# Oxford Policy Management

# Integrated Social Protection Systems

# Country Case Study – Armenia

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# Acknowledgments

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# 1 Introduction

## 1.1 Objective of the case study

The purpose of this Country Case Study[1] is to document the experience of designing and implementing an integrated social protection system in Armenia. The case study draws on the conceptual framework and initial insights of the Europe and Central Asia regional assessment of social protection integration which outlines the key dimensions of integration at the policy, programme and administrative level (Sammon et al., 2019):

- 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.
- Administrative 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 by improving efficiency on the supply of services.

This present study aims to succinctly highlight what worked and under what conditions/enabling factors, as well as identify challenges and how these are being overcome. The study is based on a more extensive country-specific desk review and selected Key Informant Interviews (KIIs) conducted from 12-23 March 2020, (Annex A). The planned in country mission for this Country Case Study was curtailed by the emergency response to the COVID-19 pandemic. Remote interviews were conducted but were constrained by the reduced availability of informants, especially key government informants.

## 1.2 Background

The 2019 regional assessment ranked Armenia's social protection system highly across the three dimensions of integration, with most progress noted at programme and administrative levels (Ibid.). Since this initial assessment was completed and following the formation of a new government in January 2019, action in the social protection sector has been accelerated, thus new data has become available. This includes a comprehensive CODI[2] study to map the elements of the social protection system (UNICEF and World Bank, 2020) and the development of a Draft Strategy and Action Plan for Development of the Labour and Social Protection Sector.

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[1] The case study was conducted in early 2020. Efforts have been made to update it taking into consideration developments during 2020, including COVID-19 and the conflict in Nagorno Karabakh.

[2] The Core Diagnostic Instrument – CODI – is an inter-agency social protection assessment widely used to analyse social protection system performance https://ispatools.org/core-diagnostic-instrument/

# 1.3 Summary – Social protection integration in Armenia

Armenia's social protection system ranks highly across the three dimensions of integration. The integrated approach adopted in 2000 has been progressively and dynamically developed, based on systematic review and evidence gathering.

The recent development of a sectoral strategy for social protection is welcomed by all stakeholders and will support increased coherence in achieving the vision for integrated social protection. The current draft could be strengthened by the addition of i) a realistic social protection sector costing (including financing mechanisms) and ii) a social protection sector monitoring and evaluation plan. The aftermath of dual crises – COVID-19 and heavy fighting in the Nagorno Karabakh conflict zone -- reinforced the need for a comprehensive, costed social protection vision.

Adding internationally accepted definitions to the strategy, ensuring a common understanding of social protection in Armenia through a person's lifecycle, will contribute to multi-sectoral integration. This will link social protection provided through the integrated social services (ISS) centres and community-level social service workers to each other, to education, to health and to justice, in turn contributing to equitable and efficient provision.

Similarly, by defining the workforce that is needed to implement the social protection strategy, and the mechanisms for the qualification, accreditation and continuous professional development of each cadre at every level, quality can be maintained in service delivery.

**Policy**

During 2019 there was accelerated progress towards robust policy level integration. This has culminated in the new Law on Social Assistance (approved in 2020), clarifying responsibilities for ISS and transferring the Territorial Offices of Social Services (one of the four pillars of ISS) from the jurisdiction of the Ministry of Territorial Administration and Infrastructure to the Ministry of Labour and Social Affairs (MoLSA), thus centralizing all responsibility under MoLSA.

**Programme**

The potential of planned programme level integration is acknowledged at policy level. The architecture for programme level integration has been well designed and is in the process of being rolled-out nationwide. Explicit linkages across sectors and services are acknowledged as fundamental to the achievement of improved outcomes for individuals and the development of human capital. The coverage of programmes and services for persons with disabilities does not yet meet the recommendations of the 2017 UN Committee on the Rights of Persons with Disabilities. Overall, the realisation of the programme level vision is constrained by insufficient and inefficient financial systems and resources to deliver.

**Administrative**

A one-window reception system is operational in the 28 ISS centres (of the envisaged 56). A unique identifier is used to track clients through the system, although a single registry is not available to integrate the current 14 information management systems. Case management[3] is also employed in cases where a social-work type system of assessment and individual planning has been initiated (approximately 6 per cent of ISS centre clients). Social service worker to client ratio and caseload is difficult to determine because of variations in the type of work and no available standards, however there is a proposal to address this by increasing the number of professional social workers in positions at Integrated Social Service centres. Resources for quality social service administration are inadequate.

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[3] In social protection, case management can sometimes refer to part of the payment process which deals with conditionalities monitoring, appeals and grievance redress. It can also refer to the social work activities of needs assessments, developing individual support plans, counseling, linkages and referrals to services, advocacy and monitoring of progress.

# 2 Policy

| **Armenia policy level integration** |
| :--- |
| **During 2019 there was accelerated progress towards robust policy level integration which culminated in the new Law on Social Assistance (approved in 2020), clarifying responsibilities for integrated social services and transferring the Territorial Offices of Social Services (one of the four pillars of ISS) from the jurisdiction of the Ministry of Territorial Administration and Infrastructure to the Ministry of Labour and Social Affairs, thus centralizing all responsibility under MoLSA.** |

## 2.1 Framework

**Armenia's social protection system has progressively developed during the last 20 years and is highly ranked across the three dimensions of integration (Sammon et al. 2019). Although most progress was previously noted at programme and administrative levels, accelerated action during 2019-2020 has resulted in progress at policy level.** Social policy developments since 2000 have included reforms in pensions and cash assistance including a shift in benefits towards families with many children, as well as the development of the Integrated Model of Social Services provision, which was initially piloted in 2000. Despite periods of inactivity, the integrated vision has been maintained through the subsequent reform processes, in part due to the advocacy of development partners (KIIs, March 2020).

**The legal framework for social protection in Armenia is extensively developed, and there are on-going efforts to improve decision making and efficiency through the introduction of amendments to the policy and legislative framework** (Figure 1). Armenia has ratified a comprehensive set of international instruments defining their human rights commitments.[4] The Constitution of Armenia, amended in 2015, "emphasises the rights to social security, decent work and minimum income safety", (UNICEF and World Bank, 2020); and the Armenia Development Strategy Programme 2014-2025 (ADSP) speaks of social protection as a priority measure for poverty reduction. The 2013 Law on State Benefits and the 2014 Law on Social Assistance speak to poverty and social inclusion. There has to-date been no standalone social protection policy, although a Draft Strategy and Action Plan for Development of the Labour and Social Protection Sector (2020-2025) had been submitted for public consultation.

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[4] A full list is available at
https://tbinternet.ohchr.org/_layouts/15/TreatyBodyExternal/Treaty.aspx?CountryID=8&Lang=Ehttps://tbinternet.ohchr.org/_layouts/15/TreatyBodyExternal/Treaty.aspx?CountryID=8&Lang=EN

**Figure 1. Legal and Policy Framework of the Social Protection System of Armenia**
Source: UNICEF and World Bank, 2020

## SOCIAL PROTECTION POLICY FRAMEWORK

**RA CONSTITUTION**

**INTERNATIONAL COMMITMENTS** — CRC, CRPD, European Social Charter, CEDAW etc.   SUSTAINABLE DEVELOPMENT GOALS

**ARMENIA DEVELOPMENT STRATEGY 2014-2025**

**RA GOVERNMENT PROGRAMME 2019-2023**

**RA MEDIUM-TERM EXPENDITURE FRAMEWORK 2020-2022**

### KEY SECTORAL STRATEGIES

1. National Strategy on Human Rights Protection
2. Strategic Progarmme on the Protection of the Rights of the Child 2017-2021
3. Employment Strategy
4. Strategy on Combating the Consequences of Ageing and Social Protection of Elderly People 2017-2021
5. Comprehensive programme for the Social Inclusion of People with Disabilities 2017-2021
6. Education Sector Development Programme
7. National Strategy for Child and Adolescent Health
8. Territorial Development Strategy 2016-2025
9. National Disaster Risk Management Strategy

DRAFT LABOUR AND SOCIAL PROTECTION SECTOR DEVELOPMENT STRATEGY

### MAIN LAWS AND REGULATIONS / THE LIST IS NON-EXHAUSTIVE

1. Family Code
2. Labour Code
3. Social Assistance
4. State Benefits
5. Temporary incapacity and maternity benefits
6. State Pensions
7. Employment
8. Social Protection of Persons with Disabilities
9. Child Rights
10. Social Protection of Children without Parental Care

11. Ensuring Equal Rights and Equal Opportunities for Women and Men
12. Identification and Assistance to Victims of Human Trafficking and Exploitation
13. Education
14. General Education
15. Local Self-Government
16. Law on Medicines
17. Medical Care and Services of the Population

RELATED LAWS` STATE BUDGET, MINIMUM WAGE, TAX CODE ETC.

### BY-LAWS

**This rapidly changing landscape brings both benefits and disadvantages in that the rapid pace of amendments to the policy and legislative framework can inadvertently result in misalignment and confusion** (UNICEF and World Bank, 2020). There are opportunities to enhance the developed and comprehensive social protection system through on-going dialogue to strengthen governance and cooperation among line ministries, such as the Ministry of Labour and Social Affairs, Ministry of Agriculture, Ministry of Health, and Ministry of Education (WFP, 2018).

**The intent to strengthen the integrated social protection system is implicit in the current Draft Strategy and Action Plan for Development of the Labour and Social Protection Sector.** Since the formation of a new government in 2019, progress has been accelerated towards development of the country's Draft Strategy and Action Plan for Development of the Labour and Social Protection Sector (hereinafter "the Draft Strategy"). This acknowledges the current fragmentation of the social protection system and is intended to improve decision making and efficiency by consolidating the "complex net of social protection measures", (UNICEF and World Bank, 2020). The Draft Strategy acknowledges the relationship between multiple elements of inequality and deprivation and proposes to adopt a life cycle approach as the specific framework to influence the formulation of new policies (Box 1.).

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**Box. 1 The life cycle approach to social protection**
Source: OECD (2019) Implementing social protection strategies. Lessons from the EU-SPS Programme. OECD Development Centre

The life cycle approach to social protection derives from the idea that individuals face different risks and vulnerabilities at different stages in life, and that social protection can be tailored to address these risks at each stage. A life cycle can be understood as a period in which an individual's level of vulnerability is constant. An individual enters a new life cycle "when the set of risks and certainties that define the level of vulnerability changes in a positive or negative way" (Bonilla A. and J. V., 2003*). Life cycle changes that result from negative shocks in social or economic status lead an individual to enter a new lifecycle marked by higher levels of risk and vulnerability. Social protection instruments can address shocks as they occur, protecting individuals from negative life cycle changes. Social protection can reduce the vulnerability-proneness of ongoing life cycles.

* Bonilla A., G. and G. J. V. (2003), Social Protection: A Life Cycle Continuum Investment for Social Justice, Poverty Reduction and Sustainable Development, International Labour Organisation.

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**The existing policy and legislative framework does not contain standard definitions for social protection in Armenia, which would allow different policy decision-makers to identify the scope consistently.**[5] As a step forward, the new draft of the Social Protection strategy (2020-2025) adopts the internationally accepted definition of social protection in line with the CODI recommendations and as a result of UNICEF and World Bank advocacy. The messaging about the social protection sector in the national development strategy is not coordinated with laws and other social protection related policies. For example, the ADSP focuses on poverty reduction as a primary objective of the sector. However, the 2014 Law on Social Assistance lists its goals as meeting the expectations and social needs of a person, encouraging individuals to self-support, integration and prevention of social isolation.

**The gender dimension of social protection is largely unaddressed at the policy level.** Insufficient gender integration can limit the impact of social protection measures on poverty reduction and vulnerability throughout the life cycle (SIDA, March 2019). The draft strategy was revised to include greater attention to gender issues under the chapter on "Equal Opportunities" alongside other vulnerabilities such as age and refugee status. The strategy makes reference to reducing gender discrimination and encouraging labour participation of women. Gender analysis is relevant

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[5] Issues of definition around social policy can present challenges to development of a common understanding, not least because some of the terms in Armenian do not translate directly into English. This lack of definition extends to associated terms applied in the current Draft Strategy and every effort has been made to interpret their meaning correctly.

to social protection, because the barriers to social inclusion faced by men and women, boys and girls are often different; and un-paid care work, mostly delivered by women, is often invisible to social welfare policymakers and planners. This can impact on perceptions of social welfare services as a necessary social investment in current and future social well-being; and particularly in circumstances where un-salaried community cadres are operational, can further diminish women's capacity for earning (Ibid.; Hassim and Razavi, 2006).

**The construct of social protection can also be considered gendered because social service work is often equated with the caring role traditionally assigned to women, and as a result the profession is predominantly female**. This can impact negatively on women's economic empowerment because when an occupation becomes female dominated, pay declines (WHO Gender Equity Hub, 25 May 2018). Under-developed gender equality in social protection policy can lead to an imbalance in which senior management positions (higher-pay scale) are assigned to males, and front-line social work roles (lower pay-scale) are primarily held by women. Similarly, the gender ideologies in senior policy, planning and decision-making roles can influence gender inequalities in the policy-making process and policy implementation (Randles, 2018). Thus, including a requirement for disaggregated workforce data in the strategy monitoring and evaluation mechanisms would contribute to the evidence base for future equitable planning.

**The "integrated provision of various social services based on one-window", is included in the subsequent 2014 Law on Social Assistance** (Article 33.4.3). The Integrated Social Services provision was initiated in 2012. Following an assessment of the system in 2018, further legislative improvements have been recommended to improve quality and integration, in particular to introduce minimum standards for service provision, clarify responsibilities, introduce a beneficiary complaints mechanism and work towards an integrated management information system (Ibid.).

**The ISS is considered "the cornerstone of the social protection sector reforms", (Ibid.); and this is reflected in the Draft Strategy** which places ISS as a sub-component of the wider strategy – social service delivery is Priority 2 of the five priority areas identified.

**Protecting the rights of persons with disabilities is a key feature of the Armenian social policy agenda.** Whilst a National Strategy for Social Protection of Persons with a Disability was approved for 2006-2015 a cascading timeline of actions towards social inclusion of persons with disabilities has most recently seen (Global Disability Rights Now, n.d.):

- Ratification of the UN Convention on the Rights of Persons with Disabilities in 2010;

- Inclusion of persons with disabilities in the broader national social protection strategy "The policy in the area...of persons with disability is aimed at the protection of their fundamental rights, providing equal opportunities and accessible conditions for ensuring that they participate in all spheres of the public life" (Draft Strategy, Priority 5.2);

- Development of two key pieces of legislation relating to social protection of persons with disabilities currently in draft pending parliamentary approval:
  - The draft *Law on the Rights of Persons with Disabilities* replaces the 1993 legislation on Social Protection of Persons with Disabilities which is deemed non-compliant with international principles of social inclusion. The new law includes explicit reference for "Providing social protection to persons with disabilities to ensure their full participation in employment, education and other spheres of life activity", Article 8.2, but does not elaborate further. Access to assistive technology and provision of social services is addressed to some extent, with detailed measures to be described in a future "Comprehensive Programme" mandated in this legislation. This law includes definitions associated with disability issues which will provide clarification for all stakeholders;
  - The draft *Law on Functional Assessment of Persons*, to "establish legal grounds for provision of services adequate to the assessed needs of persons with disabilities based on fundamental human rights", Article 1.2, is based on the provisions of the World Health

Organisation International Classification of Functioning. Functional assessment adopts a bio-psycho-social model of disability which is considered more aligned with a right-based approach. The Law provides for a future state policy on functional assessment, reform of the disability assessment system and establishment of Functional Assessment Centres. The Law extends to both adults and children.

## 2.2 Organisational structure and coordination

**During the last ten years the government has pursued a policy towards making social protection and safety-net interventions more integrated and efficient** (WFP, 2018; UNICEF and World Bank, 2020). This includes pension and labour reforms with the aim of reducing poverty and social services interventions to promote social inclusion. Organisational re-structuring and coordination mechanisms, including for cooperation with development partners are included in the reform process to support the shift from policy to implementation. For example, WFP's partnership with the MoLSA and the World Bank resulted in the inclusion of food insecurity assessments by social workers as part of the evaluation and development of targeted social protection interventions for vulnerable households (WFP, 2018).

**The Ministry of Labour and Social Affairs is the coordinating body for social protection activities, programmes and policies and is introducing mechanisms to enhance internal coordination, although some aspects continue to present challenges:**

- The Law on Social Assistance provides for a support network for social protection based on a partnership model involving "Regional bodies, organizations providing social services, local self-governance bodies and individual citizens" (WFP, 2018), and Government Decree N1044-N from 10 September, 2015 further regulates the relations between the cooperating parties in the provision of social assistance (UNICEF and World Bank, 2020). However, the envisaged effective cooperation has not yet fully bedded-in, and although the social partnership documents are available at the MoLSA website, the coordination board has not met since 2017 (UNICEF and World Bank, 2020);

- Context-based territorial or community local social plans (TSP) are envisaged in the legislative and policy framework. Decision No. 1061 of 10 September 2015 clarifies the interagency cooperation and information exchange for the development of the TSPs, and the methodology for developing social plans was approved by the order of the MoLSA of the Republic of Armenia No. 19-A/1 dated 29 January 2016. At the time of reporting, the mechanisms for coordination of TSPs have not been developed at the state level and thus the ownership of coordination has not yet been taken up by the communities (ISS Assessment, 2018);

- Under the ongoing Social Protection and Administration Project, a Social Investment and Local Development project has been supporting improvements in social protection service delivery, including coordination, for example to strengthen connections between employment services and social assistance (World Bank, 2019).

**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, particularly in emergency contexts** (WFP, 2018; UNICEF and World Bank, 2020; KIIs, March 2020). The Law on Social Assistance, Article 36 specifically references Interagency social cooperation, at territorial level for health, education, police and other stakeholders. This multi-sectoral approach is particularly important when coordinating access for children and women exposed to violence, and children and persons with disabilities, to appropriate services under the authority for example, of Ministries of Health, Education or Justice. Respondents to the 2018 ISS Assessment agreed that the social partnership model helped to some extent with inter-agency cooperation and contributed to the effectiveness of individual case management, but that is applied in few cases, and was more likely to be useful for

accessing resources not provided by the State (ISS Assessment, 2018). This suggests there may be structural inefficiencies in the vertical coordination systems from national to sub-national level:

- Armenia maintains a school feeding programme, which although located in the education sector, is also considered as part of its overall social protection mechanism. However, "inter-sector coordination and cooperation, as well as the monitoring and evaluation system for improved administration and management, are significant challenges" (WFP, 2018);

- The right to inclusive education is established in Law; in December 2014, the parliament of Armenia amended the Law of the Republic of Armenia on General Education according to which by August 2025 all schools of the Republic of Armenia should become inclusive; however mechanisms connecting social protection to education, for example to pay additional costs of transportation or for assistive devices/assistive technology to support inclusion are limited. The disparities in access to technology for education, particularly assistive technology, is a pressing concern. This became particularly visible during the COVID-19 pandemic;

- Similarly, although the ISS includes the disability assessment process, support for referral to healthcare centres of habilitation and rehabilitation for children and persons with disabilities and links between early identification and early intervention is not evident.

**There is a paradox in the structure, between the one-tier decentralisation system and sub-national government responsibilities, and the establishment of ISS which brings together four de facto local agencies under a single central management authority, the MoLSA.** Whilst this 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 (ISS Assessment, 2018; OECD, October 2016; KII, March 2020). This also relates to monitoring and evaluation and accountability, Section 2.3.

## 2.3 Role of development partners in social protection

**The MoLSA is stepping up efforts to lead development partner coordination for social protection, supplementing existing thematic working groups.** At the technical level, coordination relies on personal relationships and whilst there is a Deputy Minister with responsibility for senior level coordination of international cooperation on social protection, there is room for improvement (KIIs conducted in connection with this case study).

**Development partners are coordinating their support for the governments vision of an integrated social protection system**, for example:

- The government has worked with the World Bank through the Social Protection Administration Project, Phase II of which was initiated in 2014 with a US$22.1M credit/loan, for improving social protection service delivery and strengthening analytical, monitoring and evaluation functions of the agencies delivering social protection benefits and services (World Bank, 24 March, 2014);

- The United Nations Development Assistance Framework aligns UN Agencies behind the governments vision through Outcome 5 for improved access to basic education and social protection services (United Nations Armenia, 2015);

- UNICEF Armenia is committed to realising children's rights, with a focus on the rights of children with disabilities; their current Country Programme of Cooperation with the government includes indicative outputs on effective social protection systems (UNICEF, 2015);

- World Food Programme (WFP) Armenia Country Strategic Plan 2019-2024 is "in line with the priorities identified through the 2018 national strategic review and the focus on human capital development and the improvement of social protection set out in the Armenia Development Strategy Programme 2014–2025" (WFP, 2019);

- FAO's country programming framework for Armenia 2016-2020 aims at strengthening policy and legal frameworks and social protection systems. The "School Food and Nutrition Program linked to the Agricultural Sector" and the "Strengthening Food Systems for Nutrition Sensitive Social Protection" models will provide an evidence base on the impact of an integrated approach on food security, nutrition and social protection outcomes (FAO, 2016).

- USAID is currently providing support to Armenia in the area of social protection in three areas, with the Ministry of Education and Science for inclusive education, and with partner NGOs for community level access to social services, and independent living for persons with disabilities.
- UNDP and UNICEF with the participation of WHO, supported the MoLSA to enhance the rights-based approach to disability issues, improving access to services and participation of persons with disabilities (UNDP, n.d.).

However, some Armenian stakeholders note that the different visions presented by various stakeholders can be confusing and government needs to rationalise and develop a contextually appropriate social protection strategy and institutionalise the process (KIIs, March 2020).

## 2.4 Financing mechanisms

**The proposed Social Protection Strategy does not include a budget for social protection financing which increases the risk of uneven implementation and impact.** It does however foresee consideration of annual increases to the "social protection and expenditure and share of public spending as part of the state budget to the extent possible, linked to the percentage of economic growth" (draft strategy page 59). A financial evaluation of the strategy in line with the medium-term expenditure framework is also suggested. Equally cursory attention is paid to the coordination of financing mechanisms and macro-economic policy. 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". A sector budget which emphasises the importance of the budgeting process, reflecting good public governance; and which demonstrates integrity and potential for achievement of strategic goals, can promote trust between citizens and government (OECD 2015).

**Development of programme budgets outside the framework of a social protection sector plan may lead to stalemate in rendering policy into practice.** The importance of having a costed sector strategy and plan is even more evident in the aftermath of the twin crises of 2020: the COVID-19 pandemic and the Nagorno Karabakh crisis. The economy was heavily affected; poverty levels, including child poverty, are set to increase alongside the needs for socio-economic support. The lack of a costed sector plan can introduce an element of competition as advocates lobby on behalf of their specific constituents and programmes rather than having a holistic sector vision and budget.

**For persons with disabilities this could limit access to the wide range of supports they require across the lifecycle.** Whilst a functional assessment of disability is introduced which may improve access to cash benefits, the associated services required to support social inclusion (determined by a life-cycle approach), may not be 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. Although measurement of disability is complex and often contested, the introduction of the International Classification of Functioning (ICF) will likely see disability prevalence rates increase, i) because of more accurate assessment; and ii) because disability prevalence rises with

age and the Armenian population is aging (World Bank 2019).[6]  This has significant implications for the realistic implementation of the Draft Strategy as a mechanism to improve well-being and outcomes for persons with a disability.

## 2.5 Sectoral M&E and accountability

**Although responsibility for social protection lies with a single Ministry some ambiguities over responsibility and accountability have been noted between policy and implementation**. As noted in Section 2.1, this included division of work within the MoLSA and between its subordinated bodies, and at the level of ISS because of the range of services, sub-ordinate to other Ministries with no single fully responsible body (Sammon, et al 2019). Similarly, issues are created at the local level between community social workers and between case managers at the sub-national one. In an attempt to overcome this, the legislation has been amended, centralizing all responsibility for ISS under the MoLSA. However, this has not been fully implemented and has been postponed to 2021. Meanwhile issues of blurred lines and responsibilities between case managers and community social service workers still remain, in part because the Ministry of Territorial Administration and Infrastructure will maintain responsibility for community social workers - who are outside the scope of ISS (KII, March 2020; written submission UNICEF Armenia, March 2020).

**As a result, the aggregate effects of integrated social protection policy in Armenia are less likely to be visible and more likely to be contested.** The current Draft Strategy includes a set of unrefined indicators and makes generic reference to a future monitoring and evaluation plan. As noted by OECD (2019), M&E strategies and associated budgets should be clearly specified in the costed sector plan to make sure that experience continuously informs and improves sector delivery and contributes to open and transparent governance.

**Despite the absence of an overarching sectoral M&E framework for social protection, a number of one-off assessments and evaluations have contributed significantly to the evidence base on social protection in Armenia**. This includes recent project specific reports and:

- UNICEF and World Bank, Core Diagnostic of Policies and Programmes of Armenia's Social Protection System (CODI), 2020;
- Data Gap Analysis: Availability and Cross-Sectoral Exchange of Data on Children with Disabilities in Armenia, 2019;
- Assessment of Integrated Social Services Implementation Process in The Republic of Armenia, 2018;
- Scoping Study on Social Protection and Safety Nets for Enhanced Food Security and Nutrition in Armenia, 2018;
- Evaluation of Family Support Services and Stakeholders Contribution to Related Services/Systems, 2015;
- Mission Report on Technical Assistance to Government of Armenia with Introduction of a human-rights approach to disability assessment and eligibility rules in line with WHO International Classification of Functioning, Disability and Health (ICF), 2018.

See also Tables 17 and 18 of the CODI (2020) for a more comprehensive listing of data and reports for Social Protection policy development and monitoring in Armenia and impact evaluations.

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[6] For example, the United Kingdom estimates that 16 per cent of working adults have a disability, rising to 45 per cent for those over State pension age (Department for Work and Pensions, 16 January 2014).

# 3 Programme level

| Armenia programme level integration |
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| The potential of planned programme level integration is acknowledged at policy level. The architecture for programme level integration has been well designed and is in the process of being rolled-out nationwide; explicit linkages across sectors and services are acknowledged as fundamental to the achievement of improved outcomes for individuals and the development of human capital. The coverage of programmes and services for persons with disabilities does not yet meet the recommendations of the 2017 UN Committee on the Rights of Persons with Disabilities. Overall, the realisation of the programme level vision is constrained by insufficient financial systems and resources to deliver. |

## 3.1 Range of programmes and services offered

**The CODI 2020 has inventoried 115 social protection programmes in Armenia combining cash, services and active labour market policies (ALMP).** Most contain a cash component, are regulated by law, and apply to both urban and rural populations (UNICEF and World Bank, 2020). The main programmes are:

**Table 1. The Social Protection System in Armenia**

| Social insurance (contributory) | Social assistance (non-contributory) | Social care services (non-contributory) | Labour market programs |
|---|---|---|---|
| **Pensions**<br>• Old-age pensions<br>• Long-term service pensions<br>• Pensions appointed by the law<br>• Other pensions<br>• Survivors' pensions<br>• Disability pensions<br>• Other special schemes<br>• Mandatory pensions<br><br>**Other social insurance**<br>• Childcare benefit<br>• Sickness/injury leave benefit<br>• Maternity benefit<br>• Health insurance for civil servants | **Cash transfers**<br>• Family Living Standards Enhancement Benefits (FLSEB)<br>• Maternity benefit for non-working Women<br>• Childbirth lump sum benefit<br>• Old-age social pension<br>• Disability benefit<br>• Survivors' benefits<br>• Funeral grant<br>• Financial support to schoolchildren in orphanages<br><br>**Food, in-kind, and near-cash transfers**<br>• School feeding<br>• Subsidized baby food and related products<br>• Targeted health, education, and housing/utility subsidies | • Social care services for children, youth, persons with disabilities, and elderly | • Vocational training at employer's premises for uncompetitive young mothers<br>• Internships<br>• Lump sum compensation to employer for training vulnerable jobseekers<br>• Unemployment assistance benefits (for job search and relocation)<br>• Childcare assistance to promote re-entry before second year<br>• Financial support to those assisting persons with disabilities to gain a foothold in the labour market<br>• Business start-up assistance<br>• Job fairs |

(UNICEF and World Bank, 2020)

**Armenia has pursued a deliberate model of functional integration since 2000, bringing together four existing agencies responsible for pensions, social assistance, employment and disability certification.** This mobilises multiple benefits and services and provides 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 customized manner (UNICEF, n.d. (b)). This ISS

system is functioning through the territorial Integrated Social Centres (Table 1.) where 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 (ISS Assessment, 2018).

**Table 2. Service provided by ISS**
Source: ISS Assessment, 2018

| Services provided through the ISS | |
|---|---|
| **Territorial Centre for Social Security (TCSS)** | Assignment of pension |
| | Re-calculation of pension |
| | Recovery of terminated/suspended pension |
| **Territorial Employment Centre (TEC)** | Obtaining unemployed status |
| | Consultation |
| | Enrolment in employment programme |
| **Territorial Offices of Social Services (TOSS)** | Assignment of allowance/benefit |
| | Assignment of urgent or one-off assistance |
| | Consultation |
| **Medical-Social Examination Commission (MSE)** | Initial assignment of disability status |
| | Re-assessment of disability status |
| | Preparation or amendment of individual rehabilitation plan |

**As of September 2019, there were 28 functioning ISS centres out of an envisaged 56 nationally, applying the one-window principle under the management leadership of the MoLSA** (UNICEF and World Bank, 2020):

- More than two thirds of beneficiaries attending the existing ISS centres report that access has "become easier" because of the one-window approach (ISS Assessment, 2018);

- Physical infrastructure of the current ISS centres is deemed accessible by persons with disabilities, with entrance ramps and wide doorways. Recommended improvements include provision of inclusive toilet facilities for all clients.

**The case management system has been introduced at the ISS centres and with community social service workers to extend access to services.** This is intended to improve cross-sectoral service access through referral, for example to Family, Women and Child Protection Units of the regional administration for reintegration of the more than 3,500 children, including children with disabilities, who are placed in government institutional care, and for individualised service delivery for persons with disabilities. However only 6 per cent of attendees at ISS centres were case managed (ISS Assessment, 2018), because benefits administrators did not have the capacity to take on the additional function and increased caseload. Moreover, 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). More information on case management is under Section 4.1.

**In response to this, it is anticipated that the MoLSA will separate the functions of benefits administration and social case management through the addition of an Agency for Social Services within the MoLSA structure with sub-regional branches in the ISS centres** (KII, March 2020). This will involve recruitment of around 300 graduate social workers who will be responsible for comprehensive assessment and referral within ISS centres 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.).

**Figure 2. Anticipated ISS provision**
Source: Authors, derived from information provided by KII, March 2020
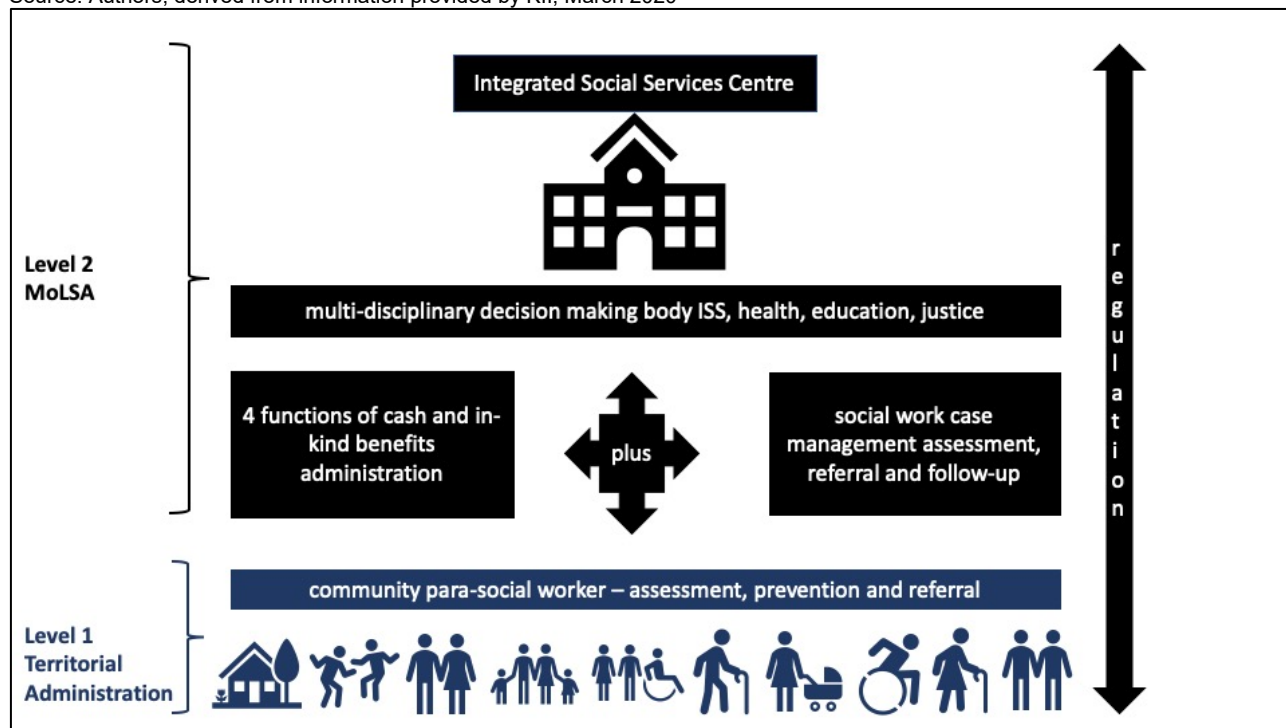


**Although the Law on Social Assistance makes provision for "social cooperation agreements" (Article 35) and "inter-agency social cooperation" (Article 36) to support provision of integrated social services, this is not yet fully realised**. Family support services are provided through ISS centres, Territorial 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 (ISS Assessment, 2018).

**Social contracting for local social service provision by non-governmental organisations is being introduced by government.** A tender process is initiated when the 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, and the approach is advanced but the mechanism for execution to maintain sustainable and quality service provision is underdeveloped (KII, March 2020).

**For persons with disabilities, a two-year project in partnership with the MoLSA, UNDP and UNICEF, was initiated in 2017 to improve access to services:**

- In 2016, 34,352 females (565 under 18) and 33,449 males (601 under 18) received individual rehabilitation linked with disability certification;

- A technical commission was established for the provision of prosthetic and orthopaedic devices, rehabilitation, and other technical support, in line with Government Decree 1035-N (10.09.2015) on Defining Procedures and Conditions for Provision of Rehabilitation Assistance;

- The ICF model of disability assessment was tested, and the Law on Functional Assessment drafted.

**However, the coverage of programmes and services for persons with disabilities does not yet meet the recommendations of the 2017 UN Committee on the Rights of Persons with Disabilities (UNCRPD, 2017), because:**

- The level of cash benefit does not "guarantee an adequate standard of living" and is not enough to bring recipients above the poverty line;

- ALMPs do not yet directly target employment opportunities for persons with disabilities;

- Child poverty remains high, affecting nutrition, and early learning and development;

- Early identification and early intervention services for children with disabilities are not widely available;

- Inter-sectoral cooperation, and the links between social services, health and education in particular are not yet robust.

# 3.2 Explicit linkages across programmes and sectors

**The Draft Strategy recognises that explicit linkages across programmes will contribute to improved outcomes and more developed human capital.** This includes:

- The first procedural principle of the Draft Strategy which recognises the relationship between the multiple axes of inequality and by extension the need for a range of services to meet those needs;

- Followed by an acknowledgement that this requires close inter-ministerial cooperation and continuous fostering of provision of equal social service coverage in provinces;

- The commitment to operationalize the government goals of eliminating extreme poverty and reducing poverty by drafting an inter-ministerial concept paper on poverty reduction;

- The recognition of ISS as the structural mechanism to improve access to the range of social assistance provisions across the lifecycle; and

- The inclusion of (social) case management as the tool to make these links occur systematically.

**However, 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 (UNICEF and World Bank, 2020).

**Box 2. Financial resourcing for social protection in Armenia**
Source: UNICEF and World Bank, 2020

**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 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 childbirth benefits) are very low and are not linked with the minimum consumption basket.

# 4 Administration

| Administrative level integration |
| --- |
| Integrated social service provision is fundamental to the Armenian social protection system vision and a one-window reception system is operational in the 28 ISS centres (of the envisaged 56). A unique identifier is used to track clients through the system, although a single registry is not available to integrate the current 14 information management systems.<br><br>Case management is also employed in cases where social-work activities of assessment and individual planning has been initiated (approximately 6 per cent of ISS centre clients). Social service worker to client ratio and caseload is difficult to determine because of variations in the type of work. Resources for quality social service administration are inadequate. |

## 4.1 Front-office: Integrated registration and case management

**Integrated social service provision is fundamental to the Armenian social protection system vision**. The concept was first modelled in 2000, revisited by government in 2010 and established in law in 2012 through Government Decision N952-N of 26 July, 2012 on "Approving the Programme of Introducing Integrated Social Services System", which is a three-stage programme of integrated social protection introduced with the intention of improving access (ISS Assessment, 2018):

- **Stage one** aimed at application of the *one-window* principle, which means integration of social services in a physical common area and introduction of joint receptions and an electronic system for application registration (customer service);

- **Stage two** is the introduction of a joint information system, i.e. information integration whereby the information systems of the social protection sector are integrated into one joint infrastructure (Section 4.2);

- **Stage three** is the organizational-functional integration whereby the functions of social service organizations are unified under one common agency with subsequent fundamental changes of roles and functions aimed at more effective management of the ISS system.

**Following a 2018 assessment of the ISS, all four services provided in the ISS centres are now under the management of the MoLSA** (ISS Assessment, 2018; UNICEF and World Bank, 2020). Initially the ISS centres hosted four co-located services with separate line ministry management arrangements. Co-locating services in a single location does not automatically translate into integration. Co-location may facilitate access to services through reduced visits to multiple administrative offices, while functional integration relies on several other factors.

**The one-window reception is operational.** However, eligibility determination is different for each programme depending on the legislation and therefore clients must submit separate applications for each service or benefit they wish to access. Despite this, client satisfaction is higher for those attending ISS centres than for those accessing benefits and services in non-integrated settings (UNICEF and World Bank, 2020).

**The number of visits required by a client to solve an issue, and the time spent at the centre during these visits, was reduced in ISS centres in comparison to non-integrated services.** Client costs for visiting ISS centres are also comparatively reduced and the procedures for accessing benefits are perceived as easier (ISS Assessment, 2018).

**The 2014 Law on Social Assistance introduced *social case management* for comprehensive and targeted social assistance provision based on individual plans (Articles 33.6 and 33.7).** The relevant methodologies are approved by an order of the 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 (UNICEF and World Bank, 2020). 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.

**It is difficult to discern through document review, the difference between cases being managed, that is solely application for benefits, and those where social case management is involved.** The life-cycle approach to social protection acknowledges that individuals can experience multiple vulnerabilities at any one time and that these can change as they move though different life-stages; there is also an understanding that poverty can drive other vulnerabilities. This suggests that every client who attends an ISS centre should have an initial screening, and that a decision about whether to open a case should be taken at a multi-disciplinary team meeting (UNICEF, 2019).

**Figure 3. Role of social service workers in child protection case management**
Source: UNICEF (2019)
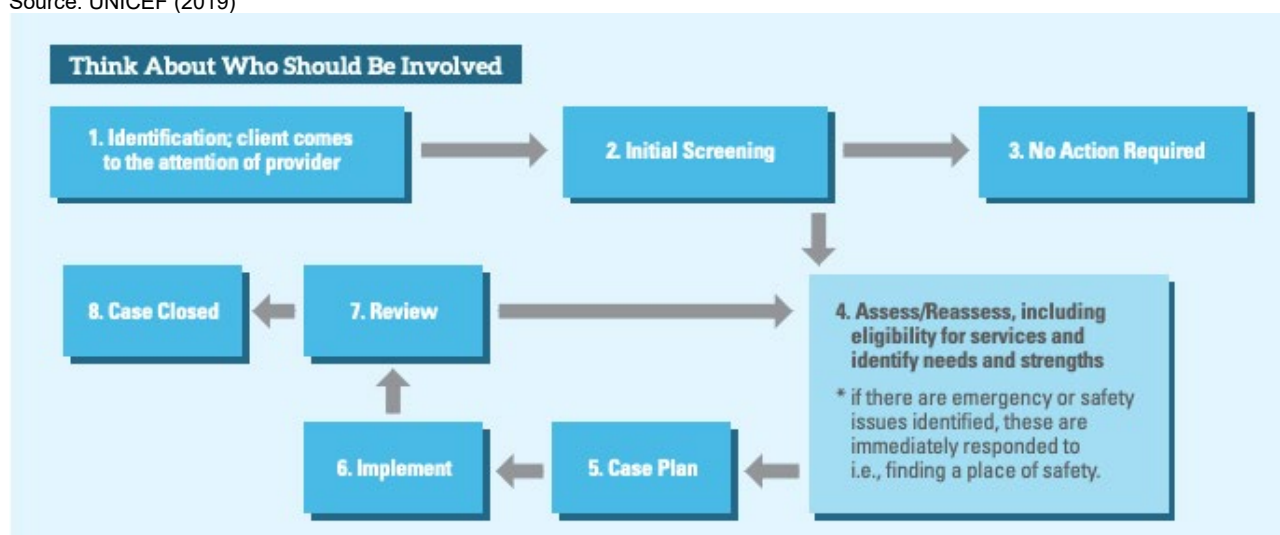


**At the moment clients approach the ISS for assistance, but this does not systematically take into consideration a broad range of difficult circumstances for people who may require a social services intervention, but who cannot seek it.** For example, women and children exposed to violence, children and persons with multiple or intellectual disabilities. Whilst the community social workers under the management of local 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.

**The resource requirements for the shift in responsibilities - from only eligibility assessment and assignment of benefits towards a social case management approach - have not been calculated**. This includes paying attention to staff competencies and to staff client ratio because of increased workload due to the additional social case management functions. Equally, the outstanding material and infrastructure resource requirements include inadequate office space, "there was no room in any of the centres for private conversation with beneficiaries", limited access to IT and internet; and additional transport costs for home visits, and for mobile phone credit are borne by individual workers in the system (ISS Assessment, 2018). "Pensions and other social cash transfers consume almost 85 per cent of the social protection budget, leaving very limited funding for non-cash social services", (UNICEF and World Bank, 2020).

**MoLSA has established a hot-line, 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 to analyse the responses (UNICEF and World Bank, 2020).

## 4.2 Back-office: integrated information system

**The MoLSA operates 14 separate IT systems for social protection (Table 2.), with plans to integrate these by 2022 (UNICEF and World Bank, 2020).** At national level each Ministry has a separate data management system, and inter-Ministerial data exchange is regulated by government resolutions; there is no harmonised standard for local administration of social protection programmes. A unique identifier, Public Services Number, for each client allows services to be tracked across programme databases.

**Table 3. Social protection information systems**

| Number/ Name of system | Function |
|---|---|
| **1 Npast (Benefit)** | IT system for vulnerability proxy-means testing of households and benefits allocation |
| **2 Pyunik** | IT system for registration of persons with disabilities who passed medical social examination |
| **3** | IT system for centralized registration and tracking the distribution of prosthesis and supportive devices |
| **4 Manuk (Child)** | IT system for centralized registration of children in adversity, it has sub modules on adoption and foster care |
| **5 Gorts (Work)** | IT system for centralized registration of unemployed and jobseekers and active labour market policies (ALMPs) management |
| **6** | Centralized registration IT system for elderly and people with disabilities who received social services in day care or residential institutions |
| **7** | IT system for registration and compensation of deposits made by citizens of former USSR in the Saving Bank of the USSR before 10.06.1993 |
| **8** | Central registration of benevolent/ charity programmes |
| **9** | IT system for the centralized registration of applications to the Unified Receptions of the Integrated Social Services Centres |
| **10** | Social Case Management IT system |
| **11** | IT system for centralised registration of social apartments, persons who need living space and formation of the waiting list |
| **12** | IT system for the MoLSA legal acts |
| **13 E-pension** | IT system for centralized registration of pensions, including e-pension, childcare benefit for children under 2, childbirth grant, maternity benefit |
| **14 Social Bank** | IT system for comprehensive information about beneficiaries, including information exchange with external databases |

**However, there is no single registry to track the applicants and the services they receive across sectors.** In addition, there are issues with the systems, including lack of harmonization, access, automated analysis etc. (UNICEF and World Bank, 2020). The mechanisms and procedures

to ensure coherence between social protection, health and education sectors is not well established (Ibid.).

# 4.3 Capacity of the social service workforce

**There are 2,500 social service workers in Armenia**. Most perform social service functions and do not have formal qualifications. They include 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 and NGOs. The primary responsibility of the community social worker is to prevent and identify cases, if the case is not complex provide solutions, and if not – refer to case managers. But their responsibilities are not fully prescribed, and duplications occur (UNICEF and World Bank, 2020).

**The number equates to a ratio of 1:1,189 social services workers per member of the population.** Ascertaining the appropriate client-to-worker ratio is complex and contextual and there are difficulties in making reliable comparisons because of the differences in how the workforce is defined (Rogers, 2018; Global Social Service Workforce Alliance, 2019). There is some emerging data demonstrating the extremely wide range of client-to-worker ratio globally. A recent profile of the social work workforce in the United States of America (George Washington University, 2017) reports disparities across the states ranging from 1:1,250 to 1:174, and Rogers (2018) notes the median value for the USA as 1:560 [qualified] social workers per population. The ratio for [qualified] social workers in the United Kingdom was estimated at the end of 2019 at 1:626.[7]

**Caseloads in social services are another important factor to ensure provision of quality services to the client, and workforce retention.** There is no clear global or local guidance regarding caseloads, with great variations between local authorities (Box 3.). It is not possible to determine caseload data for Armenia spanning all of the social services provided by community social service workers, ISS centre workers and Territorial centres (non-integrated). As noted above there are likely variations reflecting the differences in the nature of the work being undertaken and the risks being managed. The Armenian Association of Social Workers proposes a caseload range of 1:15 complex cases up to 1:50 for medium and low-risk cases (KI written submission, March 2020).

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**Box 3. Social service worker caseload**

A 2009 study in the USA to establish a child welfare worker caseload proposed 16-17 cases per month as reasonable (Yamatani and others, 2009). The average caseload for child and family social workers in the UK is 1:17.4 cases per month (Department for Education, 28 February 2019). The South African Department of Social Development recommends a caseload of 1:19 cases per month (Thembeni and Vishantie, 2015). Within the South African context commentators note that high caseloads can shift the emphasis from preventive to responsive child and family social work (Ibid; Strydom, 2010: Strydom and others, 2017).

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[7] https://www.statista.com/statistics/319253/number-of-social-workers-in-the-uk/ and
https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/articles/overviewoftheukpopulation/august2019

**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 centres was limited (ISS Assessment, 2018). At the same time, given the gender dimensions of the social protection workforce discussed in Section 2.1, disaggregation by gender, role and pay scale would add to increased understanding of the workforce capacity.

**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. In 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 (UNICEF and World Bank, 2020).

# 5 Conclusions

Armenia's social protection system ranks highly across the three dimensions of integration. Under the leadership of the MoLSA and with the support of development partners, the integrated approach has been progressively developed based on systematic review and evidence gathering (Figure 4.).

**Figure 4. Social protection system milestones**



Key informants attribute the success of the evolving integrated social protection system to emphatic government ownership and leadership; identifying one lead Ministry to design and raise awareness amongst key stakeholders allowed the government to capitalise on development partner support.

The recent development of a sectoral strategy for social protection is welcomed by all stakeholders and will continue to support increased coherence in achieving the vision for integrated social protection. However, without a broad financing framework for the developing social protection system, there is a risk of developing programme wish lists with competing priorities and potential for duplication and inefficiencies. In view of the current 85/15 per cent split for cash benefits and social welfare service provision, and labour market programmes, reported in the CODI 2020, a focus not only on identifying fiscal space that might emerge for new spending, but also on assessing current funding flows to social protection programmes, and reprioritising allocations to achieve a more effective, efficient and equitable expenditure is important. The current Draft Strategy could be strengthened by the addition of i) a realistic social protection sector costing (including financing mechanisms) ii) a social protection sector monitoring and evaluation plan, iii) stronger shock responsiveness.

Adding definitions to the strategy, ensuring a common understanding of social protection in Armenia, as has been done for disability in the draft Law on Social Inclusion, will contribute to multi-sectoral integration. This links social protection provided through the ISS centres and community-level social service workers to each other, to education, health and justice which in turn contributes to equitable and efficient provision.

Similarly, by defining the workforce that is needed to implement the social protection strategy, and the mechanisms for qualification, accreditation and continuous professional development of each cadre at each level, quality can be maintained in service delivery.

# References

UNICEF and World Bank (2020) Core Diagnostic of Policies and Programmes of Armenia's Social Protection System. Yerevan: World Bank and UNICEF

Department for Education, 28 February 2019, Experimental statistics: Children and family social work workforce in England, year ending 30 September 2018: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/782154/Children_s_social_work_workforce_2018_text.pdf

Department for Work and Pensions, 16 January 2014, Official Statistics. Disability facts and figures. UK Government: https://www.gov.uk/government/publications/disability-facts-and-figures/disability-facts-and-figures#fn:3

Europe and Central Asia. Social Protection Regional Issue Brief 3, UNICEF Europe and Central Asia Regional Office: https://www.unicef.org/eca/media/8421/file/inclusive-social-systems-brief.pdf

FAO (2016) Country Programming Framework for Armenia 2016-2020: http://www.fao.org/3/a-br865e.pdf

Hassim, S. and Razavi, S. (2006) Gender and Social Policy in a Global Context: Uncovering the Gendered Structure of 'the Social'. In: Razavi, S. (Ed.) Gender and Social Policy in a Global Context Uncovering the Gendered Structure of 'The Social'. Palgrave Macmillan UK: http://www.fao.org/fileadmin/templates/capacitybuilding/pdf/DAC_paper_final.pdf

George Washington University (2017) Profile of the Social Work Workforce. The George Washington University Health Workforce Institute: https://www.socialworkers.org/LinkClick.aspx?fileticket=wCttjrHq0gE%3D&portalid=0

Global Social Service Workforce Alliance, (2019) The State of the Social Service Workforce 2018 Report. Washington, DC.: Global Social Service Workforce Alliance.

National Institute of Labour and Social Research, UNICEF (2018) Assessment of Integrated Social Services Implementation Process in The Republic of Armenia. Final Report.  Yerevan: Ministry of Labour and Social Affairs and UNICEF

Ministry of Labour and Social Affairs, Labour and Social Protection Sector Development Draft Strategy for 2020-2023 Yerevan: MoLSA

OECD (2015) Recommendation of The Council on Budgetary Governance. Public Governance and Territorial Development Directorate: https://www.oecd.org/gov/budgeting/Recommendation-of-the-Council-on-Budgetary-Governance.pdf

OECD (2019) Implementing social protection strategies. Lessons from The Eu-SPS Programme: https://www.oecd.org/dev/inclusivesocietiesanddevelopment/Lessons_learned_Implementing_social_protection_strategies.pdf

OECD, October 2016, Armenia Profile: https://www.oecd.org/regional/regional-policy/profile-Armenia.pdf

Randles, J.M. (2018) Gender, Families and Social Policy. In: B. J. Risman et al. (Eds.), Handbook of the Sociology of Gender, Handbooks of Sociology and Social Research, Springer International Publishing.

Rogers, J. (2018) Literature Review on the development of the social work and social service workforce in the Europe and Central Asia Region. Oxford: Oxford Policy Management

SIDA, March 2019, Gender and Social Protection Brief:
https://www.sida.se/contentassets/2ade7bb05f114060b443ae0a63080c11/brief_gender_and_social_protection_webb.pdf

Strydom, M. 2010. The implementation of family preservation services: perspectives of social workers at NGOs. Maatskaplike Werk/Social Work, 46(2):192-208.

Strydom, M., Spolander, G. Englebrecht, L. and Martin, L. (2017) South African Child and Family Welfare Services: Changing Times or Business as Usual? Social Work/Maatskaplike 2017:53 (2):145-164

Thembeni. T. D. and Vishanthie S. (2015) Rhetoric Versus Reality in Social Work Practice: Political, Neoliberal and New Managerial Influences. Social Work/Maatskaplike Werk 2015:51(4): 467-481

UNCRPD (2017) Concluding observations on the initial report of Armenia:
https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRPD/C/ARM/CO/1&Lang=En

UNDP (n.d.) Improving access to services and participation of persons with disabilities in line with the UNCRPD: https://www.am.undp.org/content/armenia/en/home/projects/improving-access-to-services-and-participation-of-persons-with-d.html

UNICEF (2015) Country Programme Document Armenia 2016-2020:
https://www.unicef.org/about/execboard/files/2015-PL7-Armenia_CPD-ODS-EN.pdf

UNICEF (2019) Guidelines to Strengthen the Social Service Workforce for Child Protection. New York. UNICEF:
https://www.unicef.org/media/53851/file/Guidelines%20to%20strengthen%20social%20service%20for%20child%20protection%202019.pdf

UNICEF (n.d. (a)) Social protection and child poverty: https://www.unicef.org/armenia/en/what-we-do/social-protection-and-child-poverty

UNICEF (n.d.(b)) Inclusive Social Protection Systems for Children with Disabilities.

United Nations Armenia (2015) Armenia-United Nations Development Assistance Framework 2016-2020: https://www.un.am/up/file/Armenia%20-%20UNDAF%202016-2020%20-%20ENG.pdf

WFP (2018) Scoping Study on Social Protection and Safety Nets for Enhanced Food Security and Nutrition in ARMENIA. Yerevan. WFP:
https://www.un.am/up/library/Scoping_Study_on_Social_Protection_and_Safety_Nets_for_Enhanced_Food_Security_and_Nutrition_in_Armenia_2018_ENG.pdf

WFP (2019) Armenia Country Strategic Plan 2019-2024: https://docs.wfp.org/api/documents/WFP-0000104699/download/?_ga=2.102455937.1251415424.1584540184-1937709804.1584540184

WHO Gender Equity Hub, 25 May 2018, Gender & Equity in the Health and Social Care Workforce.  Consultative Draft Report: https://www.who.int/hrh/news/2018/GEHworking_paper-ZeroDraft2.pdf?ua=1

World Bank, March 24, 2014, World Bank Supports Integrated Social Service Delivery in Armenia. Press Release: https://www.worldbank.org/en/news/press-release/2014/03/24/world-bank-integrated-social-service-delivery-armenia

Yamatani, H., Engel, R. and Spjeldnes, S. (2009) Child Welfare Worker Caseload: What's Just Right? Social work 54(4):361-8

# Annex  A

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