

# Joint SDG Fund

## Joint Programme Final Narrative Report

### PORTOFLIO ON INTEGRATED POLICY AND LNOB

## Cover page

Date of Report: 08/23/2022

<i>Programme title, Number and Country</i>
<p><b>Country:</b> Albania</p> <p><b>Joint Programme (JP) title:</b> Improving Municipal Social Protection Service Delivery (Municipal Social Protection)</p> <p><b>MPTF Office Project Reference Number<sup>1</sup>:</b> 00118520</p>
<i>Programme Duration</i>
<p><b>Start date<sup>2</sup></b> (day/month/year): January 2020</p> <p><b>Original End date<sup>3</sup></b> (day/month/year): 30 January 2022</p> <p><b>Actual End date<sup>4</sup></b> (day/month/year): 30 June 2022</p> <p><b>Have agencies operationally closed the Programme in its system?:</b> Yes/No</p> <p><b>Expected financial closure date<sup>5</sup>:</b> 30 June 2023* (Note: there is a value of 22,631 USD which is committed in ATLAS by UNDP, but is due to be paid on 30 June 2023, as it is a retention money/ guarantee for the infrastructure works supported by the project).</p>
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<sup>1</sup> The MPTF Office Project Reference Number is the same number as the one on the Notification message. It is also referred to as "Project ID" on the project's factsheet page on the [MPTF Office GATEWAY](#).

<sup>2</sup> The start date is the date inserted in the original ProDoc submitted and approved by the Joint SDG Fund.

<sup>3</sup> As per approval of the original project document by the relevant decision-making body/Steering Committee.

<sup>4</sup> If there has been an extension, then the revised, approved end date should be reflected here. If there has been no extension approved, then the current end date is the same as the original end date. The end date is the same as the operational closure date which is when all activities for which a Participating Organization is responsible under an approved MPTF / JP have been completed. As per the MOU, agencies are to notify the MPTF Office when a programme completes its operational activities. Please see [MPTF Office Closure Guidelines](#).

<sup>5</sup> Financial Closure requires the return of unspent balances and submission of the [Certified Final Financial Statement and Report](#).

<b>Programme Budget (US\$)</b>			
<b>Total Budget</b> (as per Programme Document, without co-funding): USD \$1,500,000 (Joint SDG Fund Contribution)			
<b>Agency/Other Contributions/Co-funding</b> (if applicable): USD 224,119			
<b>Joint SDG Fund Contribution<sup>6</sup> and co-funding breakdown, by recipient organization:</b>			
Agency/others	Joint SDG Fund contribution	Co-funding	Total
UNDP	730,000		730,000
UNICEF	470,000	80,000	470,000
UN WOMEN	200,000	13,847	213,847
WHO	100,000		100,000
Government of Albania		100,000	100,000
Municipality of Devoll		30,272	30,272
<b>Total</b>	<b>1,500,000</b>	<b>224,119</b>	<b>1,724,119</b>

<sup>6</sup> Joint SDG Fund Contribution is the amount transferred to the Participating UN Organizations – see [MPTF Office GATEWAY](#).

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## Executive summary

The UN Joint Programme “Improving Municipal Social Protection Service Delivery” (IMSPSD) in Albania is implemented by the Participating UN Organizations (PUNO) – joint participation of UNDP, UNICEF, UN Women, WHO, with the contribution of ILO, UNFPA and UNHCR – over the period from January 2020 to June 2022 (following a 5-months no-cost extension). The total programme budget is USD \$1,724,119 – USD \$1,500,000 resourced from the UN Joint SDG Fund (87%); USD \$124,119 (7%) resourced from the regular or core resources of the PUNOs; USD \$100,000 (6%) resourced from the Albania SDG Acceleration Fund as government co-funding. The programme goal is to support the Albanian Government (GoA) translate its policy intent (regarding social protection and social care service reform and social inclusion policy) into proper local actions so that men, women, girls and boys living in poverty, or vulnerable situation have access to integrated, quality social care services. IMSPSD is implemented by the PUNOs working in close partnership with relevant government bodies at central and local level – notably the Ministry of Health and Social Protection (MHSP), and the Local Government Units (LGUs) in the municipalities targeted for programme support – and social service providers, independent institutions and civil society organizations (CSOs).

The programme successfully contributed to support GoA to translate its social protection and social inclusion policy and the relevant legal framework, particularly the Law on Social Care Services, at the municipal level on the design, implementation and management of integrated social services. The programme also supported GoA to further develop its social inclusion policy/ priorities for supporting the inclusion of Roma and Egyptians (R&E) and also of care service models supporting older persons. The programme institutionalized the cross sectoral model of the integrated health and social care services by bringing together health care and social protection policies and institutions, the development of the relevant components of the National Health Strategy 2021-2030, the design of the framework and model of integrated health and social services, and for defining the role and responsibilities of health and social services institutions into a set of regulations and orders, standards and protocols contributing to a systemic change.

Pilot LGUs (6 core plus additional 10) demonstrate improved institutional, organizational, administrative and technical capacities to design, plan, budget, staff, deliver, monitor, and evaluate social care services provision,

as well as the interlinking of social care service provision with other components of social protection (particularly cash assistance benefits, child protection, protection of survivors of domestic violence, as well as with employment and social housing policies/ services). The programme's support for the development of Social Care Plans and capacity building on their implementation with active participation of LGU Social Services and Budget Departments has developed a shared understanding/ vision on the need of linking social protection cash assistance schemes (NE and PAK) with integrated social care services for vulnerable groups at the local level. Three small LGUs (Devoll, Puka, and Rogozhina) now offer public social care services for the first time in addition to providing "traditional" cash assistance supports. Interviews with municipality staff (e.g. in Pogradec, Puka, and Tirana) also showed an increased cooperation of municipality Social Services with Regional/Local Employment Offices to support final-user clients with employment opportunities as part of the process of the expiry of benefit payments under the NE scheme after 5 years, or as part of the on-going roll-out of reform of the disability assessment system (e.g. reviewing NE and PAK recipients file, their educational level, and potential employment skills to develop through vocational/skills training).

Following the development of the regulatory framework on integrating health and social service delivery, and relevant methodologies, standards and protocols and guided by the priorities set out in the Social Care Plans developed by them in the course of the programme, the pilot LGUs diversified the social care services offer and quality at local level, expanded the beneficiary categories of vulnerable groups as well as service outreach/accessibility in remote rural areas. 6 pilot LGUs and 7 CSOs operating in targeted LGUs territories developed and implemented new services (mobile services, integrated health and social care services, specialized services, home visits) through a multidisciplinary and inter-sectoral approach for a diversity of vulnerable groups categories (persons with disabilities, children with disabilities, older persons, youth, families in need, vulnerable women, R&E, LGBTIQ+) and reached them with mobile services in rural areas also during the lockdown period of COVID-19 (via CSOs). 10,533 vulnerable people have benefited from access to quality integrated social services, which otherwise would have been left behind.

**Result 1:** Improved quantity and quality of delivery at local (municipal) level of integrated social care with focus on the most vulnerable groups as part of an effective integrated social protection system.

Estimated rate of completion as of JP end date: 100%

**Result 2:** By 2022, 6 municipalities will provide integrated social care improving the wellbeing of 85% of people in need and additional 27 municipalities will increase capacities to serve vulnerable groups with access to basic services (through adopted and financed local social care plans).

Estimated rate of completion as of JP end date: 100%

## I. Overall progress and priority, cross-cutting issues

### I.1 Context and the overall approach

#### *Ensuring an adaptive and strategic JP*

After a period of rapid economic growth and a rise in income levels in the period up to 2008, Albania's GDP annual growth decreased from 4% in 2018 to minus 3.5 in 2020, increasing again to 8.5% in 2021<sup>7</sup>. Living standards in Albania remain well below EU averages and socio-economic convergence has been slow. While the 'at risk of poverty' rate in Albania is comparable with that of its Balkan developing neighbours, the 'at risk of poverty or social exclusion' rate is higher than average. Over the recent years, Albania experienced two major external shocks within a short period of time: on 26 November 2019, Albania was hit by a very strong earthquake that caused damage to people and the economy, and since March 2020 the country has also been challenged by the global COVID-19 health pandemic, which significantly impacted on economic activity and social life in the country due to the restrictive measures taken to contain the spread of the virus associated

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<sup>7</sup> GDP growth (annual %) - Albania | Data (worldbank.org)

with a shift of resources to emergency response, slowing the implementation of planned reforms. The government's interventions to mitigate and alleviate the effects of both these disasters were aimed at providing adequate response to the recovery efforts post-earthquake, as well as to minimize the effects of the pandemic to manageable levels. The need to build resilient health and social protection systems was made clear. The GoA acknowledges that social protection schemes are among the most effective interventions in the fight against poverty and vulnerability, but that the effectiveness of programmes in the targeting of vulnerable groups and the poorest needs to improve further. In March 2022, GoA introduced a short-term Social Resilience Package to address rising (global/local) living and energy costs.

Albania's social protection system has gradually evolved since the 1990s, based on the three, standard, complementary modalities for overall provision of social protection: (1) Contributory social insurance and health insurance schemes; (2) Tax-funded social assistance schemes and social care services; (3) Labour market policies and active labour market programmes. The development of Albania's systems for providing populations at risk of poverty or social exclusion with access to social protection, healthcare, employment and skills and inclusive education has faced several challenges, the main ones being low levels of coverage, weak mechanisms for inclusivity, weak allocative and technical efficiency, and limited resources. Over recent years the GoA has adopted a range of significant strategies and action plans in regard to further priorities for social protection reform and for the promotion of social inclusion, and has built the legal framework of the social protection system with the vision of providing integrated social services capable to ensure the inclusion of all vulnerable groups and persons.

#### *Link with UNDAF/ UNSD Cooperation Framework*

The IMSPSD programme is implemented by the UN in Albania, through the modalities of the Delivering as One (DaO) mechanism, in the framework of the UN Development Assistance Framework (UNDAF) – in the context of the Government of Albania (GoA) and UN "Programme of Cooperation for Sustainable Development" for the period 2017-2021 under Outcome 2 Social Cohesion, Output 2.3 Social Inclusion and Protection, and in the context of the GoA-UN "Sustainable Development Cooperation Framework" for the period 2022-2026 under Outcome A Human Capital Development & Social Inclusion, Output 1-Social Protection. With regard to the global policy framework for international development, the "2030 Agenda for Sustainable Development", IMSPSD contributes to supporting Albania's progress in achieving the SDGs most closely related to social protection/ social inclusion<sup>8</sup>. Specifically, the programme identifies as focus SDG targets: 1.3, 3.8, 3.c, 5.4, 5.6, 5.c, 10.2, 10.4, and 16.6.

The IMSPSD programme builds upon the vast experience of the UN in Albania, in partnership with the GoA, over the past decade in addressing issues of social inclusion, social protection and the needs of the most vulnerable or marginalized groups in Albania, including Roma, persons with disabilities, vulnerable children, elderly, rural women, refugees and migrants, and women at risk of gender-based violence. The policy framework has been advanced thanks to UN support and a strong political will and awareness on the need to have social care services in the country that address the needs of all vulnerable groups and citizens throughout their lifecycle. The IMSPSD programme also builds on the strong experience of the UN in Albania, notably in the realm of social inclusion/ social cohesion policy, in utilization of the UN Joint Programme (UNJP) modality for the implementation and delivery of programme support.

#### *COVID-19 impact*

In Albania, the pandemic has affected important aspects of the economy, society and way of living and is expected to have prolonged effects over the well-being of citizens and healthcare and social protection systems adequacy. The UN JP commissioned an assessment report which found out that increased poverty and inequality are matched by increased isolation, social exclusion, new forms of vulnerability and a considerable increase in psycho-social stress factors at the same time as community-based services, already inadequate pre-COVID, face massive constraints in terms of their operation. This assessment indicated that the main groups in need, are similar across municipalities and do not present major departures from the pre-pandemic period, ranging from families in the social assistance scheme, to families with members with different disabilities and elderly people living alone. However, the number of individuals and households in need increased dramatically in all municipalities, while new challenges emerged in particular with regard to access

to education for children and youth; additional challenges for members of ethnic minorities and informal workers (particularly women) as a result of disrupted livelihoods, as well as the need for stress management and psychological support for many other members of the communities. The COVID-19 pandemic exposed the systemic weaknesses of the health and social care systems. The access to care for conditions other than COVID-19 was problematic for most of the people, and to a higher degree for the marginalized ones, at different stages of the pandemic. Despite the negative consequences of the crisis, public institutions, civil society and local communities mobilised and engaged to help with the adapted service provision and recovery. The government marshalled social protection programmes and labour market crisis response and stimulus packages to protect people's health, jobs and incomes, and to ensure social stability.

Pursuant to the consultation and feedback received by steering committee members, the technical committee of the joint programme amended the workplan for the year 2020 due to COVID-19 with no-cost extension; with slight adaptation of some of the existing activities reflecting the COVID-19 additional barriers and challenges to be addressed; with small changes between budget lines, below the 20% limit within output level budget planed. IMSPSD repurposed activities provided a concerted, collaborative and all-inclusive effort to address the multidimensional impacts of the COVID-19, and to protect the needs and rights of people living under the duress of the pandemic, with focus on the most vulnerable groups, and people who risk being left behind. All the repurposed activities are already completed including an assessment on the extent to which COVID 19 has challenged and impacted the rights of families and children to social inclusion and social protection. "Lessons learnt", "good practices" and "building back better" cycles have been supported during the COVID-19 response, specifically regarding the integrated care for the most vulnerable families.

The programme addressed the multidimensional impact of COVID-19, in line with the original focus of the action and supported local government institutions protect the needs and rights of people living under the duress of the pandemic through: (i) 6 Small-grants projects in partnership with local NGOs; (ii) Social mobilization campaign to mark International Romani Day and to attract society's attention on the additional challenges faced by the minority during the COVID-19 pandemic. (iii) Emergency food assistance and hygienic items to 4900 individuals (2842 F/ 2058 M) from vulnerable and disadvantaged groups. (iv) Humanitarian Cash Transfers (HCT) piloted in 3 municipalities (Korce, Durrës, Shkoder) supporting with multipurpose basic needs cash about 1700 households with no income. The SDG funding contributed mainly for 570 families in Korca, which have not benefitted from any financial support established by the government.

Beneficiaries of emergency food assistance and hygienic items:

Total # HH supported	R&E Families	%	Families of children with disabilities targeted	%	Other vulnerable groups	%	Women head of HH	%
980	537	55%	182	19%	261	26%	392	40%

Also, the JP contributed to the ILO regional comparative analysis of social security response to COVID-19 pandemic developed, covering Albania and other Western Balkan countries. UNICEF with UNDP assessed<sup>8</sup> the extent to which COVID 19 has challenged and affected the rights of families and children to social inclusion and social protection. The adequacy and relevance of social protection and social inclusions to effectively respond to the COVID-19 pandemic has been assessed; knowledge has been generated on the challenges and gaps in the local level service delivery due to Covid-19, with a particular focus on the access of vulnerable groups to such services. Researchers have also worked to make assumptions and interpretations on the vulnerability post COVID. The findings have been discussed with all national stakeholders.<sup>9</sup>

<sup>8</sup> <https://www.unicef.org/albania/documents/impact-covid-19-access-vulnerable-children-families-and-communities-social-protection>

<sup>9</sup> <https://www.unicef.org/albania/press-releases/unicef-and-undp-discuss-national-partners-using-evidence-influence-policy-hardest>



WHO supported and coordinated the contribution of Albania to a cross-country roundtable of experts and national stakeholders (Albania, Italy and Montenegro) to share their opinions and lessons learnt from the pandemic regarding the impact of the pandemic to the access and continuity of health care services, and the opportunities for reshaping integrated health and social services.

## **I.2 Update on priority cross-cutting issues**

### *UN Development System reform - UN coherence at the country level*

The programme builds upon the vast experience of the UN in Albania, in partnership with the GoA, over the past decade in addressing issues of social inclusion, social protection and the needs of the most vulnerable or marginalized groups in Albania, including Roma, persons with disabilities, vulnerable children, older persons, rural women, refugees, migrants, and women at risk of gender-based violence. The programme also builds on the strong experience of UN in Albania with operation of the UN 'Delivering as One' context for joint programme cooperation between UN partner agencies, notably in the realm of social inclusion/ social cohesion policy.

As of the end of 2021, twelve UNJP were under implementation by the UNCT with a further two planned already to start in 2022. On average, UNJPs account for approx. 15-25% of the UNCT annual budget in Albania. Five of the UNJP are in the realm of social inclusion. Albania is a keen proponent of UN 'Delivering as One', since its initial launch started in 2007. IMSPSD is fully relevant to further consolidate this approach, as well as in contributing to UN reforms, bringing together the expertise and comparative advantages of the UN system in Albania to enhance development results and impact, notably so in terms of socio-economic inclusion and gender equality results, via UN coherency, effectiveness and efficiency gains.

The approach of the programme implementation builds on local ownership and developing the capacities of municipalities to develop appropriate technical outputs/ solutions, and to utilise and absorb the programme results. The results of this joint programme contributed to strengthening and making more evident the results attained under the new cooperation agreement with the Government of Albania, Outcome 1 "Human Capital Development"; output 1.1. Social Protection in the framework of the Albania-UN Sustainable Development Cooperation Framework 2022-2026.

### *Going beyond "business as usual" to produce catalytic results at scale*

The Joint Programme gained the political will to allocate the necessary financial resources to ensure no-one in need of social protection is left behind; Vertical dialogue between Central and Local Government has already been recognised for the establishment of a system of integrated social care services at the local level.

The central government revised draft medium-term budget 2020-2022 to provide enough coverage to fund the Social Fund. Actions supported through the SDG funding informed national policies and systems. The Integrated Planning System (IPS) introduced by Government of Albania in the last few years is the main system to set the tools and mechanisms for integrated public policy planning by providing an effective allocation of financial resources. The government has committed to revitalize the Integrated Policy Management Groups (IPMGs), including the thematic group for Inclusion and Social Protection. The purpose of the thematic groups is to steer cross sectoral cooperation at technical level and with development partners, within the specific sectors of the respective priority area.

As the Albanian authorities are moving from the strategy and legislation development phase to the implementation process, with the support of the joint programme a number of challenges are addressed. These include: 1. Lack of political interest in social care services. 2. Weak civic engagement and participation. 3. The need to consolidate financial mechanisms at the local level. 4. Gaps in availability of detailed operational procedures describing the action of state institutions in charge of planning, administering and monitoring social care services. 5. The decentralisation process and the amalgamation of municipalities is not accompanied by capacity building strategies. 6. Weak governance systems at the local level to respond to new and broader responsibilities as the result of decentralisation and social care reforms. 7. Weak capacities, financial and technical, of Central Government and LGUs to sustain the models of social services over time. 8. Low level of intersectoral and cross-sectoral cooperation between central and local governments and intra-governmental cooperation.

In terms of the intended catalytic impact of the programme at the national/ system level – by distilling best working practices and generating knowledge that both fosters national dialogue and supports policy-makers

for the scaling-up of national measures that will ultimately result in reforming the social protection system and better links between social protection and health – further effort is required to promote the generation and sharing of knowledge so as to ensure that the programme results can be suitably scaled up/ replicated by other LGUs going forward.

### *SDG acceleration*

As both results and challenges from this joint programme contributed to strengthen discussion and evidence the country's higher-level coordination forums and/or thematic/sectorial foras, the programme plays an important role to promoting SDG progress within Albania's policy processes and dialogue. Moreover, it has contributed to providing an increased leverage to the UN in pushing SDG dialogue forward. Through implementation of this joint project, the UN is seen as a key ally for promoting SDG progress at local level: strengthen local ownership of the SDGs - "reading" SDGs in the local language and narrative, as well as supporting local "SDG transformers", such as civil society and the private sector, among others. This joint project reinforces the UN being viewed as the primary entity in charge of following up on SDG nationalization and localization processes in Albania. With regard to the global policy framework for international development, the "2030 Agenda for Sustainable Development", the IMSPSD programme identifies linkages for its contribution to supporting Albania's progress in achieving the SDGs 1, 3, 5, 10, 16 (no poverty, good health, gender equality, reduced inequalities, peace, justice, and accountable institutions). The UN Joint Programme "Improving Municipal Social Protection Service Delivery" has catalyzed the integration of the SDGs at subnational levels. LGU have been supported in starting policy dialogues around these issues and in scaling-up efforts to ensure that the most vulnerable groups in the populations have access to quality health and social protection services.

Driven by the Agenda 2030, the UN JP IMSPSD supported integrated social care service delivery approach, drawing on mutually reinforcing "levers" to examine, empower and enact change, to ensure "no one will be left behind" and to "endeavor to reach the furthest behind first", To address inequity, exclusion and deprivation; the six programme targeted municipalities were supported to identify and build key roadblocks that prevent progress across vulnerable local population segments and SDGs. The programme is housed under Output 2.1, with linkages to other UNDAF outputs addressing gender equality, human rights, prevention of violence against women, child protection and support for refugees and migrants. Its interventions followed directly one of the three accelerators identified by the Albania MAPS report 2018: "the biggest weaknesses in Albania's social protection system may lie not its social assistance or insurance programmes, but in its social care components."

In the framework of the UN Joint Programme "Improving Municipal Social Protection Service Delivery", during 2020 was measured for the first time in Albania the SDG indicator 1.3.1. "Proportion of population covered by social protection floors/systems, by sex, distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, newborns, work injury victims and the poor and the vulnerable". Based on the findings of this exercise, the proportion of persons effectively covered by a social protection system, including social protection floors is 54%, while the proportion of the total population receiving cash benefits under at least one of the contingencies (contributory or non-contributory benefits) or actively contributing to at least one social security scheme is 70%. The exercise was repeated in 2021 indicating a positive trend:

*Overall, the proportion of persons effectively covered by a social protection system, including the social protection floors for the 2021 period is estimated to be 57.1%, a bit higher than the one measured in 2020 (for year 2019 which counted 53.6%). The number of total beneficiaries protected by at least one social protection scheme is estimated to be 70%. This figure remains the same as reported by the previous report (of 2019).*

### *Policy integration and systems change*

The programme has brought about a range of direct positive changes at system, institutional/ operational and community level – including the direct benefits attained by the target groups of final-user beneficiaries. The programme successfully contributed to support GoA to translate its social protection and social inclusion policy and the relevant legal framework, particularly the Law on Social Care Services, at the municipal level on the design, implementation and management of integrated social services. The programme also supported GoA to further develop its social inclusion policy/ priorities for supporting the inclusion of R&E and also of care service models supporting older persons. The programme institutionalized the cross sectoral model of the integrated



health and social care services by bringing together health care and social protection policies and institutions, harnessing the policy dialogue towards the development of the relevant components of the National Health Strategy 2021-2030, the design of the framework and model of integrated health and social services, and for defining the role and responsibilities of health and social services institutions into a set of regulations and orders, standards and protocols contributing to a systemic change.

Pilot LGUs demonstrate improved institutional, organizational, administrative and technical capacities to design, plan, budget, staff, deliver, monitor, and evaluate social care services provision, as well as the interlinking of social care service provision with other components of social protection (particularly cash assistance benefits, child protection, protection of survivors of domestic violence, as well as with employment and social housing policies/ services). The programme's support for the development of Social Care Plans and capacity building on their implementation with active participation of LGU Social Services and Budget Departments has developed a shared understanding/ vision on the need of linking social protection cash assistance schemes (NE and PAK) with integrated social care services for vulnerable groups at the local level. Three small LGUs (Devoll, Puka, and Rrogozhina) now offer public social care services for the first time in addition to providing "traditional" cash assistance supports. Interviews with municipality staff (e.g. in Pogradec, Puka, and Tirana) also showed an increased cooperation of municipality Social Services with Regional/Local Employment Offices to support final-user clients with employment opportunities as part of the process of the expiry of benefit payments under the NE scheme after 5 years, or as part of the on-going roll-out of reform of the disability assessment system (e.g. reviewing NE and PAK recipients file, their educational level, and potential employment skills to develop through vocational/skills training). Following the development of the regulatory framework on integrating health and social service delivery, and relevant methodologies, standards and protocols and guided by the priorities set out in the Social Care Plans developed by them in the course of the programme, the pilot LGUs diversified the social care services offer and quality at local level, expanded the beneficiary categories of vulnerable groups as well as service outreach/accessibility in remote rural areas. 6 pilot LGUs and 7 CSOs operating in targeted LGUs territories developed and implemented new services (mobile services, integrated health and social care services, specialized services, home visits) through a multidisciplinary and inter-sectoral approach for a diversity of vulnerable groups categories (persons with disabilities, children with disabilities, older persons, youth, families in need, vulnerable women, R&E, LGBTIQ+) and reached them with mobile services in rural areas also during the lockdown period of COVID-19 (via CSOs).

IMSPSD raised awareness among stakeholders about the "support to the social protection/ social care agenda of the country for a system change toward improvement of social services and empowerment of vulnerable people to hold municipalities accountable. The strategic approach of this communication plan is based in the following principles: (i) generation of measurable results, (ii) ensure impact, being effective and proactive, (iii) ensure an open and dynamic communication through identified target groups and (iv) use innovative communication tools and channels to the audiences. Programmes communication strategy promoted positive values and models and support improved access of vulnerable communities to basic equitable, inclusive and decentralized services.

#### *Contribution to improvement of the situation of vulnerable groups*

Final-user beneficiaries and CSOs have primarily been direct partners/beneficiaries of supports under IMSPSD output 4, while CSOs/ community groups have also been consulted by programme implementing partners and LGUs in regard to the scoping of local social care service needs/ priorities so as to assist the design of the programme actions for LGUs under outputs 1 to 3. In addition, CSOs, as well as tripartite social partners, are also one of a number of the programme partners/beneficiaries/targets of supports provided under outputs 5 and 6. The final-user beneficiaries of all of the programme actions, whether directly or indirectly, are the target groups of vulnerable groups and communities identified/specified by the programme.

In total 21 CSOs have been directly supported by IMSPSD (one via two actions): 7 CSOs supported to extend the provision of their community based social services in response to COVID-19 pandemic; 10 CSOs supported to perform their watchdog role in terms of monitoring gender equality and budgeting linked to social care services expenditure and service delivery; and 5 CSOs supported to engage in participatory budgeting/ public policy consultation process.

The key results achieved and changes effected in regard to final-users and CSOs include:

-Vulnerable communities and their organizations/ CSOs in each of the core group of LGUs are supported to uphold their rights and hold local institutions accountable for delivering social services. These initiatives have been also serving to support the development of social service provision at the local level benefiting 539 individuals of whom: 313 females (58%), 226 males (42%), 95 Roma and Egyptians, 57 persons with disabilities, 249 elderly, 30 persons with chronic disease, and 48 others.

-As part of the programme's response to COVID-19, emergency food assistance and hygienic items were provided to 4,900 individuals (2,842 F/ 2,058 M) from vulnerable and disadvantaged groups, and a new model of Humanitarian Cash Transfers piloted in 3 municipalities (Durrës, Korce and Shkoder) supporting with multipurpose basic needs cash about 1,700 households (IMSPSD contributed mainly for 570 families in Korca, which have not benefitted from any financial support established by the government).

- A new model of cash plus has been piloted in 3 municipalities (Berat, Durrës and Lezha). More than 600 families with children that receive cash assistance have been supported with information and referral to other support services which do address their multiple material deprivations. The families have received information about how to access additional subsidies and top-ups to cash assistance, so as how to access important care services which are available and prioritized for families under cash assistance.

-CSOs and final-users were supported to develop their capacities to engage in public policy monitoring and consultation processes linked to integrated social care services, gender equality/ GRB, and expenditure monitoring and accountability.

-Approximately 300 vulnerable women and young girls, in 6 municipalities, have benefited from training and awareness events with a clear understanding of GRB and, in each municipality, have defined a list of selected gender-responsive priorities for voicing their needs in the participatory planning and budgeting processes.

-Over 700 women from vulnerable communities were reached out/ involved through participatory budgeting initiatives: 54% from rural areas, 11% from the Roma Community, 3% people with disabilities, 60% of all participants were unemployed.

-Approximately 20% of concerns raised and voiced by vulnerable women were discussed with municipalities/ LGUs to become priorities in the future budget of municipalities.

-Six Gender Budget Watchdog reports were issued by CSOs linked to municipal budget spending (in 6 LGUs) for social protection programmes and gender equality commitment.

The programme has delivered a range of benefits for the final-user beneficiaries so as to empower vulnerable groups and communities. In 2020-2021 it provided supported reaching approximately 10,533 individuals (55% women and girls; 37% R&E, 14% PWDs, 16% children and families, 6% older persons, 2.5% LGBTIQ+): to inform/ raise awareness and empower people to engage in public policy consultation/ advocacy or to access services, or via the provision to them of social care services and supports, in urban areas and also in rural and remote communities, including by means of mobile teams and home services delivery.

The LGUs and CSOs attest to the benefits delivered for the final-user beneficiaries and LGUs also as to the improved quality and standards of their local social services provision/ offer. The final-user beneficiaries of the social services engaged with by the evaluators confirmed their satisfaction with the improved availability/ access to the services, and of the benefits obtained.

- Estimated number of individuals that were reached through JP efforts:  
Total number 10,533  
Percentage of women and girls: 55%

#### *Mainstreaming Gender equality and women empowerment*

The Project's overall Gender Marker Score is 2. Since the inception of this project the context analysis took into consideration gender analysis and in a major part underlying causes of gender inequality and discrimination in line with SDG priorities including SDG 5. Although the programme does not contain any gender-targeted

output, outputs per se contain specific targeted interventions where the principal purpose was to advance gender equality and the empowerment of women, with a clear link to the SDGs gender indicators, including SDG 5. Reference can be made to interventions related to work with all 6 target municipalities to ensure that their plans and budgets respond to the needs of vulnerable women and girls. Awareness raising activities were conducted by the project with the sole beneficiaries vulnerable women and girls and with target their access to social care systems. Approximately 700 vulnerable women and young girls have benefited from training and awareness events of the project and overall women constituted 55% of individuals that were reached through the JP. PUNOs have constantly and repeatedly cooperated with governmental agencies that foster gender equality, respectively Ministry of Health and Social Protection that leads Gender Equality work in the country, and Ministry of Finance and Economy that leads work on Gender responsive Budgeting in the country. Additionally, the program has expanded exchange and cooperation with the parliamentary Sub-Commission of Gender Equality and Prevention of Violence Against Women on expenditure monitoring through gender lenses and engaged repetitively with the National Women's Machinery in receiving recommendations on women inclusion in social care services at local level and respective funding mechanisms. The programme has contributed to substantively strengthen local government participation and engagement in gender related SDGs localization by supporting municipalities and MoHSP to track gender budget allocation (SDG5c1). The Joint Programme through municipal and NGO run services provided improved social protection services in total to 10533 beneficiaries (5791 women and 265 LGBTI). A strong cooperation has been developed with women municipal councillors in the 6 target municipalities to review budgets with gender lenses and propose specific recommendations in the local budgets for addressing challenges encountered by vulnerable women and girls living in their communities. Finally the program has engaged in a series of interventions with women rights CSOs, but also raised their capacities to act as watchdogs of municipal budgets dedicated to women and girls social needs. So, we can conclude the programme has contributed substantively to strengthen GEWE CSO participation and engagement in gender equality and women empowerment

Estimated % of overall disbursed funds spent on Gender equality and Women empowerment by the end of 2021: OVER 50%

### *Human rights*

The implementation of the programme benefited from high level support – Minister of MoHSP – periodic reviews (through meetings of the Joint Steering Committee) and cooperation and coordination with all partners to ensure sustainability in meeting human rights obligations. Evidence and findings from JP implementation substantially facilitated the reporting process - both Albanian's reports are submitted to monitoring bodies and when findings and recommendations of such bodies are dealt with. The JP attributed to building capacities of municipal level staff to institutionalize social and health services which meet human rights standards, put the last first and empower excluded groups to claim their rights. Programme actions followed recommendations coming from human rights treaties, including those recently reviewed such CEDAW, GREVIO; or UPR, CRPD and CRC.

### *Partnerships*

The programme worked closely with central government entities, municipalities, the vulnerable groups and the civil society organisations to further advance the protection at the local level in Albania. The Government of Albania is supported by the UN Programme of Cooperation for Sustainable Development (PoCSD) 2017-2021, guided by a rights-based and inclusive approach and fully aligned to country strategic priorities. One of the four outcomes (Outcome 2) focuses on social cohesion: Health, education, social protection, child protection, and gender-based Violence. Other donors, such as the EU, WB, GIZ, Italian Cooperation, Austrian Cooperation, USAID and Swiss Development Cooperation (SDC) are consulted regularly by the joint programme.

The programme implementing strategy and its combination of a mix of approaches (support to policy formulation and cross-sectoral policy integration (health and social services), capacity building and organizational development of LGUs, the modelling of integrated social care services and financial support to implement them, **multi-level-partnerships** at central, local and community level, and the empowerment of vulnerable groups and networking of CSOs) have been key to effect the above changes, along with UN agencies well-established experience, complementary expertise and know-how in supporting the government in shaping and implementing the social protection reform and capitalizing on best practices and results to date.

The IMSPSD programme engaged with several key stakeholders at central level (MHSP, SSS, and MFE), local level (LGUs and CSOs) and community level (grass root CSOs and vulnerable groups and communities) and built good working partnerships with them. The involvement and consultation of the stakeholders in the design of the programme (MHSP, MFE) and in the implementation of the activities (MHSP, LGUs, CSOs, vulnerable groups/ people) has contributed to ownership of activities and results.

The IMSPSD engagement with MHSP, the main governmental counterpart involved not only in the design of the program, but also in its implementation and monitoring as member of the programme Steering Committee, has been effective and key to sustainability and ownership of results at system level (e.g. establishment of regulatory policy framework, standards and protocols for integrated health and social care services, roll-out of MIS at local level, monitoring and evaluation standards of Social Care Plans, national monitoring of SDG Goal/Target 1.3, development of the new National Action Plan on R&E Integration 2021-2025).

The level of engagement with LGUs has been quite effective at institutional level in setting up institutional mechanisms for integrated social care services and building LGU capacities in designing, planning, managing, delivering and piloting innovative integrated social care services. While LGUs have been quite responsive at institutional strengthening and have established and “fully own” and operate relevant functional institutional mechanisms, use a series of tools (protocols, standards, procedures on integrated social care services as well as Social Care Plans, knowledge and skills acquired in trainings) and were actively involved in the implementation and monitoring of pilot models, the lack of funding and set up of local Social Fund mechanisms to continue and consolidate the services and even expand them in their territory is a serious challenge to the sustained ownership of results.

#### *Mobilizing additional funding and/or financing*

Following the innovation and programmatic approach tested by IMSPSD joint programme, UNDP leveraged additional funding for a similar action on post earthquake social protection response in Albania. The new intervention is being implemented in three new municipalities (Durrës, Shijak and Kruja). Adapting an inclusive three-dimensional approach of support (social – livelihood – economic), the new project is simultaneously assessing community needs, addressing households on case-by-case, and coordinating overall efforts in increasing community resilience and institutional preparedness and risk reduction in emergency situations.

Also, gender responsive participatory budgeting initiatives conducted in the six target municipalities have led to number of issues raised by women to be considered and adopted by municipalities, with a rate of 39% matching between number and type of proposals by women with the adopted priorities at local level.

Six LGUs have been coached on mainstreaming gender in their MTBPs to ensure budget allocations consider needs of women and men in their communities, with specific focus on social protection and care services. During the first year of the project, LGUs were supported on gender mainstreaming in local public finances through the application of GRB as a tool. Once the project ended, UN agencies will further support LGUs to engender their MTBPs, leverage additional allocations for advancing gender equality and include gender key performance indicators to monitor progress. For instance Municipality of Rogozhine has substantially improved coordination and information sharing between the structures of social services and budget and finance departments with the purpose to budget missing social services for women and girls. Puka Municipality approved the new social housing plan and introduced specific criteria for the social housing program in order to be more inclusive of vulnerable women, women head of households and women victims of domestic violence.

#### *Strategic meetings*

<b>Type of event</b>	<b>Yes</b>	<b>No</b>	<b>Description/Comments</b>
<i>Annual JP development partners'/donors' event*</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>The UN Joint Programme "Improving municipal social protection service delivery" organized a partners' meeting on 2 April 2021 to involve partnership and open the dialogue on Advancing social protection in Albania (in the context of COVID-19).</i>
<i>Final JP event (closing)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>A final closing event is planned to take place in September 2022 in Devoll.</i>

<i>Other strategic events</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p><i>The Joint SDG Fund Secretariat convened the fifth Peer Review Session for Joint Programmes (JPs). Participants included JPs that maintain a core focus on social care services, as well as UN agencies playing a key role in the field.</i></p> <p><i>The session contributed to the learning community, as Albania had a particular intervention on integrated service delivery at the municipal level, with a particular focus on integrated social care and health care services' linkages. The objective was to address the context-specific challenges in Albania, while reinforcing lessons that could be more universal.</i></p>
<i>Knowledge sharing and exchange of experience UNCT Montenegro and UNCT Albania</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p><i>On 3 June 2022 a bilateral country knowledge sharing event took place between Montenegro and Albania! The meeting served to disseminate lessons learned during the implementation of two SDG Funded UN Joint Programmes (one implemented in Albania and the other in Montenegro) and discuss on the wider issue of social protection strengthening and poverty reduction. Also, the event extended the discussion and engaged experts to inform further work and remaining gaps to be tackled in the field.</i></p>

### *Innovation, learning and sharing*

While the programme has effectively delivered knowledge learning and sharing benefiting the immediate beneficiaries of the support, notably via a strong emphasis on mentorship to guide the learning process, successful divulgation of the programme results and good practice (so as to support scaling-up/ replication) to other LGUs, social care practitioners, CSOs, decision-makers, and donor stakeholders/ partners is, so far, only moderately satisfactory.

In January 2021, a workshop was organized linked to the undertaking of the programme's exercise to measure for the first time in Albania the SDG indicator 1.3.1 (proportion of population, and by sub-groups, covered by social protection floors/ systems), which links social protection provision with the goal of poverty reduction. In May 2021, an employment workshop was organized with participants (5 Female; 1 Male) from the municipalities of Devoll, Kamez, and Pogradec who shared successful experiences in promoting the employment and activation of jobseekers via an integrated social services delivery/ modality. In July 2021, a workshop was held with stakeholders to discuss, learn and share the findings of the assessment undertaken by the programme to measure the extent to which COVID-19 has challenged and impacted the rights of families and children to access social inclusion and social protection, and learn lessons as to the adequacy and relevance of social protection and social inclusions to effectively respond to the needs of vulnerable groups to access/ obtain such services. The meeting served to turning the knowledge into concrete policy and programmatic/ operational recommendations to strengthen the social protection systems and national capacities on the ground to respond effectively and adequately to pandemic or other shocks (e.g. earthquakes).

With regard to cooperation with key donor partners, IMSPSD programme has undertaken one Partner's Meeting (in April 2021) to involve partnership and open the dialogue on "Advancing social protection in Albania (in the context of COVID-19)". Approximately 60 people attended the (virtual) meeting from: UN, MHSP, LGUs, CSOs, social partners, the EU and Sweden. In addition, IMSPSD PUNO experts participated in a "Joint SDG Fund: Peer Review Session on Integrated Social Services" (in June 2021) to contribute to learning between UNCT on the implementation of social care service interventions, and of the challenges to delivery of results.

The programme has also supported the development of a Knowledge Hub to share knowledge and learning, and to identify the needs and demands of academics, decision-makers, and practitioners in the field of social care services in Albania. The platform [www.sociale.al](http://www.sociale.al) was set up by University of Tirana/ Department of Social Work and Policy in partnership with UNICEF Albania supported by UNJP IMSPSD (in cooperation with UNJP LNB). The platform provides a broad range of resource materials (e.g. national strategies and action plans, DCMs, international conventions ratified by Albania, standards of services, standard operating procedures, manuals, guides, and studies on social policy issues in Albania). However, it is not evident that the platform currently contains any information as to IMSPSD results and good practice, or the range of guides and training materials produced under IMSPSD programme.



## II. Final Results

### Overall progress

- ☒ All expected results achieved
  - ☐ Majority of expected results achieved
  - ☐ Only some expected results achieved
- Please, explain briefly:

### Contribution to Fund's global results

#### ⇒ **Contribution to Joint SDG Fund Outcome 1 (as per targets set by the JP)**

- Integrated multi-sectoral policies to accelerate SDG achievement implemented with greater scope and scale

The joint programme has established cross sectoral approaches on integrated social and health care services, which were not present before, to address gaps in national social protection systems while leveraging the comparative advantages of Participating United Nations Organizations. Through support to policy formation and capacity development, the joint programme has directly and indirectly contributed to expanding social protection coverage to an additional 10533 people, reaching those otherwise left behind - especially women, persons with disabilities, Roma and Egyptians, children and other groups.

The Joint Programme supported six (6) municipalities (Tirana, Kamza, Rogozhina, Puka, Pogradec and Devoll) to design Local Social Care Plans, guidance notes, workflows, protocols and effective mechanisms to implement improved integrated social care services. Technical assistance has been provided on a set of organizational, managerial and technical knowledge, skills and competences for planning, budgeting and monitoring social care services. A FRAMEWORK AND MODEL OF INTEGRATED SOCIAL AND HEALTH SERVICES has been developed. Through tailored training and coaching, the framework provided knowledge and skills to municipal officials on definitions on integrated care, adequate processes, workflows, protocols and effective mechanisms to ensure administration of integrated social care services; it provided revised and updated terms of reference, job descriptions and responsibilities of the teams and officials for social care services planning and management. The framework also outlines steps to support professionals who work to meet people's health and care needs, by proposing innovative ways of working together and explores joined-up policy and practical responses to support target populations (e.g. elderly, persons with disabilities, Roma and Egyptians etc.). The joint programme developed training and coaching materials for staff of LGUs and local teams on the implementation of new regulations. A two-day long training took place during May-June 2021 in each of the municipalities (90 participants in total/ 82% Female and 18% Male) and coaching materials for staff of LGUs and local teams on the implementation of new regulations were provided. Following this process, municipalities of Kamza, Pogradec and Puka developed guidance notes (3 guidance notes) on the administration of integrated social care services. While six (6) Orders were adopted by municipalities on the local administration of integrated social and health care services. Through Budget Brief designed by each municipality, the programme supported the capacities of national, regional and local government relevant units into better planning and managing Social Fund for social care services as part of the overall budget planning and monitoring processes. MHSP recently doubled the cash assistance for families with 3 children and more and tripled the cash assistance amount for specific categories: women victims of trafficking, victims of DV and orphans.

While there is not due to any specific activity under the programme, UN has strongly advocated to maintain social spending. UNICEF and UNDP following the assessment of social protection measures during COVID19 made a clear recommendation in the national workshop that the doubling of the cash assistance was useful and necessary and one of the clear and loud recommendations was to maintain the same amount of spending. The budget for social protection has increased by 8% in nominal terms, although as % of GDP has decreased. 10.10 % of GDP was for social protection in 2020 as opposed to 9.90 % of GDP in 2021. This is because of the slowed growth during 2020.

#### ⇒ **Contribution to Joint SDG Fund Output 3 (as per targets set by the JP)**

- Integrated policy solutions for accelerating SDG progress implemented

The cross-sectoral local policy solutions are leading towards progress in multiple SDGs (1,3,5,10,16) and additional resource commitments, especially related to COVID-19 recovery.

The followings include social protection schemes/programmes introduced/adapted in 2020-2021 that led towards progress in multiple SDGs (1,3,5,10,16) because of IMSPSD Joint Programme implementation:

1. Puka municipality: Providing mobile Integrated Social and Health Services for children with disabilities in rural areas



2. Pogradec municipality: Integrated health and social service for individuals with mobility problems
3. Kamez municipality: Integrated health and social service for children with disabilities in Municipality of Kamez
4. Devoll municipality: Devoll Ability Recovery (D.A.R.) model
5. Tirana municipality: Mobile and Community Mobile Family Service in Rural Areas
6. Rrogozhina municipality: Cares for the Elderly.

### *JP Outputs and Outcomes*

#### ⇒ **Achievement of expected JP outputs**

#### **Output 1. Integrated social care services institutional arrangements and coordination mechanisms functional with clear roles and responsibilities at local level in 6 municipalities.**

Through tailored training and coaching, the programme provided knowledge and skills to municipal officials (Tirana, Kamza, Rrogozhina, Puka, Pogradec and Devoll) on definitions of integrated care, adequate processes, workflows, protocols and effective mechanisms to ensure administration of integrated social care services; it provided revised and updated terms of reference, job descriptions and responsibilities of the teams and officials for social care services planning and management. A two-day long training took place during May-June 2021 in each of the municipalities (90 participants in total/ 82% Female and 18% Male) and coaching materials for staff of LGUs and local teams on the implementation of new regulations were provided. Following this process, municipalities of Kamza, Pogradec and Puka developed guidance notes (3 guidance notes) on the administration of integrated social care services. While six (6) Orders were adopted by municipalities on the local administration of integrated social and health care services. Through Budget Brief designed by each municipality, the programme supported the capacities of national, regional and local government relevant units into better planning and managing Social Fund for social care services as part of the overall budget planning and monitoring processes. During 2021 the programme supported the six targeted municipalities to establish and make functional Covid 19-related local intersectoral coordination groups on integrated social care services with representation of related public and private local institutions. The programme addressed the multidimensional impact of COVID-19, in line with the original focus of the action and supported local government institutions protect the needs and rights of people living under the duress of the pandemic through: (i) 6 Small-grants projects in partnership with local NGOs; (ii) Social mobilization campaign to mark Int'l Romani Day and to attract society's attention on the additional challenges faced by the minority during the COVID-19 pandemic. (iii) Emergency food assistance and hygienic items to 4900 individuals (2842 F/ 2058 M) from vulnerable and disadvantaged groups. (iv) Humanitarian Cash Transfers (HCT) piloted in 3 municipalities (Korce, Durres, Shkoder) supporting with multipurpose basic needs cash about 1700 households with no income. The SDG funding contributed mainly for 570 families in Korca, which have not benefitted from any financial support established by the government. About 80 social welfare staff (63 women and 17 men) in three other municipalities (Durres, Lezha and Berat) have been trained on a new methodology and model in support of families receiving cash assistance enabling them to provide information and support to both cash and care. This is a new model that has been piloted and is being documented for further application. The model supported by UN JP IMSPSD could be a great example of how municipalities can better address the holistic needs of poor and vulnerable families and ultimately play their role into providing integrated social protection.

#### **Output 2. Institutional capacities strengthened through training and mentoring for the development of social care plans and accessing the Social Fund.**

The capacities of social care service providers have been enhanced via a number of practical training actions for development of social care plans and accessing the social fund, while support was provided to review or update university curricula on social work (pre-service and in-service skills and qualifications). To address inequity, exclusion and deprivation, the six targeted municipalities plus eight additional ones are supported to identify and build key roadblocks that prevent progress across vulnerable local population segments and SDGs. IMSPSD UN Joint Programme was very successful at strengthening institutional capacities of the targeted municipalities (Puka, Devoll, Rrogozhina, Skrapar, Polican, Fushe-Arrez, Kamza, Tirana through training and mentoring for the development of social care plans (4 trainings per each municipality, more than 60 municipality staff trained), accessing the Social Fund and to use Management Information System (MIS) on social care services (85 staff trained, 55% women). Municipal teams of the eight (8) above mentioned municipalities have been supported and capacitated to develop the needs assessment, to analyse local budgets and map the existing services. All local social care plans of municipalities are already adopted by municipal councils. To date, of the 61 municipalities in Albania, 51 now have an approved local social care plan, while the

rest are in the process of drafting. Work for engendering social care plans has been crucial, focusing on desk review and data collection on social protection services to identify entry points for mainstreaming gender in the existing or new social care plans. MoHSP is supported to make functional MIS on social care services as part Social Protection System. The programme supported the government to identify and validate with national stakeholders the set of indicators that will be collected, inputted, and processed in the system according to the existing legislation on case management practices and social care services delivery. Following selection of indicators, training materials will be developed and capacity building is provided to staff of municipalities.

6 LGUs were supported to mainstream gender in the municipal social protection services and engender their social care plans. Assessment of the local social plans was conducted with the aim to identify the extent to which they reflect social vulnerabilities of women and girls, but also their alignment with National strategic priorities for advancing gender equality and social protection. Based on series of consultations and training exercises with relevant local administration, specific recommendations and guidance was provide for engendering of the newly developed or existing social care plans in the six municipalities, expecting their final integration in the next phase of the project. Following the spread of COVID-19 pandemic a Gender Rapid Assessment for COVID-19 was conducted to assess the impact of coronavirus pandemic on main challenges faced by women and men and how the changing situation is affecting women and men economic situation and livelihood. The programme continued its support at the local level in using GRB as a tool to advance gender equality and ensure that women's needs are incorporated in local social protection policies and related budgets. The ultimate aim was that the targeted municipalities, Skrapar, Polican, Rogozhine, Pogradec, Fushe-Arrez and Puka, plan and implement budgets and programs that take into account the needs of men and women, girls and boys and various groups including those most vulnerable. In this frame UN Women supported the 6 target Municipalities in improving the delivery on national legal and policy commitments related to gender equality by applying GRB and to effectively address the needs of women and girls, with specific focus on socially excluded groups. There were 118 (96 Female and 23 Male) municipal staff that trained.

The trainings with the Municipality Councils were conducted online during October 2021. The municipal councils were grouped in reflection to the main findings of the analyses of the MTB of the municipalities. There were 27 Municipal Council members (21 Females and 6 Males) that were trained. The councillors were from different commissions and representative of Women Councilors Alliance, as Although participation was limited especially due to technical issues the representatives of Municipality Councils from Pogradec, Skrapar, Polican, Puka, Fushe Arrez and Rogozhina expressed their interest on the topic and requested follow up in person technical trainings, specifically targeted to the context of each Municipality.

During 2021 was measured for the first time in Albania the SDG indicator 1.3.1. "Proportion of population covered by social protection floors/systems, by sex, distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, new-borns, work injury victims and the poor and the vulnerable". Based on the findings of this exercise, the proportion of persons effectively covered by a social protection system, including social protection floors is 54%, while the proportion of the total population receiving cash benefits under at least one of the contingencies (contributory or non-contributory benefits) or actively contributing to at least one social security scheme is 70%. The exercise was repeated in 2021 indicating a positive trend: Overall, the proportion of persons effectively covered by a social protection system, including the social protection floors for the 2021 period is estimated to be 57.1%, a bit higher than the one measured in 2020 (for year 2019 which counted 53.6%). The number of total beneficiaries protected by at least one social protection scheme is estimated to be 70%. This figure remains the same as reported by the previous report (of 2019).

Also, a "Methodology for monitoring and evaluation of local social care plan implementation" has been developed and tested with the six targeted municipalities in close coordination with Ministry of Health and Social Protection in the framework of the United Nations Joint Program "Improving the Delivery of Local Social Protection Services" funded by the SDG Fund.

**Output 3. Innovative models of integrated social care services piloted, including established local linkages between health and social protection services.**

The improvement of management of social services at local level is supported by the development of human resources and of organizations, including undated terms of references, as well as by the divulging, across Albania, good and innovative practices for providing social services and promoting social protection.

A framework and model of integrated health and social care services is developed. A grant scheme financed 6 targeted municipalities to model and deliver integrated health and social care services; interventions are ongoing. Each municipality has developed and is administering its own localized integrated models of services. With the aim to upgrade community social services facilities for providing new inclusive social and health care services with the focus on vulnerable groups, two pilot municipalities are being supported, respectively Devoll and Kamza. Civil works are ongoing. New standards and work protocols for Needs Assessment and Referral Units have been developed to be used by municipalities in the context of COVID19. The standards have been endorsed by municipalities and MHSP. Link to the document is added to the respective section below. Development of the package of the regulatory framework for enabling the provision of integrated health and social services at the community level: Roadmap and criteria for the re-configuration of PHC services (Plan of the Integrated Network of the Institutions of Primary Health Care Services in Albania); Guidance for Delivering Integrated Health and Social Care Services at Primary Health Care Level – for PHC providers, managers and social care professionals; Amendments of the Law no. 121/2016 “On social care services in the Republic of Albania”; Amendments of the Law no. 10 107, date 30.3.2009, “On health care in the Republic of Albania”; Revision of the Quality Standards for the Accreditation of Primary Health Care Institutions; Revision of the Basic Package of Primary Health Care services; Amendment of the Contract of Health Insurance Fund with Primary Health Care Centers; Revision of the Statute of Primary Health Care centers; Revision of the Regulation on the Referral System and the Public Health Service fees”; Revision of the Regulation on the Organization and Functioning of the Health Care Services Operator; Amendments to the DCM on the Financing of Public Health Services of Primary Health Care from the Compulsory Health Care Insurance Scheme”. Health and social policy dialogue among stakeholders has been supported as part of the process of the development of the National Health Strategy 2030, Health Quality and Patient Safety supporting plan and among professionals in fora such as the 7th International Public Health Conference, Albania, 2021 “Integration of Public Health services into Primary Health Care”.

An analysis of the progress of Albania in the development, implementation and enforcement of medical devices regulations was completed, feeding to the development of the methodology for the preparation of the list of reimbursed medical devices for outpatients, specifically for people with disabilities. The most recent WHO guide for the care of children and adolescents at PHC has been translated in Albanian and put to the disposal of community workers. With focus on integrated health and social care for older persons, process is ongoing to develop the home care services through municipal support and related social fund. Also, work is under progress to create the Social Operator profession in partnership with Tirana Municipality. The platform for Social Protection and Services in Albania [www.sociale.al](http://www.sociale.al) is a virtual space which was created for academics, decision-makers and practitioners in the field of social care services to share information and good practices. This platform will increase the capacities of social workers that work in the social care field by improving the university curricula and providing in-job trainings. The platform was launched in February 2021 with participation of more than 150 participants.

#### **Output 4. Vulnerable communities (disaggregated by gender, ethnicity, disability etc.) are empowered to actively participate in decision making and make institutions accountable.**

The programme has contributed to the improvement of a constructive dialogue and culture of participatory decision-making between municipal structures and target groups, the capacity of service providers and beneficiaries to interact effectively and efficiently and establishing a culture of mutual dialogue and decision-making. Vulnerable communities and their organizations in Tirana, Puka, Rrogozhina, Devoll, Pogradec and Kamza are supported with six small projects to uphold their rights and hold local institutions accountable for delivering social services. thousands of citizens have benefited from integrated health and social services during 2020- 2021 [10533 beneficiaries (5791 F/4477 M / 265 LGBTI), 3858 Roma and Egyptians, 1493 persons with

disabilities, 654 elderly, 1732 children and others]. To promote intergenerational solidarity, older persons in Kashar, Kombinat and Paskuqan were engaged in activities organized by young people in these administrative units. Part of activities was the development of a healthy lifestyle's booklet with information on health and psycho-social support available for older persons.

A call for proposals was issued to support CSOs in 6 target municipalities on integrated social care services, expenditure monitoring and accountability for gender equality through watchdog monitoring reports. In total, 12 organizations expressed their interest in representing the municipalities of Skrapar, Polican, Fushe-Arrez, Vlora, Elbasan, and Durres in being part of this program. A database of CSOs in six target municipalities was established as the output of the process to better coordinate the work and identify the areas in which the applicant organizations operate. The project team will deliver training and provide additional mentoring and support to the selected CSOs on the practical implementation of GRB and policy advocacy, in close collaboration and with the support of UN Women and National Consultant. To this end a needs assessment questionnaire was distributed to the selected CSOs and one 3-day training will be delivered online. The programme supported 10 civil society organizations to sustain their proactive watchdog role regarding gender equality in local public policies with the end objective to strengthen democratic governance and advancing women's rights through increased accountability of local stakeholders for gender equality. 10 CSOs in Skrapar, Polican, Fushë-Arrëz, Vlorë, Elbasan, and Durrës were trained, mentored and supported to produce 6 watchdog reports on gender integrated social care services, expenditure monitoring and accountability. Results of the reports were shared with public stakeholders and their recommendations will be followed by municipalities in ensuring social services for vulnerable women and girls are adequately costed and budgeted.

Vulnerable families and children were reached through a combination of channels and were informed how to access social care services and about the role of a dedicated social worker at the municipal social welfare. The figures show that campaign managed to reach an audience of 725,629 which has interacted with the content, by viewing the videos, clicking the ads, interacting with the content and visiting Instagram/Facebook profile, while a part of them has followed/ liked our page (Facebook & Instagram).

#### **Output 5. Financing options for extending social protection coverage and benefits developed and assessed at the national and municipality levels.**

The joint programme continued its support at the local level in using GRB as a tool to advance gender equality and ensure that women's needs are incorporated in local social protection policies and related budgets. The ultimate aim was that the new targeted municipalities of Skrapar, Polican, Fushe-Arrez and current municipalities of Puka, Rogozhina, Pogradec plan and implement budgets and programs that take into account the needs of men and women, girls and boys and various groups including those most vulnerable. In this frame UN Women supported the Municipalities in improving the delivery on national legal and policy commitments related to gender equality by applying GRB and to effectively address the needs of women and girls, with specific focus on socially excluded groups. Five trainings with Budget Management Teams of Social Services Departments (including Finance and Budget Departments, Social Services Departments, GEO, CPU) from the Municipalities of Skrapar, Polican, Rogozhina, Puke and Pogradec were conducted. The trainings were held in person and resulted very effective in explaining: The role, duties and responsibilities of the Municipalities in providing for social services that target women from disadvantaged groups as well as link with Good Governance concepts and rules; - Gender Responsive Budgeting main concepts and benefits in using to provide targeted social services; Best practices in national and international context. There were 33 Municipal (23 Females and 10 Males) staff that were trained. The staff was from specific departments, with the aim to deliver the training to the municipal staff responsible in planning and providing targeted social services. The trainees from each municipality were representatives of: Budget and Finance Departments, Social Services, GEOCPU. The Study on Expenditures and Fiscal Space Analysis Including Gender and Child Sensitive Budgeting in Albania was finalized. This is a qualitative study completed using the data from labour force surveys, published reports and COVID-19 assessment report, other equivalent survey reports, administrative information, and household survey data, and in close collaboration with the Ministry of Finance and Economy and the INSTAT. The report covers a wide array of subjects and provides comprehensive information on the socioeconomic status vis-à-vis public expenditure of Albania. This analysis builds a profile of the status of gender centered poverty and vulnerability in Albania based on their unpaid care and builds a profile of the status of gender centered poverty

and vulnerability. The analysis discusses income and non-income dimensions of well-being in Albania. While the focus is to understand the situation of the least well-off sections of the population (gender based and children), the analysis provides valuable information on the overall level of wealth and wellbeing for the whole of Albania. The analysis presents poverty and inequality figures at the national level because of the unpaid care work. The Tripartite validation meeting of the two reports (1) The Review of the Social Protection System in Albania” and (2) “Fiscal Space for Social Protection in Albania”, was held on line, on April 27, 2021.

The programme is also looking at financing a gender and child sensitive social protection, budgeting for women, girls and boys and will make conclusions and recommendations for identification of fiscal space. The report will set the foundations and will help to take steps towards supporting the country defining nationally the social protection floor. Consultants have started to work with key national stakeholders.

Two ILO reports (1) Review of Social Protection System in Albania and (2) Fiscal Space for Social Protection in Albania, developed, translated, validated and disseminated for national dialogue (ILO). The training of local authorities on conducting the fiscal space analysis conducted (ILO). Training materials developed in Albanian.

The Study on Expenditures and Fiscal Space Analysis Including Gender and Child Sensitive Budgeting in Albania was finalized. This is a qualitative study completed using the data from labour force surveys, published reports and COVID-19 assessment report, other equivalent survey reports, administrative information, and household survey data, and in close collaboration with the Ministry of Finance and Economy and the INSTAT. The report covers a wide array of subjects and provides comprehensive information on the socioeconomic status vis-à-vis public expenditure of Albania. This analysis builds a profile of the status of gender centered poverty and vulnerability in Albania based on their unpaid care and builds a profile of the status of gender centered poverty and vulnerability. The analysis discusses income and non-income dimensions of well-being in Albania. While the focus is to understand the situation of the least well-off sections of the population (gender based and children), the analysis provides valuable information on the overall level of wealth and wellbeing for the whole of Albania. The analysis presents poverty and inequality figures at the national level because of the unpaid care work.

National dialogue with all stakeholders to discuss and agree on establishment of the social protection floor in Albania (ILO, UNICEF, UN Women) planned in coordination with the Joint UN Programme “Strategic policy options for SDG financing”.

## **Output 6. Project managed.**

To ensure a coordinated approach in the implementation of IMSPSD, the Programme Technical Committee (TCh) met at least 2 times on annual basis. The Technical Committee discussed on the practical implementation of the Programme and ensured that results are delivered timely and efficiently. TCh discussed also on the project non-cost amendment. A global peer review session on integrated social services, took part during quarter Q2 2021 under the leadership of Albania. The programme has regularly communicated its results.

### **⇒ Monitoring and data collection:**

The sustainability of the joint programme’s investments and effects and the scaling-up of successful practices and innovations are a constant matter of the joint programme. The joint programme’s implementation is the responsibility of the four UN agencies UNDP, UNICEF, UN Women, WHO with the support of UNFPA and ILO, who cooperated with state actors from central and local level, with civil society organizations and directly with target groups. The strategic steering of the endeavour was assured by a Steering Committee in which participate the Ministry of Health and Social Protection, representatives of the implementing UN organizations, Representative of the two selected donors and civil society. One of the tasks of the Steering Committee, is the monitoring and assessment of risks – regarding the joint programme’s achievements, its strategic and fiduciary dimensions as well as the reputation of actors involved – their prevention and the joint programme’s adequate reaction to them. The purpose of the joint programme’s monitoring and evaluation include the provision of evidence for the joint programme’s steering, quality assurance, learning and accountability, including reporting. Semi-annual joint programme reports summarized the monitoring data on behalf of the Steering Committee. An external evaluation was achieved during the end of the programme (March-June 2022).



### III. JP finalization and evaluation

#### *Final JP evaluation and lessons learned*

The date when the evaluation was launched (month/year): March 2022.

The date when the evaluation report was approved (month/year): 30 June 2022.

The performance of IMSPSD programme is assessed by the evaluators as satisfactory. The programme has contributed to the improved delivery of social protection at the municipal level, strengthening the capacity of LGUs to plan, budget and monitor local social protection delivery, as well as to introduce innovative models to enhance local service delivery provision and policy outcomes for final-user beneficiaries via the integration of social services, and also of social and health services. The programme has potential to achieve catalytic effect via contributing evidence-based understanding to inform national policies/ systems. Support provided linked to monitoring of SDG indicator 1.3.1 represents the first monitoring exercise linked to SDG 1.3.1 in Albania, which provides substantial evidence as to the gaps that remain/ needs to be addressed going forward, so as to achieve universal social protection by 2030. In addition, via its range of analysis (expenditure and fiscal space, gender responsive budgeting, of the health and social protection system), the programme provides a solid basis of evidence to support local and national dialogue and decision-making (in the short-to-medium-term) that could significantly contribute to progress in delivering on SDG targets 1.3, 3.8, 5.c, and 10.4.

#### **Recommendations**

On the basis of the evaluation findings, conclusions, and lessons learned, nine recommendations are made to the participating UN organizations (PUNO). These are sub-divided between recommendations intended to support on-going completion and hand-over of the programme results, and forward looking recommendations intended to inform the orientation of further programming and follow-up beyond the timeframe of IMSPSD.

Recommendations: On-going completion and hand-over of the programme results

1. The IMSPSD/PUNOs should develop/ agree with its programme implementing partners an exit strategy for the transfer of all programme results to them (i.e. MHSP, SSS and LGUs).
2. The IMSPSD/PUNOs should also develop/ agree with the University of Tirana/ Department of Social Work and Policy a strategy for the transfer of all relevant results and identified good practice so as to be incorporated within the Knowledge Hub platform ([www.sociale.al](http://www.sociale.al)).
3. The IMSPSD should capture, document and disseminate the main lessons learnt on integrated social care services for vulnerable groups, to generate governmental and donor support for scaling-up. The final closing conference could be a good opportunity for this.
4. The IMSPSD should also review/ agree with UNJP "Leave No One Behind" how the results and good practice models of this programme can be further promoted to benefit LGUs.
5. The IMSPSD should closely coordinate with UNJP "Support to SDG Financing" to advance the public dialogue and build a national consensus on the roadmap to create a sustainable financing framework and comprehensive social protection system in Albania.

Recommendations: Forward Looking

PUNOs should continue to support the roll-out of the social protection and social inclusion policy and legal framework at the municipal (local) level, with main focus or components on:

6. Policy development support to MHSP on: (1) Further strengthening the link and the inter-sectoral cooperation between health care and social services institutions at local and regional level; (2) Consolidating and scaling-up the integrated health and social care model and gradually expanding it with the employment component for a more holistic approach to integrated social protection; (3) Development of a national capacity building strategy on implementation of the Law on Social Care Services (to be developed in partnership with



stakeholders), so as to build a critical mass of capacities at local level to manage integrated social protection;  
(4) Develop new financing options to increase Social Fund base.

7. Organizational and capacity development of LGUs on: (1) Establishing Needs Assessment Referral Units (NARUs); (2) Set-up local/ municipal-level Social Funds pooling local resources, donors funding, private funding and MHSP Social Fund; (3) Capacity building and support for scaling up the model of integrated social services via an inter-disciplinary, gender and disability responsive approach respecting human rights and inclusiveness.

8. Advocacy and empowerment of vulnerable groups and their CSOs: Further support should be given to strengthen the advocacy, watchdog role and networking capacities of CSOs to further empower the vulnerable groups and to create a mounting public pressure and demand on local government for inclusive and equitable social services.

9. The UNCT and PUNOs should continue to advance their policy dialogue and advocacy engagement with national and local decision-makers, so as to advance the roll-out of the social protection and social inclusion reforms and scaling-up of measures (and resources).

*After the JP: follow-up and possibilities for sustainability of the impact and further scaling*

- 1. Support provided to further elaborate the policy and legal framework on social protection particularly on integrated social services model and capacity building to facilitate its implementation at local level are not sufficient if not accompanied with the political willingness of the decision-makers at central and local level to commit adequate funding to scaling-up the model and roll-out its implementation countrywide.**

Despite progress in improving the legal and policy framework on integrated social protection framework, building capacities at local level to implement it and incremental resourcing of the Social Fund and social service spending in the last two years, there is still a long way to go to provide adequate funding for integrated social service in Albania. This needs further advocacy to push it higher in the ranking of the development priorities of the central and local government backed up with evidence-based knowledge on vulnerable groups' situation, on availability and access to social services as well as further advancing the public dialogue on fiscal policy options to produce concrete recommendations for its financing.

- 2. Support for the institutional and organizational development capacities of the local government require a coordinated institutional capacity building support and approach by the government to create a critical mass of capacities to enable implementation of the integrated social protection framework and model.**

The provision of integrated social services is in its early stage of development and this requires an on-going/long-term capacity building. While the capacity building support provided by the programme to LGUs and service providers was key, but temporary, to facilitate implementation of the integrated social services model, there was noted lack of coordination with MHSP and SSS to capitalize on the experience acquired, knowledge and resources developed to feed into the design of a national capacity building strategy/ plan to address in a systemic way the capacity gaps in integrated social services delivery at local level, establishing and operationalizing Needs Assessment Referral Units and operationalizing MIS on social care services use to populate the system and collect data.

- 3. Institutional cooperation and coordination across policy sectors and tiers of government (central, regional and local) creates a conducive environment for better implementation of the integrated social protection policy and regulatory framework.**

The programme set the regulatory and policy framework for the implementation of the integrated social protection framework by bringing together for the first time the health care and social services policies into the institutionalized cross sectoral model of the integrated health and social care services, and also encouraged cooperation with other institutions like Local/Regional Employment Office which needs to be developed and institutionalized for a holistic integrated social protection model.

**4. Development of partnership models with local governments and CSOs to provide integrated social care services magnified the programme direct benefits and reach-out to the different vulnerable groups, particularly in rural areas including during the COVID-19 pandemic lockdown period, which otherwise would have been left behind.**

The partnership improved the municipalities' and CSOs' capacity as service providers through a shared approach in integrated social services delivery, strengthened their cooperation and also laid the basis for future cooperation.

**5. Involvement of CSOs as service providers, but also as advocacy agents was key in reaching out diverse vulnerable groups, empowering them with information on their rights, supporting their and in particular women's activism and participation in local decision-making and ensuring accountability of government at local level.**

Support to CSOs strengthened their ties with the local community, vulnerable groups and particularly women, who were empowered to be vocal on their needs and priorities in local decision-making, as well as strengthened CSOs' (GRB) watch dog role and improved local governance mechanisms.

**6. Flexibility in implementation strategy and adaptability of programme interventions to respond to external factors like COVID-19 was essential in responding to multi-dimensional impact of COVID-19 and emergency needs of vulnerable groups.**

The programme demonstrated good capacity to understand the multi-dimensional impact of COVID-19 on the lives of vulnerable groups and their emergency needs. It had flexibility to repurpose its activities within the 20% of outputs budget lines yet in full compliance with the original focus of the action (e.g. the 7 grants for CSOs to support vulnerable groups with services and advocacy during COVID-19, the emergency food assistance and hygienic items for the vulnerable and disadvantaged groups, humanitarian cash in 3 municipalities (Korce, Durres, Shkoder)). The programme also adjusted its modus operandi by relying on technology for delivering on-line its activities (e.g. organizing capacity building activities and consultation workshops).

**7. Knowledge management, learning and sharing among key stakeholders/ decision-makers is instrumental to building support for sustainability and scaling-up of the results.**

While the programme has been effective in knowledge management, documenting and sharing its results particularly on direct beneficiaries, UN team will invest more resources in capitalizing on momentum to build an institutional support from MHSP, SSS and donors on scaling-up the results.

## Annex 1: Consolidated Final Results

### 1. JP contribution to global Fund's programmatic results

- Provide data for the Joint SDG Fund global results (as per targets defined in the JP document).

#### Global Impact: Progress towards SDGs

Select up to 3 SDG *indicators* that your Joint Programme primarily contributed to (in relation to SDG targets listed in your JP ProDoc)

SDG:1

SDG:5

SDG:10

#### Global Outcome 1: Integrated multi-sectoral policies to accelerate SDG achievement implemented with greater scope and scale

Outcome indicators	Expected 2021 target	2021 result	Reasons for variance from planned target (if any)	Expected final target
1.1: Number of integrated multi-sectoral policies that accelerated SDG progress in terms of scope <sup>10</sup>	2	13	Increased	13
<i>List the policies:</i> <ul style="list-style-type: none"> <li>• Framework for integrated health and social care services</li> <li>• 6 municipalities adopted local social care plans</li> <li>• Revision of the standards of the accreditation of Primary Health Care institutions for providing integrated social and health services</li> <li>• Development of the administrative and technical guidance for implementing and monitoring the revised standards for integrated social and health care services at Primary Health Care Level</li> <li>• Development of the regulations, protocols and pathways for delivering integrated health and social services at the community level</li> <li>• Proposal of amendments to Law no. 121/2016 "On social care services in the Republic of Albania"; Law No.10 107/2009 "On health care in the Republic of Albania"</li> <li>• Revised package of services in PHC, revised regulation of PHC centers, revised statute of PHC centers, revised contractual arrangements of PHC centers, revised job descriptions of the staff at PHC centers, revised protocols and pathways for delivering integrated health and social services at the community level</li> <li>• Development of the package of regulatory framework and roadmap for piloting of Social contracting at the municipality level, focusing on the effectiveness and sustainability of HIV and TB services (commitment of the Municipality of Tirana)</li> </ul>				
1.2: Number of integrated multi-sectoral policies that accelerated SDG progress in terms of scale <sup>11</sup>	2	6	Increased	6
<i>List the policies:</i> <ul style="list-style-type: none"> <li>• Order no 262 of municipality of Rrogozhina date 14.09.2021 on "Assignment of the head of social welfare and specialists of the social welfare sector for the implementation of socio-health projects according to the Framework and the related model"</li> <li>• Order no 269 of municipality of Devoll date 14.09.2021 on "For the approval of the working manual: "Framework and model of integrated Social and Health Services"</li> </ul>				

<sup>10</sup>Scope=substantive expansion: additional thematic areas/components added or mechanisms/systems replicated.

<sup>11</sup>Scale=geographical expansion: local solutions adopted at the regional and national level or a national solution adopted in one or more countries.

- Order no 477 of municipality of Kamza date 21.09.2021 on "Appointment of the Directorate of Economic Assistance and Social Affairs for the implementation of social and health projects according to the framework and model of integrated social and health services, attached "
- Order no 287 of municipality of Puka date 21.10.2021 on "Implementation of socio-health projects"
- Order no 687 of municipality of Pogradec date 29.09.2021 on "Implementation of social health projects"
- The municipality of Devoll issued Order no 192, date 01.06.2021 on "The approval of the working manual of employees for child protection".

### Global Output 3: Integrated policy solutions for accelerating SDG progress implemented

Output indicators	Expected 2021 target	2021 result	Reasons for variance from planned target (if any)	Expected final target
3.1 Number of innovative solutions that were tested (disaggregated by % successful-unsuccessful)	2	6	Increased.	6
3.2: Number of integrated policy solutions that have been implemented with the national partners in lead	2	6	Increased	6

Did your Joint Programme contribute to strengthening of national capacities to implement integrated, cross-sectoral SDG accelerators in 2020-2021?

- ☒ Yes  
☐ No

Explain briefly: Driven by the Agenda 2030, the UN JP IMSPSD supported integrated social care service delivery approach, drawing on mutually reinforcing "levers" to examine, empower and enact change, to ensure "no one will be left behind" and to "endeavour to reach the furthest behind first". To address inequity, exclusion and deprivation; the six programme targeted municipalities were supported to identify and build key roadblocks that prevent progress across vulnerable local population segments and SDGs. The programme is housed under Output 2.1, with linkages to other UNDAF outputs addressing gender equality, human rights, prevention of violence against women, child protection and support for refugees and migrants. Its interventions followed directly one of the three accelerators identified by the Albania MAPS report 2018: "the biggest weaknesses in Albania's social protection system may lie not its social assistance or insurance programmes, but in its social care components."

## 2. Results as per JP Programmatic Results Framework

Result/ Indicator	Baseline	2020 target	End of project target	Final result	Reasons for variance from planned target (if any)
<b>Goal: Support Albanian Government translate the policy intent into proper local actions so that men, women, girls and boys living in poverty, or vulnerable situation have access to integrated, quality social care services.</b>					
<b>Joint SDG Fund Outcome 1: Integrated multi-sectoral policies to accelerate SDG achievement implemented with greater scope and scale</b>					
1.1: Integrated multi-sectoral policies have accelerated SDG progress in terms of scope		<i>ProDoc Original: 2</i> <i>ProDoc Revision: Additional systems</i>	<i>ProDoc Original: 2</i> <i>ProDoc Revision: Additional systems</i>	15 -8 local social care plans adopted	IMSPSD has very successfully supported the development of integrated multi-

Result/ Indicator	Baseline	2020 target	End of project target	Final result	Reasons for variance from planned target (if any)
				-Framework on Integrated Social and Health Services -6 Orders of municipalities on integrated social care services	sectoral policies (on social protection/ care) that have extended coverage in terms of scope and of scale, and thereby also to the acceleration of SDG progress in Albania, in line with the principle of ‘leave no one behind’.
1.2: Integrated multi-sectoral policies have accelerated SDG progress in terms of scale		2 municipalities	6 municipalities	8 local social care plans designed and adopted: Devoll, Fushe-Arrez, Kamza, Polican, Puka, Rrogozhina, Skrapar, (Tirana on progress)	
Joint SDG Fund Output 3: Integrated policy solutions for accelerating SDG progress implemented					
3.1: # of innovative solutions that were tested (disaggregated by % successful-unsuccessful)		1	2	6	6 municipalities have implemented integrated and innovative local policy solutions/ models linked to health and social care services provision for vulnerable groups and persons.
3.2: # of integrated policy solutions that have been implemented with the national partners in lead		1	2	6	
3.3: # and share of countries where national capacities to implement integrated, cross-sectoral SDG accelerators has been strengthened		1	1	1	Albania’s capacities to implement integrated, cross-sectoral SDG accelerators has been strengthened.
Outcome: All women, men, girls and boys, especially those from marginalized and vulnerable groups, are exercising their entitlements to equitable quality services, in line with human rights; and more effective and efficient investments in human and financial resources are being made at central and local levels to ensure social inclusion and cohesion.					
1. Proportion of population covered by social protection floors/systems, by sex,	No available data for this indicator.	Institutional arrangements and coordination	ProDoc Original: 85% of vulnerable persons and groups in the six	70% is the proportion of population covered by social protection	IMSPSD provided support linked to national monitoring of

Result/ Indicator	Baseline	2020 target	End of project target	Final result	Reasons for variance from planned target (if any)
gender, distinguishing children, unemployed persons, Roma and Egyptians, persons with disabilities, migrants, refugees, pregnant women, newborns, work-injury victims and the poor and the vulnerable.	Baseline for 2019 at the national level to be calculated as number of various groups benefitting from different social protection schemes (first quarter of 2020). 0.2% is the percentage of population with access to social care services ( <i>National Strategy Social Protection, 2015-20</i> ).	mechanisms completed and strengthened, and pilot models of integrated social care services are operational.	targeted municipalities benefit from improved delivery of social care services by local authorities.  <i>ProDoc Revision:</i> 62% of vulnerable persons and groups in the six targeted municipalities benefit from improved delivery of social care services by local authorities.	floors/ systems, by sex, gender, distinguishing children, unemployed persons, Roma and Egyptians, persons with disabilities, migrants, refugees, pregnant women, new-borns, work-injury victims and the poor and the vulnerable.	SDG indicator 1.3.1 (social protection/ social security coverage of the population and core sub-groups of persons, e.g. children, older persons, mothers/maternity, PWDs, unemployed, work-injury, vulnerable persons). This represents the first ever national monitoring exercise linked to SDG indicator 1.3.1, and provides clear evidence as to the gaps that remain to achieve universal coverage.
2. Positive progress of the implementation of social care and protection national policies, strategies and related local action plans.	Level of implementation of Roma/ Egyptians action plan is rate 3.66 for the year 2018.	Level of implementation of the National social Protection Strategy and Action Plan, National Action Plan on Roma/ Egyptians (rate 3.8), PWD, Children and other vulnerable groups and of the local social care plans increased.	Level of implementation of the National Social Protection Strategy and Action Plan, National Action Plan on Roma/ Egyptians (rate 3.9), PWD, Children and other vulnerable groups and of the local social care plans increased.	Level of implementation of the Roma/ Egyptians action plan for year 2019 was 3.68, for 2020 it was not measured, and for 2021 it was 4.	A good level of progress has been achieved by Albania linked to the level of implementation of the Roma/ Egyptians action plan. Data on the level of implementation of other plans (e.g. PWD or Children) is not provided by IMSPSD.
3. Proportion of domestically generated resources allocated by the government	8.1% ( <i>Ministry of Finance and Economy, Annual Budget Figures</i> )	8.3%	8.5%	Overall social protection spending in	Overall social protection spending in Albania amounted to



Result/ Indicator	Baseline	2020 target	End of project target	Final result	Reasons for variance from planned target (if any)
directly to poverty reduction programmes.	<i>Social Protection Program, 2018).</i>			Albania amounted to 9.2% of GDP in 2020. Social protection budget transferred to municipalities increased by 48% btw 2019 and 2020. (88,713,000/ 131,313,000) Social Care spending versus Total Social Protection in 2020 is 5%. Annual increase of central government's budget for social care services between 2019 and 2020 is 2.1%.	11.06% of GDP in 2020, compared to 9.47% in 2019 (IMF data – COFOG). IMF data for year 2021 is not yet available. Social protection spending is prominently via social insurance outlays (80% of social protection); with social assistance 17% social protection spending. The share of social care spending within the total social protection budget remains approx. 5%.
<b>Output 1. Integrated social care services institutional arrangements and coordination mechanisms functional with clear roles and responsibilities at local level in 6 municipalities.</b>					
1.1 No of regulations and instructions designed and adopted by 6 Municipalities to establish workflows, protocols and mechanisms that enable access of vulnerable communities to quality integrated social care services.	Regulations and instructions on integrated social care services have been designed in Tirana only.	Regulations and instructions on integrated social care services are available in 3 targeted municipalities. Cross sectorial and inter-ministerial regulations and instructions on integrated social care services are available.	Regulations and instructions on integrated social care services are available in all targeted municipalities.	Regulations and instructions on integrated social care services are available in all targeted municipalities (those with adopted local social care plan).	Regulations and instructions on integrated social care services have been adopted/ institutionalized by the supported pilot LGUs, e.g. six Orders and four guidance notes on the administration of integrated social care services.
1.2 Six municipalities with improved capacities of at least 20% of service	0	At least 100 trained staff (municipal and direct	At least 100 trained staff (municipal and direct	145 trained staff (municipal and direct	IMSPSD has very successfully delivered, beyond original

Result/ Indicator	Baseline	2020 target	End of project target	Final result	Reasons for variance from planned target (if any)
providers (50% women), on organization development and quality management, and effective planning, budgeting and financing.		service providers) apply the tools and knowledge of needs assessment, planning of services, standards, implementation, budgeting and accessing Social Fund as per the new established integrated as per institutional arrangements established.	service providers) apply the tools and knowledge of needs assessment, planning of services, standards, implementation, budgeting and accessing Social Fund as per the new established integrated as per institutional arrangements established.	service providers - over 55% women) apply the tools and knowledge of needs assessment, planning of services, standards implementation, budgeting and accessing Social Fund as per the new established integrated as per institutional arrangements established.	expectation, the extent of capacity building support to the target municipalities.
<b>Output 2. Institutional capacities strengthened through training and mentoring for the development of social care plans and accessing the Social Fund.</b>					
2.1. Mapping of social vulnerabilities with gender lenses in 3 target municipalities with the purpose to map linkages between women's social vulnerabilities-identified needed social services and their reflection in the respective social care plans.	NA	NA	Mapping report available.	Rapid Gender Assessment of the Impact of COVID-19 in women's and men's lives and livelihoods in Albania.	In addition to the Rapid Gender Assessment, analysis has also been produced on gender and child sensitive budgeting, as well as via CSO gender budget watchdog reports (six) at municipal level.
2.2 No of Social Care Plans developed, updated and adopted.	4 municipality social care plans developed/ improved and adopted.	Rrogozhina develops social care plan. Other Social care plans improved and adopted when needed.		7 municipality social care plans developed/ improved and adopted: (Devoll, Fushe-Arrez, Kamza, Polican, Puka, Rrogozhina, Skrapar) 1 additional (Tirana) is under progress.	IMSPSD has very successfully delivered, beyond original expectation, supports to develop/ update/ adopt Social Care Plans.

Result/ Indicator	Baseline	2020 target	End of project target	Final result	Reasons for variance from planned target (if any)
2.3 No. of Municipalities where Management Information System (MIS) is operational.	0	Staff is trained in 6 municipalities how to use MIS.	Staff in 6 municipalities is actively feeding and using MIS.	Staff is trained in 6 municipalities how to use MIS.	85 municipality staff are trained. Operational status of the MIS is still under review by MHSP.
<b>Output 3. Innovative models of integrated social care services piloted, including established local linkages between health and social protection services.</b>					
3.1 Regulatory framework for the integrated health and social service models is implemented in pilot municipalities with focus on the health and wellbeing of vulnerable groups and children.	No regulatory framework for integrated health and social care services are available.	Standards and protocols for the models of integrated health and social care services are developed.	2 municipalities supported to implement the integrated health and social care services model.	Standards and protocols for the models of integrated health and social care services are developed. 6 municipalities supported to implement the integrated health and social care services model.	IMSPSD has very successfully supported MHSP to develop/adopt the regulatory framework for integrated health and social care services. 6 municipalities have implemented/ tested the integrated model.
3.2 Municipalities strengthened to take over and co-finance through social fund the proposed and integrated health and social care services.	At least 30 representatives (50% women) of all 6 targeted municipalities trained to make linkages between health and social protection. A grant scheme is set up by LNB for municipalities to introduce innovative models of	At least 50 representatives (50% women) of all 6 targeted municipalities trained to make linkages between health and social protection. Calls for submitting proposals are realized in a transparent manner. At least 10 proposals received.	6 municipalities supported with at least 1 innovative proposal in implementation of innovative models of health and social care services.	A grant scheme is set up by IMSPSD for municipalities to introduce innovative models of integrated health and social care services. 6 municipalities supported with at least 1 innovative proposal in implementation of innovative models of health and social care services. The joint programme developed training and	IMSPSD has very successfully delivered the training component to support LGUs make linkages between health and social protection, in accordance with the national framework. IMSPSD has also successfully supported six LGUs to implement local innovative models for provision/ delivery of integrated health and social services in line with local

Result/ Indicator	Baseline	2020 target	End of project target	Final result	Reasons for variance from planned target (if any)
	integrated health and social care services.			coaching materials for staff of LGUs and local teams on the implementation of new regulations. A two-day long training took place during May-June 2021 in each of the municipalities (90 participants in total/ 82% Female and 18% Male) and coaching materials for staff of LGUs and local teams on the implementation of new regulations were provided.	conditions/ needs/ priorities.
<b>Output 4. Vulnerable communities (disaggregated by gender, ethnicity, disability etc.) are empowered to actively participate in decision making and make institutions accountable.</b>					
4.1 Extent/level of participation of vulnerable population in the consultation process of planning and budgeting of integrated social care services at the municipality level (in 3 municipalities).	5-7% in selected municipalities.	Vulnerable population compose at least 20% of participants in annual planning and budgeting. At least 10% of issues/concerns addressed in annual planning and budgeting are raised by vulnerable populations.	Vulnerable population compose at least 20% of participants in annual planning and budgeting. At least 10% of issues/concerns addressed in annual planning and budgeting are raised by vulnerable populations.	6 CSO-led gender budget watch dog reports. Approx. 20% of concerns raised and voiced by vulnerable women were discussed with Municipalities to become priorities in the future budget of municipalities.	Data on the share of the vulnerable population at consultation planning and budgeting meetings is not provided. In terms of the share of the concerns raised by vulnerable populations that are successfully included in LGU budget this performs well.
4.2 No of projects implemented by CSOs representing vulnerable	0	At least 6 grant fund projects, a majority of them for Roma and	At least 6 grant fund projects, a majority of them for Roma and	6 grant fund projects, a majority of them for Roma and persons	7 grant fund projects were implemented by

Result/ Indicator	Baseline	2020 target	End of project target	Final result	Reasons for variance from planned target (if any)
groups, demanding rights and holding municipal service providers accountable for quality social care services.		persons with disabilities, are implemented every year.	persons with disabilities, are implemented every year.	with disabilities, are implemented during 2020-2021.	CSOs to represent vulnerable groups. 15 CSOs were trained/ capacitated to act as watchdog/ advocate.
<b>Output 5. Financing options for extending social protection coverage and benefits developed and assessed at the national and municipality levels.</b>					
5.1 No of municipalities supported to conduct Gender Responsive Budgeting and budget briefs for investments on children.	0	3 LGUs	3 LGUs	6 municipalities (on progress, not finalized yet). 6 municipalities supported to conduct GRB.	IMSPSD successfully delivered the supports to conduct GRB. Also Gender and Child Sensitive Budgeting analysis (fiscal space).
5.2 Percentage of increased funds for social care services made available at local level also due to national consensus around social protection floor.	Social care service compose 6.4% of the total social protection budget. ( <i>Ministry of Finance and Economy, 2018</i> ).	Annual increase of central government's budget for social services by 2% and targeted LGUs by 4%.	Annual increase of central government's budget for social services by 2% and targeted LGUs by 4%.  Social Protection Floor defined and discussed with national stakeholders.	Social protection budget transferred to municipalities increased by 48% btw 2019 and 2020. (88,713,000/ 131,313,000) Social Care budget versus Total Social Protection in 2020 is 5%. Annual increase of central government's budget for social care services between 2019 and 2020 is 2.1%. <b>Devoll</b> municipality social services budget increased 2020 versus 2019 by 73%, but decreased 2021 versus 2020 by 12%.	<i>The first three indicators of status are Outcome indicators, not Outputs.</i>  Linked to the definition and discussion on a Social Protection Floor in Albania, fiscal space and expenditure analysis has been undertaken, but has not yet been converted (via national/ social dialogue) into a definition on a minimum Social Protection Floor.  Linked to the level of funding made available at the municipality level

Result/ Indicator	Baseline	2020 target	End of project target	Final result	Reasons for variance from planned target (if any)
				<p>The 2021 budget still represents an increase compared to 2019 of 53%.</p> <p><b>Kamza</b> municipality social services budget increased 2020 versus 2019 by 19%, and increased 2021 versus 2020 by 3%. The 2021 budget represents an increase compared to 2019 of 22%.</p> <p><b>Pogradec</b> municipality social services budget increased 2020 versus 2019 by 24%, but decreased 2021 versus 2020 by 16%. The 2021 budget still represents an increase compared to 2019 of 4%.</p> <p><b>Puka</b> municipality social services budget increased 2020 versus 2019 by 13%, but decreased 2021 versus 2020 by 2%. The 2021 budget still represents an increase compared to 2019 of 11%.</p> <p><b>Rrogozhina</b> municipality social services budget</p>	<p>for social services, the budget available across the 6 core LGUs supported by IMSPSD increased 2020 versus 2019 by 19%, but decreased 2021 versus 2020 by 7%. The 2021 budget still represents an increase compared to 2019 of 11%.</p> <p>The increased funding for social services is notably evident in Devoll and Rrogozhina, but this still represents less than 1% of the total municipal budget. In Tirana, social services funding is slightly more than 1% of the total municipal budget.</p> <p>In Kamza, social services account for 18-19% of the total municipal budget. In Puka, social services account for 21-24% of total municipal budget. In Pogradec, social services dominate in the total municipal</p>



Result/ Indicator	Baseline	2020 target	End of project target	Final result	Reasons for variance from planned target (if any)
				<p>increased 2020 versus 2019 by 38%, and increased 2021 versus 2020 by 381%. The 2021 budget represents an increase compared to 2019 of 564%.</p> <p><b>Tirana</b> municipality social services budget increased 2020 versus 2019 by 4%, and increased 2021 versus 2020 by 6%. The 2021 budget represents an increase compared to 2019 of 9%.</p>	budget: 93% in 2020 and 64% in 2021.
5.3 Data on equity in health utilization and expenditures in MCH and health insurance coverage for the most vulnerable families and children with disabilities is available to inform policy discussions and actions to extend social protection and health care coverage and benefits.	No recent data available in equity analysis and cost of health insurance coverage for the most vulnerable groups and children.	Equity analysis in health utilization and expenditure completed and shared with key stakeholders.	Financial analysis for health insurance coverage for most vulnerable groups and children.	A National and International Consultant have worked to conduct expenditures and fiscal space analysis, including gender and child sensitive budgeting on establishing social protection floor in Albania (work under progress).	Study on Expenditures and Fiscal Space Analysis Including Gender and Child Sensitive Budgeting and a Policy Brief on Financing a Social Protection Floor for Vulnerable Women, Girls and Children have been produced, and can now support dialogue.
<b>Output 6. Joint Programme Management</b>					
6.1 No of communication means and events.		1 donor event organized.	1 donor event organized.	1 donor event organized. Multi-Media Faucets: 17	Donor event (April 2021) – approximately 60 people attended the (virtual) meeting from: UN, MHSP, LGUs,

Result/ Indicator	Baseline	2020 target	End of project target	Final result	Reasons for variance from planned target (if any)
				Medium articles: 2 Videos on integrated models piloted by municipalities via social media posts: 8 National TV coverage: 2 International peer review session: 1	CSOs, social partners, the EU and Sweden. International peer review session (June 2021) – with other UNCT supported via UN Joint SDG Fund.

## Annex 2: Strategic documents

### 2.1. Contribution to social protection strategies, policies and legal frameworks

#### *Strategic documents developed or adapted by JP*

Title of the document	Date when finalized (MM/YY)	Focus on extending social protection coverage (Yes/No)	Focus on improved comprehensiveness of social protection benefits (Yes/No)	Focus on enhancing adequacy of social protection benefits (Yes/No)	Focus on improving governance, administration and/or implementation of social protection system (Yes/No)	Focus on cross-sectoral integration with healthcare, childcare, education, employment, food security, etc. (Yes/No)	If published, provide the hyperlink
Local Social Care Plan of Rrogozhina Municipality	Oct 2020	No	Yes	No	Yes	Yes	<a href="https://www.facebook.com/brrogozhine/posts/451546452887735?_rdr">https://www.facebook.com/brrogozhine/posts/451546452887735?_rdr</a>
Local Social Care Plan of Polican Municipality	Nov 2020	No	Yes	No	Yes	Yes	<a href="https://www.polican.gov.al/pagesat-sociale/">https://www.polican.gov.al/pagesat-sociale/</a>
Local Social Care Plan of Skrapar Municipality	Oct 2020	No	Yes	No	Yes	Yes	<a href="https://bashkiaskrapar.gov.al/wp-content/uploads/2018/12/Skrapar-Social-Care-Plan.pdf">https://bashkiaskrapar.gov.al/wp-content/uploads/2018/12/Skrapar-Social-Care-Plan.pdf</a>

Local Social Care Plan of Fushe-Arrez Municipality	Sep 2020	No	Yes	No	Yes	Yes	<a href="#">Plani Social   Miresevini ne fagen zyrtare te Bashkise Fushe Arrez (bashkiafushearrez.gov.al)</a>
Local Social Care Plan of Devoll Municipality	2021	No	Yes	No	Yes	Yes	<a href="https://www.bashkiadevoll.gov.al/wp-content/uploads/2022/01/Plani-Social-i-Bashkise-Devoll-2021-2024-1.pdf">https://www.bashkiadevoll.gov.al/wp-content/uploads/2022/01/Plani-Social-i-Bashkise-Devoll-2021-2024-1.pdf</a>
Local Social Care Plan of Puka Municipality	2021	No	Yes	No	Yes	Yes	<a href="https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fbashkiapuke.gov.al%2Fwp-content%2Fuploads%2F2021%2F07%2FPLANI-SOCIAL-BASHKIA-PUKE-FINAL.docx&amp;wdOrigin=BROWSELINK">https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fbashkiapuke.gov.al%2Fwp-content%2Fuploads%2F2021%2F07%2FPLANI-SOCIAL-BASHKIA-PUKE-FINAL.docx&amp;wdOrigin=BROWSELINK</a>
National Monitoring of SDG Indicator 1.3.1	Dec 2020	Yes	Yes	No	Yes	No	<a href="#">National Monitoring of the SDG Indicator 1.3.1   UNDP in Albania</a>
Methodology for monitoring and evaluation of local social care plan implementation”	May 2021	yes	yes	No	Yes	No	<a href="#">Methodology for monitoring and evaluation of local social care plan implementation”   UNDP in Albania</a>
Fiscal space for financing social protection in Albania	Dec 2020	yes	yes	No	Yes	No	<a href="https://www.ilo.org/budapest/what-we-do/publications/WCMS_798643/lang--en/index.htm">https://www.ilo.org/budapest/what-we-do/publications/WCMS_798643/lang--en/index.htm</a>
The Impact Of Covid-19 On Women’s And Men’s Lives And Livelihoods In Albania Results of a Rapid Gender Assessment	Dec 2020	No	Yes	No	Yes	Yes	<a href="https://albania.unwomen.org/en/digital-library/publications/2020/12/the-impact-of-covid-19">https://albania.unwomen.org/en/digital-library/publications/2020/12/the-impact-of-covid-19</a>
UNDP (2021). Framework and Model of Integrated Social and Health Care	Sep 2021	No	Yes	No	Yes	Yes	<a href="#">The FRAMEWORK AND MODEL OF INTEGRATED SOCIAL AND HEALTH SERVICES   UNDP in Albania</a>
“Assessment of the Social Security Responses to COVID-19” – Lessons from the Western Balkans and Eastern Europe during the first stage of the pandemic, was translated and published in Albanian Language.	2021	No	No	Yes	No	yes	<a href="#">Assessment of the Social Security Responses to COVID-19 (ilo.org)</a>
Terre des Hommes, UNICEF (2021)- Guidelines for municipal social workers and service providers to support families in COVID19.	2021	No	No	Yes	No	yes	<a href="https://adobe.ly/3gKLYkj">https://adobe.ly/3gKLYkj</a>
Socio-economic assessment of Covid-19 impact on access of Vulnerable Children, Families and Communities to Social Protection in Albania	May 2021	No	yes	yes	yes	yes	<a href="https://www.unicef.org/albania/documents/impact-covid-19-access-vulnerable-children-families-and-communities-social-protection">https://www.unicef.org/albania/documents/impact-covid-19-access-vulnerable-children-families-and-communities-social-protection</a>
“Review of the Social Protection System” in Albania Report	December 2020	Yes	Yes	Yes	Yes	Yes	<a href="#">Review of social protection system in Albania (ilo.org)</a>

"Fiscal Space for Social Protection in Albania"	June 2021	Yes	Yes	Yes	Yes	Yes	<a href="#">Fiscal space for financing social protection in Albania (ilo.org)</a>
Albanian translation of "Handbook of fiscal space analysis"	October 2020	Yes	Yes	Yes	Yes	Yes	<a href="#">Hapësira fiskale për mbrojtjen sociale. Manual për vlerësimin e opsioneve financiare (ilo.org)</a>
Albanian National Health Strategy 2030	March 2022	No	No	No	No	Yes	<a href="#">Pamja e dokumentit - Qendra e Botimeve Zyrtare (qbz.gov.al)</a> Official Journal no.57, 2022

**Strategic documents for which JP provided contribution (but did not produce or lead in producing)**

Title of the document	Date when finalized (MM/YY)	Focus on extending social protection coverage (Yes/No)	Focus on improved comprehensiveness of social protection benefits (Yes/No)	Focus on enhancing adequacy of social protection benefits (Yes/No)	Focus on improving governance, administration and/or implementation of social protection system (Yes/No)	Focus on cross-sectoral integration with healthcare, childcare, education, employment, food security, etc. (Yes/No)	If published, provide the hyperlink
"Assessment of the Social Security Responses to COVID-19" regional analysis including Albania	March 2021	Yes	Yes	Yes	Yes	Yes	<a href="#">Assessment of the Social Security Responses to COVID-19 (ilo.org)</a>
Social Insurance for all. Translation into Albanian.	November 2020	Yes	Yes	Yes	Yes	No	<a href="#">Strategjia e Organizatës Ndërkombëtare të Punës: Sigurime Shoqëror për të gjithë: të ndërtojme nivele minimale të mbrojtjes shoqërore dhe sisteme të përlotë të sigurimeve shoqërore : PERMBLEDHJA E SINTEZES (ilo.org)</a>
Albanian translation of "World Social Protection Report 2020-22: Regional Companion Report for Central and Eastern Europe and Central Asia". Including Albania	December 2021	Yes	Yes	Yes	Yes	Yes	<a href="#">Raporti Botëror i Mbrojtjes Sociale 2020-22: Raport Rajonal shoqëruar për Evropën Qendrore dhe Lindore dhe Azinë Qendrore (ilo.org)</a>

## 2.2. Focus on vulnerable populations

**Strategic documents developed or adapted by JP**

Title of the document	Date	Focus on gender equality and	Focus on children	Focus on youth	Focus on older persons	Focus on other group/s	Focus on PwDs	Included disaggregated data by disability -
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	<b>when finalized</b> (MM/YY)	<b>women empowerment</b> (Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)	(List the group/s)	(Yes/No)	and whenever possible by age, gender and/or type of disability (Yes/No)

**Strategic documents for which JP provided contribution (but did not produce or lead in producing)**

<b>Title of the document</b>	<b>Date when finalized</b> (MM/YY)	<b>Focus on gender equality and women empowerment</b> (Yes/No)	<b>Focus on children</b> (Yes/No)	<b>Focus on youth</b> (Yes/No)	<b>Focus on older persons</b> (Yes/No)	<b>Focus on other group/s</b> (List the group/s)	<b>Focus on PwDs</b> (Yes/No)	<b>Included disaggregated data by disability</b> - and whenever possible by age, gender and/or type of disability (Yes/No)

## Annex 3: Results questionnaire

- Complete online using the following link: <https://forms.office.com/r/DfvPvaGfsg>.

## Annex 4: Final report on JP evaluation

- Provide separately.