

Joint SDG Fund
PORTOFLIO ON INTEGRATED SOCIAL PROTECTION AND LNOB
Joint Programme 2020 Annual Progress Report

Cover page

Country: Albania

Joint Programme title: Improving Municipal Social Protection Service Delivery

Short title: Municipal Social Protection

Start date: January 2020

End date: January 2022

RC: Ms. Fiona McCluney

Government Joint Programme Focal Point: Ms. Merita Xhafaj, Ministry of Health and Social Protection

Representative of Lead PUNO: Ms. Limya Eltayeb, UNDP Resident Representative

List of PUNOs: UNDP, UNICEF, WHO, UNWomen

RCO Main JP Focal Point: Ms. Fioralba Shkodra, Head of Resident Coordinator Office in Albania, UN

E-mail: fioralba.shkodra@un.org

Lead Agency Main JP Focal Point: Ms. Entela Lako, Programme Specialist **E-mail:** entela.lako@undp.org

Contact person for Joint Communications: Mr. Guri Daco, Programme Communications and Advocacy Officer **E-mail:** guri.daco@un.org

Budget (Joint SDG Fund contribution): USD \$1,500,000

Overall budget (with co-funding): USD \$ 2,000,000

Annual Financial Delivery Rate (= Total JP expenditures / transferred funds x 100%): 52.42%

Rate of Committed Funding (= Total JP commitments / transferred funds x 100%): 77.70% (52.42% + 25.28%)

Short description of the Joint Programme

UN Joint Programme “Improving Municipal Social Protection Service Delivery” focuses on catalysing a step-change in the quantity and quality of delivery at local (municipal) level of integrated social care, as part of an effective integrated social protection system. The programme supports the Government of Albania towards implementation of the newly shaped vision of the social sector, in line with Sustainable Development Goals (SDGs) and the country’s aspirations towards European Union (EU) integration, through translating the policy intent into proper local actions, targeting six municipalities¹, so that vulnerable groups² have access to integrated, quality social care services. It is implemented through the modalities of the Delivering as One (DaO) mechanism, under the Programme of Cooperation for Sustainable Development 2017-2021, with the joint participation of UN agencies, including UNDP, UNICEF, UN Women, UNFPA, UNHCR, WHO and ILO, and in close partnership with the Ministry of Health and Social Protection. Participating agencies and national partners were agile and flexible to adapt the ongoing activities to respond to the new realities of COVID19 without affecting the programme results.

Executive summary

The Joint UN Programme “Improving Municipal Social Protection Service Delivery” (IMSPSD) builds on the solid policy and legal framework for social protection and inclusion, set up via previous and ongoing UN projects, with the focus on leaving no one behind. Integrated social service delivery is improved mostly at local level in six (6) targeted municipalities, evidenced across other municipalities³ in Albania as well, including also the range of issues and specific target groups of beneficiaries that are addressed via the programme. The programmatic cross-sectorial intervention logic and implementing strategy of the programme, including the definition of improved service delivery, stakeholders and target groups, is clearly implemented, and the theory of change indicates a pathway of results leading to socio-economic development positive change. Nevertheless, due to COVID-19 outbreak which happened in parallel to the joint programme starting phase, it is evident that challenges exist in terms of the timely achievement of the results and their further roll-out, most notably at the policy (system) level, in part also municipal level.

To address inequity, exclusion and deprivation, the six (6) targeted municipalities plus the additional seven (7) ones are supported to identify key challenges that prevent support to vulnerable local population segments ultimately contributing to the achievement of SDGs. IMSPSD UN Joint Programme was very successful at strengthening institutional capacities of the targeted municipalities 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 (85 staff of municipalities, 55% women) on social care services. Local social care plans of municipalities of Rrogozhina, Polican, Skrapar and Fushe-Arrez are completed and adopted by municipal councils; plans for the other municipalities are drafted and costed, shared and validated with local stakeholders and awaiting the discussion and approval in municipal councils. Work for engendering social care plans is ongoing.

The Joint Programme:

- provided improved social protection services in total to **8367 beneficiaries** (4884F/3483M).
- addressed the multidimensional impacts of the COVID-19, in line with the original focus of the action through: (i) 6 Small-grants projects in partnership with local NGOs; (ii) Social mobilization campaign; (iii) Emergency food assistance and hygienic items provided to 1020 households from vulnerable and disadvantaged groups. (iv) Humanitarian Cash Transfers (HCT) piloted in 3 municipalities (Korce, Durres, Shkoder) supporting with multipurpose basic needs cash about 570 households with no income.
- successfully contributed to the empowerment of vulnerable groups and persons to actively participate in decision making and make institutions accountable: 539 persons from vulnerable groups have benefited integrated health and social protection services as a direct result.
- ensured for the sustainability integrated social services at the municipality level, through exploring the fiscal space to extend the social protection coverage and benefits for the vulnerable ones at the national and municipality levels.

¹ Tirana, Puka, Kamza, Rrogozhina, Pogradec and Devoll

² Men, women, girls and boys living in poverty, persons with disabilities, Roma and Egyptians as well as children, migrant, refugees, long term unemployed and other

³ Such as Korca, Durres, Shkodra, Fushe-Arrez, Skrapar, Polican, Vlora

A. Annual Progress

The Joint UN Programme “Improving Municipal Social Protection Service Delivery” (IMSPSD) builds on the solid policy and legal framework for social protection and inclusion, set up via previous and ongoing UN projects, with the focus on leaving no one behind. Integrated social service delivery is improved mostly at local level in six (6) targeted municipalities, evidenced across other municipalities⁴ in Albania as well, including also the range of issues and specific target groups of beneficiaries that are addressed via the programme. Reflective of the levels of vulnerability to social exclusion faced by children, women, persons with disabilities and the Roma and Egyptian minorities, specific focus is provided to local actions supporting these groups. The programmatic cross-sectorial intervention logic and implementing strategy of the programme, including the definition of improved service delivery, stakeholders and target groups, is clearly defined, and the theory of change indicates a pathway of results leading to socio-economic development positive change. Nevertheless, due to COVID-19 pandemic which happened in parallel to the joint programme starting phase, challenges existed in terms of the timely achievement of the results and their further roll-out, most notably at the policy (system) level, in part also municipal level ownership.

To address inequity, exclusion, and deprivation, the six targeted municipalities and the additional seven ones are supported to identify key barriers that prevent progress in support of vulnerable local population segments ultimately contributing to the achievement of SDGs. IMSPSD UN Joint Programme was very successful at strengthening institutional capacities of the targeted municipalities (Puka, Devoll, Rogozhina, Skrapar, Polican, Fushe-Arrez and Kamza 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 seven (7) above mentioned municipalities have been supported and capacitated to develop the needs assessment, to analyze local budgets and map the existing services. Local social care plans of municipalities of Rogozhina, Polican, Skrapar and Fushe-Arrez are already adopted by municipal councils. The others are drafted and costed; the plans have been shared and validated with local stakeholders and are awaiting the discussion and approval in municipal councils. To date, of the 61 municipalities in Albania, 47 now have an approved local social care plan, while the rest are in the process of drafting. Work for engendering social care plans is ongoing, 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.

The methodology is developed and consultation with local stakeholders is ongoing under the leadership of the Ministry of Health and Social Protection to develop the new National Action Plan on Roma and Egyptians 2021-2025 with emphasize on integrated social care services reaching the most vulnerable individuals and families. 123 (87F/36M) stakeholders participated in the first wave of consultations (7-seven consultative meetings). Desk Review was part of the process to develop the National Action Plan for Older Persons, approved on 24th December 2019, and reflected in the actions within the Plan. The development of national protocols is the next step forward.

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 1020 households 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 government⁵.

⁴ such as Korca, Durres, Shkodra, Fushe-Arrez, Skrapar, Polican, Vlora

⁵ The programme considered a cash transfer pilot project with the municipalities of Durrës, Korça and Shkodra, following an expressed preference for this modality, based on request from these municipalities, compared to material assistance of food and hygiene packages. The three municipalities are also most impacted by the COVID-19 situation. Lockdown in Albania did not include food and production chains and with markets and neighborhood shops still functioning, the programme considered that recipients would be able to quickly use cash to satisfy their most urgent needs, thus also providing a knock-on cash injection for businesses and employees in the local economy. The cash amount to be distributed to each family was

IMSPSD has successfully contributed to the empowerment of vulnerable groups and persons to actively participate in decision making and make institutions accountable through a range of measures linked to advocacy and awareness raising, capacity building of civil society organizations, local networks and consultative structures to promote participatory social policy planning and monitoring process, as well as facilitated access to integrated health and social protection services for final-users/beneficiaries at the local level. The Joint Programme provided improved social protection services in total to 8367 beneficiaries (4884F/3483M): 3144 Roma and Egyptians, 1084 persons with disabilities, 289 elderly, 1356 children and others.

Department of Social Work, within University of Tirana developed and launched the Online Platform on Social Protection and Social Services in Albania (www.sociale.al), designed to provide professionals and students with an updated source of information on social protection and social services⁶. Different online trainings and online supervision will be organized with professionals working all over Albania through the platform. The platform will also contain information on institutions and organizations in the field of social services and their activity.

Work is ongoing for the establishment of working protocols for municipal staff in the situation of Covid-19. With guidance from the Ministry of Health and Social Protection (MoHSP) and State Social Services staff of municipalities of Tirana and Shkodra are working together with national partners to develop clear and practical work protocols for Need Assessment and Referral Unit and social workers, so that they can offer quality family assessment and counselling even in a crisis like COVID19. This becomes extremely important considering that the infections and death rates have increased for Albania and are expected to be worse during winter. The programme is also supporting the 6 municipalities in setting up social fund and modelling and delivering innovative and integrated health and social care services in implementation of social care plans. A grant scheme is developed with MoHSP and the 6 targeted municipalities to model and deliver integrated health and social care services. Following this Guidelines, at least one project proposal will be funded in each of the targeted municipalities. 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 already selected, respectively Devoll and Rrogozhina, and work is under progress for the preparation of the Technical design and specifications.

Training for Civil Society Organizations on integrated social care services sector planning, expenditure monitoring and preparation of Gender Budget Watchdog reports was delivered online during July 2020⁷, benefiting 27 CSO representatives, working on increasing women's participation in decision making, and advocating for improved access to social care, health, education and disability inclusion services. The participating NGOs committed to analyse the social care services and to develop GRB watchdog reports for the 6 UNJP targeted municipalities. In addition, municipalities benefited from technical assistance/mentoring in applying Gender Responsive Budgeting within Mid-Term Budgeting Programme (MTBP) 2021-2023, ensuring that needs of vulnerable women and girls are incorporated in policies and related budgets associated with municipal integrated social care services. Following the training session on GRB, the mentoring process in the municipalities continued with focus on integrating gender indicators in the new MTBPs at local level. Over 200 women from communities were reached out through participatory budgeting initiatives 54% of the women who participated in the participatory budgeting activities were from rural areas, 10.9% from Roma Community, 2,7% women with disabilities, while 60% of all participants were unemployed. 6 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. It is expected that in the next phase the programme will further support Local Government Units to

established at 4.000 ALL (35 USD) for a family with less that 4 members and 5.800 ALL (50 USD) for HH with over 4 members.

⁶ Policies, laws, standards, protocols and work manuals, existing and new studies, including research reports and articles in the field, and will announce trainings or activities focused on professional development and in-job training.

⁷ The training program was designed to strengthen capacities of CSOs working at grassroots level to monitor the impact of public policies and public spending on women and men, with focus on integrated social care services at the Municipal level. Representatives of the Ministry of Finance and Economy took part in the training, emphasizing the important role of CSOs in monitoring public spending from a gender perspective and promoting the implementation of gender responsive budgeting.

engender their MTBPs, leverage additional allocations for advancing gender equality and include gender key performance indicators to monitor progress.

An analysis to assess the extent to which COVID 19 has challenged and impacted the rights of families and children to social inclusion and social protection is under progress, focusing particularly in assessing the adequacy, coverage and impact of the national social protection system to effectively respond to the COVID-19 pandemic (and future shocks) and mitigate its impact on the most vulnerable families and children⁸. The overall assessment will be instrumental for informing the planning and implementation of the social protection part as well as the UN Albania Covid-19 Socio-Economic Recovery and Response Plan. The assessment findings and recommendations will be widely discussed and used to build partnerships and synergies with a wide range of stakeholders including Government agencies, bilateral donors, IFIs and EU.

The ILO has engaged in an UN-to-UN agreement with UNICEF for a fiscal space analysis with a view to extend social protection coverage and benefits at the national and municipality levels and related capacity building of national stakeholders. The key progress made in 2020 include preparation and finalization of the two technical reports: (i) Review of Social Protection System in Albania; (ii) Assessment of fiscal space for Albania, which will inform the key national stakeholders in Albania on the current and future challenges in the social protection and social services, and that the recommendations derived from the review will contribute to the national dialogue for shaping the future policy to enhance the effectiveness of the social protection and social services that leave no one behind. A workshop took place on the municipal provisions of social protection and social services for six pilot municipalities) on 11 November 2020, with the following additional materials: (i) Albanian translation of "Handbook of fiscal space analysis"; (ii) "Social Security for All". The workshop enhanced the capacity of the municipality officers: (i) To apply fiscal space analysis for improved financial monitoring and management and efficient and equitable allocation of resources at municipal level; (ii) To discuss common and specific challenges in social protection and social services facing the municipalities through the exchange of best practices and lessons learned. (iii) To identify the priority needs of further support by the Joint Programme to achieve better coordination and integration and provide adequate benefits and quality services.

As a result of the UN JP IMSPSD implementation, during the last year the programme 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 preliminary findings of this exercise, the proportion of persons effectively covered by a social protection system, including social protection floors is 61.7%⁹, 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%.¹⁰

IMSPSD is implemented through the Delivering as One mechanism, under the framework of the Programme of Cooperation for Sustainable Development 2017-2021 (UNDAF). The four participating UN agencies (UNDP, UNICEF, UN Women and WHO), supported by UNFPA, ILO and UNHCR, are working in close partnership with relevant governmental bodies at central and local level. UNDP is the lead UN agency for the overall implementation and coordination of the joint programme. MoHSP representatives lead national governmental partner, and co-chaired the joint programme Steering Committee.¹¹ To ensure a coordinated approach in the implementation of this Programme a Technical Committee was established and met 4 times during 2020, discussing on the practical implementation of the Programme interventions by the UN agencies and ensuring that results are delivered timely and efficiently. A Steering Committee (SC) is established to oversee and

⁸ In addition, knowledge will be 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 (men, women, girls and boys) to such services (e.g. elderly, Roma and Egyptians, persons with disabilities, homeless families and individuals, LGBTIs, refugees/asylum-seekers, long term unemployed, informal and seasonal workers, women victims of gender based violence and women in disadvantaged situation, such as, women heads of households, rural women, informal women workers and the ones engaged in unpaid care work). Gender is mainstreamed into this study as women and men often experience the effects of crisis differently. Gender lens are used to capture the different realities of women, men, boys and girls. The assessment will provide for analysis on unpacking vulnerabilities of women faced during the pandemic and transition phases of recovery.

⁹ Draft report on monitoring of SDG 1.3.1

¹⁰ Ibid

¹¹ Meeting Report minutes.

coordinate the operations of this Programme, taking all necessary strategic decisions based on the JP's initial plan and budget as well as monitoring data. The SC met only once during 2020¹².

A.1 The overall approach

Broader context and JP changes

In 2018, the percentage of persons 'at risk of poverty' in Albania was 23.4%, while the 'severe material deprivation' rate was 38.3%, and the 'at risk of poverty or social exclusion' rate was 49.0%.¹³ The incidence of poverty and exclusion continues to disproportionately affect specific segments of society, particularly: the Roma and Egyptians (R&E), persons with disabilities (PWDs), women, households (HH) with young children, HH with unemployed persons or only primary education. The theory of change that led the joint programme design remains strategic and valid. It found on the way, that for Municipalities to be able to provide integrated social care services and social protection to all girls, boys, men and women that are most at risk of being left behind, support at municipal level should be made at multiple levels and should include: (i) assisting with institutional arrangements and coordination mechanisms with clear roles; (ii) strengthening institutional capacities through training and mentoring for the development of social care plans and , budgeting the plans and resourcing the Social Fund with funds from local revenues and central social protection budget; (iii) piloting innovative models of integrated social care services, including identifying local linkages between health and social protection services. (iv) empowering vulnerable groups to request services from authorities, hold them accountable and establish a culture of mutual decision-making (v) assisting with an analysis of social protection needs.

Ensuring that JP remains strategic and catalytic

The place holder in the Albanian UNDAF framework¹⁴ for this joint programme is the Outcome 2 Social Cohesion – Output 2.3 Social Inclusion and Protection. In line with the UNDAF implementation architecture, the implementation of this joint programme was carried out by the involved UN Organizations following the Delivering as One approach - ensuring a cohesive coordinated UN approach, through internal coordination (Joint Work Plans) and operational mechanisms, in targeting different municipalities. Strategic integration and cohesion with other UN agencies and all partners working in Albania in the areas of social inclusion and protection, public administration and local governance was sought to coordinate intervention, avoid overlapping and maximize synergies and results.

The results of this joint programme contributed to strengthening and making more evident the results attained in the Outcome 2/ Output 2.3 of the Albania UNDAF, credited also to the alignment of JP Results Framework with the UNDAF output 2.3 framework (UNDAF JWP Outcome 2). Results are included in the UN Annual Progress Report, disseminated to all partners, published in UN Albania website and communicated widely through UN Albania social media channels. The results attained serve to increase visibility of UN's work in Social areas, public administration and local governance in the country, strengthen further the UN's dominant comparative advantage and strategic positioning of the UN agencies development work vis-à-vis other development agents in these areas, as well as increase the importance of UN Albania as a key ally and partner to the government. By merging the comparative advantages of different UN organisations in these areas, the UN in Albania can provide tailor-made support in addressing the needs of the most vulnerable, disadvantaged or those who are at risk of social exclusion in the country. Challenges identified by this joint programme feed into (strengthen) UNCT advocacy and action (national and local level) to promote sustainable development and SDG attainment in the country, conducted regularly with government and all partners under the UNDAF framework. The role of this joint programme is important for promoting SDG progress within Albania's policy processes and dialogue. The joint programme has contributed to provide an increased leverage to the UN in pushing related dialogue forward. Both results and challenges from this joint programme feed into (strengthen discussion and evidence) the higher-level coordination forums, such as the Integrated Planning and Management Group on Employment and Social Sector facilitated by Ministry of Health and Social Protection and/or other thematic/sectorial foras,

¹² It provides policy guidance and recommendations regarding the JP's strategy and objectives, receive and comment on annual reports, approve annual plans of operation and reports, and participate in the evaluation of the JP.

¹³ INSTAT: "Income and Living Conditions in Albania, 2017-2018" press release/ note (16 December 2019)

¹⁴ UNDAF – PoCSD / GoA-UN Programme of Cooperation for Sustainable Development 2017-2021

as well as to the preparation of the new Cooperation Framework (i.e. these areas will continue to have UN focus during 2022-2026 as well).

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 provide 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 except for 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 is under progress, which is under development.

JP activities have continued to be implemented in line with Gender equality strategic priorities of the Government, including the NSGE and the obligations under the OBL and the Law on Local Finances. The interventions aimed at strengthening the LGUs capacities to engender their MTBPs in line with the gender provisions of the Law on Local Finances and budget instructions for local level budget users, remained as planned with an additional aspect added to reflect the COVID-19 related challenges at local level. Therefore, the assessment and capacity development initiatives took into consideration related budget re-allocations and their potential impact on gender equality. Recently, the Ministry of Health and Social Protection (MoHSP) and its national and international partners, developed the Primary Health Care Strategy, applying an inclusive and participatory approach, and the action plan 2020-2025, both approved by the Albanian Council of Ministers in late May 2020. IMSPSD is well aligned with the new strategy in its efforts to enable new service models will be set up to meet the most pressing needs identified at the community level, such as non-communicable disease prevention and control, home care for the elderly, models of care through digital technology, especially in remote areas, etc. Strategic approaches and activities outlined in the JP have continuously been aligned with the new Social Protection Strategy 2019 – 2022. The current joint work of ILO, UNICEF, UN Women on analyzing the social protection expenditure and identifying fiscal space for social protection did inspire the participating agencies to develop follow up activities and include them in a second SDG funded programme, which aims to accelerate funding for SDGs. Building on the results achieved under the first programme, ILO, UNICEF and UN WOMEN have committed to work together with national partners for developing technical, feasible solutions for the financing of a proper social protection system, including shock responsive social protection. At the local level, municipalities with the support of UN JP IMSPSD are being capacitated to fulfil their obligations with regard to the provision and management of social care policy and services.

The UN Country Team in Albania completed its Socio-Economic Recovery and Response Plan for Albania¹⁵ which provides a scanning of the current situation and sets out UN's consolidated offer of socio-economic recovery and response support complementing the Government of Albania National Response Plan (to be released soon) and the current National Strategic Preparedness and Response Plan. The Plan identifies 113 priority actions focused in 5 key areas: Protecting health services and systems; Social protection and basic services; Protecting jobs and small and medium sized enterprises, and the most vulnerable productive actors; Macroeconomic response and multilateral collaboration; Social cohesion and community resilience. In addition, UNCT Albania has reported quarterly in 2020 on its contribution to the global SERP indicators through UNINFO, available in the global COVID-19 Data Portal¹⁶.

As the COVID-19 pandemic spreads, UN agencies under this joint programme continued to provide support to strengthen institutional response mechanisms and assist state and other service providers to strengthen the provision of specialized integrated support to citizens in various areas of need. The SERP short and long term identified activities have been drafted based on UN agencies projects/programmes in the country, including this joint programme. Moreover, the support provided by this joint programme is consolidated in the SERP

¹⁵ <https://albania.un.org/en/86279-un-albania-covid-19-socio-economic-recovery-and-response-plan>

¹⁶ <https://data.uninfo.org/>

Global Indicators quarterly reporting as well as UNCT reporting on COVID-19 response support in Albania. The 2021 UNDAF Joint Work Plans will include activities from UN agencies (including from this joint programme) better aligned with the UN SERP framework. Both the UNDAF and this joint programme have contributed to provide an increased leverage to the UN in pushing dialogue forward on COVID-19 response (SERP implementation).

A.2 Update on priority issues.

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 IMSPS 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).

Vulnerable groups

Key beneficiaries of the joint programme, as identified jointly with Municipalities, include Roma and (European) Egyptian populations; persons with disabilities; vulnerable children; women at risk/victims of violence; isolated/poor rural women; elderly; refugees and migrants. These target groups are reached via municipalities' social services departments and CSOs providing integrated social services and representing the interest of the marginalised and vulnerable. More broadly, the final beneficiaries of IMSPSD are all citizens/ residents in Albania whom indirectly benefit via the improved and innovative integrated social services. **The Joint Programme provided integrated services to 8367 beneficiaries (4884F/3483M).**

Over 200 women from communities were reached out through participatory budgeting initiatives (54% from rural areas, 10.9% from Roma Community, 2,7% with disabilities, 60% of all participants were unemployed). Vulnerable communities and their organizations, one in each target municipality (Tirana, Puka, Rogozhina, Devoll, Pogradec and Kamza) are supported with competitive grants 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 PWDs and R&E. 539 individuals of whom: 312 females (58%), 226 males (42%), 95 Roma and Egyptians, 57 persons with disabilities, 249 elderly, 30 persons with chronic disease, and 48 others.

1020 vulnerable households (4900 citizens) benefited from the information campaign and hygienic and emergency nutritional packages during the Covid-19 lockdown period.

Gender marker

Relevant policy analyses and studies developed within the programme closely considered gender perspective, through collection and use of sex-disaggregated data and gender statistics. Such analyses include: Rapid Gender Assessment of the impact COVID-19 on lives and livelihoods of women and men in Albania. Gender was mainstreamed in capacity development of local administration and LGU officials, with focus on gender responsive social protection services and gender responsive budgetary decisions at local level. Adequate reference was made to Gender Equality policies and National and International framework on GE, such as the NSGE, the CEDAW, Istanbul Convention and the BPfA, throughout policy discussion with stakeholders, advocacy and outreach activities and capacity building exercises. National Gender mechanisms were closely involved and consulted in the planning and execution of the activities, including both the MoHSP and the local gender equality focal points in the municipalities that took part in programme supported trainings, as well as in participatory budgeting meetings in the 6 municipalities.

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 is working 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.

Strategic meetings

| Type of event | Yes | No | Comments |
|--|--------------------------|-------------------------------------|---|
| JP launch event | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Due to COVID 19 the programme was launched only locally, in meetings organized at the municipal level. |
| Annual JP development partners'/donors' event* | <input type="checkbox"/> | <input checked="" type="checkbox"/> | A donor event was planned to take place in early December 2020, however, it was postponed due to the request of Ministry of Health and Social Protection considering the exigencies caused by covid-19. |

Funding and 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.
- 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.
- 6 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. It is expected that in the next phase the programme will further support LGUs to engender their MTBPs, leverage additional allocations for advancing gender equality and include gender key performance indicators to monitor progress.

Innovation, learning and sharing

The sustainability of the Programme's investments and effects and the scaling-up of successful practices and innovations are a constant concern of the Joint Programme. Several approaches and methods are applied to contribute to innovation and the durability of the Programme's interventions: Full alignment of actions on national policies and strategies; Investments in actors, processes and persons through coaching and training; and Promotion of community based social services bringing innovation. The Programme is increasing capacities of the existing state structures and civil society organizations to implement strategies and to provide services by calling their attention on innovation. Also, implementation of several actions, e.g. trainings and coaching is being done differently, online now due to Covid-19 situation. In addition, despite some initial hesitation from national authorities and some partners for a horizontal expansion of cash assistance programme, UNICEF acted promptly in piloting for the first time a HCT programme through municipal social protection system. The pilot was small and short although it did provide some lessons learnt: i) Invest in subnational solutions. ii) Build on existing knowledge and strengths. iii) Integration of sectors. iv) Knowledge sharing. v) Leading voice of UNICEF.

Strategic communications

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.

B. Annual Results

Overall progress

- On track (expected annual results achieved)
- Satisfactory (majority of expected annual results achieved)
- Not-satisfactory (majority of expected annual results not yet achieved)

Please, explain briefly: Overall, IMSPSD implementation is self-rated as satisfactory. The results and the contribution of IMSPSD is evidenced across programme targeted municipalities and the same self-rating is valid for the breadth of the range of issues and specific target groups of beneficiaries that are addressed via the programme.

Contribution to Fund's global results

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

| Indicators | Targets | |
|---|--------------------|--------------------|
| | 2020 | 2021 |
| 1.1: integrated multi-sectoral policies have accelerated SDG progress in terms of scope ¹⁷ (integrated health and social care framework) | Additional systems | Additional systems |
| 1.2: integrated multi-sectoral policies have accelerated SDG progress in terms of scale ¹⁸ (4 municipalities adopted local social care plans) | 4 municipalities | 6 municipalities |

Joint SDG Fund Output 3: Integrated policy solutions for accelerating SDG progress implemented

| Indicators | Targets | |
|---|---------|------|
| | 2020 | 2021 |
| 3.1: # of innovative solutions that were tested ¹⁹ (disaggregated by % successful- unsuccessful) (Humanitarian cash transfers piloted) | 1 | 2 |
| 3.2: # of integrated policy solutions that have been implemented with the national partners in lead (small grants scheme for NGOs and municipalities to deliver innovative integrated health and social care services) | 1 | 2 |
| 3.3: # and share of countries where national capacities to implement integrated, cross- sectoral SDG accelerators has been strengthened (Albania to be included and counted as one in addition) | 1 | 1 |

JP Outputs and Outcomes

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

The Joint Programme supported 6 targeted municipalities (Tirana, Kamza, Rrogozhina, Puka, Pogradec and Devoll) to design guidance note, workflows, protocols and effective mechanisms to implement improved integrated social care services. The achievements of this programme outcome have been implemented hand in hand with those of the second one. 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.

- The programme supported 6 municipalities to establish adequate processes, workflows, protocols and effective mechanisms to ensure administration of integrated social care services; revise and update terms of reference, job descriptions and responsibilities of the teams and officials for social care services planning and management.

¹⁷Scope=substantive expansion: additional thematic areas/components added or mechanisms/systems replicated.

¹⁸Scale=geographical expansion: local solutions adopted at the regional and national level or a national solution adopted in one or more countries.

¹⁹Each Joint programme in the Implementation phase will test at least 2 approaches.

- Established and made functional Covid 19-related local intersectoral coordination groups on integrated social care services with representation of related public and private local institutions.
- On April, the programme began a social mobilization campaign to attract society's attention on the additional challenges faced by minorities during COVID-19. IMSPSD provided emergency food assistance and hygienic items to 980 households from vulnerable and disadvantaged groups.
- 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.
- Supported MoHSP develop the new National Action Plan on the Integration of Roma and Egyptians 2021-2025 with a particular focus on integrated social care services.

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 are being enhanced via a number of practical training actions for professional staff, while support is being provided to review or update university curricula on social work (pre-service and in-service skills and qualifications).

- IMSPSD Joint Programme supported municipalities strengthen their capacities in operationalizing social protection policies at local level by developing and costing social care plans which respond to the needs of vulnerable men and women. New innovative models of integrated social services, community-based services for persons with disabilities are developed at the local level. 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.
- The programme measured for the first time in Albania the SDG indicator 1.3.1.

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 their processes, as well as by the divulgating, across Albania, good and innovative practices for providing social services and promoting social protection.

- The programme is supporting 6 municipalities in setting up social fund and modeling and delivering innovative and integrated health and social care services in implementation of social care plans. A grant scheme is developed and is agreed with MoHSP and the 6 targeted municipalities to model and deliver integrated health and social care services.
- Work is in progress for the development of a guide book of integrated health and social care model of services.
- With focus on integrated health and social care for older persons, initial steps are being made to develop the home care services through municipal support and related social fund. 40 older persons (28 women and 12 men) living alone received support.
- Database mapping health and social conditions is developed.
- The initial steps to create the Social Operator profession are being paved in partnership with Tirana Municipality.
- 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 already selected, respectively Devoll and Rrogozhina and work is under progress for the preparation of the technical specifications.

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

The empowerment of the joint programme target groups to request social protection and access social services is a precondition for improving their social situation and their livelihoods. 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.

- Rapid Gender Assessment of COVID-19²⁰ was conducted to assess the impact of coronavirus pandemic on main challenges faced by women and men and how the changing situation is affecting the socio-economic situation and livelihoods.
- 27 representatives of 10 CSOs (all women) have strengthened their capacities on integrated social care services sector planning and expenditure monitoring, as well as on preparation of Gender Budget Watchdog reports. The CSOs have been mentored to analyze the social care services in six municipalities, to monitor the impact of public policies and public spending on lives of women and men and to elaborate and draft the GRB watchdog reports. Under mentorship of a local expert, CSOs have developed six Gender Budget Watchdog reports, focusing mainly on analyzing municipal budget spending for social protection programs, in line with national policies on social protection and gender equality commitments. The gender budget watchdog reports provide key recommendations for policy makers to consider gender equality priorities in social protection services delivery.
- Participatory budgeting practices have been carried in 5 municipalities (Puka, Kamez, Pogradec, Devoll, Rogozhine) and reflected concerns voiced by women and most vulnerable during consultative processes, reaching over 200 women, including women representing the most marginalized and excluded groups. 54% of the women who participated in the participatory budgeting activities were from rural areas, 10.9% from Roma Community, 2.7% women with disabilities, while 60% of all participants were unemployed. Among the women that took part in participatory processes, there is a significant number of women representing the rights of ethnic minority women, women with disabilities and women artisans/crafts women. Women engaged in discussions and defined their needs and priorities focusing mainly on infrastructure upgrading, economic empowerment and support services for vulnerable groups to facilitate their integration in the society, with a rate of 39% matching between number and type of proposals by women with the adopted priorities at local level.
- 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 lifestyles booklet with information on health and psycho-social support available for older persons.
- Vulnerable communities and their organizations in Tirana, Puka, Rogozhina, Devoll, Pogradec and Kamza are supported with competitive grants to uphold their rights and hold local institutions accountable for delivering social services. From the local initiatives benefited in total: 539 individuals of whom: 312 females (58%), 226 males (42%), 95 Roma and Egyptians, 57 persons with disabilities, 249 elderly, 30 persons with chronic disease, and 48 others.

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

- The municipalities of Devoll, Pogradec, Tirana, Kamez, Rogozhina, Puke have benefited from technical assistance/mentoring in applying GRB within their MTBPs 2021-2023, ensuring that needs of vulnerable women and girls are incorporated in policies and budgets associated with municipal integrated social care services. The overall aim of the intervention was to increase capacities of the targeted municipalities to plan and implement programs and budgets that take into account the needs of women and girls from vulnerable groups in line with the local government's legal and policy commitments to advance gender equality. More specifically, the municipalities have improved their knowledge and understanding on basic concepts of gender mainstreaming and GRB, as well as on programme based budgeting and gender perspective in the development of the MTBPs. Comprehensive needs assessment was conducted in the six municipalities which served to inform capacity development and mentoring process. Taking into consideration the pivotal role of local authorities in the response to COVID-19 emergency, the assessment

²⁰ <https://albania.unwomen.org/en/digital-library/publications/2020/12/the-impact-of-covid-19>

captured the measures implemented in the municipalities and the extent to which gender specific challenges were addressed.

- The second phase of the mentoring process in the municipalities focused on analysis of the existing Social Plans and integrating the findings in the coaching and capacity building activities for the social protection departments, focusing mainly on capacitating the staff to effectively start applying GRB in the MTBP process. Analyses of the MTBPs 2021-2023 were also conducted and municipality-specific recommendations were provided to support future gender responsive budget planning and prioritization.

Output 6. Project managed.

To ensure a coordinated approach in the implementation of IMSPSD, a Programme a Technical Committee was established and met 4 times during 2020. The Technical Committee discussed on the practical implementation of the Programme and ensured that results are delivered timely and efficiently. A Steering Committee (SC) is established, taking all necessary strategic decisions based on the JP's initial plan and budget as well as monitoring data. It provided policy guidance and recommendations regarding the JP's strategy and objectives and approved annual plans of operation and reports. The SC met once during 2020. The programme is regularly communicating its results.

Workplan

- JP workplan was modified
- JP workplan was not modified

Explain briefly: Modified 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.

C. Plan for the Next Year of implementation

Next year

UN JP IMSPSD will advance its implementation during the second year to ensure the completion of the rest of results and build the pathway to sustainability after the end of the programme. The alignment of IMSPSD with national and local policies is a major factor contributing to the sustainability of the results.

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

- Support LGs to revise and update terms of reference, job descriptions and responsibilities of the teams and officials for social care services planning and management; Strengthen local intersectoral coordination groups on integrated social care services with representation of related public and private local institutions, including academia and faculties of social work and ensuring vertical coordination with line ministries; Support 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. (UNICEF, UNDP)

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

- 3 selected municipalities will be supported with the purpose to map linkages between women's social vulnerabilities-identified and needed social services, and their reflection in the respective social care plans (based on the social vulnerability mapping study which measures poverty and social exclusion at the local level (based on EU-SILC questionnaire) (UNW);
- Identify and disseminate best practices and exchange experiences about the development and implementation of social care plan. (UNDP, UNICEF)
- Design a methodology for the evaluation/ level of implementation of the local social care plans. (UNDP)

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

- Develop standards and protocols for the integrated social and health care services and pilot digital tools for each component of care including home visit, first encounter with social or health services, referral, social diagnosis, integrated service records (WHO,UNICEF); Develop a regulatory framework to enable the implementation of integrated health and social service models in pilot municipalities (WHO, UNICEF, UNFPA).

- Build the capacities of the primary health care and social care personnel to focus on the most vulnerable and prepare individual plan for holistic care using a family centered approach and post training supervision and coaching (WHO, UNICEF, UNFPA); Support infrastructure upgrades for psychosocial care, disability adjustments of the health facilities, and mobility solutions for the professionals to reach out to families (WHO, UNICEF); Explore trends in MNCH service availability and utilization to mitigate decreased access to routine MNCH care and reduced maternal and child health services uptake; monitor impact on nutrition status of newborns and young children using the existing national child nutrition monitoring system (UNICEF).
- Support 6 municipalities in setting up social fund and modeling and delivering innovative and integrated health and social care services in implementation of social care plans. (UNDP, UNICEF)
- Support the government to ensure better integration between social care service, health and social protection at national level as well as links to cash assistance programmes to inform local actions. (UNICEF, UNDP, UNFPA, WHO, UNW); Support MoHSP to develop and institutionalize standards on monitoring and inspecting integrated social care and health care services. (UNDP, WHO, UNFPA); Coordinate with MOHSP and Ministry of Interior on recommendations for standard structures at municipality level in charge of social care planning and delivery (in coordination with STAR).(UNDP)
- Upgrade community social services facilities for providing new inclusive social and health care services with the focus on vulnerable groups. (UNDP, UNICEF)

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

- Provide capacity building for activists and CSOs in the 6 target municipalities on integrated social care services, expenditure monitoring and accountability for gender equality through watchdog monitoring reports. (UNDP, UN Women, ILO); Increase participation of vulnerable women and girls in the participatory budgeting practices in 6 target municipalities to better respond to their needs for social services. (UNW)
- Strengthen the capacity of vulnerable groups and their organizations and support them with competitive grants to uphold their rights and hold local institutions accountable for delivering social services. (UNDP)
- Develop and implement a social mobilisation campaign in 6 targeted municipalities to help build trust between service providers and vulnerable communities, families and children and educational materials for care givers and family members of persons with disabilities (UNICEF, UNFPA).

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

- Capacity building of 6 target municipalities on application of gender and children responsive planning and budgeting of local Medium-term Budget programme (MTBPs).
- Contribute to National dialogue with key stakeholders on establishment of the social protection floor in Albania. Conduct analysis of equity in health utilization and expenditure with focus on MCH services in Albania. (WHO, UNICEF)
- Conduct cost and financial analysis for health insurance coverage for most vulnerable families with children and provision of assistive devices for children with disabilities in Albania. (WHO, UNICEF); Capacity building of 6 target municipalities on application of gender and children responsive planning and budgeting of local Medium-term Budget programme (MTBPs). (UNW, UNICEF)
- National dialogue with all stakeholders to discuss and agree on establishment of the social protection floor in Albania (ILO, UNICEF, UN Women); Conduct tripartite policy dialogue to present the key findings and recommendations of the fiscal space report and agree on the areas of priority action to reform the social security system, including provision of training to local authorities on self-conducting the fiscal space analysis (ILO).

Output 6. Programme managed

Communicate results through Press Releases/Statements, Four Media trips to promote good models of intervention, Produce one "best practice project brochure", Use social media (Twitter/Facebook/YouTube/Blogs and Podcasting)."; Organize 2 Donor events with EU and Sweden; Prepare Annual Reports and Conduct Final Evaluation; Sharing experiences and peer to peer collaboration, learning about practical actions and best practices.

Towards the end of JP implementation

Recognizing that the IMSPSD programme is primarily provided via technical expertise and support, and that the corresponding technical solutions and results are then made effective by the partner organizations and beneficiaries- knowledge management, learning and sharing is essential to building the longer-term sustainability and the potential for scaling up of the results. The programme design and approach provides an experimental 'lab-approach' to the pilot-testing of a range of integrated interventions, models and mechanisms at the local level, so as to generate experience and knowledge as to lessons learned (positive and negative), prior to the potential fine-tuning of the models and their wider dissemination and scaling up, in other LGUs and/or nationally.

Risks and mitigation measures

COVID19 is challenging the work and the capacities of national partners in many levels; it has posed a direct risk to the health and wellbeing of the partners, but it has also disrupted normal planning and implementation processes, which is in the particular case of this Joint Programme is directly related to inter-personal relationship between services providers and beneficiaries. In this context, the modality of conducting capacity development and mentoring activities was mainly delivered through online platforms and the use of ICT for regular communication with partners and stakeholders, which was at the same time an opportunity to engage with a larger number of participants. Programme activities implemented during 2020 took place at the local level and the major risk is therefore around local political commitment, local financial resource availability and local capacity. One way the programme used to safeguard ownership, strategic relevance and therefore sustainability of the intervention is the early engagement of UN teams with local stakeholders in shaping together the priority interventions and modalities of cooperation with distinct roles and responsibilities. Other stakeholders that interacted with the programme are civil society organizations in their different role as social services providers or advocates of vulnerable groups interests. Organizations of Roma, persons with disabilities, rural women, elderly and others will be further engaged and supported. As based on the initial screening and risk assessment, the Joint programme is of low risk according to the degree of potential social and environmental risks and impacts.

Annex 1: Consolidated Annual Results

1. JP contribution to global programmatic results (annual)

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

Global Impact: Progress towards SDGs

List up to 3 main SDG targets that your Joint Programme primarily focused on in 2020

SDG:1

SDG:5

SDG:10

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

1.1 Did your Joint Programme contribute to implementation of integrated multi-sectoral policies that accelerate SDG progress in terms of scope²¹ in 2020?

Yes

No

Explain briefly: The Joint Programme is working on bringing about system change in the field of social protection and the provision of social services that gradually ensure the realization of human rights by all. The goal is for Albanian Government to translate policy²² 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. Therefore, the Joint Programme results are directly linked and contributing to accelerate social protection-related SDG targets - by focusing on financing and delivery of integrated services at Municipal level, the new building block of the Albanian administrative structure.

1.2 Did your Joint Programme contribute to implementation of integrated multi-sectoral policies that accelerate SDG progress in terms of scale²³ in 2020? (if so, brief explanation)

Yes

No

Explain briefly: Local social care plans of municipalities of Rrogozhina, Polican, Skrapar and Fushe-Arrez are already developed by technical working groups and adopted by municipal councils. Municipalities of Kamza, Puka and Devoll have finalized and costed their social care plan; the plan has been shared and validated with local stakeholders and is awaiting the discussion and approval in municipal council meeting.

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

²¹Scope=substantive expansion: additional thematic areas/components added or mechanisms/systems replicated.

²² Social protection strategies are solid on paper but need to be activated and be put on a solid financing basis (the Government's policy intent calls for an integrated, and transformative system which needs to be translated to local action but needs resources and solid models). The national Strategy itself relies on donor support, as it already outlines a financial gap.

²³Scale=geographical expansion: local solutions adopted at the regional and national level or a national solution adopted in one or more countries.

1.3 Number of innovative solutions tested in 2020

Total number disaggregated by % successful and unsuccessful: 1

Provide the list Small Grants Scheme

Explain briefly: Small grants scheme for NGOs and municipalities to deliver innovative integrated health and social care services

1.4 Number of integrated policy solutions implemented with the national partners in lead in 2020

Total number: 1

Provide the list: National Action Plan on the Integration of Roma and Egyptians 2021-2025

Explain briefly: The methodology is developed and consultation with local stakeholders is ongoing under the leadership of the Ministry of Health and Social Protection to develop the new National Action Plan on the Integration of Roma and Egyptians 2021-2025 with a particular focus on integrated social care services reaching the most vulnerable individuals and families.

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

Yes

No

Explain briefly: IMSPSD UN Joint Programme was very successful at strengthening institutional capacities of the targeted municipalities (Puka, Devoll, Rogozhina, Skrapar, Polican, Fushe-Arrez and Kamza through training and mentoring for the development of social care plans, accessing the Social Fund and to use Management Information System (MIS) on social care services (4 trainings per each municipality, more than 60 municipality staff trained). Municipal teams of the seven (7) above mentioned municipalities have been supported and capacitated to develop the needs assessment, to analyze local budgets and map the existing services.

1.6 Did your Joint Programme develop a functioning partnership framework for integrated policy solutions to accelerate progress on SDGs in 2020?

Yes

No

Explain briefly: Establishment of 6 inter-sectorial working groups at the municipal level to assess needs and deliver emergency support to households in need due to COVID-19.

2. Selected global performance indicators (annual)

2.1. Did your Joint Programme contribute to the improvement of overall UNCT coherence in 2020?

Yes, considerably contributed

Yes, contributed

No

Explain briefly: This is the 7th joint programme for UNCT Albania being implemented in 2020 – contributing to 250% increase in number of joint programmes from 2017 (start of PoCSD, where only 3 joint programmes were being implemented). It indicates stronger UNCT coherence.

2.2. Did your Joint Programme contribute to reduced transaction costs for participating UN agencies in their interaction with national/regional and local authorities and/or public entities compared to other Joint Programmes?

Yes,

No

N/A (if there are no other joint programmes in the country)

Explain briefly: Being implemented under the management and operational framework of the PoCSD, there was no increased transaction costs from implementation of this programme.

2.3. Was your Joint Programme aligned with the UNCT Results Groups in 2020?

Yes

No

Explain briefly: The programme was aligned with Result Group of Outcome 2 and Output Working Group of Output 2.3 Social Inclusion and Protection.

2.4. Did your Joint Programme secure additional funding resources in 2020?

Yes

No

Explain briefly: The programme got government funding in 2020 (100,000 USD).

3. Results as per JP Results Framework (annual)

| Result / Indicators | Baseline | Expected 2020 target | 2020 Result | Reasons for variance from planned target (if any) | 2021 Target | Expected final target (if different from 2021) |
|--|---|---|--|---|--|--|
| 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. | | | | | | |
| Proportion of population covered by social protection floors/systems, by sex, 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. | No available data for this indicator. 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. ²⁴ | Institutional arrangements and coordination mechanisms completed and strengthened, and pilot models of integrated social care services are operational. | 61.7 % is the proportion of population covered by social protection floors/systems, by sex, 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. | | 62% of vulnerable persons and groups in the six targeted municipalities benefit from improved delivery of social care services by local authorities. | |

²⁴ National Strategy for Social Protection, 2015-2020

| | | | | | | |
|--|--|--|---|--|--|--|
| <p>Positive progress of the implementation of social care and protection national policies, strategies and related local action plans.</p> | <p>Level of implementation of R/E action plan is rate 3.66 for the year 2018.</p> | <p>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.</p> | <p>Level of implementation of R/E action plan is rate 3.68 for the last year.</p> | | <p>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.</p> | |
| <p>Proportion of domestically generated resources allocated by the government directly to poverty reduction programmes.</p> | <p>Overall social protection spending in Albania amounted to 9,3% of GDP in 2019. Social Care budget versus Total Social Protection in 2019 is 4.2%.²⁵</p> | <p>Increased annually by at least 2% at the national level and 4% at the municipal level.</p> | <p>Overall social protection spending in Albania amounted to 9,2% of GDP in 2020.²⁶ Social protection budget transferred to municipalities is increased by 48% btw 2019 and 2020.²⁷ (88,713,000/131,313,000) Social Care budget versus Total Social</p> | | | |

²⁵ Data from the Ministry of Economy and Finance in Albania, <https://www.financa.gov.al/buxheti>, 2020

²⁶ Accurate data can be calculated only in March 2021. Data from post-earthquake and covid-19 support are not calculated yet.

²⁷ Ibid

| | | | | | | |
|---|--|---|---|--|--|--|
| | | | Protection in 2020 is 5.5% ²⁸ | | | |
| | | | Annual increase of central government's budget for social care services between 2019 and 2020 is 2.1%. ²⁹ | | | |
| Output 1. Integrated social care services institutional arrangements and coordination mechanisms functional with clear roles and responsibilities at local level in 6 municipalities. | | | | | | |
| 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 4 targeted municipalities (those with adopted local social care plan). | | Regulations and instructions on integrated social care services are available in all targeted municipalities . | |
| 1.2 Six municipalities with improved capacities of at least 20% of service providers (50% women), on organization | 0 | At least 100 trained staff (municipal and direct service providers) apply the tools and knowledge of | At least 60 trained staff (municipal and direct service providers) apply the tools and knowledge of needs | | At least 100 trained staff (municipal and direct service providers) apply the | |

²⁸ Ibid

²⁹ Ibid

| | | | | | | |
|--|--|--|--|--|---|--|
| development and quality management, and effective planning, budgeting and financing. | | needs assessment, planning of services, standards implementation. budgeting and accessing Social Fund as per the new established integrated as per institutional arrangements established. | assessment, planning of services, standards implementation. budgeting and accessing Social Fund as per the new established integrated as per institutional arrangements established. | | 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. | |
| Output 2. Institutional capacities strengthened through training and mentoring for the development of social care plans and accessing the Social Fund. | | | | | | |
| 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 | Rapid Gender Assessment of the Impact of COVID-19 in women's and men's lives and livelihoods in Albania; | | Mapping report available. | |
| 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 | | | 1 additional municipality social care plan developed/ | |

| | | | | | | |
|---|---|---|--|--|---|--|
| | | adopted when needed. | 6 municipality social care plans developed/ improved and adopted (Puka, Devoll, Rrogozhina, Skrapar, Polican, Fushe-Arrez) | | improved and adopted | |
| 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. | |
| Output 3. Innovative models of integrated social care services piloted, including established local linkages between health and social protection services. | | | | | | |
| 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. | In process, not yet finalized. | | 2 municipalities supported to implement the integrated health and social care services model. | |

| | | | | | | |
|---|---|--|--|---|---|--|
| <p>3.2 Municipalities strengthened to take over and co-finance through social fund the proposed and integrated health and social care services.</p> | <p>At least 30 representatives (50% women) of all 6 targeted municipalities trained to make linkages btw health and social protection.</p> <p>A grant scheme is set up by IMSPSD for municipalities to introduce innovative models of integrated health and social care services.</p> | <p>At least 50 representatives (50% women) of all 6 targeted municipalities trained to make linkages btw health and social protection.</p> <p>Calls for submitting proposals are realized in a transparent manner. At least 10 proposals received.</p> | <p>A grant scheme is set up by IMSPSD for municipalities to introduce innovative models of integrated health and social care services.</p> | <p>Training of at least 50 representatives (50% women) of all 6 targeted municipalities to make linkages btw health and social protection is postponed to 2021 due to COVID-19.</p> | <p>6 municipalities supported with at least 1 innovative proposal in implementation of innovative models of health and social care services.</p> | |
| <p>Output 4. Vulnerable communities (disaggregated by gender, ethnicity, disability etc.) are empowered to actively participate in decision making and make institutions accountable.</p> | | | | | | |
| <p>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).</p> | <p>5-7% in selected municipalities.</p> | <p>Vulnerable population compose at least 20% of participants in annual planning and budgeting.</p> <p>At least 10% of issues/concerns addressed in annual planning and budgeting are raised by vulnerable populations.</p> | <p>6 CSO-led gender budget watch dog reports</p> | | <p>Vulnerable population compose at least 20% of participants in annual planning and budgeting.</p> <p>At least 10% of issues/concerns addressed in annual planning and budgeting are raised by</p> | |

| | | | | | | |
|---|---|--|--|--|--|--|
| | | | | | vulnerable populations. | |
| 4.2 No of projects implemented by CSOs representing vulnerable groups, demanding rights and holding municipal service providers accountable for quality social care services. | 0 | At least 6 grant fund projects, a majority of them for Roma and persons with disabilities, are implemented every year. | 6 grant fund projects, a majority of them for Roma and persons with disabilities, are implemented in 2020. | | At least 6 grant fund projects, a majority of them for Roma and persons with disabilities, are implemented every year. | |
| Output 5. Financing options for extending social protection coverage and benefits developed and assessed at the national and municipality levels. | | | | | | |
| 5.1 No of municipalities supported to conduct Gender Responsive Budgeting and budget briefs for investments on children. | 0 | 3 LGUs | 6 municipalities (on progress, not finalized yet) | | 3 LGU | |
| 5.2 Percentage of increased funds for social care services | Social care service compose 6.4% of the total | Annual increase of central government's | Social protection budget transferred to municipalities is | | Annual increase of central | |

| | | | | | | |
|---|---|--|--|--|--|--|
| <p>made available at local level also due to national consensus around social protection floor.</p> | <p>social protection budget.³⁰</p> | <p>budget for social services by 2% and targeted LGUs by 4%.</p> | <p>increased by 48% btw 2019 and 2020.³¹ (88,713,000/131,313,000)</p> <p>Social Care budget versus Total Social Protection in 2020 is 5.5%³²</p> <p>Annual increase of central government's budget for social care services between 2019 and 2020 is 2.1%.³³</p> <p>Rrogozhina municipality social services budget of the total municipality budget for 2020 is 0.16%. it is increased by 38% in comparison to 2019 (558,000 ALL in 2019; 770,460 ALL in 2020)</p> <p>Devoll municipality social services budget for 2020 is doubled in comparison to 2019 (2,813,617 ALL in 2019; 4,861,160 ALL in 2020)</p> | | <p>government's budget for social services by 2% and targeted LGUs by 4%.</p> <p>Social Protection Floor defined and discussed with national stakeholders.</p> | |
|---|---|--|--|--|--|--|

³⁰ Ministry of Finance and Economy, 2018

³¹ <https://www.financa.gov.al/buxheti>

³² <https://www.financa.gov.al/buxheti>

³³ Ibid

| | | | | | | |
|---|--|---|---|--|---|--|
| | | | <p>Kamza municipality social services budget for 2020 is increased by 17% (457,110,000 in 2019; 535,237,000 in 2020)</p> <p>Pogradec municipality social services budget for 2020 is increased by 7.6% (786,562,398 in 2019; 847,021,890 in 2020)</p> | | | |
| 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. | | Equity analysis in health utilization and expenditure is postponed to happen during the second year of programme implementation. | Financial analysis for health insurance coverage for most vulnerable groups and children. | |
| Output 6. Joint Programme Management | | | | | | |
| 6.1 No of communication means and events. | | 1 donor event organized | | The donor event was postponed due to COVID. | 1 donor event organized. | |
| 6.2 Social media outreach | | 150,000 social media social media post reach Min 50,000 post engagement | Total programme social media outreach: 62,040 Posts engagement: 3,256 Twitter impressions: 52,683 | | 200,000 social media social media post reach Min 60,000 post engagement | |

| | | | | | |
|--|--|-------------------------|---|--|---|
| | | | Reach: (31,580 UNDP; 12.916 UNICEF; 17,544 UNW); Post's engagement (1320 UNDP; 500 UNICEF; UNW 1436 engagement on Facebook UNW 42,170; UNDP 10,513 impressions on Twitter) | | |
| 6.2 The programme is regularly monitored and documented. | | Annual progress report. | Annual progress report for 2020. | | Final evaluation of the programme in place. |

Annex 2: List of strategic documents

Strategic documents that were produced by the JP

| Title of the document | Date when finalized (MM/YY) | Brief description of the document and the role of the JP in finalizing it |
|---|------------------------------------|--|
| Local Social Care Plan of Rrogozhina Municipality | Oct 2020 | Provide technical assistance to the municipality through a step by step participatory process of drafting Local Social Care Plans aiming at responding to the needs for social care services of all vulnerable groups in the respective municipalities. The support also contributed to equip the municipal staff and other relevant stakeholders with a set of organizational, managerial and technical knowledge, skills and competences for planning, budgeting and monitoring social care services. UNDP |
| Local Social Care Plan of Polican Municipality | Nov 2020 | Provide technical assistance to the municipality through a step by step participatory process of drafting Local Social Care Plans aiming at responding to the needs for social care services of all vulnerable groups in the respective municipalities. The support also contributed to equip the municipal staff and other relevant stakeholders with a set of organizational, managerial and technical knowledge, skills and competences for planning, budgeting and monitoring social care services. UNDP |
| Local Social Care Plan of Skrapar Municipality | Oct 2020 | Provide technical assistance to the municipality through a step by step participatory process of drafting Local Social Care Plans aiming at responding to the needs for social |

| | | |
|--|----------|--|
| | | care services of all vulnerable groups in the respective municipalities. The support also contributed to equip the municipal staff and other relevant stakeholders with a set of organizational, managerial and technical knowledge, skills and competences for planning, budgeting and monitoring social care services. UNDP |
| Local Social Care Plan of Fushe-Arrez Municipality | Sep 2020 | Provide technical assistance to the municipality through a step by step participatory process of drafting Local Social Care Plans aiming at responding to the needs for social care services of all vulnerable groups in the respective municipalities. The support also contributed to equip the municipal staff and other relevant stakeholders with a set of organizational, managerial and technical knowledge, skills and competences for planning, budgeting and monitoring social care services. UNDP |
| National Monitoring of SDG Indicator 1.3.1 | Dec 2020 | An exercise undertaken by UNDP to measure for the first time in Albania the SDG indicator 1.3.1, which links social protection provision with the goal of poverty reduction: <i>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.</i> This indicator measures the percentage of the eligible population covered by the social safety nets. It focuses exclusively on coverage, being an outcome indicator relating to coverage in terms of the proportion of the population covered by social protection floors/systems disaggregated by socioeconomic or demographic group. The indicator 1.3.1 under this exercise is calculated based on the national data, on a methodology developed by ILO and the World Bank. |
| Fiscal space for financing social protection in Albania | Dec 2020 | This part of the report focuses on the fiscal space analysis based on the historical data before the COVID-19 pandemic in order to provide an understanding of resource availability during normal times to finance social protection system in the country, which is non-discriminatory, gender sensitive, and economically sustainable. The purpose of this analysis also aims at providing guidance to the government, social partners, and other stakeholders on national and local capacity to mobilize resources, during normal times. ILO produced the report. |
| THE IMPACT OF COVID-19 ON WOMEN'S AND MEN'S LIVES AND LIVELIHOODS IN ALBANIA Results of a Rapid Gender Assessment | Dec 2020 | This publication has been produced by UN Women Albania to assess the impact of COVID-19 pandemic on main challenges faced by women and men, and how the changing situation is affecting the socio-economic situation and livelihood of women and men. The development of this publication is supported through the technical expertise provided in the framework of the UN Women regional "Women Count" project funded by the Swedish International Development Cooperation Agency and Australian DFAT, and with the financial contribution under the UN Joint Programme on Municipal Social Protection funded by the Global SDG Fund and the UN Joint Programme on Ending Violence Against Women funded by Sweden. |

Strategic documents for which JP provided contribution

| Title of the document | Date when finalized (MM/YY) | Brief description of the document and the role of the JP in finalizing it |
|--|-----------------------------|--|
| Social Insurance for all. Translation into Albanian. | November 2020 | Also available in English: The strategy of the International Labour Organization. Social security for all: building social protection floors and comprehensive social security systems – Geneva: ILO, 2012 |

Annex 3: Strategic communication results

3.1. Have you created a strategic communication plan for the Joint Programme?

- Yes
- No

Explain briefly: The Joint Programme (JP) “Improving Municipal Social Protection Service Delivery” communication strategy will raise 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. The Communication Strategy for the Joint Programme “Improving Municipal Social Protection Service Delivery” promotes positive values and models and supports improved access of vulnerable communities to basic equitable, inclusive and decentralized services.

It includes the communication goal and objectives, targeted audiences and communication partners, tools and techniques that are suggested to be used for the implementation of the communication strategy and action plan, the message that might be used and a roadmap activity specific communication support element.

3.2. What percentage of the annual budget towards communications was utilized from the total budget? (Note that the entire JP comms budget must be min 5% of the total JP budget)

Explain briefly: In 2021 activities, achievements and stories were promoted based on the communication plan for the Joint Programme. During this period, the JP has utilized 1.6% of the total budget in communication actions or 23.9% of the total duration budget dedicated to communication. The expenses dedicated to communication of results were 5.2% of the JP total expenses for 2020.

3.3. Have visibility outcomes increased due to the provided funding for JP strategic communications?

- Yes
- No

Explain briefly: Through its communication plan, the project enhanced the level of general knowledge about social protection framework and vulnerable communities’ issues/ challenges faced, through a broad education and information campaign with detailed information. This includes also production of content for mainstream and social media on factual negative and positive aspects of the life of vulnerable communities emphasizing the empowerment and achievements.

3.4. Does the Country Profile Page on the Joint SDG Fund website contribute to your JP outreach?

- Yes
- No

Explain briefly: We have disseminated information with local stakeholders. Also, social media posts have tags with Joint SDG Fund.

3.5. How many articles (interviews, human interest stories, press releases, expert insights, etc) about your JP were published by an external media outlet (Non-UN published)?

Total number:2

Explain briefly:

Coverage by National TV Station: <https://www.youtube.com/watch?v=CNnyU32vy-E&list=UU6tAjlpd8AWLI4ErBpBh2qg&index=1>

Coverage by Ora News: <https://youtu.be/nLboyWIBLF0>

3.6. How many articles (interviews, human interest stories, press releases, expert insights, etc) about the Joint Programme were published by the UNCT and JP PUNOs?

Total number:24

Explain briefly: See more details below.

3.7. Have you received an increase of social media followers?

Yes

No

Total number: (Not mandatory)

Explain briefly:

Multi-Media Faucets

| Title of the document | Date when finalized (MM/YY) | Brief description and hyperlink (if it exists) |
|--|-----------------------------|---|
| Fact Sheet | October 2020 | Rapid Gender Assessment of COVID-19 fact sheet |
| National TV coverage- interview- calling on the specific issues faced by COVID 19 minority communities in Albania. | April 2020 | https://youtu.be/nLboyWIBLF0 |
| Medium article: Mobile healthcare and social protection services for the remotest rural areas | October 2020 | https://albania-undp.medium.com/mobile-healthcare-and-social-protection-services-for-the-remotest-rural-areas-52050caca541 |
| Video: Coaching families with children with disabilities to cope in times of COVID-19 | October 2020 | https://fb.watch/26kpn1Vv18/ |
| Video: Integrated health and social care services reach citizens in remote areas | December 2020 | https://fb.watch/2FIN9PhOCL/ |
| News in national public TV Station: Integrated health and social care services reach citizens in remote areas | December 2020 | https://www.youtube.com/watch?v=CNnyU32vy-E&list=UU6tAjIpd8AWLI4ErBpBh2qg&index=1 |
| Video: Pilot innovative integrated services in Kamza | December 2020 | https://fb.watch/36CpmICbJW/ |

Social Media Campaigns

| Title of the document | Type (FB/Twitter/LinkedIn/Etc.) | Brief description and hyperlink (if it exists) |
|-----------------------|---------------------------------|--|
|-----------------------|---------------------------------|--|

| | | |
|--------------------|--------------------------|--|
| Videos | FB | <p>CSO partner “Today for the Future” produced ten short videos with women from communities who participated in the local budget planning and also with representatives of local institutions, highlighting key results of the GRB process in all municipalities.</p> <p>https://www.facebook.com/668381123207158/videos/483765862586535 https://www.facebook.com/668381123207158/videos/1060169591079950 https://www.facebook.com/668381123207158/videos/2736074123318509 https://www.facebook.com/fabiola.lacoegro/videos/10158777582639231 https://www.facebook.com/fabiola.lacoegro/videos/10158750213579231 https://www.facebook.com/fabiola.lacoegro/videos/10158747542169231 https://www.facebook.com/fabiola.lacoegro/videos/10158745291704231 https://www.facebook.com/fabiola.lacoegro/videos/10158738277979231 https://www.facebook.com/fabiola.lacoegro/videos/10158709152149231 https://www.facebook.com/fabiola.lacoegro/videos/10158704837299231</p> <p>All activities of the project were posted on a dedicated Facebook group: https://www.facebook.com/groups/475273052880890</p> |
| Social media posts | FB/Twitter/LinkedIn/Etc. | <p>UNDP posts:</p> <p>https://www.facebook.com/UnitedNationsAlbania/posts/1602522383246033 https://www.facebook.com/UnitedNationsAlbania/posts/1545599102271695 https://youtu.be/nLboyWIBLFO https://www.facebook.com/PNUDSHQIPERI/posts/3463764543682297 https://www.facebook.com/joscelynfoundation/posts/1584447065071264?notif_id=1600777518383239&notif_t=page_post_reaction https://www.instagram.com/p/CFcEfNZgUmC/ https://www.facebook.com/PNUDSHQIPERI/posts/3526167750775309 https://albania-undp.medium.com/mobile-healthcare-and-social-protection-services-for-the-remotest-rural-areas-52050caca541 https://www.facebook.com/PNUDSHQIPERI/posts/3626928064032610 https://fb.watch/26kpn1Vv18/ https://fb.watch/2FIN9PhOCL/ https://www.youtube.com/watch?v=CNNyU32vy-E&list=UU6tAjIp8AWLI4ErBpBh2qq&index=1 https://fb.watch/36CpmICbJW/</p> |

Annex 4: Updated JP Risk Management Matrix

| Risks | Risk Level: (Likelihood x Impact) | Likelihood: Certain - 5 Likely - 4 Possible - 3 Unlikely - 2 | Impact: Essential - 5 Major - 4 Moderate - 3 Minor - 2 | Mitigating measures | Responsible Org./Person |
|-------|--------------------------------------|--|--|---------------------|-------------------------|
|-------|--------------------------------------|--|--|---------------------|-------------------------|

| | | Rare – 1 | Insignificant - 1 | | |
|--|-----------|------------|----------------------|---|-------|
| Contextual risks | | | | | |
| Covid-19 Lockdown, social distancing, and involvement of health professionals in the emergency will impact the implementation of the joint programme plans that are linked to the design and piloting of integrated health and social protection services. | High (16) | Likely (4) | Major (4) | Nonetheless, the decision taken by the SDG Global Fund to allow repurpose of 20% of the budget, provided a window to reshape the programmatic intended to support combining health and social protection services for the most vulnerable segments of the population. Activities which require active involvement of the health and municipal professionals who for the moment are overstretched will be rescheduled for 2021. The activities during 2020 were carried in a challenging context caused by the COVID-19 pandemics, with restricted mobility and other preventive measures applied at country level. In this context, the modality of conducting capacity development and mentoring activities was mainly delivered through online platforms and the use of ICT for regular communication with partners and stakeholders, which was at the same time an opportunity to | PUNOs |

| | | | | | |
|--|-------------|--------------|--------------|---|-------|
| | | | | engage with a larger number of participants. | |
| Replacements and turnover happen in leadership, management and human resources of central government institutions and local authorities after elections posing a risk to continuity of committed initiatives and projects. | High (16) | Likely (4) | Major (4) | The programme staff will establish immediate contacts with the new leadership in line ministries right after the parliamentary elections happening in April 2021 to ensure understanding of the interventions and ensure commitment for their continuity and scale-up. | PUNOs |
| Programmatic risks | | | | | |
| Scaling-up of successfully introduced innovations introduced may be at risk due to low commitment by government. | Medium (12) | Possible (3) | Moderate (3) | Scaling-up is to be realized with the support of central authorities who can contribute to the preparedness of municipalities to replicate good practices identified and tested elsewhere. Scaling-up of projects for specific target groups (Roma, Egyptians) and persons with disabilities) is to be facilitated by a careful selection of municipalities and the beneficiaries. A means to support preparedness of these actors consist in the demonstration of successes already achieved in the field of social inclusion. | PUNOs |

| | | | | | |
|--|--------------------|---------------------|---------------------|---|--------------|
| <p>Potential beneficiaries do not see their interest in participating in innovating social services.</p> | <p>Medium (12)</p> | <p>Possible (3)</p> | <p>Moderate (3)</p> | <p>UNDP will take a facilitator role in engaging different CSOs and representatives of vulnerable communities to plan, coordinate, and take action to the same discussion table in improving the situation. During 2020 Joint UN Programme "Improving Municipal Social Protection Service Delivery" (IMSPSD) addressed the multidimensional impacts of the COVID-19, in line with the original focus of the action and supported local government institutions (Tirana, Kamza, Puka, Rogozhine, Pogradec and Devoll) 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. Six small-grants projects are being implemented in partnership with six (6) local NGOs focused on: a) Integrated data collection and analysis in response to social problems arising from COVID-19; b) Awareness raising, strategic communications; c) Implementation of digital and telephone services for</p> | <p>PUNOs</p> |
|--|--------------------|---------------------|---------------------|---|--------------|

| | | | | | |
|---|-------------|--------------|--------------|--|-------|
| | | | | vulnerable communities; d) Establishing links between social protection services and health care; e) Promoting employment for the Roma and Egyptian communities through social care case management; f) Teletherapy for persons with disabilities and the elderly. The involvement of civil society organizations in the delivery of innovative social services increases the interest of final programme beneficiaries. | |
| Institutional risks | | | | | |
| High polarization of political situation in the country might lead to demotivation of partners at the institutional level. | High (16) | Likely (4) | Major (4) | The programme will work closely with partners and monitor them closely to ensure that project activities are not negatively impacted. | PUNOs |
| Low priority given to issues of social protection and lack of focus on vulnerable populations by central and local government. | Medium (12) | Possible (3) | Moderate (3) | Programme stakeholders have established partnership with the government and have ensured their commitment in elevating social protection to the level of a preferred instrument of development. | PUNOs |
| Fiduciary risks | | | | | |
| The promotion of services for specific target groups may affect the Albanian population's perception of the support provided, especially the perception by groups of the population who are not | Medium (12) | Possible (3) | Moderate (3) | The project, especially when making visible interventions (e.g. by activities facilitated by the small grants fund) is to communicate well – not | UNDP |

| | | | | |
|---|--|--|--|--|
| <p>beneficiaries but who consider to be in need of support they do not receive.</p> | | | <p>only with the target groups and the service providers, but also with the neighborhoods. Persons and groups not directly targeted by the intervention are to be informed, if possible and suitable also included in the programme, e.g. by making a community centre accessible not only to those mainly targeted.</p> | |
|---|--|--|--|--|