involve targeted social assistance benefits, and in particular minimum income schemes and child allowances. Beneficiaries in receipt of these types of social assistance are linked to additional support to access health care services. This comes in the form of free social health insurance or discount and support for medicines and health treatment (for example in Armenia, Bosnia and Herzegovina, Bulgaria, Moldova, and Montenegro). However, in many countries the link is made in the legislation but suffers from implementation issues, including how to determine eligibility criteria and the coordination between the Ministry of Social Protection and the Ministry of Health being relatively weak.

Another common link is made between beneficiaries of child allowances/targeted social assistance who are provided access to pre-school free of charge (for example Bulgaria and North Macedonia) or provided with school supplies (Armenia, and to some extent Uzbekistan). The link being that those who qualify for specific allowances are automatically enrolled in other programmes. In most countries, receipt of support also requires school attendance, but only in North Macedonia and Turkey did we find clear examples of monitoring and enforcing of this conditionality.

Most countries in the region also have established links with extra support during winter months for the payment of heating and other utilities.

Links with housing tend to be more ad hoc, based on specific circumstances and availability of funds. It is more explicit in the case of orphaned children when they reach eighteen. This is noted to be an area of concern where, for example, children can be removed from their families temporarily or permanently because of a housing crisis.

Concerning agriculture, links are less common, and in some cases they reflect more the need to develop tailored support for farming households in rural areas, or a way to support self-employment activities.

Administration

Areas of assessment

The key areas for the assessment of administrative level integration are:

- **Coherence in mandates, roles and responsibilities for programme implementation**
- **Integration of front-office access to Social Protection programmes**
- **Integration of back-office operations and sharing of data across sectors**
- **Social workers' role, case management and level of inter-disciplinary collaboration**

When assessing integration at the administration level there are four main elements that we took into consideration in our analysis:

- the workforce arrangements that provide the services, and the clarity of their roles and responsibilities, which should avoid gaps and duplications;
- the existence and typology of integrated front-office services;
- the existence and typology of back-office services; and
- social work coordinating service provision using Case Management.

Workforce

In some countries the link between district level institutions and local communities works better than in others through the intermediation and referral of social workers and /or social assistants. In others the presence of offices is more widespread in every municipality, but there are significant different entries in the system with little coordination and some duplication. For example, in Armenia, whilst the Integrated Social Services Centres operate a Case Management System which connects benefits and services under a central management authority, there is another layer of social work provision at community level which is under local management authority; links between the levels exist but are informal. In North Macedonia, social assistants who previously managed social benefits are now required to undertake additional social Case Management functions, which has resulted in excessive caseloads.

This conflation of roles - social assistant for administration of benefits, and social worker for delivery of social welfare (using a Case Management approach) is an issue in many countries across the region. To some extent this has been acknowledged in Moldova where a new workforce of community social workers has been trained and deployed and who are the main entry point to the system either with some direct provision of service or with referrals and case management, whilst transfer programmes continue to be administered at municipal level. Despite the challenges, all countries have reported that roles and responsibilities of staff working in regional and local social

protection offices are clear or relatively clear and identified in relevant legislation or operating manuals.

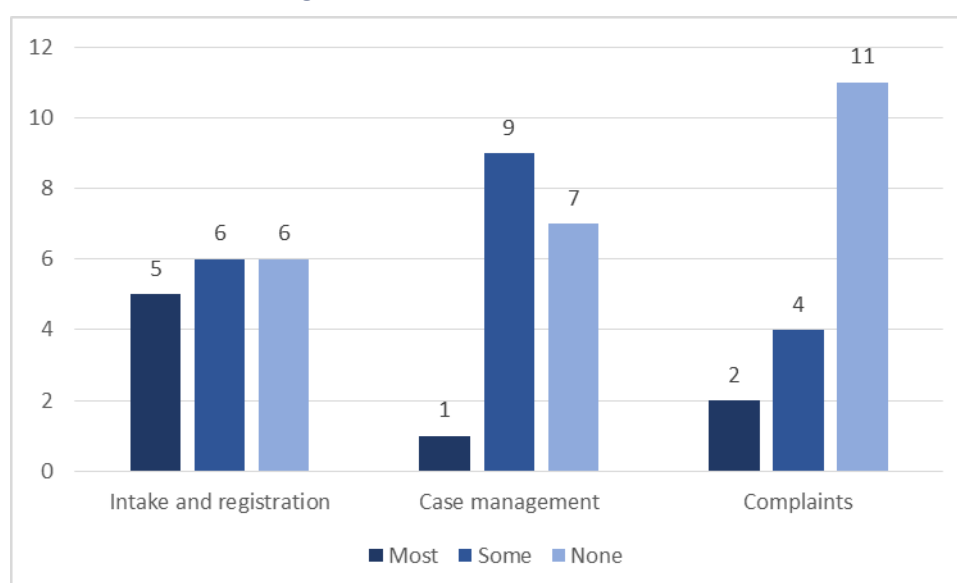
Front office

Front-office operations are those of direct interaction with the client, whereby people express their needs, apply, are enrolled for services, and in some cases the delivery and management of the services take place. The integration of front-office operations can occur in different ways and involving different functions. It can take the form of a common (single) referral point, a single entry (enrolment) for different services or 'one-stop shop', whereby people are not only enrolled, but there is also service provision for more than one service.

The majority of countries have at least some front-office integration, and this is most likely to involve intake and registration functions, whereas integration of complaints mechanisms appears to lag behind, with Case Management falling in between (Figure 1).

In most countries social insurance and social assistance programmes although falling under the same Ministry are often provided in different offices (and different agencies), whereas integration occurs within social assistance.

Figure 1. Level of front-office integration: programmes that share intake and registration, Case Management, and complaints



Source: Sammon, Carraro, Attah, Barca and Matkovic, 2019, Integrated Social Protection Approaches in Europe and Central Asia Region. Oxford: OPM

Where integration occurs, the dominant model is the one of 'single entry' for some programmes. This tends to be a common office where people can apply for different benefits after a first screening (for example Montenegro and Turkey), and in a few cases a one-stop shop (such as in Armenia and Macedonia), even though this does not yet occur everywhere in the country and sometimes 'common space' does not necessarily avoid some silos, and does not necessarily entail an integration of programmes.

Back office

The back-office operations are less visible to the client and relate to the way the office processes requests and operationalizes the delivery of the service. Back-office integration usually involves the management information system, the sharing of common databases and the management of critical functions, such as targeting and payment systems.

Overall, back-office integration occurs because some programmes share common targeting approaches (for example in Montenegro and Turkey), relying either on income measures or proxy means tests. Sometimes but not always such integration results in an integrated policy design (with gradual support tailored to the different household needs). For most countries integration helps in assessing to what extent beneficiaries receive access to multiple programmes, which in some cases occurs by design. However, relatively few countries integrate payment functions, whereby different programmes use the same payment infrastructure. This occurs for programmes that are well integrated, such as the social support programme and heating allowances in Moldova. It is even more difficult to find cases with adequate integrated monitoring systems.

Countries are at different stages in the development of electronic management information systems. At least six (Armenia, Azerbaijan, Kosovo, Macedonia, and Turkey) have developed integrated social registries, whereby information is retained for both beneficiaries and potential beneficiaries and information is shared across programmes. Other countries (such as Kyrgyzstan and Serbia) have developed integrated beneficiary registries where information across programmes is shared only for current beneficiaries. Other countries have only developed independent programme management information systems, and finally some countries are lagging behind the creation of any comprehensive electronic system and are just starting the development of such systems.

Social work coordination and Case Management

There are some clear emerging regional differences in the way social protection services are provided at the local level, primarily related to the presence of social workers at municipality/community level and the role of allied workforces (in particular that of social protection administrators).

Most ex-Yugoslavian countries have a relatively long history of social work, where social workers operate together with professional specialists and social protection administrators are co-located in the centres for social work.

A different model is instead observed in Moldova, Romania and Ukraine, whereby social workers are present in every municipality combining both the social workers' function and that typically performed by a social protection administrator. However, social workers make referrals and are supervised by district level social assistance departments whenever there are more complex cases where professional specialists are required.

In the Caucasus (in particular Georgia) and Turkey, perhaps in relation also to the way eligibility to cash benefits is assessed, the allied force of social agents visiting households to collect information for eligibility assessments is somehow not connected with social workers, who tend to work separately. However, their status and recognition are emerging with an impetus to better recognize their profession.

In Central Asia the situation is much more fluid whereby the social work profession is not yet recognized, and their presence is much more scattered, with social protection administrators for the processing of cash benefits being the main workforce.

3 Summary of experiences from Armenia, Moldova and North Macedonia

In the three countries reviewed in more depth, three approaches to integration were identified for meeting the needs of children and families (Table 3). Although the specifics of design are different in each case and they are at different stages of development, they all rely on multi-sectoral coordination and collaboration, and systems for cross-referral. Thus, they can be said to have regard for the multiple dimensions and dynamism of deprivation and risk requiring a life-cycle approach, and a fundamental understanding of the requirement for integrated social protection for social development.

Table 3. Approaches to integration in three countries

Country	Approach	Key features
Armenia	One-stop-shop	Integrated Social Services Centres with joint reception and line management of offices for social security, employment, social services and disability assessment; system of <i>social Case Management</i> for comprehensive and targeted social assistance provision based on individual plans
Moldova	Case Management	National network of community social workers as the main entry point in the system, processing applications for cash benefits and social services either with some direct provision of service or with referrals and Case Management
North Macedonia	Case Management and multi-disciplinary teams	Integrated Case Management approach, focusing on multi-dimensional needs and vulnerabilities; single point of entry into the system, for both benefits and services; case workers are no longer responsible for a specific programme, but for a family/household

3.1 Policy level

3.1.1 Policy, strategy and legislation

All three countries, although at different stages of development, have a robust national social protection policy framework, ensuring that there is overall policy coherence across programmes and levels of government.

In **Armenia**, while the integrated approach has been led by developments in programmes and administration, this culminated in the drafting of the country's first labour and social protection sector development strategy in 2019. Armenia has pursued a deliberate model of functional integration since 2000; although there have been interruptions and postponements along the way, this has now brought together four existing agencies responsible for pensions, social assistance, employment and disability certification. Established in law in 2012 and operational in about half of the country, the Integrated Social Services (ISS) centres mobilise multiple benefits and services and provide tailor-made support to children and their families to help address economic and social vulnerabilities to poverty and deprivation and respond to individuals in a tailored manner. This approach is embedded in the draft strategy which although lacking definitions, considers the role of social protection in the context of poverty reduction, sustainable development and human capital development, and adopts

a life-cycle approach. It aims to simplify the complex web of provision and commits to the national scale-up of the ISS centres as a key strategic goal of labour and social protection.

In **Moldova**, the right to social protection is recognized in the second chapter of the Constitution as one of the fundamental rights, and social protection policy and legislation clearly comprises social insurance, social assistance, social care services, and active labour market policy. Furthermore, child protection is intertwined with various social protection policies. All these core elements of the social protection system fall within the responsibility of the Ministry of Health, Labour and Social Protection. Although we could not find any document or vision that speaks explicitly about integration, there are references in various reports (for example the 2015 Annual Social Report) to the need of inter-agency collaborations to tackle complex social problems. Moreover, the overall trajectory and motivation of reforms often include elements aimed at strengthening coherence and coordination within social protection programmes.

The policy and legal framework for social protection in **North Macedonia** is extensively developed⁸, including ongoing revisions and amendments to key legislation to reflect strategic changes. Most recently, in 2019 there was a major reform of the system, including a new Law on Social Protection as well as major amendments to the Child Protection Law and the Law on Social Insurance of the Elderly. The new laws address fragmentation in the previous system at several levels - consolidating and further coordinating prior programmes, streamlining the processes for intake and registration into any social assistance programme, introducing a comprehensive and Integrated Case Management approach, focusing on multi-dimensional needs and vulnerabilities and creating an enabling environment for the delivery of social services at Municipal level, further clarifying roles and responsibilities including for coordination.

3.1.2 Organizational structure and coordination

Leadership in social protection falls under the remit of Ministries of Labour and Social Affairs (MoLSA - Armenia), Health, Labour and Social Protection (MoHLSP - Moldova), and Labour and Social Policy (MoLSP - North Macedonia) which have the mandate of setting policy, regulations, guidelines, providing inspections and monitoring and evaluation. However, implementation mechanisms are varied, both in terms of complexity, subordination and relative to the stage of decentralisation.

In **Armenia**, for example, notwithstanding the significant progress in establishing effective coordination mechanisms and active cooperation processes, work to enhance multi-sectoral coordination with allied sectors requires further enhancement and strengthening. This is in part because there is a paradox in the structure - because Armenia has a one-tier decentralised system for territorial local government, but the four de facto local government agencies which are integrated under ISS centres are under the central line-management authority of the MoLSA. In practice this means there is no mechanism for referral amongst the local government community social workers at territorial level, and social workers at ISS centres. Whilst this centralised management for ISS has helped to overcome some of the operational challenges noted when there were four separate line-management systems, advocates for local government propose that the functions be transferred as delegated competences.

In **Moldova**, implementation is conducted by different agencies, some of which are subordinated to the MoHLSP, while others are independent. Notably, the National Social Insurance House (NSIH) is an autonomous body that reports directly to the Government and has the responsibility to manage the social insurance fund and implement the policies set by the Ministry. In the decentralized system of government, raions are also independent government units and so are municipalities. While, both for the NSIH and the National Employment Agency administration is done through subordinated

⁸ Providing both clarity of vision and direction as well as a legally guaranteed foundation that supports programme sustainability.

territorial units that implement national policies, social assistance services are provided by territorial social assistance structures (TSAS) that report to raion governments. At the same time while community social workers and social assistants are placed in the municipalities they are hired and paid by TSAS. Social care services, including those for children and families, are now funded by district level governments and this is seen by the central Ministry and those responsible for such services as a significant threat to their sustainability, since their importance is often misunderstood or not given the right priority by raion Governments. To counter this concern, the National Agency for Social Assistance which was created in 2017 has the responsibility to also oversee the implementation of a minimum package of services.

The roles and responsibilities and organisational structure of the MoLSP in **North Macedonia** and its partners are clearly articulated in legislation and widely understood across all relevant actors. Interesting here is the relationship with the Employment Agency (EA), which technically falls under the MoLSP remit, yet there is no enforceable line of accountability between the two: the Director of the EA is appointed by Government and the Minister of Labour and Social Policy sits on its Management Board, holding limited supervisory power. Local key informants stressed that this was a problem in terms of guaranteeing coherent strategies across the two. This is evidenced at local/Municipal level where although Employment Centres and Centres for Social Work are often co-located, the physical proximity has not systematically led to cooperation, joint planning or information sharing.

3.1.3 Financing

OECD (2019) describe how “costed sector plans contribute to the overall coherence of social protection strategies and build a credible framework for scale-up and sustainability”. Across the three countries, financing mechanisms of the integrated social protection approaches are the least well described and embedded components. This suggests that although the political economy around social protection is generally favourable, cursory attention is paid to the coordination of financing mechanisms and macro-economic policy. The decentralisation referred to above also impacts on availability of financing, especially for social services.

In **Armenia** the Draft Strategy does not include a budget for social protection financing which increases risk of uneven implementation and impact. The Draft Strategy suggests that “Financial estimates for steps in individual areas will be presented in sectoral programs” which may contribute to some of the duplication and overlap that was previously seen in ISS. Development of programme budgets outside the framework of a social protection sector plan may lead to stalemate in rendering policy into practice. It can introduce an element of competition as advocates lobby on behalf of their specific constituents, and a programme rather than a sector policy is funded or not funded. For children and adults with disabilities this could limit access to the wide range of supports they require across the life-cycle. Whilst a functional assessment of disability is being introduced which may improve access to cash benefits, the associated services required to support social inclusion (determined by a life-cycle approach), are not yet available, or dependent on the vagaries of the development assistance. Provision for assistive devices and technology, for habilitation and rehabilitation services, inclusive education, and other costs associated with disability (for example, transport, nutrition, personal hygiene), may not be prioritised if these are not included in a sectoral financing framework.

In **Moldova** the financing is shared across central and local budgets, which can result in shortfalls because at national level there can be an assumption that local budget will kick-in, and locally, social protection (and especially social services for vulnerable children and families) may not be prioritised. There are also limitations when programmes work across different sectors since there is a lack of experience of financing joint programmes, and some of the parties are essentially asked to cooperate on a ‘voluntary’ basis (for example this occurs for programmes related to non-communicable diseases, where TSAS provide essentially voluntary contributions in terms of information campaigns and referrals).

In **North Macedonia**, 2019 reforms opened fiscal space for a) the expansion of adequacy of existing cash benefits (especially for the most vulnerable households); b) drastic increases in social spending; and c) increases in staffing and salaries (+26 per cent) for social workers. There are, however, some worrying signals that this fiscal space may only have been temporary. For example, in a pre-electoral 'expansion', the current government has recently increased pensions⁹ while also rolling back the progressive taxation introduced in December 2018.

3.1.4 Sectoral monitoring and evaluation and accountability

As noted by OECD (2019) M&E strategies (and associated budgets) should be clearly specified in costed sector plans to make sure that experience continuously informs and improves the sector delivery and contributes to open and transparent governance. However, in the three countries studies, whilst some mechanisms for M&E and accountability are in place or under development, wider M&E systems are not yet institutionalised.

Although the **Armenian** draft strategy includes a set of unrefined indicators and makes generic reference to a future monitoring and evaluation plan, there is currently no overarching M&E framework and some ambiguities over responsibility and accountability have been noted between policy and implementation. For example, because the Ministry of Territorial Administration and Infrastructure retains responsibility for community social workers - which are outside the scope of ISS where multi-sectoral Case Management and referral occurs, the aggregate effects of the integrated social protection policy in Armenia are less likely to be visible and more likely to be contested. Despite this a number of one-off assessments and evaluations have contributed significantly to the evidence base for integrated social protection development.

Similarly, in **Moldova**, there is scope to strengthen M&E functions. The Ministry produces annual social reports that provide information on the main programmes, coverage and spending (though the last published report was for the year 2017). A monitoring system of major programmes was put in place, but the current Management Information System (MIS) is unable to provide adequate reports, even though efforts are underway to ensure that these will be generated regularly. Concerning social services there have been efforts to develop a MIS and related indicators, but with even less success.

In **North Macedonia**, the MIS developed for the cash benefit system in 2010 and now adapted to also support provision of social services, provides crucial information for daily management as well as planning and budgeting, in a timely manner. Nevertheless, there is still a lack of an institutionalised system for M&E, with targets, indicators, roles and responsibilities clearly defined across all levels of administration. This is work that the MoLSP sees as a forthcoming priority. At the moment, there is a lack of any system for measuring user satisfaction, ultimate impact and overall cost-effectiveness of social protection policies in general and the recent reform more specifically (impact evaluations, qualitative research, scorecards, etc.). There is also a scarcity of high-quality data sources that can be used for relevant analysis. To fill this evidence gap, national CSOs have taken on the role of watchdogs, with an explicit focus on ensuring accountability and monitoring user satisfaction and sectoral outcomes.

⁹ A 7.8 per cent increase for lowest deciles and 1.8 per cent for highest. This is problematic as the pension system deficit has been increasing rapidly and has not been adjusted to reflect recent demographic changes such as migration and increased life expectancy (deficit is currently at around 49 per cent according to Finance Think estimates).

3.2 Programme level

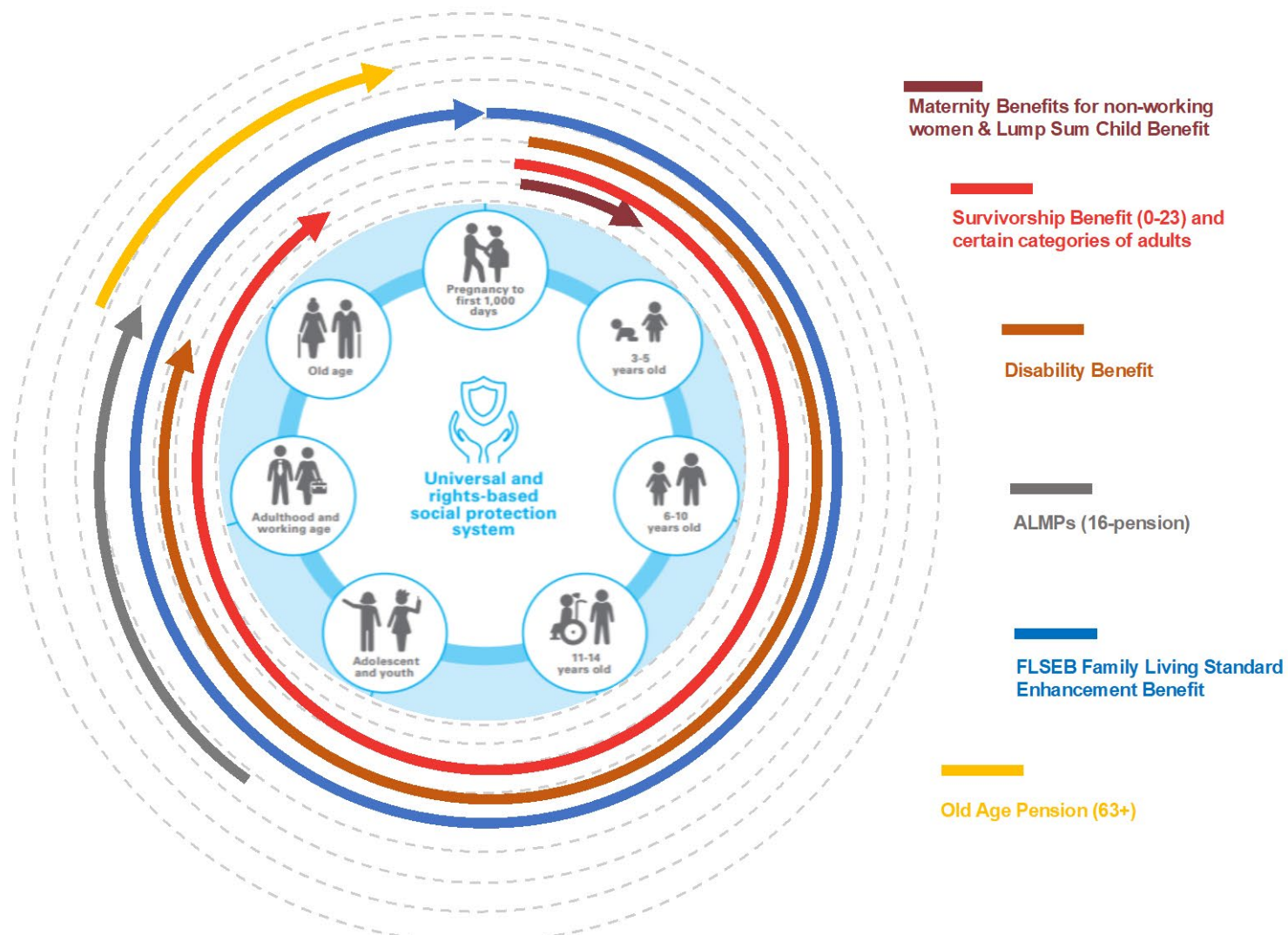
3.2.1 Range of programmes and services offered

Armenia, Moldova and North Macedonia have a wide range of contributory and non-contributory programmes in place to address vulnerabilities across the life-cycle. These include cash-based transfers, social care and support services and active labour market programmes. However, in all cases there is evidence that there are a significant number of households and individuals who would be eligible but fail to receive support.

In **Armenia**, 115 contributory and non-contributory social protection programmes (Figure 2.) have been inventoried (CODI, 2019). These combine cash, services and active labour market policies (ALMP), are regulated by law, and apply to both urban and rural populations.

The architecture for programme level integration, the ISS centres, has been well designed and is in the process of being rolled-out nationwide. Overall, the realisation of the programme level vision is constrained by insufficient financial systems and resources to deliver, and the coverage of programmes and services for children and adults with disabilities does not yet meet the recommendations of the 2017 UN Committee on the Rights of Persons with Disabilities. As of September 2019, there were 28 functioning ISS centres out of an envisaged 56 nationally, applying the one-stop-shop principle under the management leadership of MoLSA, and including the Territorial Centre for Social Security, the Territorial Employment Centre, the Territorial Offices of Social Services and the Medical-Social Examination Commission function under one roof.

Figure 2. Key non-contributory social assistance benefits along the life-cycle, Armenia

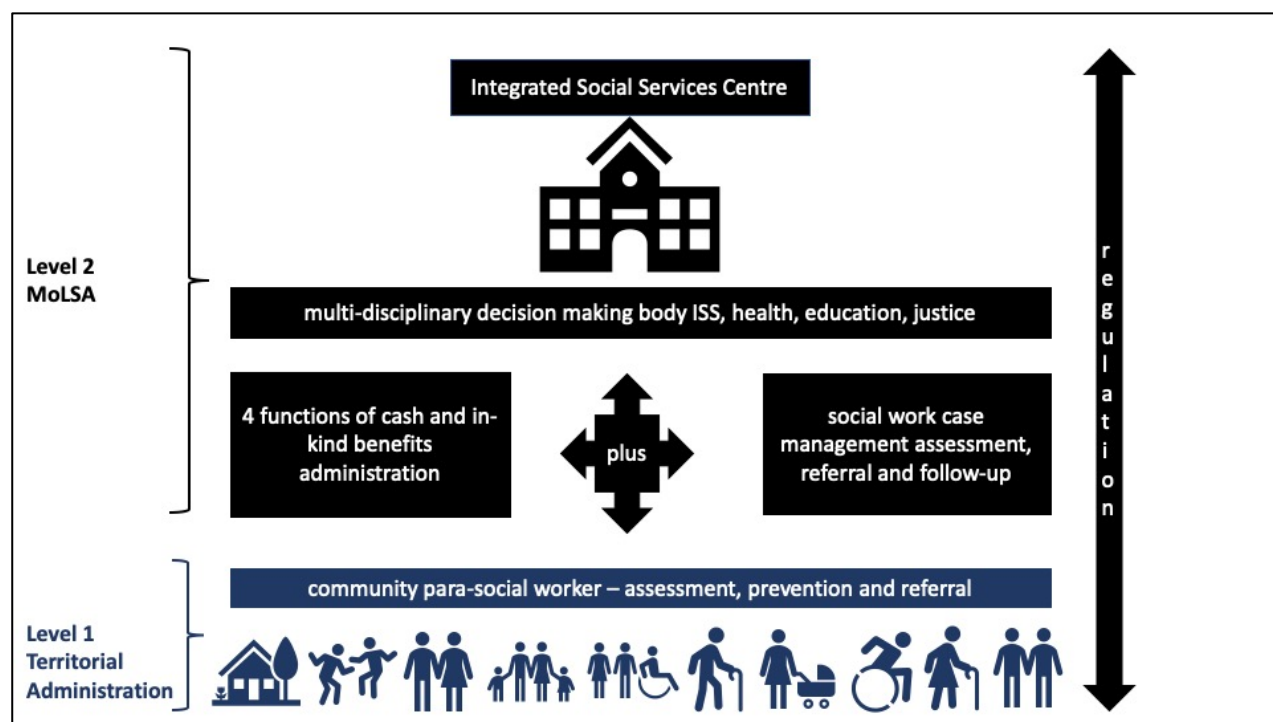


Source: Authors, 2020

The Case Management system has been introduced at the ISS and with community social service workers to extend access to services. Still, the current approach assumes vulnerability is driven by poverty in all cases and space is limited to address vulnerabilities of non-poor clients (for example, women and children exposed to violence, and some persons with disabilities). In response to this, it is anticipated that during 2020 MoLSA will separate the functions of benefits administration and social Case Management through the addition of an Agency for Social Services at the ISS centre. This will involve recruitment of around 300 graduate social workers who will be responsible for comprehensive assessment and referral within ISS and externally. In addition, these social workers would receive referrals of complex cases from community social service workers (and refer cases back for follow-up support), accept self-referrals and work with a cross-sectoral multi-disciplinary body to improve access and make speedy referrals where necessary to the courts (Figure 3.).

Although the Law on Social Assistance makes provision for “social cooperation agreements” and “inter-agency social cooperation” to support provision of ISS, this is not yet fully realised. Family support services are provided through ISS centres, Territorial Offices of Social Services and Family, Women and Child Protection Units of regional administration, however the envisaged cooperation mechanisms are not yet functioning. Limited awareness, scarce availability of services to which clients can be referred and basic resourcing mean that those social workers engaged in Case Management have few opportunities to demonstrate real impact.

Figure 3. Anticipated ISS provision, Armenia



Source: Authors, derived from information provided by KII, March 2020

Social contracting for local social service provision by non-governmental organisations is being introduced by the Government of Armenia. A tender process is initiated when MoLSA announces they want to provide services in a community. The process, which requires an annual re-tender, can cause disruption to service provision. The vision is good, the approach is advanced but the mechanism for execution to maintain sustainable and quality service provision is underdeveloped.

In **Moldova**, there are likewise a wide range of social protection programmes, which can also be described as following the life-cycle (Figure 4.) and which include:

For children

- maternity benefit granted if either the mother or the father is insured;
- birth grant is provided universally to all children, and given as a one-off payment;
- monthly childcare benefit, aimed essentially at covering the first 1000 days, but which has different rules depending on whether the parents/child carer are insured or not;
- social allowances for children with disabilities and orphans over the age of three (the latter can continue up to the age of 23 if the person enrolls in higher education);
- cash support for adopted children or those in kinship care;

For those of working age

- Contributory accident and sickness insurance;
- Contributory unemployment benefits;

Other

- social allowances for people with disabilities;
- survivor pensions;
- state monthly allocations (*alocatii lunare de stat*) for war veterans and other special categories of people, which can be combined with other social insurance benefits and social allocations;
- active labour market policies, in particular mediation services and, on a relatively limited scale, professional training and public works;
- People who look after children with severe disabilities, persons with disabilities since childhood and blind persons are also entitled to care allowances;
- Contributory and non-contributory old age pensions;
- Funeral Expenses Grant.

Granted irrespective of age and covering throughout the life-cycle

- The ajutor social (AS), a minimum income scheme, whereby households with an income lower than the Guaranteed Minimum Income (GMI) are provided with cash support that allows them to reach the GMI;
- the winter allowance, a fixed household level monthly cash allowance during the five cold months (from November to March), which works both as a top-up to the beneficiaries of AS and as a separate benefit for those with a relatively low income, but higher than the guaranteed minimum income;
- the package of services includes the monetary support, the family support and the personal assistance programme:
 - monetary support is a one-off transfer that aims at supporting families to overcome a specific need or emergency;
 - family support is a service that combines cash support and social care to prevent the breaking up of a family and the protection of children, the cash support does not need to go through a standardized means test assessment. Provision of family support requires maintaining a Case Management file;
 - the personal assistance programme is granted to people who look after a person with severe disabilities and provides them both with a stipend and the guarantee that years spent on this assistance are recognised in their contributory history towards pension rights, though it is not always clear how in some cases it overlaps with the care allowances;

- Other services provided at local level include social canteens, foster care programmes, family type homes, etc., but these services vary significantly depending on TSAS capacity and expertise. It is expected that some of these services might be included in the minimum package of services, though their financing will also need to change.

The social protection programme reform of 2019 in **North Macedonia** likewise reflects a life-cycle approach which required change from several perspectives:

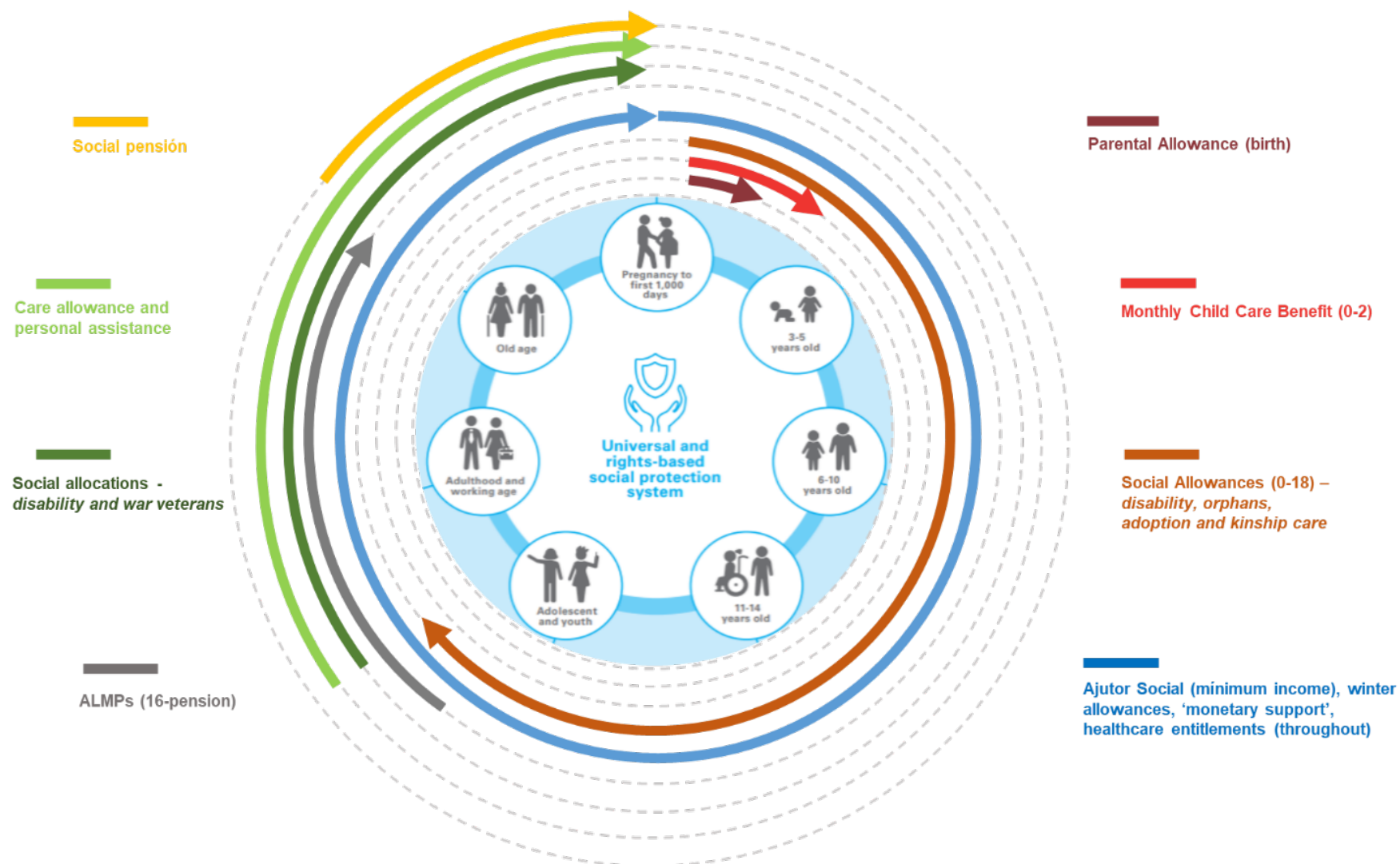
- Some existing benefits were consolidated, overcoming significant fragmentation and incoherence;
- Benefits that had been shown to be very expensive and have little simulated effect on poverty were means-tested and/or phased out over time (e.g. third child allowance), increasing coverage amongst the poorest quintiles;
- Several benefits were explicitly linked together, to strengthen ultimate impacts, including labour market 'activation' as a key aspect of the reform;
- The overall 'amount'/adequacy of most transfers was increased;
- Equivalence scales and other core parameters were uniformed across programmes, addressing previous equity challenges;
- An overall shift towards 'supportive' rather than 'punitive' programme design.

Social services also underwent significant change with the 2019 law. A wide new range of community based social services were introduced, for example, respite care, kinship care, personal assistance, half-way houses, etc. while several existing services were extended and strengthened, for example, social prevention, rehabilitation and integration, and counselling. This goes hand in hand with the new Case Management system.

The social protection reform has addressed many of the challenges in effectively reaching children. For example, the threshold for child allowance and the newly introduced education allowance is much higher, extending access among minimum-wage earners. In terms of coverage, the new reforms are expected to substantially increase the coverage of Child Allowance to an additional 40,000 families (similarly for other benefits). Reduced spending on non-effective measures and an explicit focus on complementarity across programmes means that low income families with children will now receive a more adequate support.

Nevertheless, not all overlaps are fully addressed. The number and complexity of the range of existing programmes is still relatively high, with CSOs stressing that this poses a significant barrier to access for the most vulnerable, who do not yet understand how to negotiate the system. Integration of disability benefits and services is seen as an on-going challenge, although there are current efforts to unify the currently fragmented disability assessment process.

Figure 4. Key social assistance cash benefits along the life-cycle, Moldova



Source: Authors

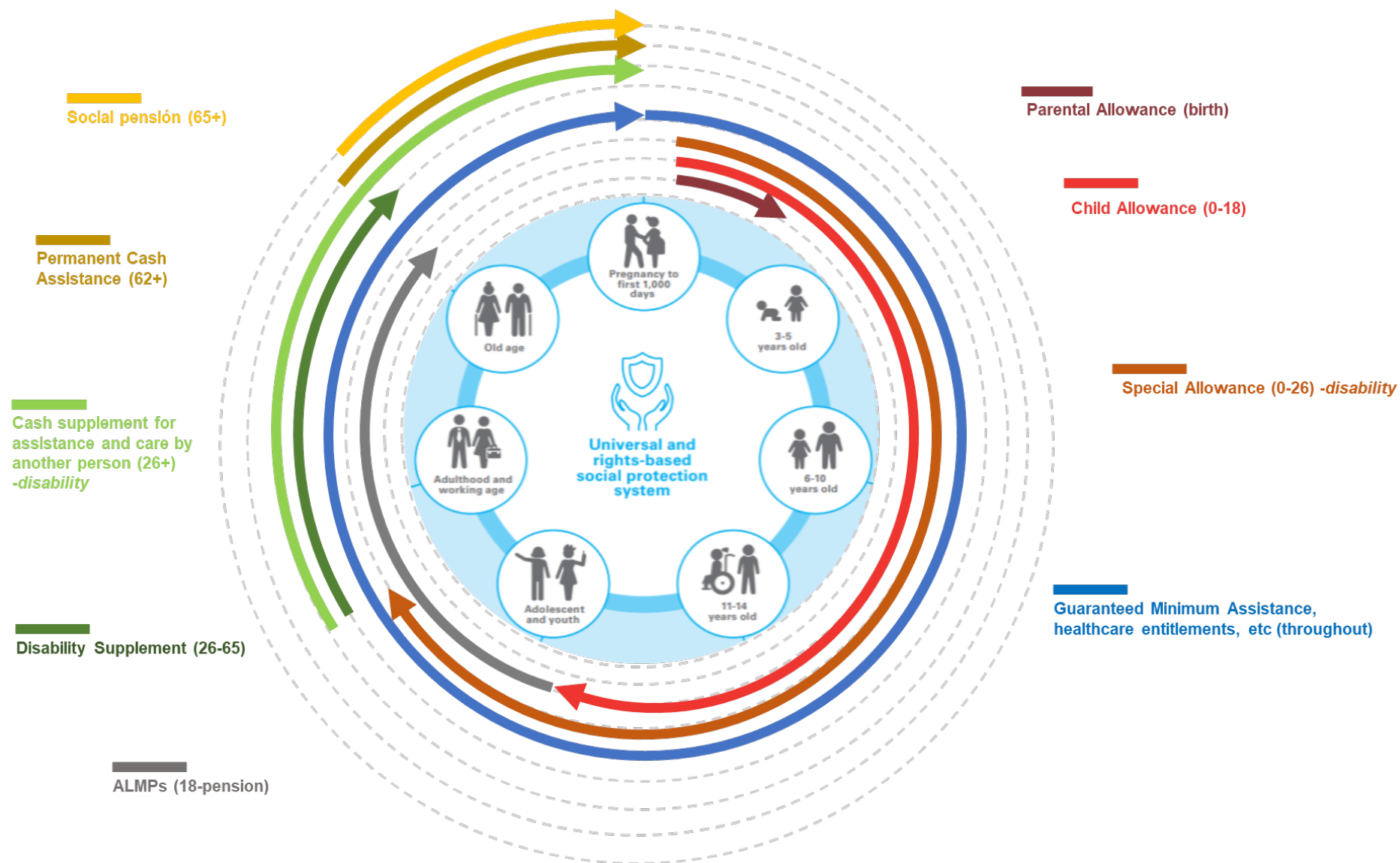
The MoLSP has also signalled its intention to consider how the reform of social protection can open the possibility of delegating social services to external providers.¹⁰

The range of programmes offered include:

- Maternity benefit – contributory;
- Parental allowance for parents of first and second born child;
- Child allowance;
- Special allowance for children with disabilities;
- Education supplement;
- Guaranteed minimum assistance - households with material uncertainty that do not possess any earning generating property and property rights;
- Disability supplement, people with multiple and profound disabilities;
- Cash supplement for assistance and care by another person;
- Salary supplement for part-time work, parents of children with disabilities;
- Housing supplement;
- Healthcare entitlements including universal free access to healthcare;
- Range of AMLPs including wage subsidies and training programmes;
- Unemployment benefits;
- Old age pension.

¹⁰ Ila Carovska, n.d. Reform of the Social Protection System in the Republic of Macedonia.
<http://www.socialneinovacije.si/social-protection-reform/>

Figure 5. Key social assistance cash benefits along the life-cycle, North Macedonia



Source: Authors

3.2.2 Linkages across programmes and sectors

Explicit linkages across programmes and sectors through institutionalised processes are a feature of the three countries' social protection systems design. These have been progressively developed and consolidated during recent reform processes and reflect the life-cycle approach to addressing multiple and dynamic vulnerability. However, for example in Armenia, these good intentions have not yet been fully realised. In all cases, systems for Case Management involving assessment, referral and follow-up are being introduced to make these links more systematically (discussed further at 3.3.1).

In **Armenia** the draft social protection strategy recognises that explicit linkages across programmes will contribute to improved outcomes and more developed human capital. The ISS range of social protection services includes family/child benefits, employment programmes, and pensions (including disabilities) and disability assessment. The one-stop-shop approach which includes single line management authority for all services, a joint reception and system of social work Case Management for assessment, referral and follow-up, is intended to institutionalise these linkages, though connections to social and rehabilitative services for people with disabilities seems under-developed. Plans to connect ISS with community social workers at territorial level are also being discussed. This will help to strengthen child protection surveillance and reporting. The linkages between financing mechanisms, budgeting process and systems for disbursement are not yet strong enough to realise the programme level vision (Box 2.). There is no proper costing mechanism of social protection services, initiatives are rarely supported by financial analyses, and monitoring and evaluation of programme level delivery is not supported by budget.

Box 2. Financial resourcing for social protection in Armenia

Financial social protection in Armenia

“The level of financial resources is also insufficient to implement social protection policies and programmes, especially if we consider multidimensional poverty and the resources required to mitigate its consequences. Social protection expenditures, including expenditures on healthcare and education represented 10.3 per cent of GDP in 2018 reducing from 11.1 per cent in 2017 (public expenditures on social protection alone represented around 6.5 per cent). Pensions and other social monetary transfers consume almost 85 per cent of the social protection budget, leaving very limited funding for non-cash social services. The average salary of the staff in the social protection sector is lower than the national average: 166,903 AMD versus 179,475 AMD. The average pensions and benefits, contributory and non-contributory (except for the childbirth benefits) are very low and are not linked with the minimum consumption basket.”

Source: CODI, 2019 (pg. 56 in current draft)

In **Moldova**, social protection programmes have a number of established explicit linkages across programmes that support the integration and coordination of the system:

- **A linkage between ajutor social and winter allowances:** beneficiaries of AS are automatically entitled to winter support. The application process is the same but the income threshold of eligibility for winter support allowances is expressed as a multiplier of the guaranteed minimum income. This has the advantage of supporting coverage for AS, since sometimes households apply thinking of winter allowances, but then also find themselves eligible to AS;
- **A linkage between ajutor social and health insurance:** recipients of AS do not need to pay for health insurance, and they are entitled to the benefits of the health insurance package: free access to an essential package of outpatient and inpatient services. It is important also to remember that since 2010 emergency and primary health care is free of charge for everyone regardless of health insurance status;
- **A link between receipt of ajutor social and registration to employment services:** all people of working age and able to work (excluding persons with disabilities and caregivers of

children less than 3, persons with disabilities and elderly) need to register with the local employment agency and make efforts to take up jobs;

- There are a number of **rules establishing the coordination between social insurance and social assistance support**, so that social assistance intervenes whenever people fail to acquire social insurance benefits. More specifically, social allowances and social pensions (for disability, survivor, old age) are granted to substitute social insurance when people do not have the required contributory history. However, there are also some contradictory cases, whereby people can receive both social insurance pensions and state monthly allocations/care allowances;
- There are a number of **inter-sectoral collaborations**: collaboration on non-communicable diseases, effort to reduce infant and child mortality, a multidisciplinary team approach to ensure child protection (based on Government decision No. 143 of 12 February 2018);
- There is an increasing **linkage of benefits amounts in relation to the guaranteed minimum income**. In particular, the minimum pension has been increased to match the GMI, and other benefits (care allowance) are expressed as a fixed percentage of the GMI. Since the GMI increases every year with the CPI, this means that all other benefits linked to the GMI are now updated in line with inflation.
- **Community social workers** are the main entry point to the system either with some direct provision of service or with Case Management and referrals, making the system links easier for clients to negotiate.

There are several explicit linkages built into **North Macedonia's** social protection system. Many of these have been around in one form or another for several years and have been strengthened with the 2019 reform. They include:

- **Activation measures**: e.g. within the Guaranteed Minimum Assistance (GMA) there are explicit activation provisions for all able-bodied household members who are of working age and unemployed, formalised within an Action Plan co-signed with the Employment Centre and Centres for Social Work (with the exception of certain categories).
- **Entitlement to other benefits/services**: It is explicitly stated within the 2019 Law and accompanying regulations that beneficiaries of certain benefits are also entitled to others.
- **Denial of certain benefits/services**: these are primarily aimed at avoiding overlaps between social assistance and social insurance measures, for example anyone receiving a social pension is not entitled to also receive a social security pension.
- **Light-touch income disregards**: for example, receipt of other benefits is not calculated as income when calculating the GMA entitlement.
- **Case Management**: a single point of entry for benefits and services, family and household assessment, and enhanced integration of MIS for Employment Centres and Centres for Social work.

3.3 Administrative level

3.3.1 Front office: Integrated registration and Case Management

A single point of entry to the social protection system is a key element in all three countries, although design and extent of roll-out can differ. Case Management as an approach to provision of integrated social protection services has evolved from a child protection specific model, championed by UNICEF. This approach is now a feature of social protection system design in all three countries linking benefits and services. The extent to which it is developed and in practice varies, and is constrained by resourcing, particularly for the workforce who are expected to conduct household and family assessment, referral and follow-up.

Integrated social service provision is fundamental to the vision for the **Armenian** social protection system, and is operational in the 28 ISS centres (of the envisaged 56). Initially the ISS centres hosted four co-located services with a joint reception system. However, each service had separate line ministry management arrangements, which to a large extent invalidated the intended principle of integration. Following a 2018 assessment of the ISS the services provided in the ISS centres are now united under the management of MoLSA.

The 2014 Law on Social Support introduced *social* Case Management¹¹ for comprehensive and targeted social assistance provision based on individual plans. The relevant methodologies are approved by an order of the Armenian MoLSA although the system is not yet fully operational with cases being opened for between 6 and 8 per cent of clients attending ISS centres, and only 5 per cent of clients reporting that they had been “guided to solve other issues besides the main problem” (ISS Assessment, 2018). In part this may be attributed to “increased workloads due to the introduction of additional functions”, and to lack of familiarity with the new system (CODI, 2019). The ISS Assessment (2018) also reported procedural gaps, for example for provision of targeted Case Management for child protection, for supportive supervision for social workers, and for monitoring quality of service provision and performance.

At the moment clients approach the ISS for assistance, and this does not take into consideration those people in difficult circumstances who may require a social services intervention, but who cannot seek it. For example, women and children exposed to violence, children and persons with multiple or intellectual disabilities. Whilst the community social workers under the management of territorial administrations may be identifying and working with these families the linkages between these services and those provided by ISS, and vice versa, are not yet clearly resolved. Discussions are underway to introduce formal systems to link the community social workers under Territorial Administration to the ISS.

The resource requirements for the shift in responsibilities, from only eligibility assessment and assignment of benefits towards a social Case Management approach, are yet to be calculated.

The MoLSA has established a hotline, which is widely used by the population for accessing information and lodging complaints. However, there is no available data on the system by number of queries and complaints received, or on how the system distinguishes between query/complaint or analyses the responses.

In **Moldova**, in terms of administration and front-office entry into social protection services, the key aspect that has changed and improved the administration was the creation of the workforce for the community social workers. The deployment and training of this new workforce was seen as

¹¹ Case management for cash assistance refers to the administrative components for delivery of the transfer; *social* case management goes beyond this to include follow up assessment of the beneficiary household, referral of households to other services where necessary (for example, health, education, registration, justice) counselling and psychosocial support etc.

fundamental to the implementation of the de-institutionalization policy and the creation of community level services. Moreover, community social workers also became the crucial point of administration for the nascent ajutor social programme.

Before the creation of this new workforce at the community level there were only domiciliary social assistants providing support to single elderly and persons with disabilities. However, for applying to any cash transfers people had to go to territorial social insurance houses and, for a limited number of services and for material aid, to the departments of social assistance (also at district level). Instead, now the community social workers are the main entry point in the system either with some direct provision of service or with referrals and Case Management. Crucially social workers at municipality level are those processing applications for the main flagship programmes: ajutor social and winter allowances, as well as for monetary support, family support and personal assistance.

Fundamental to the institutional set up of the figure of community social workers is that they are paid and managed by the district level family and social assistance departments. This seems to better ensure their presence across municipalities as well as a more professional and integrated link with raion level departments. Nevertheless, there are also some challenges since community social workers do need to report to mayors. Domiciliary social assistants are directly hired and managed by district level family and social assistance departments.

The territorial social insurance houses at district level remain the point of entry for all social insurance related benefits, but also for childcare allowances, social allowances, monthly state allocations, and care allowances, while employment services are all provided through the network of district level offices.

The building blocks of the reform in **North Macedonia** were developed over the course of 2018-2019, leading to the embedding of Case Management (Box 3.) and a more streamlined approach to registration in the 2019 Social Protection Law. Key innovations include:

- No pre-determined approach to assistance, but needs based assessment of each individual based on their family and community context, in order to develop a tailored approach and individual action plans where relevant;
- One single point of entry into the system, for both benefits and services, and Case Manager as sole point of contact (knowing case in depth, having full responsibility for the case, etc). This means case workers are no longer responsible for a specific program, but for a family/household;
- Case workers are exonerated from daily administration work, for example, receipt and processing of documents, in order to focus on the labour market and social needs of each family;
- Enhancing collaboration across the Employment Centres and Centres for Social Work via explicit connection of the two information systems and requirement to jointly elaborate and sign an Activation Plan with the beneficiary.

However, given the scale of the reform and the substantial changes it requires within the Centres for Social work, many challenges remain. For example, while the Case Management and referral system is in place on paper, there is a long road ahead before being able to activate, fund and license the community-based service providers envisaged (counselling centres, shelters, half-way houses etc.). In other terms, while the referral system is in place, there are still insufficient licensed services/professionals to refer people to. Understandably, given how recent the reform is, interviewed case managers also still felt unequipped for their new role. Moreover, CSOs warned that despite consolidation of the benefit system, take-up and timely access for those who are most vulnerable and marginalised will remain a significant issue unless these are tackled explicitly via a targeted information campaign and standardised user-focused outreach and prevention procedures. To date, CSOs have to some extent been taking on these functions through informal arrangements.

There are further concerns that traditionally marginalised households, such as those in the Roma communities, will not be reached unless special measures are put in place, for example embedding an advisor on Roma issues within the MoLSP. And finally, there are significant limitations on grievance mechanisms and no formal complaints and appeals system.

Box 3. Integrated Case Management in North Macedonia, the stages of reform

Integrated Case Management in North Macedonia

While Integrated Case Management was formally introduced within the 2019 Law, it had been discussed in the country for more than seven years, building on both the strong awareness that the previous system was not serving people's needs, and positive experiences in the region. The first formal step to develop the new system was taken in 2018, when UNICEF hired academics from Columbia University to assess existing processes and propose revisions aligned with international best practice. This culminated in a comprehensive theoretical training in 2018 focused on the key steps of a Case Management approach and the reasons why this was so important. A taskforce from MoLSP subsequently worked on mapping of business processes and development of a manual to support staff at local level, (including new forms, etc), and feeding into a second round of practical training. They also embedded key concepts in legislation and supported the CB-MIS Unit to integrate Case Management practices/processes in the information system. Currently, the reform roll-out includes field visits to ensure historical case files are integrated in the new system, and full institutionalisation of the mentorship and supervision system that accompanies Case Management.

While not entirely the object of this social protection review, it is important to mention that one of the major wins of the 2019 reform in North Macedonia was to finalise the process of deinstitutionalisation in the country that had started in 1999, twenty years before. Following initial commitments, the subsequent development of a National Strategy for Deinstitutionalisation in 2008 and in 2016 and pilots of different approaches across the country, the reform posed an opportunity to strengthen the social services system for alternative care, while at the same time shifting from a reactive system, catching only children at the point of severe risk, to a preventive system centred around Case Management. The former buildings where institutions were housed are also taking on a new role, becoming hubs for services (counselling, disability assessment etc.).

3.3.2 Back office: Integrated information systems

The **Armenian** MoLSA operates 12 separate IT systems for social protection, with plans to integrate these by 2022 (CODI, 2019). At national level each Ministry has a separate data management system, and inter-Ministerial data exchange is regulated by government resolutions; there is no harmonized standard for local administration of social protection programmes. However, a unique identifier, the Public Service Number, for each client allows services to be tracked across programme databases and there are mechanisms in place for most programmes protecting private individual information. On the other hand, “the list of beneficiaries with amount of benefits paid is available on a public government website, being an attempt to assure transparency of the system, at the same time disseminating personal information of beneficiaries”, (CODI, 2019). The balance between transparency and privacy has not yet been reached. There is no single registry to track the applicants and services they receive across sectors and there are issues with the systems, including lack of harmonization, access, automated analysis etc. (CODI, 2019). The mechanisms and procedures to ensure coherence between social protection, health and education sectors is not well established (Ibid.)

Moldova has a much more sophisticated integrated management information system, the Social Assistance Automated Information System (SAAIS). The system links processing for the ajutor social benefit, winter allowances, and includes a module for social inspection practices. The ajutor social/winter allowance module exchanges data with the Population Registry, the National Social Insurance House (NSIH) and the National Employment Agency. Data exchange is possible through a unique personal identifier, the IDNP, and because Moldova has developed a platform

for the exchange of data across institutions. In fact, the E-Governance Agency is managing the interoperability governmental platform M-Connect to facilitate the exchange of data and improve the quality and delivery of public services. One of the drawbacks of the SAAIS is its inability to date to generate adequate monitoring reports. While these were computed and used at an early stage of the system, they are currently not available, apart from a basic report on number of beneficiaries and budget. Work to develop solutions is on-going, however the limited capacity to analyse such data appears to be a constraint. Moreover, attempts to include in the SAAIS an operational case management module did not succeed, and currently the Social Assistance Agency is in the process of developing a system that is outside the SAAIS.

North Macedonia is in the process of integrating the successful and comprehensive cash benefits information management system (CB-MIS), with components of the largely redundant MIS for social service recipients, Lyricus. At the core of the new system (yet to be named) is a case management module that enables integrated collection of information on a family and the needs of all household members, enabling decision-making on benefits *and* services to address these (and subsequently providing an overview of who received what, when within a household). There are also plans to share the processes for the signing of joint individual Action Plans by the Employment Centre and Centres for Social Work via the virtual platform, alongside further data sharing. While it does exchange information with CB-MIS, the social insurance information system in North Macedonia is still relatively fragmented and outdated. A new project is aiming to address this via the establishment of a central registry of socially insured individuals, which will also be linked to disability certification.

3.3.3 Capacity of social workforce

Across all three countries, the pace of reform for integrated social protection has outstripped the front-line capacity for service delivery. In most cases there are not enough workers on the ground, with the right qualifications. On-going professional development and mechanisms for supportive supervision are embryonic.

“There are 2,500 social service workers in **Armenia**. Most perform social service functions and do not have formal qualifications. This number includes the staff of territorial social services mainly responsible for cash benefit distribution, employment officers, staff/caregivers of childcare institutions, community social workers, NGO staff performing such functions in the regions etc. The community social workers are financed by the communities, while there are other social workers in different agencies. The primary responsibility of the community social worker is to identify cases, and if the case is not complex, provide solutions, otherwise referring to case managers. But their responsibilities are not fully prescribed, and duplications occur” (CODI, 2019).

The distinction between different types of social service workers in Armenia is not clear, thus capacity is difficult to assess. Reference is made in the literature to benefits administrators, community social workers, patronage workers, case workers, case managers, social workers and qualified social workers. Whilst job descriptions are available for some positions, awareness of the content by workers at ISS was limited (ISS Assessment, 2018).

Training of social service workers is provided, although the level, accreditation process and requirements for continuous professional development do not appear to have been established. Social work education is provided at six universities in Armenia with whom government has recently signed an MoU for cooperation in recruitment of graduates (KII, March 2020). The costs for training have been borne by both government and development partners. A 2017 MoLSA assessment of the costs of social service provision concluded that administrative expenditures are insufficient to keep skilled staff and/or maintain continuous capacity building of the staff (CODI, 2019).

In **Moldova** adequate training and capacity of the workforce has been an area of attention since the creation of the role of community social workers and a considerable investment is being made in trainings (some of them also supported by UNICEF). The new Agency for National Social Assistance has the specific task to develop and provide continuous training to the workforce and TSAS. However, one of the main challenges has been staff retention as staff turnover has been and still is quite high because of relatively low wages and the demanding work (a survey in 2013 found that turnover among community social workers was about 20 per cent (Barca, et al., 2014)). Nevertheless, there are TSAS able to better motivate and retain staff and overall community social workers are a very valuable resource in every municipality.

Staff retention and capacity constraints are also a significant challenge at Ministry and national agency level. Perhaps one of the most significant challenges is to source qualified personnel to perform monitoring and evaluation analysis. There are a number of vacant positions both at Ministry level and in the Agency for National Social Assistance. In general, staff capacity constraints and human resources management issues have been identified also in other studies (Maniuc, 2019).

In **North Macedonia**, increasing the capacity and ensuring continuous professional development of the social welfare workforce has been on the policy agenda for many years, and the 2019 reform brought about a new set of capacity challenges. Capacity constraints are linked to excessive caseloads, challenges recruiting new staff with the legal requirements (2+ years of relevant work experience, etc.) and also large amounts of time spent on functions that are linked to the Family Law (divorces, separations, etc) and not central to social work.

Interviewed case workers also still felt somewhat unequipped for their new role, despite the two rounds of Case Management training: “after 15 years (of working on one benefit or service) we suddenly had to work on all at the same time, learning many new laws, guidelines, deadlines”, one employee explained. Others stressed that formal training had focused on case management and social services, but not on the new set of cash benefits and their functioning, including how to use the underlying information system that is being rolled out.

4 Conclusions and way forward

4.1 Key messages

Based on the gathered evidence and the country studies we can draw some general conclusions on the current status of social protection integration, the main drivers and the positive examples, but also identify some of the common challenges.

In terms of status quo, the overall emphasis is still more on coordination and coherence, rather than on actual integration. In most countries in the region, the emphasis is on the development of reforms aiming at establishing coherence and reducing fragmentation, whereas integration of services to address multiple deprivations has received somewhat lower political traction.

Integration is primarily occurring at two different levels: explicit linkages across programmes and holistic assessments through case management. There are numerous examples of enhanced programme linkages across cash benefits, between cash benefits and active labour market policies, between cash benefits and health insurance and towards coherent minimum income policies. The second level occurs through the case management approach, which should consider a broader level of assessment of household and personal needs and provide linkages to different services.

Programme linkages have often been facilitated by the development of social registries, which is a crucial tool for integration. Social registries are often initially designed to support operations of flagship programmes, and this forms the basis for expansion to other programmes. While often the initial emphasis is on identification, registration and eligibility assessment, social registries have the potential to integrate other functions, such as payments and M&E. It is through M&E that there is the potential to recognize multiple needs of different households and develop further integrated services.

In terms of main challenges, we believe that there is a need to engage at a high level beyond coherence to bring more emphasis on the need of integration. It is indeed necessary to clarify that reduced fragmentation and coherence is part of the larger objective of integration, and more should be done to address multiple deprivation through more effective integration.

Moreover, often one of the obstacles to integration is the level of consolidated 'institutional territories' and their sensitivity in relation to budget allocations. Effective cross-sectoral programmes face specific obstacles when they require common budgets, line management and coordination mechanisms. If integration does not provide adequate fiscal resources and budgets to co-manage certain programmes, there is little chance to succeed.

A third significant challenge relates to human resources constraints emerging in most countries and providing concrete obstacles to the development of effective case management. The issue in some cases is about low capacity and inadequate trainings, and in others of low salaries resulting in high turnover, or a combination of both.

4.2 Recommendations and Road Map for integration

From the case studies it is clear that development partners have been instrumental in pushing towards the creation of social registries and in establishing the case management principles especially through child protection. This work should continue, and we believe that UNICEF could successfully move forward the agenda of integration through actions in five main areas:

- 1) Take up the common concepts of social protection integration for advocacy purposes and move beyond coherence. This should be done at a high level, engaging with relevant ministries;

- 2) Continue to engage in reforms to ensure coherence, but increasingly bring about the issue of integration and support M&E systems that starting from advanced social registries show concrete need of integration;
- 3) Better understand blockages to coherence and integration due to consolidated 'institutional power' and 'path-dependency'. This requires understanding the institutional history of a country and the ways to leverage change;
- 4) Promote pilots of successful integration to address multiple deprivations and use these to address challenging issues, such as budget preparation in more than one sector and ways of collaboration across different agencies. Many cross-sectoral initiatives are very much unbalanced because budget and resources are controlled only by one of the parties. This requires more attention in order to develop successful operational pathways;
- 5) Document and disseminate experiences of integration looking at different elements: the idea, the instruments/pre-conditions, and the outcomes.

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