UN Joint Programme “Improving Municipal Social Protection Service Delivery” (IMSPSD) in Albania

Final Evaluation

Evaluation Report

(FINAL)

18 May 2022

Prepared by:

Shawn Webb - Contract No.: ALB-016-2022

Elida Metaj - Contract No.: ALB-012-2022

Final Evaluation Opening Page

Project/ outcome Information		
Project title	**Improving Municipal Social Protection Service Delivery (IMSPSD)**	
Atlas/ project ID	**00115512**	
Corporate outcome and output	**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** **Output 1**: Integrated social care services institutional arrangements and coordination mechanisms functional with clear roles & responsibilities at local level in 6 municipalities **Output 2**: Institutional capacities strengthened through training and mentoring for development of social care plans and accessing the Social Fund **Output 3**: Innovative models of integrated social care services piloted, including established local linkages between health and social protection services **Output 4**: Vulnerable communities (disaggregated by gender, ethnicity, disability etc.) empowered to actively participate in decision making and make institutions accountable **Output 5**: Financing options for extending social protection coverage and benefits developed and assessed at the national and municipality levels **Output 6**: Joint Programme managed	
Country	**Albania**	
Region	Europe and the CIS	
Date project document signed	05/11/2019	
Project dates	**Start**	**Planned end**
	01/01/2020	30/06/2022
Project budget	USD $ 2,000,000 (overall project budget) • UN Joint SDG Fund contribution = USD $ 1,500,000 • Co-funding 1 (resourced from regular or non-core resources of participating UN agencies to the proposed Joint Programme) = USD $ 400,000 • Co-funding 2 (resourced from the Albania SDG Acceleration Fund – Government of Albania contribution) = USD $ 100,000	
Project expenditure at the time of review	UN Joint SDG Fund contribution • Total commitments as of 31/03/2022 = USD $ 1,455,779 (97.05%) • Total expenditures as of 31/03/2022 = USD $ 1,243,788 (82.92%)	
Funding source	UN Joint SDG Fund	
Implementing party	• UN Participating Organizations: UNDP, UNICEF, UN WOMEN, and WHO, supported by ILO, UNFPA and UNHCR • Convening/Lead Agent: UNDP • Administrative Agent (Joint Fund): UNDP Multi-Partner Trust Fund Office	
Evaluation Information		
Evaluation type	Project/ outcome	
Final/ MTR/ other	**Final Evaluation**	
Period under evaluation	**Start**	**End**
	05/11/2019	15/04/2022
Evaluators	Shawn Webb (International Consultant – Team Leader) Elida Metaj (National Evaluation Consultant)	
Evaluator e-mail	sh_webb@hotmail.com	elidametaj@hotmail.com
Evaluation dates	**Start**	**Completion**
	01/03/2022	18/05/2022

Contents

List of acronyms and abbreviations **iii**

Executive Summary I

1. Introduction 1
1.1. Purpose of the Final Evaluation 1
1.2. Evaluation scope and objectives 1
1.3. Evaluation approach and methods 2
1.4. Limitations of the evaluation methodology and data analysis 3
1.5. Structure and contents of the Evaluation Report 3
2. Description of the intervention (UNJP IMSPSD) 4
2.1. Overview of the IMSPSD programme and of the UN programme context 4
2.2. Development context 5
2.3. Programme description and strategy 8
2.4. Main stakeholders and target groups 10
2.5. Implementation arrangements 11
3. Findings 12
3.1. Relevance 12
3.1.1. Alignment with target groups' needs and priorities, and policies and strategies 12
3.1.2. Relevance of the project in the international development policy framework 15
3.1.3. Quality of the programme design 16
3.2. Coherence 17
3.2.1. Coherence of IMSPSD with other policies/ interventions of the stakeholders 18
3.2.2. Coordination/ coherence of IMSPSD with other donor programmes/ interventions 19
3.3. Effectiveness 19
3.3.1. Effectiveness of IMSPSD in the delivery and achievement of results 20
3.3.2. Effectiveness of the participating UN agencies in the delivery of results 26
3.3.3. Factors influencing the achievement/ non-achievement of the expected results 27
3.4. Efficiency 28
3.4.1. Project management arrangements and the efficient delivery of results 28
3.4.2. Monitoring and evaluation, project steering, and risk management systems 30
3.5. Impact 30
3.5.1. The direct effects and the prospects for intermediate impact of the programme 31
3.5.2. Factors supporting/ hindering progress in the achievement of impact 32
3.6. Sustainability 33
3.6.1. Processes to ensure the sustainability of the project results and benefits 34
3.6.2. Factors supporting/ hindering the sustainability of the results/ benefits 36
3.6.3. Steps to strengthen the sustainability of the project results and benefits 37
3.7. Horizontal themes/ cross-cutting issues 38
3.7.1. IMSPSD contribution to the SDGs 38
3.7.2. IMSPSD contribution to UN reforms 38
3.7.3. IMSPSD cross-cutting issues (gender equality, governance, human rights) 39
3.7.4. IMSPSD communication and visibility 42

4. Conclusions **45**
4.1. Accomplishment of the main expected results 45
4.2. Contribution to improving the situation of vulnerable groups 46
4.3. Gender responsiveness 47
4.4. Focus on people with disability 47
4.5. Contribution to SDG acceleration 47
4.6. Contribution to UN reforms (including, UNCT coherence) 48
4.7. How results have contributed to social services improvement 48
5. Lessons learned **49**
6. Recommendations **51**

Figures, Graphs and Tables

Table 1: Main indicators of Poverty and Social Exclusion in Albania, 2017-2020 6
Table 2: IMSPSD programme – Intervention Logic 9
Table 3: IMSPSD programme – Budget allocation per Output 10
Table 4: IMSPSD programme – Theory of Change (municipal/ national level) 16
Table 5: IMSPSD programme – Overview of final-user beneficiaries supported 20
Table 6: IMSPSD programme – Deployment of the UN Joint SDG Fund budget 29

Annexes **53**

Annex 1: Terms of Reference for the evaluation 54
Annex 2: Pledge of ethical conduct in evaluation 62
Annex 3: Evaluation Matrix 63
Annex 4: Evaluation rating scale definition 73
Annex 5: IMSPSD programme – Budget 74
Annex 6: IMSPSD programme – Results framework 76
Annex 7: IMSPSD programme – Overview of the key outputs (products) 86
Annex 8: IMSPSD programme – Overview of CSOs supported 90
Annex 9: IMSPSD programme – SDG Goals and Targets 92
Annex 10: Socio-economic data regarding social protection and social care service provision in Albania at municipality level (IMSPSD's 6 core LGUs) 96
Annex 11: List of individuals or groups interviewed or consulted, and sites visited 104
Annex 12: List of documents 108

List of acronyms and abbreviations

CSO	Civil Society Organization
DaO	"Delivering as One" mechanism
EMG	Evaluation Management Group
EQs	Evaluation Questions
EU	European Union
EUR	Euro (€)
FGD	Focus Group Discussion
GoA	Government of Albania
GRB	Gender Responsive Budgeting
HCT	Humanitarian Cash Transfers
ILO	International Labour Organization
IMSPSD	Improving Municipal Social Protection Service Delivery (UNJP in Albania)
INSTAT	Albanian Institute of Statistics
IPA	(EU) Instrument for Pre-Accession Assistance
LGBTIQ+	Lesbian, gay, bisexual, transgender, intersex, queer/questioning
LGU	Local Government Unit (municipality)
MAPS	Mainstreaming, Acceleration and Policy Support (for Achieving the Sustainable Development Goals)
MFE	Ministry of Finance and Economics
MHSP	Ministry of Health and Social Protection
MIS	Management Information System
MTB/ MTBP	Medium Term Budget/ Medium Term Budget Programme
NARU	Needs Assessment Referral Unit
OECD-DAC	Organisation for Economic Co-operation and Development, Development Assistance Committee
PUNO	Participating United Nations Organizations
SCP	Social Care Plan
SDC	Swiss Agency for Development and Cooperation
SDGs	Sustainable Development Goals
SSS	State Social Services
ToR	Terms of Reference
UN	United Nations
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNJP	United Nations Joint Programme
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
USD	United States Dollar ($)
WHO	World Health Organization

Executive Summary

Subject Description

The UN Joint Programme *"Improving Municipal Social Protection Service Delivery"* (IMSPSD) in Albania is implemented by the Participating UN Organizations (PUNO) – joint participation of UNDP, UNICEF, UN Women, WHO, with the contribution of ILO, UNFPA and UNHCR – over the period from January 2020 to June 2022 (following a 5-months no-cost extension). The total programme budget is USD $2,000,000 – USD $1,500,000 resourced from the UN Joint SDG Fund (75%); USD $400,000 (20%) resourced from the regular or core resources of the PUNOs; USD $100,000 (5%) resourced from the Albania SDG Acceleration Fund as government co-funding. The programme goal is to support the Albanian Government translate its policy intent *(regarding social protection and social care service reform and social inclusion policy)* into proper local actions so that men, women, girls and boys living in poverty, or vulnerable situation have access to integrated, quality social care services. IMSPSD is implemented by the PUNOs working in close partnership with relevant government bodies at central and local level – notably the Ministry of Health and Social Protection (MHSP), and the Local Government Units (LGUs) in the municipalities targeted for programme support – and social service providers, independent institutions and civil society organizations (CSOs).

Purpose and Objectives of the Final Evaluation

The general objective of the assignment is to conduct a final evaluation of the project *(UN Joint Programme "Improving Municipal Social Protection Service Delivery")* outcome in terms of its Relevance, Coherence, Effectiveness, Efficiency, Impact, and Sustainability, as well as its gender mainstreaming and focus on disability and against the project-level theory of change. The evaluation shall document the lessons learned and positive examples, and provide recommendations to enable the UN implementing agencies (UNDP, UNICEF, UN Women, WHO, UNFPA and ILO), and programme implementing partners and stakeholders to draw on positive lessons and models/examples for future similar interventions. The evaluation will also highlight areas where the programme performed less effectively than anticipated, the rationale behind that, and the related recommendations to be considered in similar future interventions.

Evaluation Methodology

The evaluation approach and methodology follows the requirements specified in the Terms of Reference for the assignment, as well as founded on methodological guidance provided by UNDP Evaluation Guidelines (2021), UNEG Norms and Standards for Evaluation (2016), UNEG Ethical Guidelines for Evaluation (2020), UNEG Guidance on Integrating Human Rights and Gender Equality in Evaluations (2014), and OECD-DAC evaluation criteria (2019). The evaluation, conducted by an International Consultant and a National Consultant, included the following approaches: Documentation review; Semi-structured interviews with key informant persons and Focus Group Discussions with key partners/ stakeholders during the field mission and on-site visits (04-11 April 2022); Assessment of programme progress versus the results framework and of its contribution to the achievement of improved social protection service delivery. The evaluation is an evidence-based assessment, founded on a collaborative/ participatory approach in terms of its engagement with the diverse range of partners at central (national), municipal and local levels. In conducting the analysis, the evaluator has utilised the following performance ratings scale: (1) Highly Satisfactory; (2) Satisfactory; (3) Moderately Satisfactory; (4) Moderately Unsatisfactory; (5) Unsatisfactory; (6) Highly Unsatisfactory.

Major findings and conclusions

Overall, the **relevance** of the programme and the quality of the design of the action is rated as **highly satisfactory**. The programme builds on the solid policy and legal framework for social inclusion set up via previous UN projects, with the focus of the programme on catalyzing 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 in Albania. The programme intervention strategy focuses the support for improvement of the social protection/ social care system in select municipalities (a core group of 6 LGUs, and 10 LGUs supported via specific

actions) in order to test and demonstrate the results and to generate knowledge and learning to inform local and national policies and systems and support further scaling-up/ replication, in combination with the continued provision of technical advice for completing the national policy.

The intervention logic and implementing strategy of the programme, including the definition of stakeholders and target groups, is clearly defined, and the theory of change narrative a credible outline of the causal pathway of results leading to socio-economic development change. The principal target group(s) of final-users who directly and indirectly benefit from improved social care services, are the marginalized populations of Albania: with persons with disabilities (PWDs) often the most vulnerable, plus Roma and Egyptians (R&E), and vulnerable children, vulnerable women, older persons, LGBTIQ+, migrants, refugees, and long term unemployed. These target groups are reached via municipalities' social services departments and CSOs providing social services and representing the interest of the marginalized and vulnerable. More broadly, the final beneficiaries are all citizens/ residents in Albania whom indirectly benefit via the existence of a strengthened system for social service provision and support.

The programme is fully aligned with national policies, needs and priorities linked to improving the social protection system and its coverage, based on the vision of an integrated social protection system that ensures linkages between social assistance (cash benefits) and integrated social care services so as to help households/families find pathways out of poverty and to overcome vulnerability and enjoy a level of wellbeing compliant with their human rights. Feedback from all project partners, stakeholders, and final-user beneficiaries supported via IMSPSD, provided to the evaluators during the field phase mission, was entirely consistent in its positivity as to the continued high level of relevance of the goals and approaches of the programme to the needs of their organization and to addressing the needs of Albania regarding the improvement of social protection and social care services, policy outcomes and inclusion. The programme provides a relevant mix of interventions, at central, municipal, and local levels that collectively, and coherently, contribute to country system (national and local) development.

Overall, the **coherence** of IMSPSD with the other policies and interventions of the programme partners and stakeholders in the area of social protection/ inclusion, gender equality and human rights is rated as **satisfactory**. The programme design took into consideration the policy, strategic and regulatory framework, as well as the scope of other interventions undertaken by the partners, in order to ensure that IMSPSD suitably interlinks/ fits within the wider framework of policies and interventions, so that the collective efforts mutually reinforce results achievement. The programme relies entirely on country systems, and no parallel systems have been introduced. The programme interventions are all designed to capacitate existing state structures (national and municipal) and local CSOs to implement their strategies/ meet their goals and priorities in the delivery of social protection and social care services, and in the achievement of socio-economic benefits for the final-users of the services/ support. Furthermore, the programme provides a strong focus to strengthening the institutional/ organizational and the human resources capacities of the targeted implementing partners, as well as the production of evidence-based analysis to support policy and operational reform.

Overall, the **effectiveness** of the programme's progress towards results achievement is rated as **satisfactory**. The programme has effectively delivered a range of different interventions that contribute to achievement of IMSPSD's six output results, which effectively contribute to the achievement of the programme's outcome and goal. The performance of the programme is most effectively evidenced linked to IMSPSD output results 1 to 4 (Institutional arrangements and coordination mechanisms; Capacity building; Innovative models of integrated social care services piloted; Empowerment of vulnerable groups/ communities), whereas for outputs 5 and 6 (Financing options for extending social protection; and Knowledge management, learning and sharing) full delivery/ attainment of the intended results is still to be achieved (actions are on-going in the final months). With regard to the effectiveness of the programme to address the cross-cutting issues gender equality, governance, and human rights in the implementation, delivery and achievement of the results, the programme has performed highly satisfactorily. This is achieved across the programme and is clearly evidenced in terms of the focus and delivery of programme outputs but most effectively evidenced in terms of final-users supported.

Gender equality was promoted in a series of specific gender targeted interventions: on the use of GRB to mainstream gender in local policy planning, implementation and monitoring, as well as GRB application in LGU budget plans to ensure women's needs are incorporated; the engendering of Social Care Plans; and the empowerment of vulnerable groups and their CSOs to engage in public policy consultation processes and to act as local GRB watchdog/ advocate. The programme has also ensured a clear focus on disability, adults and children PWDs and their representative CSOs, supporting them as prime direct beneficiaries in 4 municipalities.

Whereas implementation of the IMSPSD programme has been undertaken in the context of significant external challenges (notably due to COVID-19), IMSPSD has been very effectively adapted to respond to the contextual changes arising so as still to achieve most of the intended results/ objectives fully within the intent of the programme framework, while also providing valuable support to Albania in its response to/ recovery from the COVID-19 health pandemic.

The supported municipalities attest to the benefits of the different range of supports/ products that have strengthened their institutional, organizational, administrative and technical capacities to design, plan, budget, staff, deliver, monitor, and evaluate social care services provision, as well as the interlinking of social care service provision with other components of social protection (particularly cash assistance benefits, child protection, protection of survivors of domestic violence, as well as with employment and social housing policies/ services). The six local demonstration projects to pilot the introduction of integrated health and social services have extended the scope and scale of local public services provision for vulnerable groups.

The programme has also successfully contributed to support the GoA to translate its social protection and social inclusion policy and the relevant legal framework, particularly the Law on Social Care Services, at the municipal level on the design, implementation and management of integrated social services, as well as to institutionalize the cross sectoral model of the integrated health and social care services, and to further develop its social inclusion policy/ priorities supporting the inclusion of R&E, and of care service models supporting older persons.

The programme has delivered a range of benefits for the final-user beneficiaries so as to empower vulnerable groups and communities. In 2020-2021 it provided supported reaching approximately 10,350 individuals (55% women and girls; 37% R&E, 14% PWDs, 16% children and families, 6% older persons, 2.5% LGBTIQ+): to inform/ raise awareness and empower people to engage in public policy consultation/ advocacy or via the provision to them of social care services and supports, in urban areas and also in rural and remote communities.

Interviews with LGU staff, CSOs and final-user beneficiaries, as well as reports from the field, provide evidence that the programme improved access to quality integrated social services to vulnerable groups particularly to persons with disabilities (Pogradec, Devoll), children with disabilities (Kamza and Puka), older persons (Rrogozhina), children in street situation, youth, older persons and families in need in rural areas (Tirana) and also to LGBTIQ+ people. There were certain rural areas in Puka, Devoll, Pogradec, where adults and children with disabilities received physiotherapy, speech therapy and psychological services for the first time.

IMSPSD has supported the empowerment of vulnerable groups and their representative CSOs to hold local governments accountable through participatory budgeting practices at the local level (which has led to establishing a CSOs' Participatory Budgeting Network PRISMA), and via the building of CSOs' gender responsive budgeting (GRB) analysis and watchdog capacities. The participatory budgeting processes has started to create demand for social services at grass roots/community level and hold LGUs accountable to their functions: approx. 20% of the issues raised by vulnerable women became priorities in the future LGU budget.

Overall, the **efficiency** of the programme implementation and delivery is rated as **satisfactory**. Whereas the start-up period for programme implementation in early-2020 was challenged by the on-set of COVID-19, which significantly impacted in terms of the need to change the delivery modalities for certain supports or slowed-down the process to roll-out certain supports, the pace of implementation of the programme has satisfactorily progressed since spring-2020.

Implementation of the programme is undertaken in close cooperation and dialogue with partner organisations and stakeholders on the Albanian-side: central and local government, social

service providers, and civil society. Feedback provided to the evaluator during the field phase mission attest of a strong level of satisfaction across the range of organisations as to the good level of cooperation that they have with the UN agencies, and the strength and quality of the consultative approach of the agencies in their provision of support, technical analysis/ advice. This approach is clearly essential for building local ownership and the capacities to develop appropriate technical outputs/ solutions and to utilize and absorb the programme results.

While the overall efficiency of programme implementation/ delivery is good, it is evident that the efficiency of results delivery linked to output 5 (fiscal space analysis) has been challenging. While production of the initial evidence-based analysis (Review of Social Protection System and Fiscal Space for financing Social Protection in Albania) was efficiently completed, the process to facilitate national/ social dialogue on the issue has not been a priority for partners.

Overall, it is assessed that the IMSPSD programme **impact** is **moderately satisfactory**. It has brought about a range of direct positive changes at system, institutional/ operational and community level, e.g. Development of the policy and the legal/ regulatory framework and cross sectoral models for integrated social services, and health and social services; Improved institutional, organizational, administrative and technical capacities of LGUs to design, plan, budget, staff, deliver, monitor, and evaluate social care services provision, as well as the interlinking of social care service provision with other components of social protection; Direct benefits attained by the target groups of final-user beneficiaries via the improved services. But, these effects need to be sustained over time as the municipalities move forward with the further development/ extension of their social protection and local social care services offer. The prospects for intermediate impact of the results is greatly dependent on the future availability of financial and human resources to support LGUs undertake the investment in social services.

In terms of the intended catalytic impact of the programme at the national/ system level – by distilling best working practices and generating knowledge that both fosters national dialogue and supports policy-makers for the scaling-up of national measures that will ultimately result in reforming the social protection system and better links between social protection and health – further effort is required to promote the generation and sharing of knowledge so as to ensure that the programme results can be suitably scaled up/ replicated by other LGUs going forward.

Overall, the IMSPSD programme's contribution to ensure the **sustainability** of the results and benefits after the end of the programme is assessed as **moderately satisfactory**. Sustainability of the results is primarily ensured by the programme's full alignment with the key social protection and social inclusion policies of the government (at national and local level), with the results institutionalized/adopted by the supported partners at system/operational level. In addition, the results respond to the multiple needs of the targeted vulnerable groups and their representative CSOs, which have been empowered to be vocal in demanding inclusive social services and to hold local government accountable to its social protection function.

However, certain risks exist that maintenance of the results and further scaling-up/ replication of the measures nationally may be constrained by the availability of national/ local investments in human/ financial resources to support the delivery of integrated, quality social care services. The capacity of LGUs to ensure funding for the maintenance and further extension of social services provision remains to some extent limited. Out of the six pilot projects for integrated health and social care services implemented via IMSPSD, only two services are fully sustained/ continuing (Pogradec and Puka). The municipalities of Devoll and Kamza are continuing to provide the piloted services, but with reduced staff and expecting to fully transfer them to the new multi-functional centers to be funded by the municipal budget. In the meantime, both LGUs have applied for Social Fund support to continue and expand the piloted services in the new multi-functional centers. The pilot model in Rrogozhina is expected to continue with UNFPA funding, whereas the one in Tirana is pending the approval of its Social Fund application.

In conclusion, performance of IMSPSD programme is assessed by the evaluators as satisfactory. The programme has contributed to the improved delivery of social protection at the municipal level, strengthening the capacity of LGUs to plan, budget and monitor local social protection delivery, as well as to introduce innovative models to enhance local service delivery

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

Recommendations

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

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

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

Recommendations: Forward Looking

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

6. Policy development support to MHSP on: (1) Further strengthening the link and the inter-sectoral cooperation between health care and social services institutions at local and regional level; (2) Consolidating and scaling-up the integrated health and social care model and gradually expanding it with the employment component for a more holistic approach to integrated social protection; (3) Development of a national capacity building strategy on implementation of the Law on Social Care Services *(to be developed in partnership with stakeholders)*, so as to build a critical mass of capacities at local level to manage integrated social protection; (4) Develop new financing options to increase Social Fund base.
7. Organizational and capacity development of LGUs on: (1) Establishing Needs Assessment Referral Units (NARUs); (2) Set-up local/ municipal-level Social Funds pooling local resources, donors funding, private funding and MHSP Social Fund; (3) Capacity building and support for scaling up the model of integrated social services via an inter-disciplinary, gender and disability responsive approach respecting human rights and inclusiveness.
8. Advocacy and empowerment of vulnerable groups and their CSOs: Further support should be given to strengthen the advocacy, watchdog role and networking capacities of CSOs to further empower the vulnerable groups and to create a mounting public pressure and demand on local government for inclusive and equitable social services.
9. The UNCT and PUNOs should continue to advance their policy dialogue and advocacy engagement with national and local decision-makers, so as to advance the roll-out of the social protection and social inclusion reforms and scaling-up of measures (and resources).

1. Introduction

1.1. Purpose of the Final Evaluation

The general objective of the assignment is to conduct a final evaluation of the project *(UN Joint Programme "Improving Municipal Social Protection Service Delivery" in Albania)* outcome. Specifically, the objective of the final evaluation is to assess the: Accomplishment of the main expected results, Contribution to improving the situation of vulnerable groups identified in the programme document, Gender responsiveness, Focus on disability, Contribution to SDG acceleration, Contribution to UN reforms/UNCT coherence, and provide an assessment of how results have contributed to social services improvement, Conclusions, and Recommendations.

The evaluation shall document the lessons learned and positive examples, and provide recommendations to enable the UN implementing agencies (UNDP, UNICEF, UN Women, WHO, UNFPA and ILO), and programme implementing partners/ stakeholders to draw on the positive lessons and models/ examples for future similar interventions. The evaluation will also highlight areas where the programme performed less effectively than anticipated, the rationale behind that, and the related recommendations to be considered in similar future interventions. The evaluation shall document learning and provide recommendations that reflect the national and local perspective of the programme, appropriately tailored to specific actors. The findings, conclusions and recommendations should be articulated clearly so that they can be used for any future programming needs and generate lessons for the overall national social care landscape. In addition to supporting decision-making, the purpose of the evaluation is to ensure the independent analysis of the programme and its effects as a means of accountability.

1.2. Evaluation scope and objectives

The UN Joint Programme (UNJP) *"Improving Municipal Social Protection Service Delivery"* (IMSPSD) in Albania is implemented by the Participating UN Organizations[1] (PUNO) over the period from January 2020 to June 2022 (following a 5-months no-cost extension)[2]. The total programme budget is USD $2,000,000.[3] The programme goal is to support the Albanian Government translate its policy intent *(regarding social protection and social care service reform and social inclusion policy)* into proper local actions so that men, women, girls and boys living in poverty, or vulnerable situation have access to integrated, quality social care services. IMSPSD is implemented by the PUNOs working in close partnership with relevant government bodies at central and local level – notably the Ministry of Health and Social Protection (MHSP), and the Local Government Units (LGUs) in the municipalities targeted for programme support – and social service providers, independent institutions and civil society organizations (CSOs).

The detailed scope and objectives of the evaluation is defined in the Terms of Reference (ToR) for the assignment – see Annex 1. The Evaluation Team consists of two independent experts: an International Consultant (Team Leader) and a National Evaluation Consultant.[4] The evaluation is undertaken in spring 2022, and covers the entire programme period from its inception/ design in 2019 through to mid-April 2022 (the end of the field phase mission/ visits).

Specifically, the evaluation will assess the below criteria of OECD-DAC evaluation guidelines:

- **Relevance** – The extent to which the programme objectives and design respond to beneficiaries', global, country, and partner/institution needs, policies, and priorities, and continue to do so if circumstances change.

[1] Joint participation of UNDP, UNICEF, UN Women and WHO, with the contribution of ILO, UNFPA and UNHCR.
[2] The programme work-plan and budget has been amended twice (in August 2020 and in September 2021), in order to respond to/ reflect the additional barriers and challenges to be addressed in the context of COVID-19.
[3] USD $1,500,000 is resourced from the UN Joint SDG Fund (75%); USD $400,000 (20%) is resourced from the regular or core resources of the PUNOs; and USD $100,000 (5%) is resourced from the Albania SDG Acceleration Fund as government co-funding.
[4] The timeline for implementation of the evaluation assignment is from 01/03/2022 to maximally 31/05/2022.

- **Coherence** – The compatibility of the programme with other interventions in a country, sector or institution and the extent to which other interventions (particularly policies) support or undermine the programme and vice versa.
- **Effectiveness** – The extent to which the programme achieved, or is expected to achieve, its objectives, and its results, including any differential results across groups.
- **Efficiency** – The extent to which the programme delivers, or is likely to deliver, results in an economic and timely way.
- **Impact** – The extent to which the programme has generated or is expected to generate significant positive or negative, intended or unintended, higher-level effects.
- **Sustainability** – The extent to which the net benefits of the intervention continue, or are likely to continue.

The evaluation shall also address the following specific horizontal and cross-cutting issues:

- **IMSPSD contribution to the SDGs** – whether the programme's goal and outcomes and progress done so far are contributing to SDGs progress.
- **IMSPSD contribution to UN reforms** – whether the programme's goals, design and implementation are contributing to UN reforms and to UNCT coherence.
- **IMSPSD cross-cutting issues** – whether the cross-cutting issues related to human rights, governance, and gender equality, and focus on disability are addressed/ promoted as an articulation of human rights principles, and considered in the design, implementation and outcome of the programme initiative.
- **IMSPSD communication and visibility** – whether the communications and visibility guidelines and actions undertaken by UN agencies and implementing partners provide insights into the implementation of the programme activities.

Corresponding to each of the OECD-DAC evaluation criteria and each of the horizontal/ cross-cutting issues, the evaluation of the IMSPSD programme and the evaluation methodology is structured so as to respond to a set of specific evaluation questions (EQs). The ToR for the assignment outlined an indicative list of EQs to guide the evaluation, which were subsequently discussed in detail between the Evaluation Management Group (EMG) and the Evaluation Team (on 10/03/2022) in order to clarify the focus of and to agree minor adjustment of the EQs. Primarily the adjustments related to inclusion of the evaluation criteria Coherence. The final list of 33 specific EQs for this evaluation are detailed in Annex 3 – the Evaluation Matrix.

1.3. Evaluation approach and methods

The overall approach and methodology of the evaluation follows the requirements specified in the ToR for the assignment. The evaluation is also guided by and based on UNDP Evaluation Guidelines (2021) as well as UNEG Norms and Standards for Evaluation (2016), UNEG Ethical Guidelines for Evaluation (2020)[5], UNEG Guidance on Integrating Human Rights and Gender Equality in Evaluations (2014), and OECD-DAC evaluation criteria (2019). The evaluation has specifically been undertaken on the basis of the following approaches, methods, and activities:

- The evaluation organization and approach follows a participatory and consultative approach in terms of its engagement with the diverse range of programme partners: institutions and individuals that have been involved in the design, or implementation, and/or supervision of the programme, at central (national), municipal and local levels. In addition to government (national and municipal) and donor partners, this also involves consultations with local social service-providers, civil society advocates, and final-users. This is essential to ensure that the evaluator's preliminary analysis and findings be reviewed with key partners, to develop the evaluator's understanding and detailed analysis of the programme results, the programme environment and country context.

[5] The evaluators signed UNEG *Pledge of Ethical Conduct in Evaluation* was provided to IMSPSD in March 2022.

- The evaluation methodology reflects two key research goals: (1) results assessment and institutional analysis of the delivery/ accomplishment of the programme results (outputs, outcomes and goal), and the extent that these have contributed to social services improvement; (2) plus formative assessment as to the effectiveness and impact of the programme, including of its opportunities and risks, to achieve/ contribute to systemic/ catalytic change in the delivery of integrated social care services in Albania, as part of an effective integrated social protection system, and real change benefiting the livelihood of the programme's targeted marginalized communities and vulnerable groups/ persons.
- Key research approaches/ evaluation tools include: documentation and statistical review (primary and secondary sources); key stakeholder and key informant interviews; Focus Group Discussion (FGD); field visits/ on-site validation; observational techniques; results and institutional analysis; financial analysis; gender analysis; and outcome mapping.
- The field phase mission research (interviews, FGDs, on-site visits) was undertaken in Albania over the period 04/04/2022 to 11/04/2022. In total 24 meetings were conducted: (1) Interviews with the UNCT, IMSPSD programme staff (6 PUNOs), UN Joint SDG Fund staff (HQ), central government partners (MHSP and State Social Services (SSS)), LGUs, local social service providers, and CSOs; (2) FGDs with staff of LGUs and with CSOs; (3) On-site visits to local social service providers and CSOs; (4) Debriefing presentation at the UN of the evaluator's preliminary findings and conclusions on the results and risks. Interviews were held with each of the 6 core LGUs targeted by the IMSPSD programme.
- The Draft of the Evaluation Report is submitted to UNDP in order for its review of the validity of the factual, technical and evidence-based assessment. It will subsequently be shared by UNDP with other key partners so as to obtain their feedback on the Draft Evaluation Report. On the basis of the 'comments' received from all partners on the Draft, the evaluators will provide a detailed "Audit" of the process of 'comments treatment' to UNDP, alongside the preparation and submission of the Final Evaluation Report.
- In conducting the analysis, the evaluator has utilized the following performance rating scale: (1) Highly Satisfactory; (2) Satisfactory; (3) Moderately Satisfactory; (4) Moderately Unsatisfactory; (5) Unsatisfactory; (6) Highly Unsatisfactory.

1.4. Limitations of the evaluation methodology and data analysis

Key limitations linked to the evaluation methodology and process of data analysis were/ are:

- Limited availability of a consistent dataset (historic and current data, based on consistent methodology) from government sources of statistical data on the context of poverty/ social exclusion and the provision of social protection and social care at municipal level.
- Non-availability of a representative of Ministry of Finance and Economics to understand the institutional position regarding the fiscal space analysis on social protection financing.
- The evaluators tried to collect feedback from non-core implementing partners supported via the programme, via questionnaire survey, but did not receive substantive feedback.

1.5. Structure and contents of the Evaluation Report

The evaluation report presents its analysis in terms of the following report sections: (0) Executive Summary; (1) Introduction; (2) Description of the intervention; (3) Findings (i.e. Relevance, Coherence, Effectiveness, Efficiency, Impact, Sustainability, and Cross-cutting/ horizontal themes); (4) Conclusions; (5) Lessons learned; and (6) Recommendations. In Annex, additional details are provided on the: (1) key sections of the Terms of Reference (ToR); (2) UNEG Pledge of ethical conduct in evaluation; (3) Evaluation Matrix; (4) Evaluation rating scale definition; (5) IMSPSD programme budget; (6) IMSPSD results framework; (7) IMSPSD overview of the key outputs/products; (8) IMSPSD overview of the CSOs supported; (9) IMSPSD and SDG targets; (10) Socio-economic data regarding social protection and social care service provision in the 6 core LGUs targeted by the programme; (11) List of individuals or groups interviewed or consulted; and (12) List of key documents reviewed/ of relevance.

2. Description of the intervention (UNJP IMSPSD)

2.1. Overview of the IMSPSD programme and of the UN programme context

The IMSPSD programme is implemented by the UN in Albania, through the modalities of the Delivering as One (DaO) mechanism, in the framework of the UN Development Assistance Framework (UNDAF) – in the context of the Government of Albania (GoA) and UN "Programme of Cooperation for Sustainable Development" for the period 2017-2021 under Outcome 2 Social Cohesion, Output 2.3 Social Inclusion and Protection, and in the context of the GoA-UN "Sustainable Development Cooperation Framework" for the period 2022-2026 under Outcome A Human Capital Development & Social Inclusion, Output 1 Social Protection.

IMSPSD's programme goal – contribute to support Albanian Government translate the policy intent into proper local actions so that men, women, girls and boys living in poverty, or vulnerable situation have access to integrated, quality social care services – is clearly and logically consistent with the overall goal of the UNDAF Outcome under which IMSPSD is anchored[6]. The programme is implemented with the joint participation of four UN agencies (UNDP, UNICEF, UN Women and WHO), and with the contribution of ILO, UNFPA and UNHCR, working in close partnership with relevant governmental bodies at central and local level – notably the Ministry of Health and Social Protection (MHSP), and the Local Government Units (LGUs) in the municipalities targeted for programme support – as well as social service providers, independent institutions and civil society organizations (CSOs) across Albania. The programme is implemented over the period January 2020 to June 2022 (following a 5-months no-cost extension)[7], with a programme total budget of USD $2,000,000 of which: USD $1,500,000 is resourced from UN Joint SDG Fund (75%); USD $400,000 (20%) is resourced from the regular or core resources of participating UN agencies to the programme; and USD $100,000 (5%) is resourced from the Albania SDG Acceleration Fund as government co-funding. With regard to the global policy framework for international development, the "2030 Agenda for Sustainable Development", IMSPSD contributes to supporting Albania's progress in achieving the SDGs most closely related to social protection/ social inclusion[8]. Specifically, the programme identifies as focus SDG targets: 1.3, 3.8, 3.c, 5.4, 5.6, 5.c, 10.2, 10.4, and 16.6.

The IMSPSD programme builds upon the vast experience of the UN in Albania, in partnership with the GoA, over the past decade in addressing issues of social inclusion, social protection and the needs of the most vulnerable or marginalized groups in Albania, including Roma, persons with disabilities, vulnerable children, elderly, rural women, refugees and migrants, and

[6] The overall goal of Outcome A under the UNDAF 2022-2026 is that "By 2026, there is increased and more equitable investment in people, removing barriers and creating opportunities for those at risk of exclusion", and the overall goal of its Output 1 is that "Social protection systems and mechanisms are strengthened to increase the coverage, quality, and monitoring of cash benefits and social support services for vulnerable groups", while the overall goal of Outcome 2 under the UNDAF 2017-2021 is that "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".

[7] The programme work-plan and budget has been amended twice (in August 2020 and in September 2021), in order to respond to/ reflect the additional barriers and challenges to be addressed in the context of COVID-19. The first amendment was undertaken in the overall context of the UN's global effort, and that of the UNCT Albania, to offer socio-economic recovery and response support complementing the government's response at national and local levels (including, where this was appropriate within the context of on-going programmes). The second amendment was initiated by the PUNO and UNCT reflecting the wider constraints arising of COVID-19 and the necessary public health limitations that were in place for much of 2020 and into 2021, which had partially constrained the process of service facility infrastructure works/ upgrades, as well as highlighted the need for an even stronger focus of the programme on the development and testing at municipal-level of new modalities to provide social services and ensure that the needs and rights of the most vulnerable groups are addressed. Overall, the amendments appear to represent an appropriate repurposing of the programme activities within the existing programme framework, while fully complying with the original intervention goals and current context.

[8] SDGs 1-5 (no poverty, zero hunger, good health and well-being, quality education, gender equality), SDG 10 (reduced inequalities), and SDG 16 (peace, justice and strong institutions).

women at risk of gender-based violence. The policy framework has been advanced thanks to UN support and a strong political will and awareness on the need to have social care services in the country that address the needs of all vulnerable groups and citizens throughout their lifecycle. The IMSPSD programme also builds on the strong experience of the UN in Albania, notably in the realm of social inclusion/ social cohesion policy, in utilization of the UN Joint Programme (UNJP) modality for the implementation and delivery of programme support.[9]

Reflecting that IMSPSD is financed under the UN Joint SDG Fund, the specific focus of the programme is on catalyzing 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 in Albania. Social protection strategies are solid on paper but need to be activated (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 tools that are used during the programme's implementation have been already developed and tested with national and local partners (under previous UN programmes in Albania). The UN engaged in dedicated consultations with national and local authorities and there was a national consensus that there is a strong need to pilot modernization of the system with select municipalities, ensuring that the UN reach out to those that have the highest needs, to continue to provide technical advice for completing the national policy. The programme is thereby assumed to both produce quick-wins through direct acceleration of programmes in 6 core target municipalities and trigger more sustainable scaling-up through demonstration of methods, capacity building and establishing a precedent for allocation of domestic resources (municipal and national) to social protection.

2.2. Development context

Albania is an upper middle-income country of about 2.9 million people with high human development[10], in transition towards building a market economy underpinned by the rule of law and democratic institutions. Albania is rated "Partly Free" in Freedom House's annual study of political rights and civil liberties worldwide[11]. Albania is party to the nine core international human rights treaties[12], and has also ratified the main Council of Europe human rights instruments[13]. However, full and consistent implementation of the legislation is insufficient which prevents the transformation needed to ensure enjoyment of human rights by all people, and gender discrimination, a gender divide in the labour market, and gender-based violence remain critical concerns[14]. The most recent Universal Periodic Review (UPR) of Albania (3rd cycle, 2019) highlighted the social protection system still faces challenges and obstacles; out of the 197 recommendations released, 34 related specifically to social cohesion and protection, 37 related to child protection, and 14 recommendations related to health care services. Albania has embraced and affirmed that it is fully committed to implementing the "2030 Agenda for Sustainable Development" in the context of its national development[15] and as part of its intended pathway toward accession with/ becoming a member of the European Union (EU).

---

9 Other on-going UNJP in Albania in the area of social inclusion/ cohesion include: "Leave No One Behind" (LNB) funded by Switzerland, "Ending Violence Against Women" (EVAW) funded by Sweden, "EU for Gender Equality" funded by the EU/EC, and "Support to SDG Financing" funded under the UN Joint SDG Fund.

10 UNDP, 2020, Human Development Report 2019. In 2019, Albania ranked 69 of 189 countries and territories, with a Human Development Index (HDI) of 0.791, putting the country in the high category. When discounted for inequality, HDI falls to 0.705, a loss of 11% due to inequality in the HDI variables. The gender inequality index (GII) value was 0.234 in 2018, ranking it 51 out of 162 countries. This reflects gains in life expectancy, education, and parliamentary representation. Lagging indicators are labour force participation and maternal mortality.

11 Freedom House, 2021, Albania: Freedom in the World 2021 Country Report | Freedom House.

12 OHCHR, Status of ratifications, Albania, October 2020. Albania has yet to ratify the OP-CRPD and OP-ICESCR.

13 Including: The European Convention for the Protection of Human Rights and its protocols, and conventions on the prevention of torture and cruel, inhuman or degrading treatment or punishment, on the action against trafficking in human beings, on the preventing and combating violence against women and domestic violence.

14 Government of Albania and the United Nations, Sustainable Development Cooperation Framework 2022-2026.

15 Government of Albania, 2018, Voluntary National Review on Sustainable Development Goals, June 2018.

After a period of rapid economic growth and a rise in income levels in the period up to 2008, Albania's trend-rate of economic growth over the past decade has averaged 2.5% per year. Living standards in Albania remain well below EU averages and socio-economic convergence has been slow. While the 'at risk of poverty' rate in Albania is comparable with that of its Balkan developing neighbours, the 'at risk of poverty or social exclusion' rate is higher than average.

Table 1: Main indicators of Poverty and Social Exclusion in Albania, 2017-2020

Albania	Unit	2017	2018	2019	2020
Population	Million	2.877	2.870	2.862	2.846
'At risk of poverty or social exclusion'	%	51.8	49.0	46.2	43.4
	Million	1.490	1.406	1.322	1.235
'At risk of poverty' *(i.e. incomes under 60% of median equivalised disposable income – also defined as the relative poverty line)*	%	23.7	23.4	23.0	21.8
	Million	0.682	0.672	0.658	0.620
'At persistent risk of poverty' *(incomes under 50% of median equivalised disposable income)*	%	17.5	17.3	16.2	14.4
	Million	0.503	0.497	0.464	0.410
'At risk of acute poverty' *(incomes under 40% of median equivalised disposable income)*	%	11.8	11.5	9.7	8.5
	Million	0.339	0.330	0.278	0.242
Living in 'low work intensity' households	%	14.4	13.3	12.4	11.6
	Million	0.414	0.382	0.355	0.330
Living in 'severe material deprivation'	%	41.1	38.3	37.1	34.7
	Million	1.182	1.099	1.062	0.988
'At risk of poverty' – Gender	Female	23.9	23.8	23.8	22.3
	Male	23.5	23.0	22.2	21.4
'At risk of poverty' – Age	0-17	29.6	29.6	29.7	28.4
	18-64	23.7	23.2	22.8	21.6
	65+	13.4	14.0	13.9	13.8

Source: INSTAT, EU-SILC data, and INSTAT statistics by theme (population)

Furthermore, "Albania has a weighty heritage of marginalized and vulnerable persons in dire need of support but who continue to receive no, or often inadequate, services"[16]. Notably, the incidence of poverty and/or social exclusion continues to disproportionately affect specific segments of society, particularly: Marginalized/ vulnerable women (and girls); Children, adolescents; Youth; Older persons; Persons with disabilities (PWDs); Roma and Egyptian (R&E) communities; LGBTIQ+ persons; people with intermittent employment and people in rural areas and from excluded groups most affected by poverty. Commonly people are subject to multiple intersectional aspects of stigma or discrimination, marginalization or exclusion.

Over the recent years, Albania experienced two major external shocks within a short period of time: on 26 November 2019, Albania was hit by a very strong earthquake that caused damage to people and the economy[17], and since March 2020 the country has also been challenged by the global COVID-19 health pandemic, which significantly impacted on economic activity and social life in the country due to the restrictive measures taken to contain the spread of the virus. The government's interventions to mitigate and alleviate the effects of both these disasters were aimed at providing adequate response to the recovery efforts post-earthquake, as well as to minimize the effects of the pandemic to manageable levels. The GoA acknowledges that social protection schemes are among the most effective interventions in the fight against poverty and vulnerability, but that the effectiveness of programmes in the targeting of vulnerable groups and the poorest needs to improve further[18]. In March 2022, GoA introduced a short-term Social Resilience Package to address rising (global/local) living and energy costs.

[16] Government of Albania, 2018, Voluntary National Review on Sustainable Development Goals, June 2018.

[17] The earthquake of a magnitude of 6.4 Richter caused extensive damage in 11 municipalities, including the two most populous, urbanized and developed municipalities (Tirana and Durres). A total of 51 people were killed, with about 3,000 injured. Damages were estimated at more than 1 billion EUR, ranging from the housing sector to public infrastructure (education, health) and the loss in productivity (tourism, agriculture, employment).

[18] Government of Albania, 2021, Economic Reform Programme 2021-2023, January 2021.

Albania's social protection system has gradually evolved since the 1990s, based on the three, standard, complementary modalities for overall provision of social protection: (1) Contributory social insurance and health insurance schemes[19]; (2) Tax-funded social assistance schemes[20] and social care services[21]; (3) Labour market policies and active labour market programmes[22].

The development of Albania's systems for providing populations at risk of poverty or social exclusion with access to social protection, healthcare, employment and skills and inclusive education has faced several challenges, the main ones being low levels of coverage, weak mechanisms for inclusivity, weak allocative and technical efficiency, and limited resources. Over recent years the GoA has adopted a range of significant strategies and action plans in regard to further priorities for social protection reform and for the promotion of social inclusion, and has built the legal framework of the social protection system with the vision of providing integrated social services capable to ensure the inclusion of all vulnerable groups and persons.

Poverty alleviation, social inclusion, and the support of women and men, children and families in difficult situations to overcome poverty, vulnerability and exclusion are key priorities of the GoA Social Protection Strategy 2020-2023. The strategy aims at improving the physical, social and economic well-being of individuals, children and families, especially those in social or economically disadvantaged conditions, by promoting the development of their capacities and skills and by addressing their needs in the context of rehabilitation and social services, taking into account equal opportunities and the principles of gender equality and social justice. The Strategy aims at reforming social protection policies through transformation of the main poverty alleviation social assistance scheme (Economic Aid) into an active scheme enabling social re-integration; transformation of the system of disability evaluation and the establishment of an integrated system of social care services to complement cash benefits; intervention and ensuring re-integration of institutionalized children in families and community, while placing particular care for social and biological orphans; and ensuring the expansion of integrated community based social and community welfare services to meet local needs. One of the priorities is to ensure the necessary funding for groups at stake through the operation of a Social Fund (under the MHSP). The strategy also elaborates the need to establish linkages and better integration between active employment policies and social inclusion and protection policies. Roll-out of the social protection and social care reform process commenced starting in 2016/17, with roll-out of the full set of reform measures foreseen to be achieved by 2023/24.

In 2019, public expenditure in Albania (as a % of GDP) [23] classified as social protection/ social security was 9.47%; and 3.05% linked to health, 3.32% linked to education, 2.18% linked to housing/ community amenities. In 2020, public expenditure on social protection/ social security was 11.06%; and 3.21% linked to health, 3.37% linked to education, 3.22% linked to housing. Approximately three-quarters of the public expenditure linked to social protection is accounted for by social security benefit payments (primarily the provision of old-age and family pensions). Of the public expenditure related to social assistance provision (cash and in-kind benefits and social care services) for the vulnerable and disadvantaged persons, the vast bulk of this expenditure is accounted for by social benefit transfers (primarily cash payments provided via the Economic Assistance (NE) and the Disability Benefit Allowance (PAK) schemes), with less than 5% of the expenditure related to social assistance provision linked to social care services.

---

[19] The insurance schemes are the key mechanisms for the provision of social protection coverage/ benefits in Albania – as defined by ILO Social Security (Minimum Standards) Convention, 1952 (No. 102) – i.e. old-age, survivors, sickness, maternity, disability, employment-injury/ occupational-diseases, unemployment, healthcare.

[20] Tax-funded assistance schemes include: (1) Economic Assistance; (2) Disability Benefit Allowance; (3) Social Pension (introduced in 2015); (4) Baby Bonus (a one-time payment, introduced in 2019); (5) Utility fee waivers.

[21] Law (no. 121/2016) on Social Care Services, article 3: "An integrated and organised system of benefits and facilities, that are provided by the practitioners of the respective fields of public or non-public subjects, in order to ensure well-being, independence and social inclusion of individuals and families in need of social care".

[22] Including labour market measures (activation strategies, on-the job training, a work subsidy scheme) targeting: women; Roma and Egyptians; the disabled; orphans; youth; and those transitioning out from social assistance.

[23] IMF: Classification of the Functions of Government. GFSY by Country - COFOG - IMF Data

In 2018 there were 276 social service providers operating in Albania: 54% were public institutions, and 46% non-public; 74% of the offered services were provided by day centers, and 26% by residential centers; 27% of the offered services were provided for children, 25% for PWDs, 25% for people in need, 18% for older persons, and 5% for women in need.[24]

2.3. Programme description and strategy

The IMSPSD programme (formulated in 2019) intervention logic, narrative description of the theory of change, definition of the key stakeholders and target groups of final beneficiaries, and the cross-cutting themes to orient the programme are fully detailed in the Programme Document. The intervention logic is clearly defined and the theory of change a credible outline of the causal pathway of results leading to socio-economic development change/ impact.

The theory of change assumes that the pace of roll-out of social care service reform measures in Albania is insufficient to address the challenge of increasing social protection to all in need, but that there is sufficient political will to allocate the necessary financial resources to ensure no-one in need of social protection is left behind – notably the GoA will revise the draft medium-term budget to provide enough coverage/ funds for the Social Fund in order to support the LGUs in the extension and expansion of an integrated community based system of social care services provision – for which the programme (supported under the Joint SDG Fund), and its 'lab-approach' to test pilot actions prior to scaling-up, will inform national policies and systems. To maximize the impact of social protection on families and children, the social care system should be supported in both policy design and the capacities needed to put them into practice.

IMSPSD's main theory of change is that for municipalities to be able to reach universal social protection, notably to those at risk of being left behind in line with human rights instruments, support at municipal level should be made at multiple levels and should include: (1) assisting with institutional arrangements/ coordination mechanisms with clear roles; (2) strengthening institutional capacities through training and mentoring for the development of social care plans and accessing the Social Fund; (3) piloting innovative models of integrated social care services, including identifying local linkages between health and social protection services; (4) empowering vulnerable groups to request services from authorities, hold them accountable and establish a culture of mutual decision-making; (5) assisting with an analysis of social protection needs, related costs and related sustainable sources of financing to match the costs.

The intervention is founded on the principle that an integrated social protection system, which ensures adequate linkages between cash assistance and social care services is key to help households/families find pathways out of poverty and overcome vulnerability and enjoy a level of wellbeing compliant with international human rights standards and the normative principles of the European Community. Reflecting that primary responsibility for the actual delivery of social protection and social care services in Albania is at the municipal level[25], the IMSPSD programme chiefly focuses its support at this level (to a core group of six LGUs[26], plus 10 additional ones supported/ involved under different actions[27]), in order to provide evidence, distill best working practices and generate knowledge that both fosters national dialogue and

[24] State Social Service/ LNB, 2019, Report Assessing the Need for Social Services in the 12 Regions of Albania.

[25] The Law on Social Care Services (2016) provides the foundations for fully shaping of a new community based system of integrated social services in Albania, and sets clear provisions detailing the roles and accountabilities of key duty-bearers, at central, regional, and municipal levels, relating to social care services provision, its planning, financing, implementation, monitoring, and quality control. In addition to the Law on Social Care Services (2016), the accountabilities and roles of the LGUs in relation to social care services in their territories are clearly articulated/ integrated in the National Inter-sectoral Decentralization Strategy (2015-2020) and the Law on Local Self-Government, both adopted in 2015. More broadly, in the context of Albania's territorial reform, fiscal and administrative decentralization, essential public services that perform critical roles in reducing poverty and social exclusion and in improving human capital have been delegated, deconcentrated and devolved to regional bodies (employment and inclusive education), and to local governments (social care services).

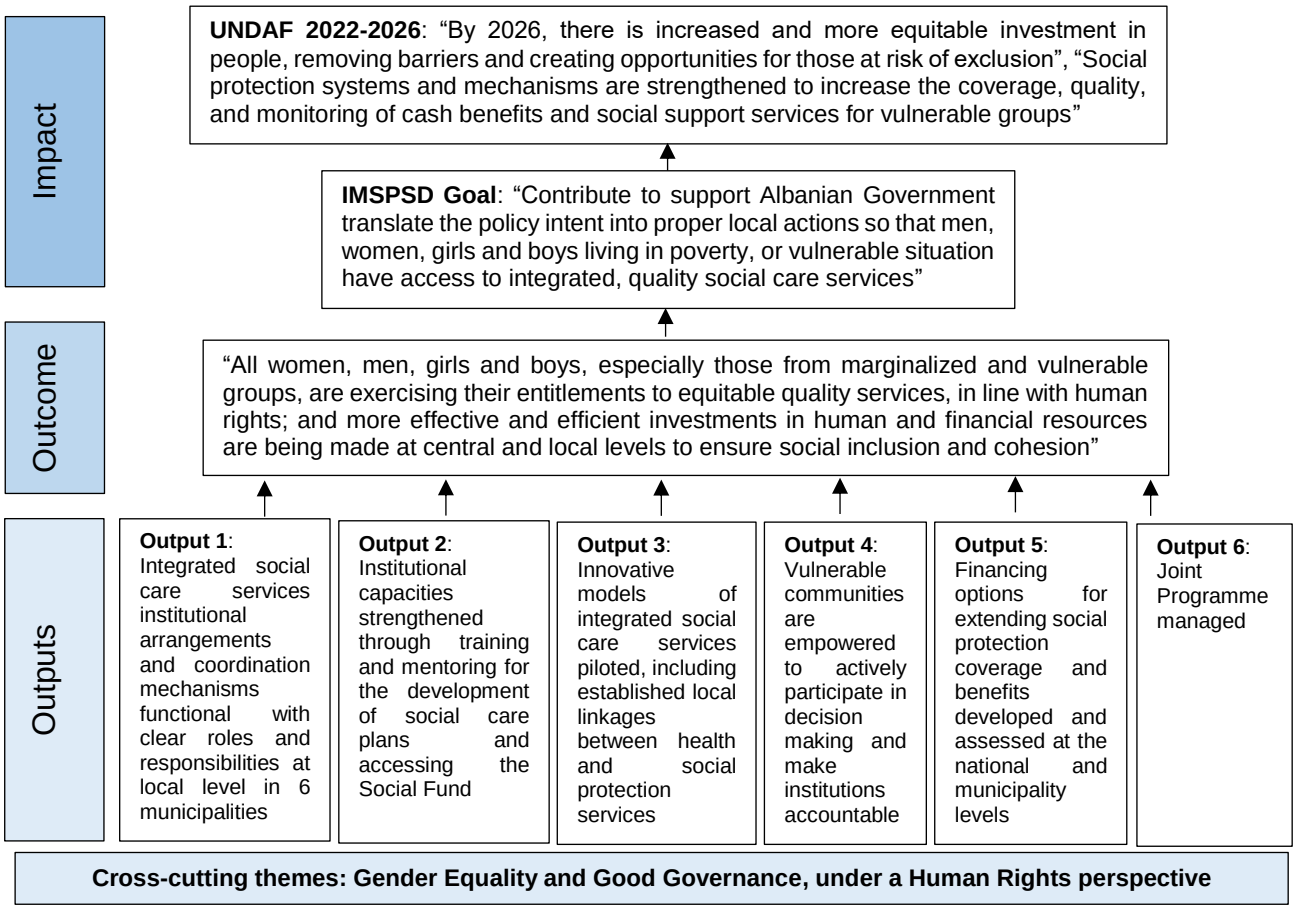
[26] Devoll, Kamza, Pogradec, Puka, Rrogozhina, Tirana.

[27] Fushe-Arrez, Polican and Skrapar, plus Durres, as well as Berat, Elbasan, Korce, Lezha, Shkoder and Vlora.

supports policy-makers for the scaling-up of national measures that will ultimately result in reforming the social protection system and better links between social protection and health.

The improvement of the social protection system is supported by interventions at macro level (central government authorities and national services), at meso level (municipalities and CSOs), and micro level, actively involving IMSPSD's target groups in project implementation. In order to achieve the overall goal of the programme, the intervention specifies a single outcome to be realized, on the basis of the successful delivery of six outputs, to be achieved on the basis of implementing 32 core activities (for which the IMSPSD work-plan further defines detailed sub-activities, timelines, the responsible PUNOs and implementing partners).

Table 2: IMSPSD programme – Intervention Logic



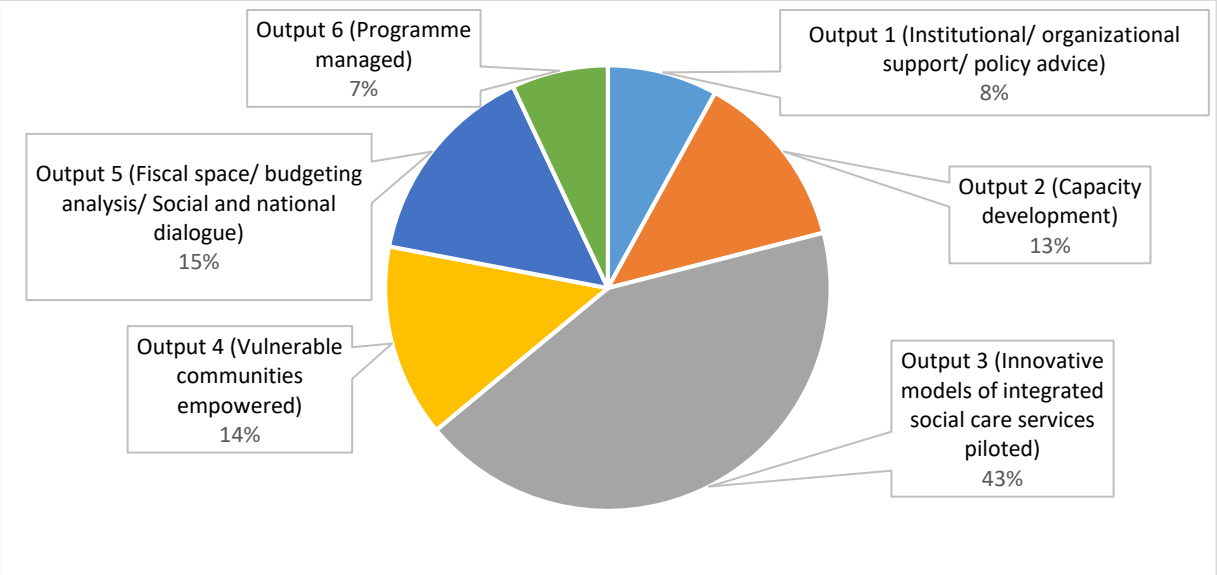
The programme implementation strategy combines a mix of approaches to deliver the support/ achieve the intended results: (1) direct policy advice/ technical guidance; (2) Capacity building; (3) direct demonstration of pilot models; (4) the empowerment of vulnerable groups and their civil organizations; (5) knowledge generation/ sharing; (6) national and local advocacy.

Regarding the main instruments (methods) for implementation/ delivery of the programme, the IMSPSD interventions primarily avail of technical expertise and know-how of the PUNOs, focusing on the municipal level and its linkage to the national level, aiming at allowing for greater impact and outreach. In order to support the development of social service provision at the local level, IMSPSD also provides small-scale grant funding: (1) for LGUs to introduce innovative social services that draw on community mobilization, and for the upgrade of social services facilities; (2) to support CSOs in their role as social service providers and/or their role as local policy advocate (monitoring watchdogs, participatory policy/ budgeting processes).

The programme budget (UN Joint SDG Fund contribution) was adjusted via the two programme amendments undertaken due to the on-set and the longer-term consequences

(changed working modalities) of COVID-19. The Government's co-funding contribution is provided linked to IMSPSD Output 3, specifically Activity 3.9 (Upgrade community social services facilities for providing new inclusive social and health care services with the focus on vulnerable groups). A detailed summary of the programme budget and its revisions is provided in Annex 5. With all of the programme contributions (i.e. the total programme budget of USD $2,000,000), the financial weighting across the programme's six outputs is summarized below. Linked to the weighting of the budget and its management between the four core PUNOs, this is shared as follows: UNDP = 49%, UNICEF = 31%, UN Women = 13% and WHO = 7%. Regarding the budget weighting in terms of its contribution to the SDGs, this is approximately shared as: SDG 1 = 18%, SDG 3 = 14%, SDG 5 = 18%, SDG 10 = 30%, and SDG 16 = 20%.

Table 3: IMSPSD programme – Budget allocation per Output



The programme's results framework specifies 18 indicators of achievement: 15 at the level of outputs, 3 at the level of outcome. Baseline data and targets linked to the indicators are defined in the results framework. With respect to the programme's goal (impact) and its contribution to SDG acceleration, 5 indicators of achievement are specified linked to the UN Joint SDG Fund results framework – 3 linked to the Joint SDG Fund's Output 3 (Integrated policy solutions for accelerating SDG progress implemented), and 2 linked to Joint SDG Fund's Outcome 1 (Integrated multi-sectoral policies to accelerate SDG achievement implemented with greater scope and scale) – as well as 13 UN Joint SDG Fund Operational Performance Indicators.

2.4. Main stakeholders and target groups

The main stakeholder partners and direct beneficiaries of the programme include:

- Government of Albania: primarily the Ministry of Health and Social Protection (MHSP), the Ministry of Finance and Economy (MFE), and the State Social Service (SSS).
- Local Governmental Units (LGUs): the programme targets its support to a core group of 6 LGUs[28], while a further 10 LGUs have been directly supported under different actions[29]. Via the generation and sharing of knowledge, the programme results and good practice is available, more broadly, to all 61 LGUs in Albania, to facilitate replication/ scaling-up.
- Social service providers: public and CSO social service providers supported by IMSPSD;
- CSOs: at local level representing the interests of different vulnerable and marginalized groups, via advocacy, participatory budgeting/lobbying, and awareness raising actions.

[28] Devoll, Kamza, Pogradec, Puka, Rrogozhina, Tirana.
[29] Fushe-Arrez, Polican and Skrapar, plus Durres, as well as Berat, Elbasan, Korce, Lezha, Shkoder and Vlora.

- Tripartite (social dialogue) partners: representative organizations of workers and employers, other social partners, and government, to discuss the 'fiscal space' analyses.

The principal target group(s) of final-users who directly and indirectly benefit from improved social care services, are the marginalized populations of Albania: with persons with disabilities (PWDs) often the most vulnerable, plus Roma and Egyptians (R&E), and vulnerable children, vulnerable women, older persons, LGBTIQ+, migrants, refugees, and long term unemployed. These target groups are reached via municipalities' social services departments and CSOs providing social services and representing the interest of the marginalized and vulnerable. More broadly, the final beneficiaries are all citizens/ residents in Albania whom indirectly benefit via the existence of a strengthened system for social service provision and support.

2.5. Implementation arrangements

IMSPSD is a UN Joint Programme implemented by four UN partner agencies (UNDP, UNICEF, UN Women and WHO), with the active contribution of ILO and UNFPA and an advisory contribution of UNHCR, in close partnership with relevant governmental bodies and CSOs. UNDP is the Convening/Lead Agent for overall implementation and coordination of the programme. Each participating UN agency implements activities and outputs, in line with their mandate and expertise, as defined and agreed in the respective joint work plans. The Administrative Agent for the programme (linked to UN Joint SDG Fund) is UNDP Multi-Partner Trust Fund Office. The programme is implemented through the modalities of the Delivering as One (DaO) mechanism, in the framework of the GoA-UN cooperation programme (UNDAF).

The project management structure for the programme consists of a Steering Committee (SC) to oversee and coordinate the operations of this intervention, plus a Technical Committee (TC) to ensure a coordinated approach in the implementation of the programme.

The SC indicatively convenes at least twice a year, and upon necessity. The SC is composed of: senior representatives of the PUNOs, a senior representative of the MHSP, senior representatives of the 6 core LGUs, and at least two representatives of CSOs. The SC is co-chaired by the UN Resident Coordinator (RC) and the representative of the MHSP. Other key development partners (donors) active in the area of social inclusion may attend as observers. The SC oversees the project's implementation and takes all necessary strategic decisions. It provides policy guidance and recommendation regarding the project strategy and objectives, receive and comment semi-annual reports, approves annual plans of operation and reports.

The TC consists of the technical experts of the PUNOs and the UN RC Office and indicatively meets at least four times per year. Its main mandate is to guide implementation of the programme, to coordinate the practical implementation of interventions and ensure that results are delivered timely and efficiently. The TC is also responsible to provide updates on the practical implementation of the programme to the RC and the Heads of the PUNOs.

Overall programme management, coordination, monitoring and formal reporting is undertaken by UNDP (IMSPSD programme team), in cooperation with and based on inputs provided by the PUNOs. Formal progress reporting is indicatively provided, as a minimum, every 6-months: to the SC and, via the RC also to the UN Joint SDG Fund Secretariat. These consist of Annual Reports (for year 2020 and year 2021), and 6-months monitoring updates. A Final consolidated narrative Report is to be prepared and to be provided within 2-months of operational closure. In addition, IMSPSD has provided questionnaire survey responses, based on requests, to the Joint SDG Fund (Portfolio on Integrated Social Protection and LNOB) to report on its progress.

In addition, reporting on the programme's results and its developmental contribution is fully anchored within the framework of the UNDAF: the programme is included within the framework of the GoA-UN Annual Progress Reports and the annual Joint Work Plans (Mid-year Review).

PUNOs at Headquarters level are responsible to provide the Administrative Agent with financial reports linked to funds disbursed to them from the UN Joint SDG Fund Account.

3. Findings

3.1. Relevance

Relevance – The extent to which the programme objectives and design respond to beneficiaries', global, country, and partner/institution needs, policies, and priorities, and continue to do so if circumstances change.
Evaluation Questions
How relevant is the programme to target groups', including central and local governments', needs and priorities?
To what extent is the programme aligned with the policies and strategies of the country, UN agencies participating in the programme and donors?
To what extent have the intervention logic/ theory of change and the underlying assumptions of the joint programme integrated gender equality and other cross-cutting issues?
Are the activities and outputs of the programme consistent with the overall goal and the attainment of its objectives?
Are the activities and outputs of the programme consistent with the intended impacts and effects?
To what extent are they still valid or do they need to be adapted to changes in the needs or priorities of the country?

3.1.1. Alignment with target groups' needs and priorities, and policies and strategies

The specific focus of the IMSPSD programme is on catalyzing 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 in Albania. The programme intervention strategy is to focus the support for improvement of the social protection/ social care system in select municipalities, in order to test and to demonstrate the results and to generate knowledge and learning, in combination with the continued provision of technical advice for completing the national policy. The IMSPSD programme is closely aligned with and continues to be highly relevant to the needs and priorities of the programme's target groups (as defined in section 2.4 above).

The goal of the programme – contribute to support the Government translate its policy intent *(regarding social protection and social care service reform and social inclusion policy)* into proper local actions so that men, women, girls and boys living in poverty, or vulnerable situation have access to integrated, quality social care services – is fully aligned with the policy, strategy and priorities of the GoA[30], as well as fully aligned with the policy obligations[31] and strategies (Social Care Plan) of the municipalities/ LGUs across Albania to improve their local planning, management and delivery of social protection and social care services, and policy outcomes.[32]

The programme interventions and intended results strongly correlate with the needs of the LGUs to strengthen their organizational and institutional capacities linked to the planning,

[30] Notably the Social Protection Strategy 2020-2023, but more widely the solid policy and legal framework, and national action plans for social protection and social inclusion in Albania that was established, over the past decade, under a range of UN projects undertaken with the GoA in the area of social cohesion/ social protection.

[31] In line with the Law on Social Care Services (2016), and the Law on Local Self-Government (2015).

[32] The purpose and scope of the Social Care Plan of the LGU is defined in the Decision of the Council of Ministers (DCM) No. 150 of 20/03/2019 "On the methodology of calculation of funds for financing social care services", pursuant to the DCM No. 111 of 23/02/2018 "On the Establishment and functioning of the Social Fund".
(LNB data, late-2019): 27 of the 61 LGUs in Albania had an approved multi-annual local Social Care Plan; 14 LGUs were in process of preparation/ approval of the plan by the local Council; 20 LGUs did not have a plan.
(LNB data, late-2020): 48 of the 61 LGUs in Albania had an approved multi-annual local Social Care Plan; 11 LGUs were in process of preparation/ approval of the plan by the local Council; for 2 LGUs no data was available.
Interview with the SSS (07 April 2022): approximately 5 Social Care Plans are still to be prepared/ approved.

financing, management and delivery of social protection/ social care services, or to introduce innovative models of integrated local social care services, or to apply a gender-responsive lens/ tools and budgeting approach to advance gender equality and women's empowerment.

The programme interventions/ intended results also correlate with the priorities of the MHSP: to further develop and make complete the national policy, regulatory framework and standards for the provision of social services and for the provision of integrated health and social services, as well as the goal to make fully functional the Management Information System (MIS) on social care services, as part of the wider Social Protection MIS established by the MHSP. The programme also addresses the MHSP priorities to ensure the expansion (by the LGUs) of integrated community based social and community welfare services to meet local needs as part of an effective integrated social protection system, and to ensure the necessary provision of funding for vulnerable groups through the operation of the Social Fund (by the MHSP, on the basis of applications to it by LGUs for financial support). The programme interventions also correspond to the goal of the GoA to improve further the effectiveness of the social protection schemes in the targeting of vulnerable groups and the poorest needs, via the focus on the production of a series of expenditure and fiscal space analyses and review of the social protection system in Albania, so as to inform national policies and dialogue moving forward.

The goal of the programme, and its chosen intervention strategy, is also aligned with the needs and priorities of the target group of final-users/ beneficiaries – the marginalized populations of Albania, many of whom that struggle to access or receive suitable social care – in terms of the support provided at the local level to improve social care services delivery and outcomes, and for the participation of vulnerable people in local public policy consultation forum/ processes, and the direct benefits that these are intended to provide, as well as the potential longer-term socio-economic/ livelihood benefits that may be generated via the programme's contribution. While the overall focus of the interventions is to improve social services provision supporting all marginalized populations, the programme does provide specific focus on addressing the needs of PWDs and of the R&E, reflective of the extent to which these groups are most commonly at risk of vulnerability/ exclusion. The programme also provides a clear focus to addressing the needs of older persons in the context of the provision of integrated health and social services, including home care services, as well as healthy lifestyles and information supports targeted to final-users. Overall, as a cross-cutting issue, the programme also provides clear focus on the consideration of gender equality/ equity issues and women's empowerment.

The goal of the programme, and its chosen intervention strategy, is also aligned with the needs and priorities of the public and non-public/ CSO social service providers in Albania – in terms of support provided to strengthen their organizational/ institutional capacities, or to introduce innovative models of integrated social care services – and also those of CSOs representing the target groups of final-users in terms of their policy monitoring/ dialogue and advocacy roles.

Reflecting the programme strategy – to focus the support provided and the testing of pilot actions at the local level in select municipalities only, so as to demonstrate results and generate knowledge and learning to inform local and national policies and systems and, as relevant support the scaling-up/ replication of the successfully demonstrated measures nationally – the programme has targeted its support to a core group of 6 LGUs[33], while a further 10 LGUs[34] have been directly supported/ involved, to varying extent, under different programme actions. With regard to the 6 core LGUs, the programme targets a nationally representative mix of LGUs[35]: the largest city/town and LGU (by population) Tirana, and the location of a sizeable number of public and non-public social care service providers that collectively can address the needs of all groups of beneficiaries; a medium and a smaller sized town and LGUs in regard

[33] Devoll, Kamza, Pogradec, Puka, Rrogozhina, Tirana.
[34] Fushe-Arrez, Polican and Skrapar, plus Durres, as well as Berat, Elbasan, Korce, Lezha, Shkoder and Vlora.
[35] State Social Service/ LNB, 2019, Report Assessing the Need for Social Services in the 12 Regions of Albania. Indicates the number of public/non-public social care services operating in the LGUs was as follows: 69 in Tirana LGU, 6 in Kamza LGU, 5 in Pogradec LGU, 3 in Rrogozhina LGU, 2 in Puka LGU, zero in Devoll LGU.

to Kamza and Pogradec, both of which in 2019 hosted a limited number of social care services, mainly operated by CSOs; and three smaller, and more sparsely populated LGUs in regard to Devoll, Puka and Rrogozhina, which in 2019 hosted minimal or (Devoll) no social care service providers[36]. With regard to Devoll, Puka and Rrogozhina, the IMSPSD programme is the first significant source of continued support, rather than short-term project/output specific actions, provided to the LGUs and partners to facilitate their improvement of the local social protection/ social care system. While Kamza LGU and local partners have received a slightly wider scale of external supports, notably post-earthquake, it was not a significant focus of donor attention prior. Pogradec and Tirana are more experienced LGUs on working with donors in the area.

With regard to the further 10 LGUs that have been directly supported/ involved via IMSPSD, to varying extent, 3 have received a focused level of support (Fushe-Arrez, Polican, and Skrapar) – to strengthen their organizational/ institutional capacities linked to the planning, development and management of local Social Care Plans, accessing the Social Fund operated by the MHSP, and the operation of the Management Information System (MIS) on social care services, as well as support to apply a gender-responsive lens/ tools and budgeting approach to advance gender equality, and support to local CSOs in fulfilling their watchdog role linked to social care provision/ delivery and gender equality. Durres has received support/ been involved via a smaller number of actions – support to local CSOs fulfil their watchdog role, as well as via two innovative actions to pilot at the local level new methodologies and models for the provision of multi-purpose, basic needs cash assistance transfers, and also the provision of cash assistance and information supports/ guidance to assist households access the care system. The other LGUs (Berat, Elbasan, Korce, Lezha, Shkoder and Vlora) have only been directly supported via the programme as part of one of the specific actions indicated above.

Overall, the selection of municipalities targeted for IMSPSD's support is judged to be highly relevant to the programme strategy (the testing and demonstration of results at the local level). The approach ensures a suitable concentration of the programme support and the cooperation partnership developed with a nationally representative mix of 6 core LGUs, as well as the extension of certain support actions in terms of coverage to a limited number of other LGUs. The programme is well positioned (designed) so as to generate knowledge and learning.

Feedback from all project partners, stakeholders, and final-user beneficiaries supported via IMSPSD, provided to the evaluators during the field phase mission, was entirely consistent in its positivity as to the continued high level of relevance of the goals and approaches of the programme to the needs of their organization and to addressing the needs of Albania regarding the improvement of social protection and social care services, policy outcomes and inclusion. The programme provides a relevant mix of interventions, at central, municipal, and local levels that collectively, and coherently, contribute to country system (national and local) development. The project partners at municipal level were each also praiseworthy of the extent to which the programme interventions have been consulted, designed and managed in partnership with the IMSPSD team, so as to respond to the local priorities/needs of the LGUs and of the final-users.

Furthermore, the programme has also been very suitably adapted, fully within the context and intent of the programme framework, so as to provide valuable support to Albania in its response to and recovery from the COVID-19 health pandemic: in the response via local (municipal) level direct support measures (social mobilization campaign, and emergency food assistance and hygienic items for households) and via innovative actions to pilot test cash assistance transfers/ modalities to support the needs of poor and vulnerable families, as well as in the recovery phase via analysis undertaken of the socio-economic impacts arising for vulnerable groups/ communities and of how it has impacted their access to the social protection system.

[36] Apart from the "pre-social services" that should be provided by the LGUs (as defined in the Law on Social Care Services (2016)), i.e.: services which include informing beneficiaries of the social care services by service providers, assisting beneficiaries in determining their needs, making the initial assessment, supporting and assisting for the choice that corresponds to the needs of the beneficiary in the social service system.

3.1.2. Relevance of the project in the international development policy framework

The relevance of the programme in the context of the international development policy framework and specific development policy and donor context of Albania is clearly evidenced.

With regard to the global policy framework for international development, the "2030 Agenda for Sustainable Development", the programme identifies SDGs and targets to which it primarily contributes[37]: SDG 1 (No poverty), SDG 3 (Good health and wellbeing), SDG 5 (Gender equality), SDG 10 (Reduced inequalities), and SDG 16 (Peace, justice and strong institutions). More broadly, the programme inter-connects with SDG 2 (Zero hunger), SDG 4 (Quality education), and SDG 8 (Inclusive and sustainable economic growth). While not specifically identified as SDG targets, the programme document/ approach does refer to a linkage with SDG targets 1.a (programmes and policies to end poverty in all its dimensions) and 1.b (pro-poor and gender-sensitive development strategies). The programme's interventions and intended results are relevant/ logically connected so as to contribute to progress in delivering on the SDGs and targets. Notably, via the range of analysis (expenditure and fiscal space analyses, gender responsive budgeting, reviews of the social protection system in Albania), the programme provides a solid basis of evidence to support on-going local and national dialogue and decision-making, and for purposes of advocacy, that could significantly contribute to progress in delivering on SDG targets 1.3, 1.a, 1.b, 3.8, 5.c, and 10.4.

The policy framework for the engagement of the UN in Albania is established in the GoA-UN cooperation programme (UNDAF), and also the corporate and regional or country programme documents of the different UN agencies as to their strategic goals/ priorities for engagement. As detailed in sections 2.1 and 2.5 above, the IMSPSD programme is fully anchored within the context of the UNDAF (2017-2021 under Outcome 2 Social Cohesion, Output 2.3 Social Inclusion and Protection, and 2022-2026 under Outcome A Human Capital Development & Social Inclusion, Output 1 Social Protection), and the UNDAF monitoring/ reporting framework. The programme is also fully consistent with the strategic documents of the different PUNOs.[38]

As detailed in section 2.1 above, the programme also builds on the previous work of the UN in Albania, notably in the realm of social inclusion/ social cohesion, to utilize the modalities of the Delivering as One (DaO) mechanism for the provision of support – specific analysis of the programme's contribution to UN reforms is provided in section 3.7.2 of the evaluation report. Furthermore, the programme has clear relevance to the goal and objectives of the UN Joint SDG Fund in terms of the potential to achieve catalytic effect, via its 'lab-approach' to test pilot/ demonstrate actions prior to scaling-up, so as to result in an evidence-based understanding to inform national policies and systems by means of knowledge generation, sharing and dialogue.

In addition to the UN, other donors/financiers supporting Albania in the area of social protection and/or social inclusion comprise of: the World Bank (e.g. Social Assistance Modernization Programme (2012-2022)), the EU[39], GIZ, Swedish Cooperation (e.g. Financier of the UNJP "Ending Violence Against Women" (EVAW)), Swiss Development Cooperation (e.g. Financier of the UNJP "Leave No One Behind" (LNB)), as well as Austrian Cooperation (e.g. Financier of UNDP "Expanding Free Legal Aid Services to Women and Men" (FLAS)), and USAID.

---

[37] SDG targets: 1.3 (social protection systems and measures for all, including floors), 3.8 (universal health coverage), 3.c (health financing/ health workforce), 5.4 (unpaid care and domestic work), 5.6 (universal access to sexual and reproductive health and reproductive rights), 5.c (policies/ legislation for the promotion of gender equality and the empowerment of all women and girls), 10.2 (social, economic and political inclusion of all), 10.4 (policies to progressively achieve greater equality), 16.6 (effective, accountable and transparent institutions).

[38] 5 of the PUNO (ILO, UNDP, UNFPA, UNICEF, and UN Women) have a country specific strategy covering the periods 2017-2021, 2022-2026; WHO has a European Programme/ Western Balkans Roadmap 2020/21-2025.

[39] EU action for Social Inclusion, under the IPA 2019 Annual Action Programme for Albania. The action provides for EU funding contribution up to EUR 70.650 million: EUR 50.650 million provided as Budget Support, EUR 18.0 million provided for Complementary Assistance (Grant Scheme support up to EUR 9.3 million, Technical Assistance up to EUR 8.7 million), EUR 2.0 million provided for Indirect Management by Albania (Grant Scheme for Teacher Training in new Competence-Based Learning Curriculum and Improved Inclusive Education).

The programme is also relevant in the context of Albania's aspirations to prepare the country for/ to negotiate its accession into the EU as a member state, over the medium-term period; significant further reforms are required to ensure greater socio-economic convergence with the EU, as well as to ensure the implementation and enforcement of the EU *acquis* in respect of Fundamental Rights, Employment and Social Policy, and the European Pillar of Social Rights.

3.1.3. Quality of the programme design

The intervention logic and implementing strategy of the IMSPSD programme, including a narrative description of the theory of change, the definition of key stakeholders and target groups of beneficiaries and final-users, the cross-cutting themes to orient the programme, and the programme risk analysis and mitigation strategy is detailed in the programme document – the programme description/strategy and target groups are summarized in sections 2.3 and 2.4.

The programme intervention logic and implementing strategy is clearly defined, and the theory of change narrative and assumptions present a credible outline of the causal pathway of results that can contribute to socio-economic development change/ positive impact. The theory of change usefully highlights the causal pathway of results from a municipal and a national perspective; both are complementary and need to be fulfilled in order to achieve real impact.

Table 4: IMSPSD programme – Theory of Change (municipal/ national level)

Municipal perspective (summary)	National/ programme perspective (summary)
If municipalities have the proper policies, administrative structures, institutional capacities, human resources, tools, and financial resources to deliver adequate and sustainable social care services integrated with social protection, and If knowledge is available to guide the design, implementation and financing of a comprehensive, right based, gender and disability sensitive, social protection system, and If vulnerable men and women, girls and boys, especially those left behind, are empowered to demand their rights and hold institutions accountable, Then Municipalities will be able to reach universal social protection, in particular to those most at risk of being left behind in line with human rights instruments.	The pace of roll-out of social care service reform measures in Albania is insufficient to address the challenge of increasing social protection to all in need, But that there is sufficient political will to allocate the necessary financial resources to ensure no-one in need of social protection is left behind, Notably the GoA will revise the draft medium-term budget to provide enough coverage/ funds for the Social Fund in order to support the LGUs in the extension and expansion of an integrated community based system of social care services provision, For which the IMSPSD programme (supported under the UN Joint SDG Fund), and its 'lab-approach' to test pilot actions prior to scaling-up, will inform national policies and systems.

The improvement of the social protection system is supported by interventions at macro level (central government authorities and national services), at meso level (municipalities and CSOs), and micro level, actively involving IMSPSD's target groups in project implementation. In order to achieve the overall goal of the programme, the intervention logic specifies a single outcome to be realized, on the basis of the successful delivery of six outputs[40], to be achieved on the basis of implementing 32 core activities (for which the IMSPSD work-plan further defines detailed sub-activities, timelines, the responsible PUNOs and implementing partners). The activities and sub-activities are logical and coherent in order to deliver the intended outputs, and the overall outputs logically collectively synthesize to achieve the programme outcome. The quality of the programme design and the internal coherence of the programme (between

[40] Output 1. Integrated social care services institutional arrangements and coordination mechanisms functional with clear roles and responsibilities at local level. Output 2. Institutional capacities strengthened through training and mentoring for the development of social care plans and accessing the Social Fund. Output 3. Innovative models of integrated social care services piloted, including established local linkages between health and social protection services. Output 4. Vulnerable communities are empowered to actively participate in decision making and make institutions accountable. Output 5. Financing options for extending social protection coverage and benefits developed and assessed at the national and municipality levels. Output 6. Programme Management.

its interventions and the 'products' delivered and the close synergy that exists between the different outputs) is judged by the evaluators, and by the implementing partners, to be highly satisfactory (relevant to needs and designed so as to maximize synergy/ cross-fertilization). For instance, via the provision of institutional/ organizational support, along with related training, so as to facilitate the introduction and testing of innovative pilot models for social care service delivery, on the basis of prior community mobilization and engagement in services design. Or, via institutional/ organizational support, along with capacity building, so as to apply a gender-responsive lens/ tools and budgeting approach to advance gender equality, on the basis of community engagement via participatory budgeting consultations and engagement with local CSOs fulfilling their watchdog role linked to social care provision/ delivery and gender equality, in addition supported by gender and child sensitive budget expenditures analysis.

The programme design and interventions take into consideration and address, as relevant, the cross-cutting themes of gender equality, governance, and human rights. The programme context analysis considers the extent of and forms of inequalities and discrimination that exist in Albanian society, as well as governance system constraints in regard to social protection/ social care. The programme also considers recommendations arising from periodic reviews of Albania under core international human rights treaties (e.g. UPR, CEDAW, CRC, and CRPD). All of the programme interventions are designed to be gender sensitive and to promote engendered social inclusion, as well as to consider the needs of PWDs and/or R&E as relevant. In addition, the programme includes a series of targeted interventions to support gender equality and women's empowerment, and to support human rights/ equality for PWDs and/or the R&E. Nevertheless, the programme results framework does not contain any gender-targeted or disability-targeted results indicators so as to assess the programme's performance. Only two of the 15 programme output indicators provide a specific gender target to be achieved (linked to the percentage of women (50%) to be capacitated via certain training/ mentoring actions), and only one of the output indicators refers to PWDs or the Roma (a majority of the projects undertaken by CSOs representing vulnerable groups should address them). While this is judged by the evaluators to be a weakness of the programme design, the evaluators recognize that the programme technical reports and the Progress Reports do provide data on the immediate beneficiaries of the programme, which has frequently been disaggregated.

Furthermore, as noted above, the design of the programme interventions has also been very suitably adapted, fully within the context and intent of the programme framework, so as to provide valuable support to Albania in its response to and recovery from the COVID-19 health pandemic. This has ensured that IMSPSD has remained fully relevant to the changing needs of Albania, while not detracting from a focus on the achievement of the original intent to improve the quantity and quality of delivery at local (municipal) level of integrated social care, in order to test and to demonstrate the results and to generate knowledge and learning, in combination with the continued provision of technical advice for completing the national policy.

3.2. Coherence

Coherence – The compatibility of the programme with other interventions in a country, sector or institution and the extent to which other interventions (particularly policies) support or undermine the programme and vice versa.
Evaluation Questions
How relevant is the programme to other interventions, needs and priorities of key stakeholders (executing agencies, partner organizations, other UN agencies, CSOs etc.)?
To what extent is the programme contributing to country system development?
To what extent has the project contributed to gender equality, the empowerment of women and the realization of human rights?
Coordination with other projects: How relevant is the programme to other stakeholders? How has the programme interacted and coordinated with other implementers and vice versa?

3.2.1. Coherence of IMSPSD with other policies/ interventions of the stakeholders

The IMSPSD programme is fully consistent and coherent with other policies and interventions of the programme partners and stakeholders in the area of social protection/ inclusion, gender equality and human rights. The programme is designed taking into consideration the already existing policy, strategic and regulatory framework (and its evolution)[41], as well as the scope of other interventions undertaken by the partners, in order to ensure that IMSPSD suitably interlinks/ fits within the wider framework of policies and interventions, so that the collective efforts may mutually reinforce results achievement/ contribute to developmental change.

Recognizing that IMSPSD primarily avails of technical expertise and know-how of the PUNOs for the implementation/ delivery of the interventions (rather than via significant investments in supplies/works, or as budget support/ contribution to a multi-partner trust fund), the programme primarily ensures its coherence within the wider framework of policies and interventions via the provision of targeted technical/ policy supports to facilitate the implementation/ development of existing policies and partners' interventions and their operational effectiveness/efficiency. For instance, the programme's support to LGUs to engender their Social Care Plans and to apply a gender-responsive lens/ tools and budgeting approach in the framework of their medium-term budget plan. Or, via support to LGUs to prepare for the Social Fund and support to MHSP to enhance the operation of the Social Fund based on lessons from the past years.[42] Or, via support to CSOs to extend their social services provision in response to COVID-19.

The principal partner for the IMSPSD programme at national government level is the MHSP, which is responsible to oversee, coordinate and manage the full of extent of policies and interventions (national and in partnership with the donors) in the areas of its competence. As noted in section 3.1.2 above, key donor interventions in the area of social protection/ inclusion are implemented, in partnership with the MHSP, by the World Bank, the EU and the UN. Within the area of social protection, MHSP has set a suitable 'division of labour' between the measures of the World Bank and the UN: the World Bank supports reform of the two main social assistance programmes (the Economic Assistance (NE) and the Disability Benefit Allowance (PAK) schemes), the UN supports strengthening of the policy framework, planning, management and delivery of social assistance and social care services to the citizens. As UN is partner with the MHSP via a number of programmes, the development of coherence and demarcation across the portfolio of interventions is assured both by MHSP and UN. The EU action (principally Budget Support, and via grant scheme and technical support) addresses its support to establish services in the area of social care, employment and inclusive education.

In addition to the donor countries/ public institutions active in Albania, the issues of social protection/ inclusion and equality are also addressed by a number of international and local CSOs, for which the goals of the IMSPSD programme are of clear relevance/ coherence (e.g. World Vision, Save the Children, Terre des Hommes, Caritas, Global Care, Albanian Disability Rights Foundation, Observatory for the Rights of the Child and Youth, Child Rights Centre).

---

[41] In addition to the Social Protection Strategy 2020-2023 and Law on Social Care Services (2016), the programme also aligns with the Law On Measures against Violence in Family Relations (2006), the Law On Gender Equality in Society (2008), the Law On Protection from Discrimination (2010), the Law on Inclusion and Accessibility for Persons with Disabilities (2014), the Law On the Rights and Protection of the Child (2017), the Law On Local Finances (2017) (making gender responsive budgeting mandatory), the National Health Strategy (2016-2020), the Primary Health Care Services Development Strategy (2020-2025), the National Strategy for Gender Equality (2016-2020 and 2021-2030), National Action Plan for Integration/ Equality, Inclusion and Participation of Roma and Egyptians (2016-2020 and 2021-2025), the National Action Plan on Persons with Disabilities (2016-2020 and 2021-2025), the National Action Plan for LGBTI People (2016-2020 and 2021-2027), the National Agenda for the Rights of Children (2017-2020 and 2021-2026), and the National Action Plan on Ageing (2020-2024).

[42] The first Call for Projects under the Social Fund was launched by the MHSP in 2019 (for funding starting 2019-2020), with 23 applications from LGUs of which 14 were approved for Social Fund support; of these 6 projects were not successfully implemented in 2020 (due to the COVID-19 situation, as well as administrative/technical issues that prevented use of the allocated Social Fund). In year 2020, the Call for Projects under the Social Fund resulted in 41 applications from LGUs of which 16 were approved by the MHSP for Social Fund support.

The IMSPSD programme's contribution to country system development is judged by the evaluators to be satisfactory. The programme interventions are all designed to capacitate existing state structures (national and municipal) and local CSOs to implement their strategies/ meet their goals and priorities in the delivery of social protection and social care services, and in the achievement of socio-economic benefits for the final-users of the services/ support. The programme relies entirely on country systems, and no parallel systems have been introduced. Furthermore, the programme provides a strong focus to strengthening the institutional/ organizational and the human resources capacities of the targeted implementing partners, as well as the production of evidence-based analysis to support policy and operational reform. In addition, the programme goals are fully aligned with relevant national policies and strategies. The programme is also fully aligned with the "2030 Agenda" and its guiding principle of 'leave no one behind' (LNOB), which the GoA is committed to implementing in the context of its national development, and clearly identifies its links in contribution to delivering on the SDGs.

3.2.2. Coordination/ coherence of IMSPSD with other donor programmes/ interventions

As noted above, the coordination of donor interventions in the area of social protection/ inclusion is principally undertaken by the MHSP. Higher-level government coordination, as required, will be facilitated by MHSP in its overall efforts to chair and coordinate all partners' efforts under the Integrated Planning and Management Group (IPMG) on Employment and Social Sector, including the thematic group for Inclusion and Social Protection.

In terms of the coordination and coherence of IMSPSD with other donor interventions in the area of social protection/ inclusion[43], the main partners for the programme are the other UN-teams that manage certain programmes in the area (including those financed via other donors). This represents the breadth of the UN's engagement in the area and the extent to which other donors seek to utilize the UN-system in Albania for implementation of such actions. Coordination of the UN implemented programmes is undertaken by the responsible PUNOs, and by the UNCT and GoA within the framework of the UNDAF and yearly progress reviews.

Within the context of other UNJPs, the principal programmes that IMSPSD interlinks with are: "Leave No One Behind" (LNB), "Ending Violence Against Women" (EVAW), "EU for Gender Equality", and "Support to SDG Financing". There is a good level of coherence between IMSPSD and LNB (IMSPSD is primarily focused at supporting the municipal level, LNB follows a more balanced municipal-central level approach). Coordination between the programmes, if required, is assured by the responsible UNDP Programme Specialist. There is a good level of coherence between IMSPSD and Support to SDG Financing (both financed under the UN Joint SDG Fund), notably in the shared process of undertaking fiscal space analysis and promotion of a social/ national dialogue linked to the establishment of a minimum Social Protection Floor. However, active coordination between the two UNJPs is primarily at the individual PUNO level.

3.3. Effectiveness

Effectiveness – The extent to which the programme achieved, or is expected to achieve, its objectives, and its results, including any differential results across groups.
Evaluation Questions
To what extent have the expected programme outputs, outcomes and goal been achieved or are likely to be achieved, including gender equality, women's empowerment and other cross-cutting issues?

[43] With regard to the EU (IPA 2019) Social Inclusion intervention, the procurement phase for the components of its programme of potential operational relevance to IMSPSD (linked to the EU grant scheme support for LGUs to establish social inclusion services, and the Technical Assistance supports) was on-going during 2020-2021; the first TA contract (to support implementation of social inclusion reforms) started implementation in late-2021. As such, there has been limited operational opportunity for the IMSPSD and EU programmes to interlink.

What key results and changes have been attained for men, women and vulnerable groups?

Did the programme contribute to capacity building and organizational development as planned?

To what extent have UN agencies coordinated effectively and created synergies in the delivery of assistance?

Is the current coordination set up producing the intended results?

What are the major factors influencing the achievement or non-achievement of the outcomes/ expected results/ outputs?

3.3.1. Effectiveness of IMSPSD in the delivery and achievement of results

The final evaluation is undertaken in spring-2022 and assesses the progress of results as of the end-of-March 2022. IMSPSD implementation is on-going until the end-of-June 2022.

Whereas implementation of the IMSPSD programme has been undertaken in the context of significant external challenges (notably due to COVID-19)[44], IMSPSD has been very effectively adapted to respond to the contextual changes arising so as still to achieve most of the intended results/ objectives fully within the intent of the programme framework, while also providing valuable support to Albania in its response to/ recovery from the COVID-19 health pandemic.

The programme has effectively delivered a range of different outputs/ products that contribute to the achievement of IMSPSD's six output results – an overview of the key products delivered in 2020-2021 is presented in Annex 7. Overall, the effectiveness of the programme in the achievement of its six output results is judged by the evaluators to be satisfactory. This is broadly achieved across the six outputs, most effectively evidenced linked to IMSPSD outputs 1 to 4.[45] While good progress in the delivery of outputs/ products is evident linked to IMSPSD output results 5 and 6, the full delivery/ attainment of the intended results is still to be achieved – programme actions are on-going and/or planned under both outputs in the near-term period.

With regard to the effectiveness of the programme to include/ address the cross-cutting issues of gender equality, governance, and human rights in the context of its implementation, delivery and achievement of the results, the programme has performed highly satisfactorily. This is achieved across the outputs but most effectively evidenced in terms of final-users supported.

Table 5: IMSPSD programme – Overview of final-user beneficiaries supported

During the period 2020-2021, the programme has provided support reaching an estimated:

- Total number of 10,533 individuals/ final-user beneficiaries, 55% of whom are women and girls (5,791 F/ 4,477 M / 265 LGBTIQ+).
- Of the 10,533 final-user beneficiaries, 37% (3,858) are Roma and Egyptians, 14% (1,493) are persons with disabilities, 6% (654) are older persons, and 16% (1,732) are children/ families.

The evaluation findings linked to the effectiveness of achievement of the programme results is presented below in relation to the effects for the key target groups (LGUs, MHSP, CSOs, final-users), as well as in relation to the issues of financing/ fiscal space, and knowledge learning. This is then followed by the evaluation findings linked to achievement of the outcome and goal.

[44] The on-set of which, in terms of the initial 'lockdowns' in Albania, arose within the third month of programme implementation, with necessary public health limitations then in place for much of 2020 and into 2021.

[45] Output 1. Integrated social care services institutional arrangements and coordination mechanisms functional with clear roles and responsibilities at local level. Output 2. Institutional capacities strengthened through training and mentoring for the development of social care plans and accessing the Social Fund. Output 3. Innovative models of integrated social care services piloted, including established local linkages between health and social protection services. Output 4. Vulnerable communities are empowered to actively participate in decision making and make institutions accountable. Output 5. Financing options for extending social protection coverage and benefits developed and assessed at the national and municipality levels. Output 6. Programme Management.

Municipalities/ LGUs

Municipalities (LGUs and public social service providers) have been supported under all of IMSPSD's six output results: the principal partner/beneficiary of supports under outputs 1 to 3, the main public institution partner (and thereby second beneficiary) of the programme supports provided under output 4 to empower vulnerable communities and their representative CSOs via community mobilization and participation in public policy consultation forum/ processes, and one of a number of programme partners/beneficiaries of supports under outputs 5 and 6.

In total 16 municipalities have been involved/ supported via the IMSPSD programme: the core group of 6 LGUs supported across the programme (Devoll, Kamza, Pogradec, Puka, Rrogozhina and Tirana); 3 LGUs (Fushe-Arrez, Polican and Skrapar) that have received a good level of support under outputs 1, 2 and 4; one LGU (Durres) supported under outputs 3 and 4; and 6 LGUs (Berat, Elbasan, Korce, Lezha, Shkoder and Vlora) under one output only.

The key results achieved and changes effected in regard to the municipalities include:

- The core group of LGUs were supported to develop and apply municipal guidance notes specifying the workflows, processes, protocols, standards and effective organizational mechanisms for the administration of integrated social care services by the LGU, including support to revise and update terms of reference, job descriptions and responsibilities of the teams and officials for social care services planning/ management. As a result, six Orders were adopted by the municipalities on the local administration of integrated social and health care services, and four guidance notes were developed/ adopted by the municipalities on the administration of integrated social care services.
- The core group of LGUs were also supported to establish local inter-sectoral coordination groups to promote an integrated social services in response to COVID-19, and to operate new standards and protocols for the management and delivery of social services. In cooperation with CSOs, local social mobilization campaigns were undertaken to address the additional challenges faced by vulnerable groups/ communities during COVID-19.
- Eight municipalities (Fushe-Arrez, Polican, Skrapar and the core group of LGUs – bar Pogradec which was supported linked to its Social Care Plan by UNJP LNB) were supported to strengthen their capacities for better planning/ managing the development of Social Care Plans (to develop the needs assessment, to analyze local budgets and to map existing services) and on accessing the Social Fund for social services. As a result, 8 Social Care Plans were developed/ adopted by municipal councils. The municipalities were also supported/ trained on how to operate/ utilize the MIS on social care services.
- The core group of LGUs were also supported to design local Budget Briefs to feed into/ inform better planning and management of social services and gender mainstreaming as part of the overall budget planning and monitoring processes, and to engender their Social Care Plans, so as to support LGUs' planning linked to accessing the Social Fund. In addition, the LGUs were supported (in coordination with the MHSP) to develop/ test a methodology for the monitoring and evaluation of local Social Care Plan implementation.
- Six municipalities (Pogradec, Puka, Rrogozhina, Fushe-Arrez, Polican and Skrapar) were supported in using Gender Responsive Budgeting (GRB) as a tool to advance gender equality and ensure that women's needs are incorporated in local social protection policies and related budgets (applying GRB within their budgets 2021-2023).
- The core group of LGUs were also supported to pilot the introduction of innovative models for the delivery of integrated health and social care services (based on the regulatory framework package and guidance on integrated services issued by MHSP). Four of the integrated services identify PWDs as the principal final-user beneficiaries, one identifies older persons, and one identifies vulnerable children and families. Two of the projects incorporate the delivery of home services, one services via mobile teams.
- In addition, two of the municipalities (Devoll and Kamza) were supported to upgrade community social service facilities for providing new inclusive social and health services.

- The core group of LGUs were also supported via the provision of and review of fiscal space analysis in regard to municipal provision of social protection and social services.
- Five municipalities were supported to pilot innovative actions linked to the provision of cash assistance (either via a new methodology/ model for the provision of multi-purpose, basic needs cash assistance transfers; or via the provision of cash assistance combined with information supports and guidance to assist households access the care system).
- With regard to the municipalities and public social service providers, it is estimated that IMSPSD has provided training/ mentoring support reaching approximately 550 people of whom it is estimated 69% are females and 31% males. This includes: (1) 130 trained staff (municipalities and social service providers – over 55% women) to apply the tools and knowledge of needs assessment, planning of services, standards implementation, budgeting and accessing Social Fund; (2) more than 60 municipality staff trained on the development of social care plans (no disaggregated data); (3) 85 municipality staff trained (55% women) to use the Management Information System (MIS) on social care services; (4) 90 municipality staff trained (82% women) on the implementation of new regulations, standards and protocols for the models of integrated health and social care services; (5) 119 municipality staff (96 females and 23 males) trained on GRB, and 33 municipality staff (23 females and 10 males) of the Budget Management Teams of Social Services Departments trained as trainees on GRB; and (6) 27 Municipal Council members (21 females and 6 males) that were supported to undertake the review of and reflection on the main findings of the local analyses of gender equality and GRB and the potential implications for the medium-term budget (MTB) of the local municipalities.

The municipalities attest to the benefits of the different range of supports/ products that have strengthened their institutional and operational capacities linked to: the assessment of the needs of their vulnerable communities, and their engagement in policy consultation, the strategic planning and management of local social protection and social care services, as well as to ensure a gender responsive perspective and engendering of Social Care Plans. The six local demonstration projects to pilot the introduction of integrated health and social services have extended the scope and scale of local public services provision for vulnerable groups. The municipalities have demonstrated a strong level of ownership of the programme results, as well of their commitment to the further development of social services scope and scale, as financial resources allow, to extend coverage and outreach, and deliver results for the users.

MHSP (and other national partners)

MHSP is the main national partner (direct or indirect beneficiary of supports) for IMSPSD, and has been directly supported/ involved under five of IMSPSD's output results: as a direct beneficiary of policy and technical supports and products delivered under outputs 1, 2 and 3, and one of a number of programme partners/beneficiaries of supports under outputs 5 and 6. In addition to MHSP and its State Social Services (SSS), the programme has also supported/ involved the Ministry of Finance and Economy (MFE) and the Institute of Statistics (INSTAT).

The key results achieved and changes effected in regard to the MHSP include:

- Support provided linked to the development/ adoption by MHSP of the new National Action Plan for Equality, Inclusion and Participation of the Roma and Egyptians for the period 2021- 2025, with a particular focus on promoting integrated social care services.
- Support provided linked to national monitoring of SDG indicator 1.3.1 (social protection/ social security coverage of the population and core sub-groups of persons, e.g. children, older persons, mothers/maternity, PWDs, unemployed, work-injury, vulnerable persons). This represents the first ever national monitoring exercise linked to SDG indicator 1.3.1.
- Support provided linked to the development/ adoption by MHSP of a methodology (for use by LGUs) for the monitoring and evaluation of local Social Care Plan implementation, as well as support provided to MHSP to make functional the MIS on social care services.

- Support provided to inform the development of national policy in regard to the standards, protocols and models for the provision of a local/ municipal level response to COVID-19.
- Support provided linked to the development of policy on older persons: a manual (for use by LGUs) on integrated care for older persons, and their inclusion in Social Care Plans.
- Support provided linked to the development/ adoption by MHSP of the detailed regulatory framework package/ guidance on integrated health and social care services provision.
- Support provided to inform the further development of policy in regard to the provision of assistive medical devices for PWDs: analysis to support the review of the methodology for the preparation of the list of reimbursed medical devices for outpatients (PWDs).
- Support provided (via development of a range of expenditure and fiscal space analyses, gender responsive budgeting analysis, review of the social protection system in Albania) to inform national and local government, and social partners, on future financing options.
- Support to MHSP via analysis/ review of the operation and guidelines for the Social Fund.

MHSP has benefited via the policy and technical supports so as to allow it to further strengthen the policy, regulatory and operational framework for the delivery of social and health protection and social care services, as well as the development of social inclusion policy frameworks. These have been institutionalized by MHSP (or GoA) in the adoption of by-laws, orders, etc. MHSP attests to the benefits in terms of the development of the national policy framework and its adaption to the local level, the development of new models for social services delivery and for integrated health and social services, and development/ engendering of Social Care Plans.

The only programme result (linked to MHSP) for which the effectiveness of the support is still not fully evidenced is with regard to the operation of the MIS on social care services. The LGUs have been trained on how to use the MIS, and the MHSP provided analysis/ advice to assist it make the system functional (i.e. that it can be operated/ data input provided by municipal social service partners). However, the process of operationalizing the MIS at the municipal level is still a work-in-progress (it has been an on-going process, pre-dating IMSPSD programme).[46] The MHSP indicates that approximately ten LGUs (of 61 LGUs) in Albania are presently populating the MIS (with records of cases). The SSS indicates 20 LGUs may soon be ready.

Final-user beneficiaries and CSOs

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

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

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

- Vulnerable communities and their organizations/ CSOs in each of the core group of LGUs are supported to uphold their rights and hold local institutions accountable for delivering social services. These initiatives have been also serving to support the development of social service provision at the local level benefiting 539 individuals of

[46] Operation of the MIS on social care services (and extent to which it is operated by municipalities) is one of the performance indicators for the EU linked to its disbursement of Budget Support under its IPA 2019 programme.

whom: 313 females (58%), 226 males (42%), 95 Roma and Egyptians, 57 persons with disabilities, 249 elderly, 30 persons with chronic disease, and 48 others.

- As part of the programme's response to COVID-19, emergency food assistance and hygienic items were provided to 4,900 individuals (2,842 F/ 2,058 M) from vulnerable and disadvantaged groups, and a new model of Humanitarian Cash Transfers piloted in 3 municipalities (Durres, Korce and Shkoder) supporting with multipurpose basic needs cash about 1,700 households (IMSPSD contributed mainly for 570 families in Korca, which have not benefitted from any financial support established by the government).
- A new model of cash plus has been piloted in 3 municipalities (Berat, Durres and Lezha). More than 600 families with children that receive cash assistance have been supported with information and referral to other support services which do address their multiple material deprivations. The families have received information about how to access additional subsidies and top-ups to cash assistance, so as how to access important care services which are available and prioritized for families under cash assistance.
- CSOs and final-users were supported to develop their capacities to engage in public policy monitoring and consultation processes linked to integrated social care services, gender equality/ GRB, and expenditure monitoring and accountability.
- Approximately 300 vulnerable women and young girls, in 6 municipalities, have benefited from training and awareness events with a clear understanding of GRB and, in each municipality, have defined a list of selected gender-responsive priorities for voicing their needs in the participatory planning and budgeting processes.
- Over 700 women from vulnerable communities were reached out/ involved through participatory budgeting initiatives: 54% from rural areas, 11% from the Roma Community, 3% people with disabilities, 60% of all participants were unemployed.
- Approximately 20% of concerns raised and voiced by vulnerable women were discussed with municipalities/ LGUs to become priorities in the future budget of municipalities.
- Six Gender Budget Watchdog reports were issued by CSOs linked to municipal budget spending (in 6 LGUs) for social protection programmes and gender equality commitment.

The programme has delivered a range of benefits for the final-user beneficiaries so as to empower vulnerable groups and communities. In 2020-2021 it provided supported reaching approximately 10,350 individuals (55% women and girls; 37% R&E, 14% PWDs, 16% children and families, 6% older persons, 2.5% LGBTIQ+): to inform/ raise awareness and empower people to engage in public policy consultation/ advocacy or to access services, or via the provision to them of social care services and supports, in urban areas and also in rural and remote communities, including by means of mobile teams and home services delivery.

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

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

Linked to output result 5, good progress in the delivery of evidence-based analysis to support national and local dialogue and future policy direction on financing options is evident, notably:

- (ILO) Review of Social Protection System in Albania: coverage, expenditure, adequacy and financing.
- (ILO) Fiscal space for financing social protection in Albania.
- (UN Women and UNICEF) Expenditures and Fiscal Space Analysis Including Gender and Child Sensitive Budgeting in Albania.
- (UN Women and UNICEF) Policy Brief on Financing a Social Protection Floor for Vulnerable Women, Girls and Children in Albania.

- In addition (under the other programme outputs), at the municipal level, LGUs and CSOs have been supported to utilize GRB as a tool to advance gender equality and ensure that women's needs are incorporated in local social protection policies/ related budgets.

However, in terms of the programme's intent to support national and local dialogue, and social/ tripartite dialogue, in order to review/ discuss/ consult on the 'fiscal space' analysis produced (so as to support future policy direction and decision-making linked to financing social protection), progress in the delivery and achievement of results is only moderately satisfactory. Two workshops have been undertaken with Albanian partners to review the ILO reports:

- November 2020: a 5-hours workshop (face-to-face and zoom) with the core group of 6 LGUs (12 participants; 2 per LGU) to review the fiscal space analysis and potential considerations in regard to municipal provision of social protection and social services.
- April 2021: a 1½-hours workshop (zoom) for tripartite validation of the analysis, and to discuss potential future steps/ supports to facilitate build a nation-wide consensus (15 participants; social partners: business associations, trade unions, government/ LGUs).

Beyond these two workshops, it is intended that a "National Forum for Sustainable Financing of Comprehensive Social Protection in Albania" be undertaken within the remaining timeframe for IMSPSD programme implementation (to be undertaken in cooperation with UNJP Support to SDG Financing), where key stakeholders will discuss the current and long-term challenges facing the Albanian social protection system, and build national consensus on the roadmap to create a sustainable financing framework for a comprehensive social protection system.

Knowledge management, learning and sharing (Output 6)

Reflecting that the specific focus of IMSPSD is on catalyzing 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 in Albania, the programme intervention strategy is to focus the supports provided and the testing of pilot actions at the local level in select municipalities only (notably on a core group of 6 LGUs), so as to demonstrate results and generate knowledge and learning to inform local and national policies and systems and, as relevant support the scaling-up/ replication of the successfully demonstrated measures nationally.

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

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

With regard to cooperation with key donor partners, IMSPSD programme has undertaken one Partner's Meeting (in April 2021) to involve partnership and open the dialogue on "Advancing

social protection in Albania (in the context of COVID-19)". Approximately 60 people attended the (virtual) meeting from: UN, MHSP, LGUs, CSOs, social partners, the EU and Sweden. In addition, IMSPSD PUNO experts participated in a "Joint SDG Fund: Peer Review Session on Integrated Social Services" (in June 2021) to contribute to learning between UNCT on the implementation of social care service interventions, and of the challenges to delivery of results.

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

While it is understood that an end-of-programme closing conference/ workshop event will be undertaken, which would assist the process of sharing knowledge learning, it is not evident that the programme has yet supported the scaling-up/ replication of measures nationally.

With regard to the achievement of the programme outcome[47] and goal[48], the effectiveness of IMSPSD is overall very satisfactory, as evidenced by the expanded scope and scale of integrated social services provided at the local level supporting vulnerable groups and people in need, and the extent of policy, regulatory and operational guidance that has been adopted by MHSP and the LGUs. However, certain risks exist that further scaling-up/ replication of the measures nationally may be constrained by the availability of national and local investments in human/ financial resources to support the delivery of integrated, quality social care services.

While national and local funding for social protection and social care services did increase in 2020 compared to 2019 – general government expenditure (as a % of GDP) classified as social protection/ social security was 11.06% in 2020 compared to 9.47% in 2019, while the social service budget in the 6 core LGUs increased overall/across the 6 LGUs by 19% – the social service budget in 2021 in the 6 core LGUs decreased overall/across the 6 LGUs by 7%. Nevertheless, the 2021 LGUs' budget still represents an increase of 11% compared to 2019.

However, the goal to promote national/ social dialogue to build consensus on the medium-term financing options/ fiscal space available for social protection/ social care is still to be achieved.

3.3.2. Effectiveness of the participating UN agencies in the delivery of results

Overall, it is assessed that the PUNOs have effectively/ satisfactorily coordinated their inputs under the programme so as to support the development and delivery of outputs/ products and the achievement of the intended results. In line with the programme work-plan, there has been a good level of cooperation and blending of PUNO-agency inputs across each of the IMSPSD programme's output results, as well as a very good level of sequenced/ coordinated inter-action between agencies in the delivery of the programme actions and also sub-activities.

The extent of inter-action between the agencies, to deliver products and promote synergy between their inputs and expertize, is notably clear under IMSPSD outputs 1 (UNDP and

[47] 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.

[48] Goal: Support Albanian Government translate the policy intent into proper local actions so that men, women, girls and boys living in poverty, or vulnerable situation have access to integrated, quality social care services.

UNICEF), output 3 (UNICEF, WHO and UNFPA; UNDP and UNFPA) and output 5 (UNICEF, UN Women and ILO; UNICEF and WHO). Under output 2 there has also been good synergy (UNDP, UNICEF and UN Women) to support update/ engendering of LGU Social Care Plans. Overall the effectiveness of the programme in the delivery of results is also notably strong in regard to its promotion of gender equality, governance and human rights, via cross-sectorial actions to support LGUs and local CSOs apply a gender-lens and GRB tools, and to support the engendering of local Social Care Plans as a pre-requisite to accessing the Social Fund.

Furthermore, the IMSPSD programme activities and delivery modalities were very effectively adapted, in the challenging working environment for programme implementation due to COVID-19, so as to deliver both the overall range of supports and the results intended and also so as to provide valuable support to Albania in its response to and recovery from the COVID-19 health pandemic, fully within the context and intent of the programme framework. In terms of the programme budget and work-plan revisions, the budget for output 2 (capacity building/ training) was reduced, while the budget for output 1 (institutional/ organizational development) was extended; the budget for outputs 4 and 5 was also partially extended. It is fully understandable that the originally planned process for roll-out of the training and mentoring outputs was the component of the programme most critically impacted in terms of its delivery due to COVID-19. Nevertheless, it is evident that the programme has successfully adapted the training and mentoring, including via an increased use of digital tools, so as to deliver the intended results. Reflecting the programme's cross-sectorial intervention logic and implementing strategy, and the significantly close synergy that exists between output 1 and output 2, the budget adjustment was justifiable and assisted the effective delivery of results.

Feedback from all project partners supported via IMSPSD, provided to the evaluators during the field phase mission, was *entirely* consistent in its positivity as to the quality and value of the supports provided by the PUNO to their organization in addressing their priorities regarding the improvement of social protection and social care services, policy outcomes and inclusion.

The only aspect judged by the evaluators as moderately satisfactory in terms of the coherence and effectiveness of IMSPSD/ PUNOs to suitably synergize in the delivery of the intended country development results, as noted above linked to Coherence, is the extent of coordination between UNJPs IMSPSD and Support to SDG Financing so as to promote cross-fertilization and to reinforce results. This has primarily been undertaken at individual PUNO level only.

3.3.3. Factors influencing the achievement/ non-achievement of the expected results

Key factors that influence the achievement/ non-achievement of the intended results include:

- At municipal level, the key factor of influence is the extent of human and financial resources to support the delivery and take-up of the interventions and their results, as well as their subsequent integration within the institutional/ organizational structure. With regard to human resources, the social services departments of the core group of 6 LGUs (comprising the LGU and its Administrative Units) are commonly under-staffed in comparison to the extent of demands placed upon the services arising from the process of territorial decentralization and the roll-out of significant social service policies' reforms, let alone also the increased demands on social services departments due to COVID-19. It is evident that staff in most of the LGUs (with possible exception of Tirana) often 'wear a number of hats' related to their function/ need to cover a mix policy areas and expertize.
- In this respect, and also reflective of the periodic risk of staff turnover at LGU-level, a key factor that supports the maintenance and further utilization of the results at institutional/ organizational level is the extent of provision via the programme of operational manuals, guidance notes, standard formats/ checklists, and training materials to assist partners.
- At municipal level, a further key factor supporting the achievement of the results is the extent to which LGUs are able to call on established local CSO partners to assist either via the direct delivery of social services, notably in terms of achieving outreach to rural

and remote communities, or to feed into policy consultation on local needs identification and prioritization, or via the CSOs' provision of information/ advice to citizens as to their rights and/or to support them mediate access to the appropriate offices/units of the LGU.

- At national level, the key factor of influence that affects the maintenance of the results, and also their potential scaling-up/ replication in the near-term period, is the extent of financial resources to support the LGUs going forward, notably the success of IMSPSD-supported LGUs in accessing the Social Fund to fully maintain the new social services.
- In this respect, the LGUs confirm that the programme has supported them to plan for the Social Fund, and also that the LGUs have previously or recently submitted applications for support. However, the LGUs highlighted certain problems that they still face in terms of the clarity of the Social Fund guidelines and requirements (suggesting that greater clarity is required), as well as their need to receive greater feedback from MHSP/ SSS as to the reasons for the non-acceptance/ non-funding of their previous applications.
- In addition, for IMSPSD to achieve a catalytic step-change in the delivery of social services at the local level, it is necessary to ensure divulgation of the programme results.

3.4. Efficiency

Efficiency – The extent to which the programme delivers, or is likely to deliver, results in an economic and timely way.
Evaluation Questions
How efficiently has the programme been managed (making best use of available human, technical, technological, financial and knowledge inputs) to achieve its desired results, notably so in order to reach the most vulnerable groups and excluded persons?
To what extent were resources (funds, expertise, time) sufficient?
Following up on risk management, how the risk is assessed? and how the risk is managed?
Have there been any unforeseen problems? How well are they resolved?

3.4.1. Project management arrangements and the efficient delivery of results

The IMSPSD programme is implemented with the joint participation of four UN agencies (UNDP, UNICEF, UN Women and WHO), and with the contribution of ILO, UNFPA and UNHCR, working in close partnership with relevant governmental bodies at central and local level – notably the MHSP, and LGUs in the municipalities targeted for programme support – as well as social service providers, independent institutions and CSOs across Albania. The programme is implemented by the UN in Albania through the modalities of the Delivering as One (DaO) mechanism, under the framework of the UNDAF in the context of Social Protection. The modalities of the DaO mechanism are well established within the UN Albania system, guided by Standard Operating Procedures to promote a cohesive coordinated UN approach.

The role of each PUNO in the delivery of the programme, in line with their mandate and technical expertise, was defined during the programming exercise (in the project document). Each agency implements its activities/ outputs as defined/ agreed in the IMSPSD work-plan. The work-plan is fully detailed as to implementing partners as well as the full extent of activity. The project management arrangements are well structured, based on clearly defined roles and responsibilities of the PUNOs and partners, and for the overall coordination of their actions.

Whereas the start-up period for programme implementation in early-2020 was challenged by the on-set of COVID-19, which significantly impacted in terms of the need to change the delivery modalities for certain supports or slowed-down the process to roll-out certain supports, the pace of implementation of the programme has satisfactorily progressed since spring-2020. The programme work-plan and budget has been amended twice (in August 2020 and in September 2021), in order to respond to/ reflect the additional barriers and challenges to be

addressed in the context of COVID-19. Overall, the amendments appear to represent an appropriate repurposing of the programme activities within the existing programme framework, while fully complying with the original intervention goals and the changed programme context. Principally, the budget for output 2 (capacity building/ training) has been reduced and that for output 1 (institutional/organizational development. and policy advice) has been extended.

The pace of funding deployment (commitment/ expenditure) by the programme is satisfactory. As of the end-March 2022 (i.e. 3-months prior to programme completion), 97% of the UN Joint SDG Fund allocation has been committed and 83% of the allocation has been expended. The programme budget has been suitably managed, including the timely attainment of the planned results benefitting final-user beneficiaries. The adequacy of the programme resources is good.

Table 6: IMSPSD programme – Deployment of the UN Joint SDG Fund budget

IMSPSD Programme	End 2020	End 2021	End-March 2022
Commitment	77.70%	90.43%	97.05%
Expenditure	52.42%	75.58%	82.92%

Implementation of the programme is undertaken by the PUNO in close cooperation and dialogue with partner organizations and stakeholders on the Albanian-side: central and local government, social service providers, and CSOs. Feedback provided to the evaluators during the field phase mission, from project partners and stakeholders, attest of a strong level of satisfaction across the range of organizations as to the good level of cooperation that they have with the PUNO, and the strength and quality of the participatory/ consultative approach followed by the PUNO in their provision of support, technical analysis and advice. This approach is clearly essential for building local ownership and the capacities to develop appropriate technical outputs/ solutions, and to utilize and absorb the programme results.

Overall, the efficiency of programme implementation and results delivery is good and the vast majority of the programme indicators for results targets to be achieved have been fulfilled, in a number of cases achieved in excess of the declared end-of-programme target. This is most evident in regard to: (1) the number of municipality and service provider staff trained; (2) the number of municipalities supported to implement the integrated health and social care services model; (3) the number of monitoring/ analytical reports produced mapping social vulnerabilities and social services provision with a gender equality and women's empowerment perspective, which helped to exceed (4) the percentage of concerns raised and voiced by vulnerable women that were discussed with LGUs so as to become priorities in the future budget of municipalities. The programme has also performed very strongly in terms of the UN Joint SDG Fund results framework, exceeding the target indicators set for the IMSPSD programme goal (impact): the number of integrated policy solutions, and the number of integrated multi-sectoral policies.

Whereas over-achievement in terms of the number of integrated multi-sectoral policies is not unexpected (it in part reflects the budget adjustment to increase institutional/ policy development advice), the over-achievement in terms of the number of municipality and service provider staff trained (despite the reduction of the capacity building/ training budget) is in part unexpected. It is assessed by the evaluators that this has occurred due to the deployment of new modalities (virtual meetings) for the delivery of certain components of the training workshops, where appropriate, to reach a wider audience (and also limit their travel time), and thereby allow the programme to still maximize the provision of on-the-job mentoring supports.

While the overall efficiency of programme implementation/ delivery is good, it is evident that the efficiency of results delivery linked to output 5 (fiscal space analysis) has been challenging. While production of the initial evidence-based analysis (Review of Social Protection System and Fiscal Space for financing Social Protection in Albania) was efficiently completed, the process to facilitate national/ social dialogue on the issue has not been a priority for partners.

3.4.2. Monitoring and evaluation, project steering, and risk management systems

The programme monitoring and reporting, risk management and technical and strategic management/ steering systems and processes are defined in the programme document.

The programme management structure – as detailed in section 2.5 – consists of a Steering Committee (SC) to oversee and coordinate the intervention and its results delivery, including the assessment of risks and mitigating actions to overcome bottlenecks, plus a Technical Committee (TC) to ensure a coordinated approach in the implementation of the programme. Overall programme management, coordination, monitoring and formal reporting is undertaken by UNDP (IMSPSD programme team), in cooperation with and based on inputs provided by the PUNOs. Formal progress reporting is undertaken as a minimum every 6-months, provided to the SC and, via the UN Resident Coordinator, also to the UN Joint SDG Fund Secretariat.

The risk management plan identified six potential risks (and mitigating measures) for the programme (a seventh risk was added linked to COVID-19): turnover of the leadership and staff of central and local government partners; the extent of local ownership and commitment, including resources; that national level allocation of financial resources will be insufficient; that potential final-user beneficiaries do not see their interest in participating in developing social services; the wider Albanian society may negatively perceive the focus given to prioritize the support to benefit specific target groups, rather than more broadly; the scaling-up of successful innovations introduced by IMSPSD may be at risk due to low commitment by government.

Overall, the risk of sizeable turnover of the leadership and staff of government partners has not materialized; nevertheless, to mitigate the risk (and also against potential future turnover) the programme has strongly focused on ensuring that its products and results are adopted and institutionalized by the partners. Equally, the risk of low interest of final-user beneficiaries has not materialized, and it is not evident of a wider societal negative perception of the support. The extent of local ownership of the programme results is strong and the level of commitment to proceed further in the improvement of social protection and social care services is evident.

With regard to the unforeseen programme risk (COVID-19) and its impact on implementation/ delivery of the programme results, as indicated across the evaluation findings, the risk posed has been very well mitigated by the programme, while also positively responding to real needs.

The key risk to the success of the programme in terms of catalyzing a step-change via scaling-up/ replication of results nationally is the extent of financial resources to support LGUs going forward. Funding for social protection and social care services was clearly increased in 2020 compared to previous years but has decreased in 2021 (but is still above 2019 funding-levels). In addition to UN undertaking sustained policy dialogue with government and other partners linked to the development of financing options for social protection/ care and social inclusion in Albania, in the context of human capital development, gender equality and human rights, the IMSPSD programme (in cooperation with UNJP Support to SDG Financing) can also, still, contribute via development of national/ social dialogue on financing goals for social protection.

3.5. Impact

Impact – The extent to which the programme has generated or is expected to generate significant positive or negative, intended or unintended, higher-level effects.
Evaluation Questions
What are the direct impacts/ expected impacts prospects of the programme?
Which are the direct effects on intended beneficiaries?
Which changes regarding the project stakeholders and other relevant actors have emerged in relation to supported actions?
To what extent the programme produced indirect positive and/or negative impacts?

How the objectives have been achieved? What factors have been identified that are driving or hindering progress?

3.5.1. The direct effects and the prospects for intermediate impact of the programme

Overall it is assessed that the IMSPSD programme impact is moderately satisfactory. It has brought about a range of direct positive changes at system, institutional/ operational and community level – including the direct benefits attained by the target groups of final-user beneficiaries – but these effects need to be sustained over time as the municipalities move forward with the further development of their social protection and social care services offer, and the delivery of outcomes/ benefits to help households/families find pathways out of poverty and overcome vulnerability and to enjoy a level of wellbeing, compliant with their human rights.

In terms of the intended catalytic impact of the programme at the national/ system level – by distilling best working practices and generating knowledge that both fosters national dialogue and supports policy-makers for the scaling-up of national measures that will ultimately result in reforming the social protection system and better links between social protection and health – further effort is required to promote the generation and sharing of knowledge so as to ensure that the programme results can be suitably scaled up/ replicated by other LGUs going forward.

The prospects for intermediate impact of the results is greatly dependent on future availability of financial and human resources to support LGUs undertake the investment in social services.

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

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

Following the development of the regulatory framework on integrating health and social service delivery, and relevant methodologies, standards and protocols and guided by the priorities set out in the Social Care Plans developed by them in the course of the programme, the pilot LGUs diversified the social care services offer and quality at local level, expanded the beneficiary

categories of vulnerable groups as well as service outreach/accessibility in remote rural areas. 6 pilot LGUs[49] and 7 CSOs[50] operating in targeted LGUs territories developed and implemented new services (mobile services, integrated health and social care services, specialized services, home visits) through a multidisciplinary and inter-sectoral approach for a diversity of vulnerable groups categories (persons with disabilities, children with disabilities, older persons, youth, families in need, vulnerable women, R&E, LGBTIQ+) and reached them with mobile services in rural areas also during the lockdown period of COVID-19 (via CSOs).

10,533 vulnerable people[51] have benefited from access to quality integrated social services, which otherwise would have been left behind. To address the multi-dimensional impact of COVID-19 on vulnerable groups, LGUs were supported through the introduction of new tools and modalities (emergency food and hygiene packages, and humanitarian cash transfers), which supported the multipurpose needs of circa 7,000 vulnerable people[52] during COVID-19. Interviews with LGU staff, CSOs and final-user beneficiaries, as well as reports from the field, provide evidence that the programme improved access to quality integrated social services to vulnerable groups particularly to persons with disabilities (Pogradec, Devoll), children with disabilities (Kamza and Puka), older persons (Rrogozhina), children in street situation, youth, older persons and families in need in rural areas (Tirana) and also LGBTIQ+ people. The beneficiary vulnerable groups particularly children and persons with disabilities and older persons were provided with on-site specialized services, services in families, mobile services in rural areas facilitating their access to the service and saving them additional service and transportation costs for receiving the needed service in bigger urban areas. There were certain rural areas in Puka, Devoll, Pogradec, where adults and children with disabilities received physiotherapy, speech therapy and psychological services for the first time. Families living in remote areas in Mokra, Pogradec and especially older persons living alone had access to mobile health care services during COVID-19 (nurse and medication) through the project implemented by Daikonia Foundation. Older persons in the Administrative Units in Rrogozhina received in-family health care support and medication. Families living in rural areas in Tirana and particularly 488 children in street situation received mobile primary health care and social care services. While the number of beneficiaries supported through the programme is 10,533, it has indirectly and positively impacted all their families, who have received psychological support and counselling and improved the overall psychological wellbeing of families.

3.5.2. Factors supporting/ hindering progress in the achievement of impact

Cooperation of the departments/units of Social Services (NE, PAK, Child Protection, Gender Equality, Protection of Survivors of Domestic Violence) staff with the budgeting, but also human resources and juridical departments of the LGU was enhanced for the delivery of the integrated social care models and accessing Social Fund. GRB trainings as well as participatory budgeting processes were instrumental also in further strengthening inter-departmental cooperation of Social Services, budgeting staff and municipal council members to better respond to priorities and needs identified by vulnerable groups including women.

In addition, the pilot LGUs made efforts to internalize the multi-disciplinary and inter-sectoral approach for the delivery of integrated social care model into their structures. Municipal social services staff (social workers, psychologists) were part of the multi-disciplinary teams ensuring

[49] Persons with disabilities (Pogradec, Devoll), children with disabilities (Kamza and Puka), elderly (Rrogozhina), and children in street situation, youth, elderly and families in need in rural areas (Tirana) and also LGBTIQ+.

[50] Persons with disabilities (YMD in Puka), children with disabilities (Global Care Kamza), Families in need and elderly (Daikonia in rural area of Mokra, Pogradec), R&E and Person with disabilities (CRCA in Devoll), LGBTI in Tirana, R&E (Joscelyn Foundation in Tirana).

[51] (5791 F/4477 M / 265 LGBTI), 3858 Roma and Egyptians, 1493 persons with disabilities, 654 elderly, 1732 children and families.

[52] 4900 individuals (2842 Female, 2058 Male) in the core group of 6 LGUs supported with emergency food and hygiene packages, and 1700 households supported via Humanitarian Cash Transfers piloted in 3 municipalities (Korca, Durres, and Shkoder), for which IMSPSD funding mainly contributed for 570 families in Korca.

in-house know-how retention. The socio-health staffing model is expected to be applied in the new public multi-functional center in Devoll newly constructed and the one in Kamza refurbished with the programme support.

The programme has also "triggered" several structural/organogram changes at local level to ensure implementation of integrated services as well as better inter- and intra- departmental cooperation: Tirana Municipality has established the Directorate of Social Services and Integrated Services under the General Directorate of Social Services; Puka municipality has integrated the "Social and Healthcare Services Centre for Children with Disabilities"; Kamza municipality has increased the number of staff from 4 to 22 in the Social Services Department (including those working in its Administrative Units).

CSOs support to empower the vulnerable groups with information on their rights to social services, where to access and receive them and their networking to support civic engagement in the participatory budgeting processes has started to create demand for social services at grass roots/community level and hold local government accountable to their functions. The participatory budgeting processes conducted in 5 LGUs[53] served as venues for over 700 vulnerable women and men to voice their needs and priorities. There are examples in the municipalities of Puka, Kamza, and Pogradec where local governments addressed specific priorities raised by women (fiscal incentives for artisan women in Puka and Pogradec, day-care center for children in Kamza). It is to be noted that the vulnerable groups including women are more articulated on their needs related to infrastructure[54] (water, electricity, schools, health centers, day care centers) and employment issues/ needs rather than the quality of services provided to them and the diversity of social care services (community services, specialized services). They need more information and support to articulate their demand for social care services and create sufficient public pressure on LGUs to fund the social care services.

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

Nevertheless, the further roll-out/ scaling-up of innovative integrated models across the country has a long way to go due to limited funding for social care services at central and local level and lack of a critical mass of public pressure to demand social care services, which are the main bottlenecks for catalyzing a step change in the quantity and quality of integrated social care services at local level as part of an effective integrated social protection system.

3.6. Sustainability

Sustainability – The extent to which the net benefits of the intervention continue, or are likely to continue.
Evaluation Questions
Are the approaches and methods used likely to ensure a continued benefit after the end of the programme?
Are all key stakeholders sufficiently and effectively involved? Are their expectations met and are they satisfied with their level of participation? What is the risk that the level of stakeholder

[53] Kamza, Puka, Pogradec, Devoll, Rrogozhina.
[54] It is reported a rate of 39% matching between number and type of proposals by women with the adopted priorities at local level.

ownership (including ownership by governments and other key stakeholders) will be insufficient to allow for the programme's outcomes/ benefits to be sustained?
What are the major factors which influenced the achievement or non-achievement of sustainability of the programme?
Based on lessons learned what specific recommendations could be given to each key partner under the joint programme that would contribute to the sustainability of the intervention?

3.6.1. Processes to ensure the sustainability of the project results and benefits

Overall the IMSPSD programme's contribution to ensure the sustainability of the results and benefits after the end of the programme is assessed as moderately satisfactory.

The sustainability of IMSPSD programme results is primarily ensured by its full alignment with the key social protection and social inclusion policies[55] and relevant legal framework[56] to support the central government (MHSP) to translate and operationalize them at the local level through elaboration of the regulatory framework, standards and protocols for the provision of social services including integrated health and social care services, as well as via rolling-out of the MIS on social care services at local level and, over the next period, scaling-up the integrated social services across the country as part of the integrated social protection system.

Its results are also closely aligned with the local Social Care Plans of municipalities which have facilitated translation of the main pillars of social protection and social inclusion policy at local level and respond to the identified needs of the municipalities in terms of institutional and organizational development, capacity building in designing, planning, budgeting, financing, managing and delivering integrated social care services, as well as mainstreaming intersectionality in service provision (gender, disability, minority, age), investments to upgrade facilities for delivering quality integrated social care services and partnership development with CSOs as service providers and advocates of vulnerable groups and communities.

The programme results also respond to the multiple needs of the targeted vulnerable groups (PWDs, R&E, vulnerable children, vulnerable women, older persons, LGBTIQ+, and long term unemployed people) to access and receive inclusive and quality integrated social care services and to empower them and their representative CSOs to be vocal in demanding inclusive social services and hold local government accountable to its social protection function.

Sustainability is also ensured through the adoption of the multilevel holistic approach working at macro (central government) and meso level (local government and CSOs) as well as at micro level (grass-root/ community level) in the programme design and implementation.

The IMSPSD programme relied on a mix of complementary and reinforcing methods/ instruments to support implementation of its activities: technical assistance for policy and regulatory framework development, capacity building of LGUs and service providers, investments in innovative pilot integrated social care services and upgrading of social care facilities, knowledge generation on social protection framework, integrated social care services model, and advocacy/ empowerment of vulnerable groups and their CSOs to be part of decision-making processes that have produced results with varying degrees of sustainability.

Technical assistance in policy guide and formulation[57] at central level and local level has ensured sustainability at system level. Capacity building of municipal staff and service

[55] National Social Protection Strategy; National Health Strategy, Primary Health Care Services Development Strategy; National Strategy on Decentralization and Local Government; National Strategy on Gender Equality; National Action Plan for Roma and Egyptians, National Action Plan for People with Disabilities, etc.

[56] Law on Social Care Services (2016), Law on Inclusion of and Accessibility of Persons with Disabilities, Law on Gender Equality in Society (2008); the Law on Local Self-Government (2015).

[57] National Action Plan for Equality, Inclusion and Participation of the Roma and Egyptians 2021- 2025 ; National monitoring of SDG indicator 1.3.1; Methodology for the monitoring and evaluation of local social care plan implementation; Standards, protocols and models for the provision of a municipal level response to COVID-19 ;

providers through coaching and mentoring have contributed to establishing functional institutional arrangements and coordination mechanisms for management of integrated social care services as well as provided LGUs with tools for improving their organizational and technical capacity to develop, implement, budget, staff, monitor and evaluate social care plans (e.g. guidance notes specifying the workflows, processes, protocols, standards and effective organizational mechanisms for the administration of integrated social care services by the LGU, endorsed Social Care Plans, budget briefs, standards, protocols for integrated health and social services along with models of integrated social care services for different categories of vulnerable groups, GRB for mainstreaming gender at local planning) which are tested and validated and can be used by other LGUs. Targeted LGUs have been proactive to use the acquired knowledge and skills to deliver on their social protection functions demonstrating that they have internalized the investment in capacity building by the IMSPSD programme. Most of them have applied to Social Fund based on endorsed Social Care Plans for either introducing new social care services or supporting and expanding the existing ones and have used GRB in their midterm budget 2021-2023. The IMSPSD programme provided a learning opportunity for LGUs to implement integrated social protection at local level and lay the groundwork to further build and expand their work in the future.

The IMSPSD programme invested in piloting innovative models of integrated social care services (health and social services) and upgrading social care facilities (multi-functional community centers in two LGUs (Kamza and Devoll). While financial support has been key to operationalize priorities set out in Social Care Plans, by showing LGUs how to design, plan, budget, staff and deliver new social care services for different categories of vulnerable groups, the capacity of LGUs to take over funding of the pilot models remains to some extent limited.

Out of 6 pilot projects implemented, only two services are fully continuing: the one in Puka which is fully integrated in the municipality structure[58] and funded by municipal budget ensuring integrated health and social services for children with disabilities and the one in Pogradec on integrated healthcare and social services for persons with mobility problems in the newly refurbished Centre for Integrated Physiotherapy and Social Services with staff (physiotherapist and social worker) from the multi-functional center for PWDs. It is to be noted that building synergies with other UNJP interventions (LNB and EVAWIA) in the municipalities of Pogradec and Puka has been key in ensuring the sustainability of results. The municipalities of Devoll and Kamza are continuing to provide the piloted services[59], but with reduced staff and expecting to fully transfer them to the new multi-functional centers to be funded by the municipal budget. In the meantime, both LGUs have applied for Social Fund support to continue and expand the piloted services in the new multi-functional centers. The pilot models in Rrogozhina[60] is expected to continue with UNFPA funding, whereas the one in Tirana[61] is pending the approval of its Social Fund application. It is noted that specialized staff in several municipalities trained in the framework of pilots (e.g. logopeds, physiotherapists or social workers) are not retained, or have been scaled back, due to the lack of funding leading to capacity loss and decreased provision of benefits to local vulnerable groups/ people.

Recognizing the need for investments/financing of social protection and in particular social care service, the IMSPSD programme generated knowledge on fiscal space for social protection at national level and local level, but apparently this has not led yet to a public/

Policy on the provision of assistive medical devices for PWD methodology for the review of the methodology for the preparation of the list of reimbursed medical devices for PWDs outpatients regulatory framework package/ guidance on integrated health and social care services provision ; Support provided to inform national and local with analysis on fiscal space for SP, gender responsive budgeting analysis and review of the social protection system in Albania.

58 Social and Healthcare Services Centre for Children with Disabilities in Puka

59 Integrate Health and Social Services for Children with Disabilities in Kamza and Ability Recovery Model in Devoll (Mobile Integrated Services for Person with Disabilities)

60 Mobile Integrated Care Services for Elderly in Rrogozhina

61 Mobile Community and Family Services in Rural Areas in Tirana

national dialogue with concrete recommendations on setting up national social protection floor and identifying financing options for social protection at national and local level.

The IMSPSD has ensured knowledge sharing, dissemination and showcasing of innovative integrated health care and social care services pilot models through a diversity of communication tools with a multiplier effect (e.g. social media, videos, articles), but the documentation of best practices and lessons learnt to support the potential scaling-up of results across the country is limited. The IMSPSD has not been proactive particularly at national and regional level given that integrated health and social care models are piloted for the first time in Albania. The SSS at central and regional level were informally aware and MHSP acknowledges that the integrated health care and social care services is a new concept and showcasing is important. It is very likely if this issue is not addressed before the end of the programme, the potential for scaling-up the integrated model in other LGUs might be low.

The IMSPSD supported the empowerment of vulnerable groups and their representative CSOs to hold local governments accountable through establishing and supporting participatory budgeting practices at local level to voice their needs and priorities, their active engagement in advocacy activities to demand access to quality social services for vulnerable groups/ people, building CSOs "GRB watchdog" capacities and establishing a CSOs' Participatory Budgeting Network PRISMA. CSOs were also supported to provide integrated social services for their vulnerable groups. While vulnerable group and CSOs will continue to be active in decision-making processes and play the (GRB) watchdog role at local level, the delivery of integrated services by CSOs is dependent on further funding from donors or municipalities.

3.6.2. Factors supporting/ hindering the sustainability of the results/ benefits

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

The IMSPSD engagement with MHSP, the main governmental counterpart involved not only in the design of the program, but also in its implementation and monitoring as member of the programme Steering Committee, has been effective and key to sustainability and ownership of results at system level (e.g. establishment of regulatory policy framework, standards and protocols for integrated health and social care services, roll-out of MIS at local level, monitoring and evaluation standards of Social Care Plans, national monitoring of SDG Goal/Target 1.3, development of the new National Action Plan on R&E Integration 2021-2025). Nevertheless, it is to be noted that the role of MHSP and its involvement in the framework of the IMSPSD to promote the integrated health care and social care services model, bridge the coordination gap between the health function and social services function at local level, allocate more resources for social protection and social care services and provide guidance and capacity building for LGUs to access the Social Fund is assessed insufficient and affecting to some extent the sustainability of the integrated health and social care services model.

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

Fund mechanisms to continue and consolidate the services and even expand them in their territory is a serious challenge to the sustained ownership of results.

CSOs give credit to the IMSPSD for its inclusiveness and engaging them as service providers to respond to the needs of their target vulnerable groups in close cooperation with LGUs, as well as advocacy agents in supporting vulnerable groups/ people in voicing their priorities and needs in participatory budgeting processes, raise awareness on their rights as well as building their (GRB) watch dog capacity. While CSOs remain well positioned in their advocacy and watchdog role, they have limited financial resources to continue the services supported under the programme. Nevertheless, they are a strong reference point in the community for informing citizens on access to services and their cooperation with LGUs is assessed as good.

The level of engagement with MFE in addressing fiscal space for social protection has been insufficient and it has not yet generated a public dialogue on establishing a social protection floor and the financing options to increase public funding for an integrated system of social protection and social care services, whereas cooperation with the SSS has been weak in involving them in the context of capacity building of LGUs and service providers, as well as in monitoring the pilot services/ assessing their strengths and weaknesses for potential scale-up.

3.6.3. Steps to strengthen the sustainability of the project results and benefits

MHSP being the institution responsible for health and social protection should take a leading role to address the functional/ implementation gap between health managed at central level and social protection delegated to municipalities, which affects the establishment and consolidation of integrated health and social care services. Promotion of the integrated health and social services models by MHSP will contribute to encourage and strengthen the link and the inter-sectoral cooperation between health care and social services as well as sharing of data from both sectors.

MHSP and SSS should design (in partnership with donors, Faculty of Social Sciences, Order of Social Workers and Public Procurement Agency) a national capacity building strategy on implementation of the Social Care Services Law, the MIS on Social Protection including MIS on social care services, procurement law and guidelines for applying for Social Fund at local level. Building a critical mass of capacities at local level is key to ensure sustainability of results.

MHSP and MFE should engage in public consultations/ dialogue with various stakeholders for identifying fiscal space options for funding social protection as well as increase Social Fund base and match it with growing demand/ needs from the local level.

LGUs should allocate more resources for establishing Needs Assessment Referral Units with qualified staff as the key structure for identifying the vulnerable groups and communities, assessing their needs and referring them to respective services and coordinating the integrated services. LGUs should set up their own Social Fund pooling local resources, donors funding, private funding and MHSP Social Fund to ensure continued funding for the implementation of the Social Care Services Law.

Pilot LGUs should document their lessons learnt on pilot models as a reflection on the process as well as for sharing them with other LGUs within the regions and beyond.

CSOs should continue to support their target vulnerable groups to demand their rights for quality social care services, identify their needs and develop services responsive to their needs and cooperate with LGUs for obtaining funding from local Social Fund, MHSP Social Fund or donor funding as well as strengthen and expand their networking at local level and watchdog role. Capacity building on procurement for social care services should be provided to CSOs as service providers.

3.7. Horizontal themes/ cross-cutting issues

3.7.1. IMSPSD contribution to the SDGs

UNJP IMSPSD contribution to the SDGs – whether the programme's goal and outcomes and progress done so far are contributing to SDGs progress.
Evaluation Questions
To what extent the programme's goal and outcomes and progress done so far are contributing to SDGs progress (implementation and acceleration)?
Assessment of progress by Albania linked to SDGs and the relevance of the programme to SDGs implementation and acceleration contribution (of the specific SDG targets addressed)

With regard to the global policy framework for international development, the "2030 Agenda for Sustainable Development", the programme identifies SDGs and targets to which it primarily contributes[62]: SDG 1 (No poverty), SDG 3 (Good health and wellbeing), SDG 5 (Gender equality), SDG 10 (Reduced inequalities), and SDG 16 (Peace, justice and strong institutions). More broadly, the programme inter-connects with SDG 2 (Zero hunger), SDG 4 (Quality education), and SDG 8 (Inclusive and sustainable economic growth). While not specifically identified as SDG targets, the programme document/ approach does refer to linkage with SDG targets 1.a (programmes and policies to end poverty in all its dimensions) and 1.b (pro-poor and gender-sensitive development strategies). In addition, the programme has clear linkage to SDG target 16.7 (responsive, inclusive, participatory and representative decision-making). Regarding the indicative contribution of the programme to the SDGs, this is approximately shared as: SDG 1 = 18%, SDG 3 = 14%, SDG 5 = 18%, SDG 10 = 30%, and SDG 16 = 20%.

The programme's intended results are relevant/ logically connected so as to contribute to progress in delivering on the SDGs and targets. Notably, the support provided linked to national monitoring of SDG indicator 1.3.1 represents the first ever monitoring exercise linked to SDG 1.3.1 in Albania. In addition, via its range of analysis (expenditure and fiscal space, gender responsive budgeting, of the health and social protection system), the programme provides a solid basis of evidence to support local and national dialogue and decision-making that could significantly contribute to progress in delivering on SDG targets 1.3, 3.8, 5.c, and 10.4. In this sense, the programme has clear relevance to the goal and objectives of the UN Joint SDG Fund in terms of its potential to achieve catalytic effect via evidence-based understanding to inform national policies and systems by means of knowledge generation, sharing and dialogue.

However, the extent to which Albania has achieved progress linked to the SDG targets that IMSPSD contributes to is difficult to ascertain, due to limited statistical data (benchmark and current status) on Albania's progress made against these specific SDG targets/indicators.

3.7.2. IMSPSD contribution to UN reforms

UNJP IMSPSD contribution to UN reforms – whether the programme's goals, design and implementation are contributing to UN reforms and to UNCT coherence.
Evaluation Questions
To what extent the programme's goals, design and implementation are contributing to UN reforms (including UNCT Coherence, Effectiveness, and Efficiency)?
Assessment of how the programme fits within the overall framework of UN reforms and the operations of the UNCT and agencies in Albania

[62] SDG targets: 1.3 (social protection systems and measures for all, including floors), 3.8 (universal health coverage), 3.c (health financing/ health workforce), 5.4 (unpaid care and domestic work), 5.6 (universal access to sexual and reproductive health and reproductive rights), 5.c (policies/ legislation for the promotion of gender equality and the empowerment of all women and girls), 10.2 (social, economic and political inclusion of all), 10.4 (policies to progressively achieve greater equality), 16.6 (effective, accountable and transparent institutions).

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

As of the end of 2021, twelve UNJP were under implementation by the UNCT with a further two planned already to start in 2022. On average, UNJPs account for approx. 15-25% of the UNCT annual budget in Albania.[63] Five of the UNJP are in the realm of social inclusion[64]. Albania is a keen proponent of UN 'Delivering as One', since its initial launch started in 2007. IMSPSD is fully relevant to further consolidate this approach, as well as in contributing to UN reforms, bringing together the expertize and comparative advantages of the UN system in Albania to enhance development results and impact, notably so in terms of socio-economic inclusion and gender equality results, via UN coherency, effectiveness and efficiency gains.

3.7.3. IMSPSD cross-cutting issues (gender equality, governance, human rights)

UNJP IMSPSD cross-cutting issues – whether the cross-cutting issues related to human rights, governance, and gender equality, and focus on disability are addressed/ promoted as an articulation of human rights principles, and considered in the design, implementation and outcome of the programme initiative.
Evaluation Questions
Assessment of the extent to which the cross-cutting themes are mainstreamed within and across the programme, as a matter of principle
Assessment of the extent to which programme actions have considered addressing gender equality issues in the design, implementation and outcome of the initiatives and if both women and men can equally access the programme's benefits to the degree, they were intended through gender analysis process
Assessment of the extent to which the programme has advocated for the principles of equality and inclusive development and has contributed to empowering and addressing the needs of the most disadvantaged and vulnerable populations in the Albanian society
Assessment of the extent to which the programme design, implementation, and monitoring have been inclusive of persons with disabilities
Assessment of the extent to which the programme effectively contributed to the socio-economic inclusion of persons with disabilities by providing income security, coverage of health care, and disability-related costs

Overall it is assessed that the IMSPSD programme has addressed very satisfactorily the cross-cutting issues of gender equality, human rights, focus on disability, and governance in the context of its design, implementation, delivery and achievement of the results.

Gender Equality

The programme context analysis considers the underlying causes, extent of and forms of inequalities and discrimination that exist in Albanian society in line with SDG priorities including SDG 5 as well the governance system constraints in regard to social protection/ social care. The programme also considers recommendations arising from periodic reviews of Albania under core international human rights treaties (e.g. UPR, CEDAW, CRC, and CRPD). All of

[63] Government of Albania-UN "Programme of Cooperation for Sustainable Development", 2021 Progress Report.
[64] Other on-going UNJP in Albania in the area of social inclusion/ cohesion include: "Leave No One Behind" (LNB) funded by Switzerland, "Ending Violence Against Women" (EVAW) funded by Sweden, "EU for Gender Equality" funded by the EU/EC, and "Support to SDG Financing" funded under the UN Joint SDG Fund.

the programme interventions are designed to be gender sensitive and to promote engendered social inclusion, as well as to consider the needs of PWDs and/or R&E as relevant.

The programme's overall Gender Marker Score is 2 demonstrating that gender equality is significantly mainstreamed in the IMSPSD intervention. Although the programme does not contain any gender-specific output, all outputs per se contain specific targeted interventions where the principal purpose was to advance gender equality and the empowerment of women, with a clear link to the SDGs gender indicators including SDG 5. Gender equality was promoted and supported in a series of specific gender targeted interventions:

- Capacity building on use of GRB to mainstream gender in local policy planning, implementation, monitoring and evaluation through training and mentoring provided to 152 LGUs staff[65] including social services and budget department staff[66] as well as 27 municipal council members[67].
- Gender mainstreaming through GRB application in Medium-Term Budget Plans 2021-2023 in 6 municipalities[68] to ensure that women's needs are incorporated in local social protection policies and related budgets.
- Engendering 6 social care plans[69] enabling the LGUs to address women specific needs and priorities at local level.
- Evidence based research on women's and girls' access to social protection services and public expenditures[70] including assessment of COVID-19 impact on women's lives generating knowledge on gender centered poverty, inequality and vulnerability to inform gender sensitive public policies.
- Development of capacities of (women's rights) CSOs and vulnerable groups including women to engage in local public policy consultation processes linked to integrated social care services, gender equality/ GRB, and expenditure monitoring and accountability and become part of local decision-making process.
- 10 local CSOs in 6 municipalities[71] built their capacities on GRB watchdog role and produced 6 Gender Budget Watchdog reports on municipal budget spending for social protection programmes, strengthening local democratic governance/advancing women's rights through increased accountability of local stakeholders for gender equality.
- Empowerment of 300 vulnerable women and young girls in 6 municipalities[72] with information on their rights through awareness raising events and knowledge on GRB via trainings which enabled them to actively engage in the participatory planning and budgeting processes, voice their needs and define a list of selected gender-responsive priorities. Over 700 women[73] from vulnerable communities were reached out/ involved through participatory budgeting initiatives and approximately 20% of concerns raised and

[65] 119 municipality staff (96 females and 23 males) trained on GRB
[66] 33 municipality staff (23 females and 10 males) of the Budget Management Teams of Social Services Departments trained as trainees on GRB.
[67] 27 Municipal Council members (21 females and 6 males) that were supported to undertake the review of and reflection on the main findings of the local analyses of gender equality and GRB and the potential implications for the medium-term budget (MTB) of the local municipalities.
[68] Municipalities of Pogradec, Puka, Rrogozhina, Fushe-Arrez, Polican, Skrapar
[69] Municipalities of Devoll, Kamza, Pogradec, Puka, Rrogozhina, Tirana
[70] The Impact of COVID-19 on Women's and Men's Lives and Livelihoods in Albania: Results of a Rapid Gender Assessment, Socio Economic Assessment of COVID-19 Impact on access of Vulnerable Children, Families and Communities to Social Protection in Albania, Expenditures and Fiscal Space Analysis Including Gender and Child Sensitive Budgeting in Albania, Policy Brief on Financing a Social Protection Floor for Vulnerable Women, Girls and Children in Albania
[71] Municipalities of Durres, Elbasan, Fushe-Arrez, Polican, Skrapar, Vlora
[72] Municipalities of Tirana, Kamza, Rrogozhina, Pogradec, Devoll and Puka
[73] 54% from rural areas, 11% from the Roma Community, 3% people with disabilities, 60% of all participants were unemployed.

voiced by vulnerable women were discussed with municipalities/ LGUs to become priorities in the future budget of municipalities.

The IMSPSD ensured that women are direct beneficiaries and benefit and have equal access to programme resources related to integrated social care services (55%), capacity building (69%), awareness raising and advocacy activities (55%) and collected gender disaggregated data to this purpose. Two out of 15 output indicators were gender sensitive in the programme.

PUNOs have closely cooperated with governmental agencies at central and local level that foster gender equality at policy and operational level – Ministry of Health and Social Protection that leads gender quality work and national gender equality machinery; Ministry of Finance and Economy that leads work on GRB; the parliamentary Sub-Commission of Gender Equality and Prevention of Violence Against Women on expenditure monitoring through gender lenses; municipal councilors; Gender Equality Officers/ Local Coordinators of Domestic Violence at local level – as core elements of the national gender machinery in providing recommendations on women's inclusion in social care services and respective funding mechanisms as well as women's groups and CSOs to engage in gender mainstreaming in social services planning, budgeting, implementation, monitoring and evaluation. The programme has contributed to substantively strengthen local government participation/ engagement in gender related SDGs localization, supporting municipalities and MHSP to track gender budget allocation (SDG 5c).

Disability

Persons with Disabilities are one of the main target groups of the programme among the most vulnerable and marginalized groups across Albania as identified by human rights (monitoring) reports, who face multiple discrimination and limited access to public services especially education, health and employment. Considering the critical role that social protection can play in supporting their inclusion, the programme identified and supported them as one of the direct beneficiaries. The programme design, implementation and monitoring have been inclusive of persons with disabilities (adults and children with disabilities) and their representative CSOs supporting them as direct beneficiaries in 4 out of 6 municipalities[74]. 1,493 persons with disabilities benefited from the integrated health and social care model implemented in 4 municipalities which also extended through mobile teams in rural areas.

Persons with disabilities were also supported with services, information and advocacy by CSOs[75] in three out of 6 grant projects supported by the programme.

It is to be noted that the needs of persons with disabilities are mapped in the social care plans, which guided the 4 targeted municipalities to design the integrated social services for them.

The programme also contributed to further development of the policy in regard to the provision of assistive medical devices for PWDs via analysis to support the review of the methodology for the preparation of the list of reimbursed medical devices for outpatients (PWDs).

Governance

The IMSPSD programme provided a model of good governance by promoting inclusiveness, transparency and accountability not only in its design, implementation and overall programme management (Steering Committee, annual/progress reports, fund management and open procurement for CSO grant scheme and services, accessible information on programme results and its outputs via UN websites and social media), but also in introducing good governance elements at local level such as participatory budgeting process as part of participatory decision-making, accountability mechanisms such as GRB watchdog role for

[74] Puka: Providing mobile Integrated Social and Health Services for children with disabilities in rural areas
Pogradec: Integrated health and social service for individuals with mobility problems
Kamza: Integrated health and social service for children with disabilities in Municipality of Kamza
Devoll: Devoll Ability Recovery (D.A.R) model

[75] Persons with disabilities (YMD in Puka), children with disabilities (Global Care Kamza), R&E and Person with Disabilities (CRCA in Devoll).

CSOs, public consultations with various stakeholders on policy issues bringing central government and municipalities closer to citizens, including vulnerable groups, and provide effective social protection services.

3.7.4. IMSPSD communication and visibility

UNJP IMSPSD communication and visibility – whether the communications and visibility guidelines and actions undertaken by UN agencies and implementing partners provide insights into the implementation of the programme activities.
Evaluation Questions
Assessment of extent, diversity, and media/tools utilized by partners for communications and visibility, and the extent of outreach or awareness raising so achieved
Assessment of extent to which key stakeholders are familiar with the programme and on-going activities
Level of awareness on programme results, success stories

Overall it is assessed that communication and visibility of the programme results is satisfactory.

The IMSPSD programme has used a combination of communication and visibility mechanisms, tools and channels to provide insights into its activities and results.

It is guided by the Communication and Visibility Guidelines operational as of January 2020 in compliance with the communications guidelines of UN Joint Programmes ensuring that programme branding, information and communication activities raise awareness and visibility of the programme results among the targeted audiences (central government, (targeted) local government, CSOs, local and national media, donors, communities in the targeted areas and public at large).

The Guidelines provides the visibility requirements for all communication products to ensure visibility of programme results through the use of IMSPSD logo and highlighting reference to the SDGs it supports (SDG 1, 3, 5, 10 and 16). The Guidelines also offer instructions on how to communicate IMSPSD's activities and results using a variety of communication mediums such as digital platforms, media, publications, social media, UN newsletter etc.

The IMSPSD programme also developed a communication plan with clear communication objectives, main activities, and tools, key messages for the targeted audiences and budget as well as with the management responsibility assigned to the IMSPSD Manager for its implementation. The strategy of the communication plan is based on promotion of measurable results and impact, proactivity, transparency and accessibility of information and use of innovative communication tools. It is grounded in "multiplier approach" targeting audiences (governmental institutions, CSOs, media) which are intermediary opinion multipliers and frequently reached out for information by the public.

Communication tools and channels

The IMSPSD programme used a combination of communication tools and channels to disseminate its results (reports, presentations, publications, press releases, media events, videos, factsheets, articles, capacity building workshops, forums to share research findings, advocacy and information campaigns, fliers/brochures) relying on online platforms, traditional media (national/local TVs and print) and social media (Facebook, Twitter, and YouTube).

Information on the IMSPSD programme's activities and results is provided in UNDP webpage[76] and UN webpage[77] and each UN implementing partner webpage (UNICEF, UN WOMEN, and ILO). Social media (Facebook, Twitter, and YouTube) has been actively used by all UN

[76] Municipal Social Protection Service Delivery | UNDP in Albania
[77] Integrated social and health care services -a people centered innovative model of service delivery | United Nations in Albania

agencies recognizing its wide public outreach and impact with a total reach out of 62,040 views, 3,256 posts engagement and 52,683 twitter impressions.

The diversity of communication tools and channels contributed to provide information on the implementation of the IMSPSD activities, ensure the visibility of their results and particularly disseminate and facilitate access to:

- Innovative models of integrated health and social care services, their impact on vulnerable groups/ peoples' lives as well as enhanced capacities of targeted municipalities to effectively manage them, which are documented and disseminated through short video-documentaries, medium articles[78], life stories, testimonials of beneficiaries accessible on social media of UN agencies[79], LGUs and CSOs (Facebook, Twitter, and YouTube)[80]. Partnership with national and local media outlets has been key to produce the video-documentaries and medium articles. Several short videos have been disseminated to showcase the innovative integrated social care models at local level (e.g. Kamza[81], Devoll[82], and Puka[83]).
- Evidence-based knowledge on social protection framework, its funding and vulnerable groups' issues including challenges faced during COVID-19 to feed public policy dialogue and information. Several research studies/reports and factsheets are accessible on UNDP and UN agencies websites[84] (UN Women, ILO).
- Strategic documents that promote integrated social services such as framework and model of integrated social and health services, methodology for monitoring and evaluation of local social care plan implementation for their monitoring and evaluation accessible on UNDP website[85]; social care plans accessible in 5 out of 8 LGUs[86].
- Education videos providing information to vulnerable groups (families with children with disabilities) on managing COVID-19 lockdown[87], COVID-19 Check list for health care[88].
- Information to vulnerable groups/ people on their rights to inclusive social protection services and demand them in participatory budgeting processes (brochures/fliers, social media). One Facebook account was set up by the CSO partner (Community Center "Today for the Future") to disseminate information on participatory budgeting and GRB activities[89]. Print materials like brochures/fliers with information on vulnerable groups/ peoples' rights have proved very helpful given their limited access to technology.

---

78 https://albania-undp.medium.com/mobile-healthcare-and-social-protection-services-for-the-remotest-rural-areas-52050caca541

79 https://www.facebook.com/UnitedNationsAlbania/posts/1602522383246033

80 https://fb.watch/36CpmICbJW/
https://twitter.com/UNDPAlbania/status/1436000797100322819
https://www.facebook.com/302120716513378/posts/4667148853343854/
https://twitter.com/monicamerino_d/status/1496516155292676097?s=24
https://www.youtube.com/watch?v=wMYUuXQtlrk

81 https://fb.watch/36CpmICbJW/; https://twitter.com/UNDPAlbania/status/1436000797100322819

82 https://www.facebook.com/302120716513378/posts/4667148853343854/

83 https://twitter.com/monicamerino_d/status/1496516155292676097?s=24

84 National Monitoring of the SDG Indicator 1.3.1 | UNDP in Albania
Review of social protection system in Albania (ilo.org)
https://albania.unwomen.org/en/digital-library/publications/2020/12/the-impact-of-covid-19
https://www.al.undp.org/content/albania/en/home/library/poverty/-the-framework-and-model-of-integrated-social-and-health-service.html

85 https://www.al.undp.org/content/albania/en/home/library/poverty/-the-framework-and-model-of-integrated-social-and-health-service.html

86 https://www.polican.gov.al/pagesat-sociale/
https://bashkiaskrapar.gov.al/wp-content/uploads/2018/12/Skrapar-Social-Care-Plan.pdf;
Plani Social | Miresevini ne faqen zyrtare te Bashkise Fushe Arrez (bashkiafushearrez.gov.al);
https://www.bashkiadevoll.gov.al/wp-content/uploads/2022/01/Plani-Social-i-Bashkise-Devoll-2021-2024-1.pdf
https://bashkiapuke.gov.al/wp-content/uploads/2021/07/Projekt-vendim-plani-social-2021-2023-Relacion.pdf

87 https://fb.watch/26kpn1Vv18/

88 https://www.facebook.com/100631727979211/posts/540852220623824/?d=n

89 https://www.facebook.com/groups/475273052880890

- Awareness raising on the minority groups (R&E) challenges during COVID-19 and their international day in partnership with two national television broadcasters[90].

The Communication and Visibility Guidelines, the communication tools and channels used by the IMSPSD programme for dissemination, visibility and knowledge sharing have proven relevant and useful in providing timely and updated insights about the project implementation. They have enhanced knowledge on social protection system in Albania, raised awareness on challenges faced by vulnerable groups including COVID-19 lockdown and supported them with educational materials during the lock down, promoted innovative integrated models of social care services provided at local level and empowered vulnerable groups/ people with information to demand their rights and hold local governments accountable.

Nevertheless, the programme could have invested more resources in promoting the innovative integrated social care model at national level through a stronger partnership with MHSP to generate more advocacy and financial support from the central government and donors.

[90] https://youtu.be/nLboyWIBLF0

4. Conclusions

IMSPSD is a UN Joint Programme implemented by four UN partner agencies (UNDP, UNICEF, UN Women and WHO), with the contribution of ILO and UNFPA (and UNHCR an advisory contribution), working in close partnership with relevant governmental bodies and CSOs. The programme is implemented by the UN in Albania through the modalities of the Delivering as One (DaO) mechanism, in the framework of the GoA-UN cooperation programme (UNDAF). The programme is implemented over the period January 2020 to June 2022, with a programme total budget of USD $2,000,000 of which: USD $1,500,000 is resourced from UN Joint SDG Fund (75%); USD $400,000 (20%) is resourced from the participating UN agencies; and USD $100,000 (5%) resourced from the Albania SDG Acceleration Fund as government co-funding.

The specific focus of the IMSPSD programme is on catalyzing 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 in Albania. The programme intervention strategy is to focus the support for improvement of the social protection/ social care system in select municipalities, in order to test and to demonstrate the results and to generate knowledge and learning, in combination with the continued provision of technical advice for completing the national policy.

Overall, the performance of IMSPSD programme is assessed by the evaluators as satisfactory.

4.1. Accomplishment of the main expected results

The programme has effectively delivered a range of different interventions that contribute to achievement of IMSPSD's six output results[91], which effectively contribute to the achievement of the programme's outcome and goal. The performance of the programme is most effectively evidenced linked to IMSPSD output results 1 to 4, whereas for outputs 5 and 6 full delivery/ attainment of the intended results is still to be achieved (actions on-going in the final months). With regard to the effectiveness of the programme to include/ address the cross-cutting issues of gender equality, governance, and human rights in the context of its implementation, delivery and achievement of the results, the programme has performed very satisfactorily. This is achieved across the outputs but most effectively evidenced in terms of final-users supported.

Whereas implementation of the IMSPSD programme has been undertaken in the context of significant external challenges (notably due to COVID-19), IMSPSD has been very effectively adapted to respond to the contextual changes arising so as still to achieve most of the intended results/ objectives fully within the intent of the programme framework, while also providing valuable support to Albania in its response to/ recovery from the COVID-19 health pandemic.

The supported municipalities attest to the benefits of the different range of supports/ products that have strengthened their institutional, organizational, administrative and technical capacities to design, plan, budget, staff, deliver, monitor, and evaluate social care services provision, as well as the interlinking of social care service provision with other components of social protection (particularly cash assistance benefits, child protection, protection of survivors of domestic violence, as well as with employment and social housing policies/ services). The six local demonstration projects to pilot the introduction of integrated health and social services have extended the scope and scale of local public services provision for vulnerable groups.

The programme has also successfully contributed to support the GoA to translate its social protection and social inclusion policy and the relevant legal framework, particularly the Law on

[91] Output 1. Integrated social care services institutional arrangements and coordination mechanisms functional with clear roles and responsibilities at local level. Output 2. Institutional capacities strengthened through training and mentoring for the development of social care plans and accessing the Social Fund. Output 3. Innovative models of integrated social care services piloted, including established local linkages between health and social protection services. Output 4. Vulnerable communities are empowered to actively participate in decision making and make institutions accountable. Output 5. Financing options for extending social protection coverage and benefits developed and assessed at the national and municipality levels. Output 6. Programme Management.

Social Care Services, at the municipal level on the design, implementation and management of integrated social services, as well as to institutionalize the cross sectoral model of the integrated health and social care services, and to further develop its social inclusion policy/ priorities supporting the inclusion of R&E, and of care service models supporting older persons.

Overall it is assessed that the IMSPSD programme impact is moderately satisfactory. It has brought about a range of direct positive changes at system, institutional/ operational and community level – including the direct benefits attained by the target groups of final-user beneficiaries – but these effects need to be sustained over time as the municipalities move forward with the further development of their social protection and social care services offer, and the delivery of outcomes/ benefits to help households/families find pathways out of poverty and overcome vulnerability and to enjoy a level of wellbeing, compliant with their human rights.

In terms of the intended catalytic impact of the programme at the national/ system level – by distilling best working practices and generating knowledge that both fosters national dialogue and supports policy-makers for the scaling-up of national measures that will ultimately result in reforming the social protection system and better links between social protection and health – further effort is required to promote the generation and sharing of knowledge so as to ensure that the programme results can be suitably scaled up/ replicated by other LGUs going forward.

The prospects for intermediate impact and sustainability of the results is greatly dependent on the availability of financial and human resources to support LGUs undertake the investment in social services. Recognizing the need for investments/financing of social protection and social care services, the IMSPSD programme has generated evidence-based knowledge/ analysis on the 'fiscal space' for social protection in Albania, but this has not led yet to a national/ social dialogue with concrete recommendations on setting up a national Social Protection Floor or in identifying financing options for social protection at national and local level. Further effort to that end is foreseen to be undertaken during 2022 via the UNJP "Support to SDG Financing".

4.2. Contribution to improving the situation of vulnerable groups

The programme has delivered a range of benefits for the final-user beneficiaries so as to empower vulnerable groups and communities. In 2020-2021 it provided supported reaching approximately 10,350 individuals (55% women and girls; 37% R&E, 14% PWDs, 16% children and families, 6% older persons, 2.5% LGBTIQ+): to inform/ raise awareness and empower people to engage in public policy consultation/ advocacy or to access services, or via the provision to them of social care services and supports, in urban areas and also in rural and remote communities, including by means of mobile teams and home services delivery.

Interviews with LGU staff, CSOs and final-user beneficiaries, as well as reports from the field, provide evidence that the programme improved access to quality integrated social services to vulnerable groups particularly to persons with disabilities (Pogradec, Devoll), children with disabilities (Kamza and Puka), older persons (Rrogozhina), children in street situation, youth, older persons and families in need in rural areas (Tirana) and also LGBTIQ+ people. There were certain rural areas in Puka, Devoll, Pogradec, where adults and children with disabilities received physiotherapy, speech therapy and psychological services for the first time.

IMSPSD has supported the empowerment of vulnerable groups and their representative CSOs to hold local governments accountable through participatory budgeting practices at local level (which has led to establishing a CSOs' Participatory Budgeting Network PRISMA), and via the building of CSOs' "GRB watchdog" capacities. CSOs were also supported to provide integrated social services for their vulnerable groups. The participatory budgeting processes has started to create demand for social services at grass roots/community level and hold local government accountable to their functions: approx. 20% of the issues raised by vulnerable women became priorities in the future LGU budget. While vulnerable group and CSOs will continue to be active in decision-making processes and play the watchdog role at local level, the delivery of integrated services by CSOs is dependent on further funding from donors or municipalities.

4.3. Gender responsiveness

The programme's overall Gender Marker Score is 2 demonstrating that gender equality is significantly mainstreamed in the IMSPSD intervention. Although the programme does not contain any gender-specific output, all outputs per se contain specific targeted interventions where the principal purpose was to advance gender equality and the empowerment of women, with a clear link to the SDGs gender indicators including SDG 5. Gender equality was promoted and supported in a series of specific gender targeted interventions: on the use of GRB to mainstream gender in local policy planning, implementation and monitoring, as well as GRB application in LGU budget plans to ensure women's needs are incorporated; the engendering of Social Care Plans; and the empowerment of vulnerable groups and their CSOs to engage in public policy consultation processes and to act as local GRB watchdog/ advocate.

IMSPSD ensured that women are direct beneficiaries and benefit and have equal access to programme resources related to integrated social care services (55%), capacity building (69%), awareness raising and advocacy activities (55%) and collected gender disaggregated data to this purpose. Two out of 15 output indicators were gender sensitive in the programme.

4.4. Focus on people with disability

Persons with Disabilities are one of the main target groups of the programme among the most vulnerable and marginalized groups across Albania as identified by human rights (monitoring) reports, who face multiple discrimination and limited access to public services especially education, health and employment. Considering the critical role that social protection can play in supporting their inclusion, the programme identified and supported them as one of the direct beneficiaries. The programme design, implementation and monitoring have been inclusive of PWDs (adults and children with disabilities) and their representative CSOs supporting them as direct beneficiaries in 4 municipalities: the needs of PWDs are mapped in the Social Care Plans, which guided the 4 targeted municipalities to design the integrated social services for them; 1,493 PWDs benefited from the integrated health and social care model implemented, which also extended through mobile teams in rural areas; PWDs were also supported with services, information and advocacy by CSOs in three of the CSO low value grant projects.

The programme also contributed to further development of the policy in regard to the provision of assistive medical devices for PWDs via analysis to support the review of the methodology for the preparation of the list of reimbursed medical devices for outpatients (PWDs).

4.5. Contribution to SDG acceleration

The programme is relevant/ logically connected so as to contribute to progress delivering on the SDGs and targets identified by IMSPSD: SDG 1 (No poverty), SDG 3 (Good health and wellbeing), SDG 5 (Gender equality), SDG 10 (Reduced inequalities), and SDG 16 (Peace, justice and strong institutions). More broadly, the programme inter-connects with SDG 2 (Zero hunger), SDG 4 (Quality education), and SDG 8 (Inclusive and sustainable economic growth).

Notably, the support provided by IMSPSD linked to national monitoring of SDG indicator 1.3.1 represents the first ever monitoring exercise linked to SDG 1.3.1 in Albania. It found that the proportion of the population effectively protected in at least one area (social security/protection scheme) was 70%, but that the effective rate of coverage by social protection of key sub-groups of people is significantly variable (higher levels for PWDs (93%) and older persons (90%), lower levels for children (29%), the unemployed (13%), and vulnerable persons (40%)). The monitoring exercise provides substantial evidence as to the gaps that remain/ needs to be addressed by Albania going forward, so as to achieve universal social protection by 2030. In addition, via its range of analysis (expenditure and fiscal space, gender responsive budgeting, of the health and social protection system), the programme provides a solid basis of evidence to support local and national dialogue and decision-making (in the short-to-medium-term) that could significantly contribute to progress in delivering on SDG targets 1.3, 3.8, 5.c, and 10.4.

The programme has clear relevance to the goal and objectives of the UN Joint SDG Fund in terms of its potential to achieve catalytic effect via evidence-based understanding to inform national policies and systems by means of knowledge generation, sharing and dialogue. But, further effort is required to promote the generation and sharing of knowledge so as to ensure that the programme results can be suitably scaled up/ replicated by other LGUs going forward.

4.6. Contribution to UN reforms (including, UNCT coherence)

The programme builds on the strong experience of UN in Albania with operation of the UN 'Delivering as One' context for joint programme cooperation between UN partner agencies, notably evident in Albania in the realm of social inclusion/ social cohesion policy. Albania has been a keen proponent of UN 'Delivering as One', since its initial launch started in 2007.

As of the end of 2021, twelve UNJP were under implementation by the UNCT with a further two planned already to start in 2022. Five of the UNJP are in the realm of social inclusion. IMSPSD is fully relevant to further consolidate this approach, as well as in contributing to UN reforms, bringing together the expertize and comparative advantages of the UN system in Albania to enhance development results and impact, notably so in terms of socio-economic inclusion and gender equality results, via UN coherency, effectiveness and efficiency gains.

4.7. How results have contributed to social services improvement

The improvement of the social protection system is supported by interventions at macro level (central government authorities and national services), at meso level (municipalities and CSOs), and micro level, actively involving IMSPSD's target groups in project implementation. The quality of the programme design and the internal coherence of the programme (between its interventions and the 'products' delivered and the close synergy that exists between the different outputs) is judged by the evaluators, and by the implementing partners, to be highly satisfactory (relevant to needs and designed so as to maximize synergy/ cross-fertilization). The project partners at municipal level were each also praiseworthy of the extent to which the programme interventions have been consulted, designed and managed in partnership with the IMSPSD team, so as to respond to the local priorities/needs of the LGUs and of the final-users.

The programme relied on a mix of complementary and reinforcing methods/ instruments to support implementation of its activities: technical assistance for policy and regulatory framework development, capacity building of LGUs and service providers, investments in innovative pilot integrated social care services and upgrading of social care facilities, knowledge generation on the social protection framework, integrated social care services model, and capacity building, advocacy/ empowerment of vulnerable groups and their CSOs. The municipalities have demonstrated a strong level of ownership of the programme results, as well of their commitment to the further development of social services scope and scale, as financial resources allow, to extend coverage and outreach, and deliver results for the users.

Cooperation of the LGU departments/units of Social Services (NE, PAK, Child Protection, Gender Equality, Protection of Survivors of Domestic Violence) staff with the budgeting, but also human resources and juridical departments of the LGU was enhanced for the delivery of the integrated social care models and accessing Social Fund. GRB trainings as well as participatory budgeting processes were instrumental also in further strengthening inter-departmental cooperation of Social Services, budgeting staff and municipal council members to better respond to priorities and needs identified by vulnerable groups including women.

Nevertheless, the further roll-out/ scaling-up of innovative integrated models across the country has a long way to go due to limited funding for social care services at central and local level and lack of a critical mass of public pressure to demand social care services, which are the main bottlenecks for catalyzing a step change in the quantity and quality of integrated social care services at local level as part of an effective integrated social protection system.

5. Lessons learned

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6. Recommendations

On the basis of the evaluation findings, conclusions, and lessons learned, the following recommendations are made to the participating UN organizations (PUNO).

These are sub-divided between recommendations intended to support on-going completion and hand-over of the programme results, and forward looking recommendations intended to inform the orientation of further programming and follow-up beyond the timeframe of IMSPSD.

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

As the programme is ending in June 2022, in the short term it should focus on ensuring the sustainability of the results:

1. The IMSPSD/PUNOs should develop/ agree with its programme implementing partners an exit strategy for the transfer of all programme results (e.g. protocols, standards, integrated social services models for the different vulnerable groups, training materials, lessons learnt) to them (i.e. MHSP, SSS and targeted/supported LGUs)

2. The IMSPSD/PUNOs should also develop/ agree with the University of Tirana/ Department of Social Work and Policy a strategy for the transfer of all relevant results and identified good practice so as to be incorporated within the Knowledge Hub platform (www.sociale.al), as well as mechanisms to ensure awareness of their existence for their accessibility by all LGUs, to facilitate scale up of the integrated social services model.

3. The IMSPSD should capture, document and disseminate the main lessons learnt on integrated social care services models piloted for different vulnerable groups at national and regional level, to generate governmental and donor support for their further scaling-up. The final closing conference could be a good opportunity for this.

4. The IMSPSD should also review/ agree with UNJP "Leave No One Behind" how the results and good practice models of this programme can be further promoted to the benefit of LGUs and other partners, so as to facilitate potential scaling-up/ replication.

5. The IMSPSD should closely coordinate with UNJP "Support to SDG Financing" to advance the public dialogue and build a national consensus on the roadmap to create a sustainable financing framework and comprehensive social protection system in Albania.

Recommendations: Forward Looking

PUNOs should continue to support the roll-out of the social protection and social inclusion policy and legal framework at the municipal (local) level *either* by supporting the development of a new programme in the framework of the GoA-UN UNDAF 2022-2026 *or* follow-up as part of their own country programs and existing or new actions, with main focus or components on:

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

Social Fund at local level *(to be developed in partnership with various stakeholders, such as donors, Faculty of Social Sciences, Order of Social Workers and Public procurement Agency)*, so as to build a critical mass of capacities at local level to manage integrated social protection; (4) Develop new financing options to increase Social Fund base.

7. **Organizational and capacity development of LGUs** on: (1) Establishing Needs Assessment Referral Units (NARUs) with qualified staff as the key structure for identifying vulnerable groups and communities, assessing their needs and referring them to respective services and coordinating the integrated services; (2) Set-up local/ municipal-level Social Funds pooling local resources, donors funding, private funding and MHSP Social Fund to ensure continued funding for the implementation of the Social Care Law; (3) Capacity building and support for scaling up the new model of integrated social services across the country through an inter-disciplinary, gender and disability responsive approach respecting human rights and inclusiveness.

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

9. The UNCT and PUNOs should continue to advance their policy dialogue and advocacy engagement with national and local decision-makers, so as to advance the roll-out of the social protection and social inclusion reforms and the further scaling-up of measures (and resources) nationally, guided by the principle of 'leave no one behind' and the priority inclusion of the most vulnerable groups and communities as a human right.

Annexes

Annex 1: Terms of Reference for the evaluation 54
Annex 2: Pledge of ethical conduct in evaluation 62
Annex 3: Evaluation Matrix 63
Annex 4: Evaluation rating scale definition 73
Annex 5: IMSPSD programme – Budget 74
Annex 6: IMSPSD programme – Results framework 76
Annex 7: IMSPSD programme – Overview of the key outputs (products) 86
Annex 8: IMSPSD programme – Overview of CSOs supported 90
Annex 9: IMSPSD programme – SDG Goals and Targets 92
Annex 10: Socio-economic data regarding social protection and social care service provision in Albania at municipality level (IMSPSD's 6 core LGUs) 96
Annex 11: List of individuals or groups interviewed or consulted, and sites visited 104
Annex 12: List of documents 108

Annex 1: Terms of Reference for the evaluation

Background

The United Nations Joint Programme "Improving Municipal Social Protection Service Delivery" (UN JP IMSPSD) focuses on catalyzing 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. It builds upon the vast experience of the UN in addressing social inclusion, protection and the needs of the most vulnerable groups including Roma, refugees and migrants, persons with disabilities, vulnerable children, elderly, rural women, and women at risk of GBV. The programme supports the implementation of the newly shaped vision of the social sector in Albania, in line with Sustainable Development Goals (SDGs) and the country's aspirations towards European Union (EU) integration. The programme avails of technical expertise and know-how of UN agencies aiming at allowing for greater impact and outreach by focusing on the municipal level and its linkage to the national level.

The programme's goal – contribute to support Albanian Government translate the policy intent into proper local actions so that men, women, girls and boys living in poverty, or vulnerable situation have access to integrated, quality social care services- supports the vision of an overall inclusive Albania. The joint programme supports Albania's progress in view of achieving SDGs - being directly related to social protection/inclusion - especially SDGs 1-5 (no poverty, zero hunger, good health and well-being, quality education, gender equality, 10 (reduced inequalities), and 16 (peace, justice and strong institutions).

Programme 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.**

The programme's target groups who indirectly and directly benefit from improved social care services, are the marginalized populations of Albania, with persons with disabilities often being the most vulnerable, along with Roma and Egyptians as well as children, women, migrant, refugees, long term unemployed etc. The improvement of their social protection is supported by interventions at macro level (central government authorities and national services), at meso level (municipalities and civil society organizations), and at micro level, actively involving the project's target groups into the project's implementation. The project covers six selected municipalities: Tirana, Kamza, Puka, Rrogozhina, Pogradec and Devoll. The "Improving Municipal Social Protection Service Delivery" programme 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 relevant governmental bodies at the central and local levels. UNDP is the lead UN agency for the overall implementation and coordination of the Programme.

The programme duration is January 2020 - June 2022. *https://www.al.undp.org/content/albania/en/home/projects/municipal-social-protection-service-delivery.html*

Joint programme outputs:

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 supports the targeted municipalities to design guidance note, workflows, protocols and effective mechanisms that aim to provide information on how municipalities have adapted their existing institutional and coordination frameworks or established new ones in order to implement integrated social care services.

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

The Joint Programme supports municipalities to 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. MHSP is supported to make functional Management Information System (MIS) on social care services. The programme supports 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.

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. A grant scheme provides the opportunity to support social inclusion of persons with disabilities, Roma and Egyptians not only through training of staff and organizational development, but also by realizing innovative small projects to be realized in selected municipalities and as cooperation of authorities and beneficiaries possibly also civil society organizations. Innovative service delivery is an approach municipality should explore to ensure better and efficient services and non-traditional ways to address vulnerability and exclusion. Elements of good governance such as public transparency and accountability, participatory decision-making will serve to bring municipalities closer to citizens, including vulnerable groups, and render effective services.

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 target groups, especially persons with disabilities, Roma and Egyptians and vulnerable women, vulnerable children, migrants and refugees for their capacity to request social protection and access social services is a precondition for improving their social situation and their livelihoods. The achievement of the planned outcome then depends on the supported persons' and groups' preparedness to demand adequate services and to equally access these. This willingness is supported by contributing 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 establish a culture of mutual dialogue and decision-making.

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

To formulate and implement sustainable social protection strategies and policies it is essential to assess the financial requirements that they would entail, so that social protection policy decisions can be based on solid quantitative information. The ILO has developed a wide set of quantitative tools and maintains a comprehensive database, including data and information on coverage and expenditure for all branches of social protection, to assess the financial costs of national social protection floors and programmes and to undertake actuarial valuations of social security schemes. The costing exercise serves as a basis for discussions on strategies to create fiscal space.

Duties and Responsibilities

This assignment relates to the final evaluation of the UN JP "Improving Municipal Social Protection Service Delivery". The objective of the final evaluation is to assess the: Accomplishment of the main expected results, Contribution to improving the situation of vulnerable groups identified in the JP document (ProDoc), Contribution to SDG acceleration, Contribution to UN reforms (including, UNCT coherence), Focus on disability and including an assessment of how results have contributed to social services improvement, conclusions, and recommendations. The general objective of the assignment is to conduct a final evaluation of the project outcome in terms of its Relevance, Impact, Effectiveness, Efficiency, Sustainability, as well as its gender mainstreaming and focus on disability and against the project-level theory of change.

The international expert for the final evaluation will conduct this assignment in close cooperation with a national expert for the joint programme evaluation. The International expert (to be recruited under this vacancy) will be the team leader and fully responsible for the below listed deliverables.

Below are listed the key ***Evaluation Questions,*** to guide the evaluation, based on UNDP Evaluation Guidelines (2021), UNEG Norms and Standards for Evaluation (2016) [*UNEG Norms and Standards for Evaluation, 2016, http://www.unevaluation.org/document/detail/1914*] and the OECD-DAC evaluation criteria. The list of questions is not exhaustive and therefore, the consultant is expected to suggest the adjustment of this list within the Inception Report. The final list of questions and the evaluation methodology will be discussed and be agreed with the UN programme team.

The evaluation shall document the learning and positive examples and provide recommendations to enable the UN implementing agencies (UNDP, UNICEF, WHO, UN Women, UNFPA and ILO), the programme implementing partners and stakeholders to draw on positive lessons and models/examples, for future similar interventions. The evaluation will also highlight areas where the programme performed less effectively than anticipated, the rationale behind that, and the related recommendations to be considered in similar future interventions. The evaluation shall document learning, positive examples and provide recommendations that reflect the national and local perspective of the programme.

The evaluation should provide an overview of key integrated social services improvement recommendations that are appropriately tailored to specific actors. They should be articulated clearly so that they can be used for any future programming needs and generate lessons for the overall national social care landscape. Joint the UN agencies will coordinate and provide joint inputs throughout the entire process.

Evaluation criteria and key questions

The final evaluation will assess **the below criteria of OEDC/DAC guidelines:**

Relevance – will assess to what extent the results of the joint programme are consistent with national and local policies and priorities and the needs of the intended beneficiaries, country needs and partners' and donors' policies.

Impact – will explore the effects (positive or negative, intended or not) on individual households and institutions, and the environment created, by the joint programme.

Effectiveness - will assess to what extent results at various levels, including outcomes, have been achieved based on planned activities.

Efficiency - will assess how well and productively the programme has utilized its resources to reach the predefined goals.

Sustainability – will assess preliminary indications of the degree to which the programme results are likely to be sustainable beyond the programme's lifetime (both at the community and government level) and provide recommendations.

Sample evaluation questions:

Programme relevance

- To what extent have the intervention logic / theory of change and the underlying assumptions of the joint programme integrated gender equality and other cross-cutting issues?
- To what extent are they still valid or do they need to be adapted to changes in the needs or priorities of the country?
- Are the activities and outputs of the programme consistent with the overall goal and the attainment of its objectives?
- Are the activities and outputs of the programme consistent with the intended impacts and effects?
- How relevant is the programme to target groups', including central and local governments', needs and priorities?
- How relevant is the programme to other key stakeholders' (executing agencies, partner organizations, including other UN agencies, NGOs etc.) needs and priorities?
- To what extent is the programme aligned with the policies and strategies of the country, UN agencies participating in the programme and donors?
- To what extent is the programme contributing to country system development?

Programme impact

- How the objectives have been achieved?
- What are the direct impacts/expected impacts prospects of the programme?
- Which are the direct effects on intended beneficiaries?
- To what extent the programme produced indirect positive and /or negative impacts?
- Which changes regarding the project stakeholders and other relevant actors have emerged in relation to supported actions? What factors have been identified that are driving or hindering progress?

Programme effectiveness

- To what extent has progress been made towards the programme goals, including gender equality, women's empowerment and other cross-cutting issues?
- What key results and changes have been attained for men, women and vulnerable groups?
- To what extent have the expected outputs, outcomes and goal been achieved or are likely to be achieved?
- What are the major factors influencing the achievement or non-achievement of the outcomes/expected results/outputs?
- Did the programme contribute to capacity building and organizational development as planned?
- To what extent have UN agencies coordinated effectively and created synergies in the delivery of assistance?
- Is the current coordination set up producing the intended results?
- Coordination with other projects: How has the programme interacted and coordinated with other implementers and vice versa?
- To what extent has the project contributed to gender equality, the empowerment of women and the realization of human rights?

Programme efficiency

- To what extent has the programme delivered, or is likely to deliver, its interventions and results in an economic and timely manner?
- To what extent were resources (funds, expertise, time) sufficient?
- Is the programme implemented in the most efficient way, making best use of available human, technical, technological, financial and knowledge inputs to achieve its desired results? Have there been any unforeseen problems? How well are they resolved?
- Following up on risk management, how the risk is assessed? and how the risk is managed?

Programme Sustainability

- Are the approaches and methods used likely to ensure a continued benefit after the end of the programme?
- What are the major factors which influenced the achievement or non-achievement of sustainability of the programme?
- Are all key stakeholders sufficiently and effectively involved? Are their expectations met and are they satisfied with their level of participation? What is the risk that the level of stakeholder ownership (including ownership by governments and other key stakeholders) will be insufficient to allow for the programme's outcomes/benefits to be sustained?
- Based on lessons learned what specific recommendations could be given to each key partner under the joint programme that would contribute to the sustainability of the intervention?

Gender responsiveness

Final evaluation report should assess the extent to which UN JP IMSPSD initiatives have considered addressing gender equality issues in the design, implementation and outcome of the initiative and if both women and men can equally access the programme's benefits to the degree, they were intended through gender analysis process. A keen focus should be given to aspects covered by UN JP IMSPSD interventions that have taken into close considerations the specific needs of women and girls.

Gender-responsiveness includes and relates to both what the evaluation examines and how it is undertaken. This means:

- Assessing the degree to which gender and power relationships, including structural and other causes of inequities, discrimination and unequal power relations, change as a result of an intervention; and
- Using a process that is inclusive, participatory and respectful of all stakeholders (rights holders and duty bearers).

Furthermore, the final evaluation report should also address the extent to which UN JP IMSPSD programme has advocated for the principles of equality and inclusive development and has contributed to empowering and addressing the needs of the most disadvantaged and vulnerable populations in the Albanian society.

Focus on disability

As persons with disabilities are among the most vulnerable and marginalized groups across Albania and considering the critical role that social protection can play in supporting their inclusion, the UN JP IMSPSD has identified them as direct beneficiaries. In line with the Leaving No One Behind principle and the obligations stemming from the Convention on the rights of persons with disabilities, the evaluation will therefore assess to what extent:

- Joint programme design, implementation, and monitoring have been inclusive of persons with disabilities (accessibility, non-discrimination, participation of organizations of persons with disabilities, data disaggregation).
- Joint programme effectively contributed to the socio-economic inclusion of persons with disabilities by providing income security, coverage of health care, and disability-related costs [*Joint statement on inclusive social protection system for full and effective participation and inclusion of persons with disabilities*] across the life cycle.

Guiding questions on Persons with Disabilities:

- To what extent did the program target persons with disabilities?
  - Not specifically targeted
  - One of the groups of direct beneficiaries targeted
  - Main target group for the program
- To what extent did the design and implementation of activities of the joint program supported include disability-related accessibility and non-discrimination requirement?
  - No requirements
  - General reference
  - Specific requirements
- To what extent have persons with disabilities, in particular children and women with disabilities, been consulted through their representative organizations?
  - Not invited
  - Invited
  - Specific outreach
- To what extent did support to data collection and analysis, registries, and information system feature disability?
  - No reference to disability
  - Disability included, but no analysis
  - Disability included as
    - Part of general analysis
    - with specific analysis
- To which extent did the program contribute to support inclusion of persons with disabilities via:
  - Ensuring basic income security
  - Coverage of health care costs, including rehabilitation and assistive devices
  - Coverage of disability-related costs, including community support services
  - Facilitate access to inclusive early childhood development, education, and work/ livelihood

The final evaluation report should also cover:

Joint Programme contribution to SDGs. – assess whether the programme's goal and outcomes and progress done so far are contributing to SDGs progress.

Joint Programme contribution to UN reforms (including, UNCT coherence).

UN JP IMSPSD cross-cutting issues – assess whether the cross-cutting issues related to human rights, governance and gender equality, are addressed/promoted as an articulation of human rights principles.

UN JP Communication and visibility – assess and review whether the communications and visibility guidelines and actions undertaken by UN agencies and implementing partners provide insights into the implementation of the programme activities.

Evaluation management

The evaluation will be a consultative, inclusive and participatory process and will include a management structure. An Evaluation Management Group (EMG) comprising focal points and programme specialists from each participating agency will be established to oversee the evaluation management, make key decisions and quality assure the different deliverables throughout the evaluation process. Under the guidance of the EMG, the evaluation will be carried out by an external evaluation team.

UNDP as a leading agency will lead the day-to-day management of the process and will consult with the management group regarding key issues. The inputs of EMG members are expected to strengthen the quality and credibility of the evaluation. Joint EMG members will be expected to:

- Participate in any meetings of the EMG;
- Approve the evaluation ToR;
- Approve the consultants selected to conduct the evaluation;
- Gather key documentation for desk review and store it prior to initiation of the evaluation process;
- Provide timely access to information and contact information of key evaluation informants to the evaluation team;
- Participate in the preliminary inception meeting with the evaluation team;
- Review and quality assure the evaluation inception report;
- Approve the final evaluation inception report;
- Organize and participate in the presentation of the presentation of preliminary findings;
- Review and quality assure the draft and final evaluation report;
- Approve the final evaluation report;
- Participate in a EMG meeting to draft a joint Management Response to be approved by Heads of the different entities;
- Liaise with relevant senior managers in the different agencies for the final approval of the Evaluation Management Response;
- Disseminate and promote the use of the evaluation findings and recommendations.

Methodology

The evaluation should employ a combination of qualitative and quantitative evaluation methods and instruments. The evaluator is expected to follow a participatory and consultative approach that ensures close engagement with the evaluation managers, implementing partners and male and female direct beneficiaries. Final decisions about the specific design and methods for the evaluation should emerge from consultations with the programme unit, the evaluators and key stakeholders about what is appropriate and feasible to meet the evaluation purpose and objectives and answer the evaluation questions, given limitations of budget, time and data.

Suggested methodological tools and approaches may include:

1. Document review: This would include a review of all relevant joint programme documentation; Theory of change and results framework; Programme quality assurance reports; Annual work-plans; Activity designs; Consolidated quarterly and annual reports etc.

2. Interviews and meetings with key stakeholders (men and women) such as key government counterparts, representatives of key civil society organizations, United Nations country team (UNCT) members and implementing partners based on evaluation questions around relevance, effectiveness, efficiency, and sustainability.
3. Key informant and focus group discussions with men and women, beneficiaries and stakeholders.
4. Field visits and on-site validation of key tangible outputs and interventions.
5. Other methods such as outcome mapping, observational visits, group discussions, etc.
6. Data review and analysis of monitoring and other data sources and methods. To ensure maximum validity, reliability of data (quality) and promote use, the evaluation team will ensure triangulation of the various data sources.
7. Gender and human rights lens. All evaluation products need to address gender, disability, and human right issues.

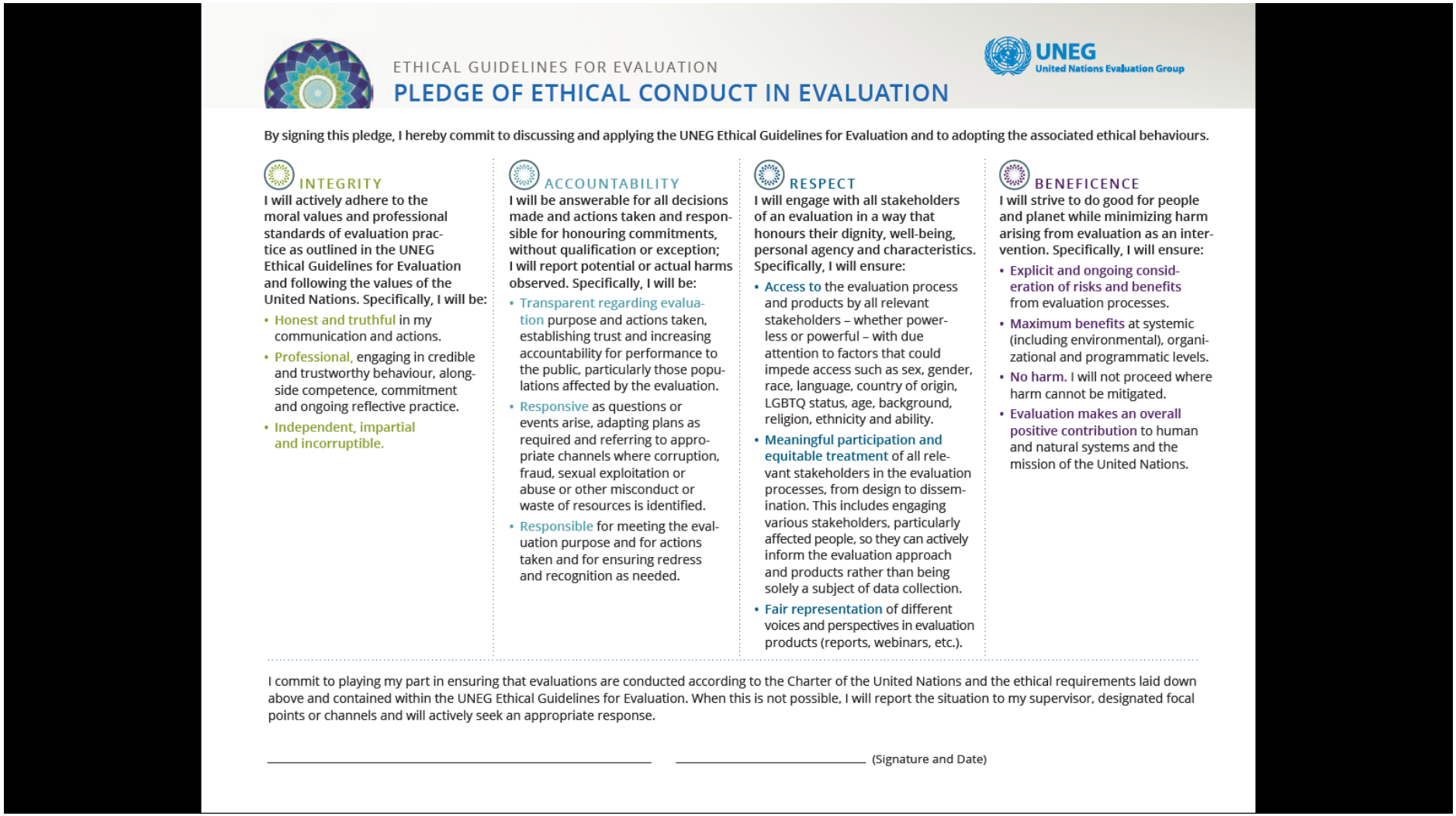
The final methodological approach including interview schedule, field visits and data to be used in the evaluation should be clearly outlined in the inception report and fully discussed and agreed between Un Joint Programme team, key stakeholders and the evaluator.

Expected Outputs and Deliverables:

No.	Deliverable	Description	Timing
1.	Inception report that includes the evaluation matrix	Evaluation team clarifies the objectives and methods to be used during the evaluation.	No later than 2 weeks from the final evaluation mission date *4 working days*
2.	Data collection and field visits	Meeting with counterparts and stakeholders	*8 working days* including 6 travel working days
3.	Debriefing meeting	Presentation of key findings	End of the final evaluation field mission *1/2 working day*
4.	Draft Report	Full draft report	Within 4 weeks from the field mission
5.	Consultation on the draft report	UNDP in cooperation with other UN agencies organize a consultation process on the draft report and provide the evaluation team with a consolidated feedback	Within 4 weeks from the submission of the draft report *1/2 working day*
6.	Final evaluation report completion	Revised report with audit trail detailing how all the received comments have / have not been addressed in the final report **All evaluation products need to address gender, disability and human rights issues.**	Within 1 week of receiving feedback on draft report *2 working days*

This evaluation will be conducted in accordance with the principles outlined in the UNEG 'Ethical Guidelines for Evaluation'. The consultant must safeguard the rights and confidentiality of information providers, interviewees and stakeholders through measures to ensure compliance with legal and other relevant codes governing collection of data and reporting on data. The consultant must also ensure security of collected information before and after the evaluation and protocols to ensure anonymity and confidentiality of sources of information where that is expected. The information knowledge and data gathered in the evaluation process must also be solely used for the evaluation and not for other uses with the express authorization of UNDP and partners.

Annex 2: Pledge of ethical conduct in evaluation



ETHICAL GUIDELINES FOR EVALUATION

PLEDGE OF ETHICAL CONDUCT IN EVALUATION

UNEG United Nations Evaluation Group

By signing this pledge, I hereby commit to discussing and applying the UNEG Ethical Guidelines for Evaluation and to adopting the associated ethical behaviours.

INTEGRITY

I will actively adhere to the moral values and professional standards of evaluation practice as outlined in the UNEG Ethical Guidelines for Evaluation and following the values of the United Nations. Specifically, I will be:

- Honest and truthful in my communication and actions.
- Professional, engaging in credible and trustworthy behaviour, alongside competence, commitment and ongoing reflective practice.
- Independent, impartial and incorruptible.

ACCOUNTABILITY

I will be answerable for all decisions made and actions taken and responsible for honouring commitments, without qualification or exception; I will report potential or actual harms observed. Specifically, I will be:

- Transparent regarding evaluation purpose and actions taken, establishing trust and increasing accountability for performance to the public, particularly those populations affected by the evaluation.
- Responsive as questions or events arise, adapting plans as required and referring to appropriate channels where corruption, fraud, sexual exploitation or abuse or other misconduct or waste of resources is identified.
- Responsible for meeting the evaluation purpose and for actions taken and for ensuring redress and recognition as needed.

RESPECT

I will engage with all stakeholders of an evaluation in a way that honours their dignity, well-being, personal agency and characteristics. Specifically, I will ensure:

- Access to the evaluation process and products by all relevant stakeholders – whether powerless or powerful – with due attention to factors that could impede access such as sex, gender, race, language, country of origin, LGBTQ status, age, background, religion, ethnicity and ability.
- Meaningful participation and equitable treatment of all relevant stakeholders in the evaluation processes, from design to dissemination. This includes engaging various stakeholders, particularly affected people, so they can actively inform the evaluation approach and products rather than being solely a subject of data collection.
- Fair representation of different voices and perspectives in evaluation products (reports, webinars, etc.).

BENEFICENCE

I will strive to do good for people and planet while minimizing harm arising from evaluation as an intervention. Specifically, I will ensure:

- Explicit and ongoing consideration of risks and benefits from evaluation processes.
- Maximum benefits at systemic (including environmental), organizational and programmatic levels.
- No harm. I will not proceed where harm cannot be mitigated.
- Evaluation makes an overall positive contribution to human and natural systems and the mission of the United Nations.

I commit to playing my part in ensuring that evaluations are conducted according to the Charter of the United Nations and the ethical requirements laid down above and contained within the UNEG Ethical Guidelines for Evaluation. When this is not possible, I will report the situation to my supervisor, designated focal points or channels and will actively seek an appropriate response.

_____ _____ (Signature and Date)

Annex 3: Evaluation Matrix

No.	Evaluation Questions	Judgement Criteria/ Indicators	Sources of Verification	Methodology
RELEVANCE				
To what extent the intervention logic/ objectives, design, theory of change and the underlying assumptions of the joint programme respond to the beneficiaries' global, country and partner/ institution needs, policies and priorities, and are appropriate (and continue to be relevant) for achieving the intended development results?				
1	How relevant is the programme to target groups', including central and local governments', needs and priorities?	-The extent to which the target groups assess the programme as relevant to their needs and priorities, and development plans -The extent to which key decision-makers assess the programme as relevant to needs and priorities and level of consultation in program design -The extent to which the beneficiaries and relevant service providers, CSOs and local institutions engaged in supporting social inclusion have been consulted about the final-users' needs and the most efficient intervention strategy and modality -Correlation between programme actions and country needs assessments on the enabling factors or constraints/ challenging environment in which they operate	-Programme documents and progress reports -National and local strategies and plans linked to social protection and social inclusion (needs assessments) -Other stakeholders' development policies and plans (needs assessments) -Research analysis (needs assessments) -Stakeholder feedback	-Document review -Interviews, FGDs, and on-site visits
2	To what extent have the intervention logic/ theory of change and the underlying assumptions of the joint programme integrated gender equality and other cross-cutting issues?	-The extent that the cross-cutting issues are referred to/ reflected in the programme and actions' design, monitored during implementation, and considered in decision-making -The extent to which the programme interventions are based on needs assessment of vulnerable groups (women, PWDs, R&E, children, elderly) -Presence, throughout the portfolio of adequate design and programming including verifiable	-Programme documents and progress reports -National and local strategies and plans linked to gender equality, focus on disability, and human rights -Stakeholder feedback	-Document review -Interviews, FGDs, and on-site visits

No.	Evaluation Questions	Judgement Criteria/ Indicators	Sources of Verification	Methodology
		indicators, including reliable quantified data (baseline values in particular) and qualitative data		
3	To what extent is the programme aligned with the policies and strategies of the country, UN agencies participating in the programme and donors?	-The extent to which the programme is closely aligned, and reflects the strategies and goals of the country, and of the UN agencies participating in the programme, and the actions of other key donors -Integration of social inclusion needs of the most vulnerable groups into relevant country and sector strategies, programmes, policies and legislation -Relevance of the programme to SDGs implementation and acceleration contribution and evidence of its contribution to SDG	-Programme documents and progress reports -National and local strategies and plans linked to social protection and social inclusion -Other stakeholders' development policies and plans linked to social protection and inclusion -Stakeholder feedback	-Document review -Interviews, FGDs, and on-site visits
4	Are the activities and outputs of the programme consistent with the overall goal and the attainment of its objectives?	-Assessment of the programme actions/ outputs and the pathway of results (causal relationship), quality of the intervention logic, theory of change and identified assumptions/ risks of the programme (the extent they are consistent with the goal)	-Programme documents and progress reports -Stakeholder feedback	-Document review -Interviews, FGDs, and on-site visits
5	Are the activities and outputs of the programme consistent with the intended impacts and effects?	-Assessment of the programme actions/ outputs and the pathway of results (causal relationship), quality of the intervention logic, theory of change and identified assumptions/ risks of the programme (the extent they are consistent with the effects)	-Programme documents and progress reports -Stakeholder feedback	-Document review -Interviews, FGDs, and on-site visits
6	To what extent are they still valid or do they need to be adapted to changes in the needs or priorities of the country?	-Programme results framework and theory of change remain relevant, and the identified assumptions true -Programme objectives and the benefits generated remain relevant to needs, and continue to reflect the added value of IMSPSD to support promote systemic and catalytic change	-Programme documents and progress reports -National and local strategies and plans linked to social protection and social inclusion -Stakeholder feedback	-Document review -Interviews, FGDs, and on-site visits

No.	Evaluation Questions	Judgement Criteria/ Indicators	Sources of Verification	Methodology
COHERENCE				
To what extent the programme/ intervention is internally coherent/ compatible (provides synergies and interlinkages) with other interventions carried out by the same institutions/ government, as well as the extent of consistency of the programme/ intervention with the relevant international norms and standards to which that institutions/ government adheres?				
7	How relevant is the programme to other key stakeholders' (executing agencies, partner organizations, including other UN agencies, CSOs etc.) needs and priorities?	-The extent to which other key stakeholders assess the programme as relevant to their needs and priorities, and development plans -The extent to which IMSPSD programme's aims and objectives are complementary to the aims and objectives of other UN agencies in Albania and the wider portfolio of UN initiatives in Albania	-Programme documents and progress reports -Other stakeholders' development policies and plans linked to social protection and inclusion -Stakeholder feedback	-Document review -Interviews, FGDs, and on-site visits
8	To what extent is the programme contributing to country system development?	-The extent to which the programme's aims and objectives are complementary to the aims and objectives of programmes funded by the public authorities in Albania -The extent to which the programme utilizes country systems and supports their strengthening -Relevance of the programme to SDGs implementation and acceleration contribution	-Programme documents and progress reports -National and local strategies and plans and reports on the SDGs -UNDAF progress reports -Stakeholder feedback	-Document review -Interviews, FGDs, and on-site visits
9	To what extent has the project contributed to gender equality, the empowerment of women and the realization of human rights?	-The extent to which the programme's aims and objectives are complementary to and have contributed to promoting gender equality, the empowerment of women and upholding human rights in line with international treaties and norms -Evidence of programme results contributing to gender equality and realization of human rights	-Programme documents and progress reports -National and donors' reports on the progress of advancing gender equality etc. in Albania -Stakeholder feedback	-Document review -Interviews, FGDs, and on-site visits
To what extent the programme/ intervention is externally coherent/ compatible with other actors' interventions in the same context, including the extent of the programme's complementarity, harmonization and co-ordination with others, and the extent to which the intervention is adding value while avoiding duplication of effort?				
10	Coordination with other projects: How has the	-The extent to which the programme is judged by other donors and project implementers as relevant	-Programme documents and progress reports	-Document review

No.	Evaluation Questions	Judgement Criteria/ Indicators	Sources of Verification	Methodology
	programme interacted and coordinated with other implementers and vice versa?	(e.g. potential synergies with IMSPSD) or complementary to their specific project(s) portfolio -The extent to which the IMSPSD leadership/ management consults/ coordinates with donors -The extent that synergies exist between IMSPSD and other programmes and not duplication	-Information on donors' cooperation/ consultations linked to their development actions -Stakeholder feedback	-Interviews, FGDs, and on-site visits
EFFECTIVENESS				
To what extent the programme/ intervention achieved, or is expected to achieve, its objectives and its results, including any differential results across groups?				
11	To what extent have the expected programme outputs, outcomes and goal been achieved or are likely to be achieved, including gender equality, women's empowerment and other cross-cutting issues?	-Performance assessment of actual progress in the delivery of intended results (quantity and quality) against intermediate & end-of-programme targets -Assessment of the likelihood that end-of-programme targets can be achieved -Assessment of the extent that the programme actions have contributed to implementation of social protection and social service care reform policy in line with national/ local priorities and goals -Assessment of the extent of over- or under-achievement of progress towards meeting the programme goals on gender equality, etc.	-Programme documents and progress reports -UNDAF progress reports -National and local and plans and reports -Stakeholder feedback	-Document review -Interviews, FGDs, and on-site visits
12	What key results and changes have been attained for men, women and vulnerable groups?	-Assessment of the extent that the programme actions have contributed to developing the range and quality of community-based social services for vulnerable communities/ disadvantaged groups -Identification of and extent of the main effects resulting from the programme actions in terms the benefits attained by the final-user target groups	-Programme documents and progress reports -UNDAF progress reports -National and local and plans and reports -Stakeholder feedback	-Document review -Interviews, FGDs, and on-site visits
13	Did the programme contribute to capacity building and	-The extent that capacity building and organizational development has occurred due to	-Programme documents and progress reports -UNDAF progress reports	-Document review -Interviews, FGDs, and on-site visits

No.	Evaluation Questions	Judgement Criteria/ Indicators	Sources of Verification	Methodology
	organizational development as planned?	the programme; Evidence of the skills acquired and tools developed and implemented -The extent that implementing partners, social service care providers and other stakeholders involved acknowledge that the different types of instruments/tools etc. provide better options for the use of funding and the success of outcomes	-National and local and plans and reports -Stakeholder feedback	
14	What are the major factors influencing the achievement or non-achievement of the outcomes/ expected results/ outputs?	-Assessment of reasons for the over-achievement and the under-achievement of progress towards meeting the programme targets -Assessment of the main barriers/ constraints to achieving the programme objective to promote systemic change in social inclusion	-Programme documents and progress reports -UNDAF progress reports -National and local and plans and reports -Stakeholder feedback	-Document review -Interviews, FGDs, and on-site visits
15	To what extent have UN agencies coordinated effectively and created synergies in the delivery of assistance?	-The extent to which the PUNO coordinate and review their actions and the timely delivery of these so as to create synergies and maximize effects -The extent that PUNO coordination has failed to operate effectively in delivery of the programme -The extent to which the PUNO coordinate their related policy advocacy actions -Evidence of the functioning of UN coordination mechanism	-Programme documents and progress reports -UNDAF progress reports -Information on donors' cooperation/ consultations -Stakeholder feedback	-Document review -Interviews, FGDs, and on-site visits
16	Is the current coordination set up producing the intended results?	-Assessment of the strengths and weaknesses of coordination set up	-Programme documents and progress reports -Stakeholder feedback	-Document review -Interviews, FGDs, and on-site visits
EFFICIENCY				
To what extent has the programme delivered, or is likely to deliver, its interventions and results in an economic and timely manner?				
17	How efficiently has the programme been managed (making best use of available human, technical,	-The extent that resources have been deployed in line with budget, and results are in line with targets	-Programme documents and progress reports -UNDAF progress reports	-Document review -Interviews, FGDs, and on-site visits

No.	Evaluation Questions	Judgement Criteria/ Indicators	Sources of Verification	Methodology
	technological, financial and knowledge inputs) to achieve its desired results, notably so in order to reach the most vulnerable groups and excluded persons?	-Milestones within annual plans are consistent with results framework -Assessment of reasons for over- and under-achievement of progress -Extent to which the programme facilitated timely attainment of the planned results benefiting final-users and has been flexible to changing needs of the most vulnerable from socially excluded groups, as well as the needs of CSOs and local actors engaged in supporting their social inclusion	-National and local and plans and reports -Stakeholder feedback	
18	To what extent were resources (funds, expertise, time) sufficient?	-Assessment of the adequacy of resources and the extent to which the composition and/or mobilization of these has proven to be insufficient -Evidences of steering committee considerations and decision-making	-Programme documents and progress reports -UNDAF progress reports -Stakeholder feedback	-Document review -Interviews, FGDs, and on-site visits
19	Following up on risk management, how the risk is assessed? and how the risk is managed?	-Evidences of risk assessments and risk management conducted by the programme team, & of steering committee consideration/ mitigation -Adequacy of the institutional framework assessed against the formulated risks and assumptions on programme and actions levels	-Programme documents and progress reports -UNDAF progress reports -Stakeholder feedback	-Document review -Interviews, FGDs, and on-site visits
20	Have there been any unforeseen problems? How well are they resolved?	-Assessment of the constraints/ unforeseen problems (risks not identified in the Programme Document) that hindered programme efficiency, and of the mitigation measures deployed	-Programme documents and progress reports -UNDAF progress reports -Stakeholder feedback	-Document review -Interviews, FGDs, and on-site visits
IMPACT				
To what extent the programme/ intervention has generated or is expected to generate significant positive or negative, intended or unintended, higher-level effects?				
21	What are the direct impacts/ expected impacts prospects of the programme?	-The extent to which the planned impacts have been/ can be achieved together with significant	-Programme documents and progress reports -UNDAF progress reports	-Document review -Interviews, FGDs, and on-site visits

No.	Evaluation Questions	Judgement Criteria/ Indicators	Sources of Verification	Methodology
		and sustainable changes in the functioning of the implementing partner beneficiary institutions -The extent to which there has been an impact on the policies and/ or other measures of public authorities in relation to social protection/inclusion	-National and local and plans and reports -Stakeholder feedback	
22	Which are the direct effects on intended beneficiaries?	-What real difference the programme made to the immediate and the wider group of final-user beneficiaries, in terms of impacts and effects on their livelihoods, social and economic well-being	-Programme documents and progress reports -UNDAF progress reports -National and local and plans and reports -Stakeholder feedback	-Document review -Interviews, FGDs, and on-site visits
23	To what extent the programme produced indirect positive and/or negative impacts?	-Assessment of the extent of indirect impacts and how unplanned impacts affected the overall impact	-Programme documents and progress reports -UNDAF progress reports -National and local and plans and reports -Stakeholder feedback	-Document review -Interviews, FGDs, and on-site visits
24	Which changes regarding the project stakeholders and other relevant actors have emerged in relation to supported actions?	-What real difference the programme made in terms of impacts and effects on the behavioural patterns, and the efficiency and effectiveness of operations of the implementing partner beneficiary institutions/ other key stakeholders in managing their social protection/inclusion responsibilities	-Programme documents and progress reports -UNDAF progress reports -National and local and plans and reports -Stakeholder feedback	-Document review -Interviews, FGDs, and on-site visits
25	How the objectives have been achieved? What factors have been identified that are driving or hindering progress?	-Assessment of how, and by which means, the programme actions and results have contributed to the achievement of the overall objective -Assessment of how, and by which means, the programme actions and results have hindered the achievement of the overall objective	-Programme documents and progress reports -UNDAF progress reports -National and local and plans and reports -Stakeholder feedback	-Document review -Interviews, FGDs, and on-site visits

No.	Evaluation Questions	Judgement Criteria/ Indicators	Sources of Verification	Methodology
		-Assessment of the external factors that have contributed/ detracted to impact		
SUSTAINABILITY				
To what extent the net benefits of the intervention continue or are likely to continue?				
26	Are the approaches and methods used likely to ensure a continued benefit after the end of the programme?	-Evidence of sustainability planning by the programme managers and implementing partners -Evidence of commitment of implementing partners to maintain results or scale them up -The extent to which sustainability of the results is already secured or offers realistic prospects in terms of a viable policy and financial framework supportive of sustaining social protection results, e.g. financial, human resources, follow-up actions -Assessment of key risks or gaps in planning to ensure sustainability	-Programme documents and progress reports -Information on sustainability planning actions, national & local partners' actions/ plans (regulatory, technical, financial) on sustainability -Stakeholder feedback	-Document review -Interviews, FGDs, and on-site visits
27	Are all key stakeholders sufficiently and effectively involved? Are their expectations met and are they satisfied with their level of participation? What is the risk that the level of stakeholder ownership (including ownership by governments and other key stakeholders) will be insufficient to allow for the programme's outcomes/ benefits to be sustained?	-The extent to which the target groups and key stakeholders assess their involvement in the programme (e.g. planning, direct user, monitoring of policies) suitable -The extent to which stakeholders feel ownership of the results of the programme and support the process of post-programme sustainability planning and funding -Evidence that skills and tools developed by the programme are used by stakeholders/beneficiaries -The observed capacity of beneficiaries to articulate their needs and priorities, reinforce their institutional and operational capacity to manage social inclusion and assistance policy	-Programme documents and progress reports -Information on sustainability planning actions, national & local partners' actions/ plans (regulatory, technical, financial) on sustainability -Stakeholder feedback	-Document review -Interviews, FGDs, and on-site visits

No.	Evaluation Questions	Judgement Criteria/ Indicators	Sources of Verification	Methodology
28	What are the major factors which influenced the achievement or non-achievement of sustainability of the programme?	-Assessment of major factors that promote or hinder the achievement of sustainability and the process of sustainability planning by partners	-Programme documents and progress reports -UNDAF progress reports -National and local and plans and reports -Stakeholder feedback	-Document review -Interviews, FGDs, and on-site visits
29	Based on lessons learned what specific recommendations could be given to each key partner under the joint programme that would contribute to the sustainability of the intervention?	-Assessment of the measures that can be taken by each key partner, notably over the final period of the programme and beyond the lifetime of the programme, to contribute to the sustainability of the intervention, where this is not already assured	-Programme documents and progress reports -UNDAF progress reports -National and local and plans and reports -Stakeholder feedback	-Document review -Interviews, FGDs, and on-site visits
CROSS-CUTTING THEMES/ HORIZONTAL ISSUES				
30	**Joint Programme contribution to SDGs** – assess whether the programme's goal and outcomes and progress done so far are contributing to SDGs progress.	-Assessment of progress by Albania linked to SDGs (primarily linked to SDGs 1-5, 10, and 16) and the relevance of the programme to SDGs implementation and acceleration contribution (including of the specific SDG targets addressed)	-Programme documents and progress reports -UNDAF progress reports -National and local and plans and reports -Stakeholder feedback	-Document review -Interviews, FGDs, and on-site visits
31	**Joint Programme contribution to UN reforms** (including, UNCT coherence)	-Assessment of how the programme fits within the overall framework of UN reforms and the operations of the UNCT and agencies in Albania	-Programme documents and progress reports -UNDAF progress reports -Stakeholder feedback	-Document review -Interviews, FGDs, and on-site visits
32	**UN JP IMSPSD cross-cutting issues** – assess whether the cross-cutting issues related to human rights, governance and gender equality, and focus on disability are addressed/	-Assessment of the extent to which the cross-cutting themes are mainstreamed within and across the programme, as a matter of principle -Assessment of the extent to which programme actions have considered addressing gender equality issues in the design, implementation and	-Programme documents and progress reports -UNDAF progress reports -National and local and plans and reports -Stakeholder feedback	-Document review -Interviews, FGDs, and on-site visits

No.	Evaluation Questions	Judgement Criteria/ Indicators	Sources of Verification	Methodology
	promoted as an articulation of human rights principles	outcome of the initiatives and if both women and men can equally access the programme's benefits to the degree, they were intended through gender analysis process -Assessment of the extent to which the programme has advocated for the principles of equality and inclusive development and has contributed to empowering and addressing the needs of the most disadvantaged and vulnerable populations in the Albanian society -Assessment of the extent to which the programme design, implementation, and monitoring have been inclusive of persons with disabilities -Assessment of the extent to which the programme effectively contributed to the socio-economic inclusion of persons with disabilities by providing income security, coverage of health care, and disability-related costs		
33	**UN JP communication and visibility** – assess and review whether the communications and visibility guidelines and actions undertaken by UN agencies and implementing partners provide insights into the implementation of the programme activities	-Assessment of extent, diversity, and media/tools utilized by partners for communications and visibility, and the extent of outreach or awareness raising so achieved -Assessment of extent to which key stakeholders are familiar with the programme and on-going activities -Level of awareness on programme results, success stories	-Programme documents and progress reports -Programme communications plan and visibility guidelines -Communications strategies of partners -Communications and visibility outputs -Stakeholder feedback	-Document review -Interviews, FGDs, and on-site visits

Annex 4: Evaluation rating scale definition

Highly Satisfactory (HS)	Programme/project is expected to achieve or exceed all its major objectives, and yield substantial benefits, without major shortcomings. The project can be presented as "good practice".
Satisfactory (S)	Programme/project is expected to achieve most of its major objectives, and yield satisfactory benefits, with only minor shortcomings.
Moderately Satisfactory (MS)	Programme/project is expected to achieve most of its major relevant objectives but with either significant shortcomings or modest overall relevance or Project is expected not to achieve some of its major objectives or yield some of the expected benefits.
Moderately Unsatisfactory (MU)	Programme/project is expected to achieve its major objectives with major shortcomings or is expected to achieve only some of its major objectives.
Unsatisfactory (U)	Programme/project is expected not to achieve most of its major objectives or to yield any satisfactory benefits.
Highly Unsatisfactory (U)	The programme/project has failed to achieve, and is not expected to achieve, any of its major objectives with no worthwhile benefits.

Annex 5: IMSPSD programme – Budget

Outcome/ Outputs/ (selected) Activities	PUNO	Budget (Joint SDG Fund) USD $			GoA co-funding
		Original	Rev. 1	Rev. 2	
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					
Output 1: Integrated social care services institutional arrangements and coordination mechanisms functional with clear roles & responsibilities at local level in 6 municipalities	**UNDP, UNICEF**	**99,000**	**122,000**	**124,900**	**---**
1.1 Support municipalities to establish adequate processes, workflows, protocols and effective mechanisms to ensure proper planning and delivery of integrated social care services	UNDP, UNICEF	41,000	33,000	36,500	
1.2 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	UNDP, UNICEF	18,000	7,000	6,400	
1.3 Establish and make functional local inter-sectoral 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	UNDP, UNICEF	18,000	72,000	72,000	
1.4 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/ monitoring processes	UNICEF	22,000	10,000	10,000	
Output 2: Institutional capacities strengthened through training and mentoring for development of social care plans and accessing the Social Fund	**UNDP, UNICEF, UNW**	**271,000**	**223,000**	**203,700**	**---**
2.1 Conduct a mapping of social vulnerabilities with gender lenses in 6 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	UNW	60,000	60,000	60,000	
2.2 At least four municipalities supported to develop/update and adopt fully costed local social care plans	UNDP, UNICEF, UNW	81,000	43,000	40,700	
2.3 Capacity building provided through blended training and on the job mentoring and supervision to staff of municipalities (at least 50% women) on the implementation of social care plans	UNDP, UNICEF	65,000	65,000	50,000	
2.4 Identify and disseminate best practices and exchange experiences about the development and implementation of social care plan	UNDP, UNICEF	35,000	35,000	33,000	
2.5 Support 6 local governments in collaboration with MHSP to make Management Information System on social care services fully functional at national, regional and local level and improve capacities of national and local civil servants on its usage.	UNICEF	30,000	20,000	20,000	
Output 3: Innovative models of integrated social care services piloted, including established local linkages between health and social protection services	**UNDP, UNICEF, WHO, UNFPA**	**596,000**	**606,000**	**595,500**	**100,000**
3.1 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 assessment, integrated service records	WHO, UNICEF	30,000	20,000	20,000	
3.2 Develop a regulatory framework to enable the implementation of integrated health and social service models in pilot municipalities and build the capacities of the local inter-sectoral coordination groups to employ a public health lens in decisions that relate to the health and wellbeing of children, young people and women with disabilities, elderly/ wider families	WHO, UNICEF, UNFPA	40,000	32,000	32,000	
3.3 Build the capacities of the PHC 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	60,000	88,000	88,000	
3.4 Support infrastructure upgrades of designated areas in selected facilities for psychosocial care, disability adjustments of health facilities, and mobility solutions for the professionals to reach out to families	WHO, UNICEF	10,000	10,000	10,000	
3.5 Support 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	UNDP	195,000	195,000	190,000	

Outcome/ Outputs/ (selected) Activities	PUNO	Budget (Joint SDG Fund) USD $			GoA co-funding
		Original	Rev. 1	Rev. 2	
3.6 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	UNDP, UNICEF, UNFPA, WHO	70,000	70,000	61,500	
3.7 Support MHSP to develop and institutionalize standards on monitoring and inspecting integrated social care and health care services	UNDP, WHO, UNFPA	50,000	50,000	43,000	
3.8 Coordinate with MHSP 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	10,000	10,000	10,000	
3.9 Upgrade community social services facilities for providing new inclusive social and health care services with focus on vulnerable groups	UNDP	131,000	131,000	141,000	100,000
Output 4: Vulnerable communities (disaggregated by gender, ethnicity, disability etc.) empowered to actively participate in decision making and make institutions accountable	**UNDP, UNICEF, UNW, UNFPA, ILO**	**220,000**	**210,000**	**226,500**	**---**
4.1 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	UNW, ILO	70,000	60,000	50,000	
4.2 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	40,000	40,000	40,000	
4.3 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	60,000	60,000	83,500	
4.4 Develop and implement a social mobilization campaign in 6 targeted municipalities to help build trust between service providers and vulnerable communities… and educational materials for care givers/ family of PWDs	UNFPA, UNICEF	50,000	50,000	53,000	
Output 5: Financing options for extending social protection coverage and benefits developed and assessed at the national and municipality levels	**UNICEF, WHO, UNW, ILO**	**214,000**	**239,000**	**239,000**	**---**
5.1 Conduct expenditures and fiscal space analysis, including gender and child sensitive budgeting on establishing social protection floor in Albania	UNICEF, ILO, UNW	80,000	105,000	105,000	
5.2 Conduct analysis of equity in health utilization and expenditure with focus on MCH services in Albania	WHO, UNICEF	30,000	30,000	30,000	
5.3 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	24,000	24,000	24,000	
5.4 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	30,000	30,000	30,000	
5.5 National dialogue with all stakeholders to discuss and agree on establishment of the social protection floor in Albania	UNICEF, ILO, UNW	30,000	30,000	30,000	
5.6 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	20,000	20,000	20,000	
Output 6: Joint Programme managed	**UNDP**	**100,000**	**100,000**	**110,400**	**---**
6.1 Communicate results (via Press Releases/Statements, 4 Media trips to promote good models of intervention, 1 "best practice project brochure")	UNDP	40,000	40,000	50,000	
6.2 Organize 2 Donor events with EU and Sweden	UNDP	10,000	10,000	4,000	
6.3 Prepare Annual Reports and Conduct Final Evaluation	UNDP	40,000	40,000	44,400	
6.4 Sharing experiences and peer to peer collaboration, learning about practical actions and best practices	UNDP	10,000	10,000	12,000	
TOTAL (Joint SDG Fund)		**1,500,000**	**1,500,000**	**1,500,000**	**100,000**

IMSPSD total budget ($2,000,000) includes co-funding ($400,000) resourced from participating UN Agencies

Annex 6: IMSPSD programme – Results framework

Result/ Indicator	Baseline	2020 target	End of project target	Status (of 31/03/2022)	Evaluation Team analysis/ observation
Goal: Support Albanian Government translate the policy intent into proper local actions so that men, women, girls and boys living in poverty, or vulnerable situation have access to integrated, quality social care services.					
Joint SDG Fund Outcome 1: Integrated multi-sectoral policies to accelerate SDG achievement implemented with greater scope and scale					
1.1: Integrated multi-sectoral policies have accelerated SDG progress in terms of scope		*ProDoc Original*: 2 *ProDoc Revision*: Additional systems	*ProDoc Original*: 2 *ProDoc Revision*: Additional systems	15 -8 local social care plans adopted -Framework on Integrated Social and Health Services -6 Orders of municipalities on integrated social care services	IMSPSD has very successfully supported the development of integrated multi-sectoral policies (on social protection/ care) that have extended coverage in terms of scope and of scale, and thereby also to the acceleration of SDG progress in Albania, in line with the principle of 'leave no one behind'.
1.2: Integrated multi-sectoral policies have accelerated SDG progress in terms of scale		2 municipalities	6 municipalities	8 local social care plans designed and adopted: Devoll, Fushe-Arrez, Kamza, Polican, Puka, Rrogozhina, Skrapar, (Tirana on progress)	
Joint SDG Fund Output 3: Integrated policy solutions for accelerating SDG progress implemented					
3.1: # of innovative solutions that were tested (disaggregated by % successful-unsuccessful)		1	2	6	6 municipalities have implemented integrated and innovative local policy solutions/ models linked to health and social care services provision for vulnerable groups and persons.
3.2: # of integrated policy solutions that have been implemented with the national partners in lead		1	2	6	
3.3: # and share of countries where national capacities to implement integrated, cross-		1	1	1	Albania's capacities to implement integrated, cross-sectoral SDG

Result/ Indicator	Baseline	2020 target	End of project target	Status (of 31/03/2022)	Evaluation Team analysis/ observation
sectoral SDG accelerators has been strengthened					accelerators has been strengthened.
Outcome: All women, men, girls and boys, especially those from marginalized and vulnerable groups, are exercising their entitlements to equitable quality services, in line with human rights; and more effective and efficient investments in human and financial resources are being made at central and local levels to ensure social inclusion and cohesion.					
1. Proportion of population covered by social protection floors/systems, by sex, 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 *(National Strategy Social Protection, 2015-20)*.	Institutional arrangements and coordination mechanisms completed and strengthened, and pilot models of integrated social care services are operational.	*ProDoc Original*: 85% of vulnerable persons and groups in the six targeted municipalities benefit from improved delivery of social care services by local authorities. *ProDoc Revision*: 62% of vulnerable persons and groups in the six targeted municipalities benefit from improved delivery of social care services by local authorities.	70% 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, new-borns, work-injury victims and the poor and the vulnerable.	IMSPSD provided support linked to national monitoring of SDG indicator 1.3.1 (social protection/ social security coverage of the population and core sub-groups of persons, e.g. children, older persons, mothers/maternity, PWDs, unemployed, work-injury, vulnerable persons). This represents the first ever national monitoring exercise linked to SDG indicator 1.3.1, and provides clear evidence as to the gaps that remain to achieve universal coverage.
2. Positive progress of the implementation of social care and protection national policies, strategies and related local action plans.	Level of implementation of Roma/ Egyptians action plan is rate 3.66 for the year 2018.	Level of implementation of the National social Protection Strategy and Action Plan, National Action Plan on Roma/ Egyptians (rate 3.8), PWD, Children and other vulnerable groups	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	Level of implementation of the Roma/ Egyptians action plan for year 2019 was 3.68, for 2020 it was not measured, and for 2021 it was 4.	A good level of progress has been achieved by Albania linked to the level of implementation of the Roma/ Egyptians action plan. Data on the level of implementation of other plans (e.g.

Result/ Indicator	Baseline	2020 target	End of project target	Status (of 31/03/2022)	Evaluation Team analysis/ observation
		and of the local social care plans increased.	and of the local social care plans increased.		PWD or Children) is not provided by IMSPSD.
3. Proportion of domestically generated resources allocated by the government directly to poverty reduction programmes.	8.1% *(Ministry of Finance and Economy, Annual Budget Figures Social Protection Program, 2018)*.	8.3%	8.5%	Overall social protection spending in Albania amounted to 9.2% of GDP in 2020. Social protection budget transferred to municipalities increased by 48% btw 2019 and 2020. (88,713,000/ 131,313,000) Social Care spending versus Total Social Protection in 2020 is 5%. Annual increase of central government's budget for social care services between 2019 and 2020 is 2.1%.	Overall social protection spending in Albania amounted to 11.06% of GDP in 2020, compared to 9.47% in 2019 (IMF data – COFOG). IMF data for year 2021 is not yet available. Social protection spending is prominently via social insurance outlays (80% of social protection); with social assistance 17% social protection spending. The share of social care spending within the total social protection budget remains approx. 5%.
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	Regulations and instructions on integrated social care services are available in all targeted municipalities.	Regulations and instructions on integrated social care services are available in all targeted municipalities (those with adopted local social care plan).	Regulations and instructions on integrated social care services have been adopted/ institutionalized by the supported pilot LGUs, e.g. six Orders and four guidance notes on the administration of

Result/ Indicator	Baseline	2020 target	End of project target	Status (of 31/03/2022)	Evaluation Team analysis/ observation
		integrated social care services are available.			integrated social care services.
1.2 Six municipalities with improved capacities of at least 20% of service providers (50% women), on organization development and quality management, and effective planning, budgeting and financing.	0	At least 100 trained staff (municipal and direct service providers) apply the tools and knowledge of needs assessment, planning of services, standards, implementation, budgeting and accessing Social Fund as per the new established integrated as per institutional arrangements established.	At least 100 trained staff (municipal and direct service providers) apply the tools and knowledge of needs assessment, planning of services, standards, implementation, budgeting and accessing Social Fund as per the new established integrated as per institutional arrangements established.	145 trained staff (municipal and direct service providers - over 55% women) apply the tools and knowledge of needs assessment, planning of services, standards implementation, budgeting and accessing Social Fund as per the new established integrated as per institutional arrangements established.	IMSPSD has very successfully delivered, beyond original expectation, the extent of capacity building support to the target municipalities.
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	Mapping report available.	Rapid Gender Assessment of the Impact of COVID-19 in women's and men's lives and livelihoods in Albania.	In addition to the Rapid Gender Assessment, analysis has also been produced on gender and child sensitive budgeting, as well as via CSO gender budget watchdog reports (six) at municipal level.
2.2 No of Social Care Plans developed, updated and adopted.	4 municipality social care plans developed/ improved and adopted.	Rrogozhina develops social care plan. Other Social care plans improved and adopted when needed.		7 municipality social care plans developed/ improved and adopted:	IMSPSD has very successfully delivered, beyond original expectation, supports to develop/ update/ adopt Social Care Plans.

Result/ Indicator	Baseline	2020 target	End of project target	Status (of 31/03/2022)	Evaluation Team analysis/ observation
				(Devoll, Fushe-Arrez, Kamza, Polican, Puka, Rrogozhina, Skrapar) 1 additional (Tirana) is under progress.	
2.3 No. of Municipalities where Management Information System (MIS) is operational.	0	Staff is trained in 6 municipalities how to use MIS.	Staff in 6 municipalities is actively feeding and using MIS.	Staff is trained in 6 municipalities how to use MIS.	85 municipality staff are trained. Operational status of the MIS is still under review by MHSP.
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.	2 municipalities supported to implement the integrated health and social care services model.	Standards and protocols for the models of integrated health and social care services are developed. 6 municipalities supported to implement the integrated health and social care services model.	IMSPSD has very successfully supported MHSP to develop/adopt the regulatory framework for integrated health and social care services. 6 municipalities have implemented/ tested the integrated model.
3.2 Municipalities strengthened to take over and co-finance through social fund the proposed and integrated health and social care services.	At least 30 representatives (50% women) of all 6 targeted municipalities trained to make linkages between health and social protection. A grant scheme is set up by LNB for municipalities	At least 50 representatives (50% women) of all 6 targeted municipalities trained to make linkages between health and social protection. Calls for submitting proposals are realized in a transparent manner. At least 10 proposals received.	6 municipalities supported with at least 1 innovative proposal in implementation of innovative models of health and social care services.	A grant scheme is set up by IMSPSD for municipalities to introduce innovative models of integrated health and social care services. 6 municipalities supported with at least 1 innovative proposal in implementation of innovative models of	IMSPSD has very successfully delivered the training component to support LGUs make linkages between health and social protection, in accordance with the national framework. IMSPSD has also successfully supported six LGUs to implement local innovative models

Result/ Indicator	Baseline	2020 target	End of project target	Status (of 31/03/2022)	Evaluation Team analysis/ observation
	to introduce innovative models of integrated health and social care services.			health and social care services. The joint programme developed training and coaching materials for staff of LGUs and local teams on the implementation of new regulations. A two-day long training took place during May-June 2021 in each of the municipalities (90 participants in total/ 82% Female and 18% Male) and coaching materials for staff of LGUs and local teams on the implementation of new regulations were provided.	for provision/ delivery of integrated health and social services in line with local conditions/ needs/ priorities.
Output 4. Vulnerable communities (disaggregated by gender, ethnicity, disability etc.) are empowered to actively participate in decision making and make institutions accountable.					
4.1 Extent/level of participation of vulnerable population in the consultation process of planning and budgeting of integrated social care services at the municipality level (in 3 municipalities).	5-7% in selected municipalities.	Vulnerable population compose at least 20% of participants in annual planning and budgeting. At least 10% of issues/concerns addressed in annual planning and budgeting are raised by vulnerable populations.	Vulnerable population compose at least 20% of participants in annual planning and budgeting. At least 10% of issues/concerns addressed in annual planning and budgeting are raised by vulnerable populations.	6 CSO-led gender budget watch dog reports. Approx. 20% of concerns raised and voiced by vulnerable women were discussed with Municipalities to become priorities in the future budget of municipalities.	Data on the share of the vulnerable population at consultation planning and budgeting meetings is not provided. In terms of the share of the concerns raised by vulnerable populations that are successfully included in LGU budget this performs well.

Result/ Indicator	Baseline	2020 target	End of project target	Status (of 31/03/2022)	Evaluation Team analysis/ observation
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.	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 during 2020-2021.	7 grant fund projects were implemented by CSOs to represent vulnerable groups. 15 CSOs were trained/ capacitated to act as watchdog/ advocate.
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	3 LGUs	6 municipalities (on progress, not finalized yet). 6 municipalities supported to conduct GRB.	IMSPSD successfully delivered the supports to conduct GRB. Also Gender and Child Sensitive Budgeting analysis (fiscal space).
5.2 Percentage of increased funds for social care services made available at local level also due to national consensus around social protection floor.	Social care service compose 6.4% of the total social protection budget. *(Ministry of Finance and Economy, 2018)*.	Annual increase of central government's budget for social services by 2% and targeted LGUs by 4%.	Annual increase of central government's budget for social services by 2% and targeted LGUs by 4%. Social Protection Floor defined and discussed with national stakeholders.	Social protection budget transferred to municipalities increased by 48% btw 2019 and 2020. (88,713,000/ 131,313,000) Social Care budget versus Total Social Protection in 2020 is 5%. Annual increase of central government's budget for social care services between 2019 and 2020 is 2.1%. **Devoll** municipality social services budget increased 2020 versus 2019 by 73%, but decreased 2021 versus	*The first three indicators of status are Outcome indicators, not Outputs.* Linked to the definition and discussion on a Social Protection Floor in Albania, fiscal space and expenditure analysis has been undertaken, but has not yet been converted (via national/ social dialogue) into a definition on a minimum Social Protection Floor. Linked to the level of funding made available at the municipality level

Result/ Indicator	Baseline	2020 target	End of project target	Status (of 31/03/2022)	Evaluation Team analysis/ observation
				2020 by 12%. The 2021 budget still represents an increase compared to 2019 of 53%. **Kamza** municipality social services budget increased 2020 versus 2019 by 19%, and increased 2021 versus 2020 by 3%. The 2021 budget represents an increase compared to 2019 of 22%. **Pogradec** municipality social services budget increased 2020 versus 2019 by 24%, but decreased 2021 versus 2020 by 16%. The 2021 budget still represents an increase compared to 2019 of 4%. **Puka** municipality social services budget increased 2020 versus 2019 by 13%, but decreased 2021 versus 2020 by 2%. The 2021 budget still represents an increase compared to 2019 of 11%. **Rrogozhina** municipality social services budget increased 2020 versus	for social services, the budget available across the 6 core LGUs supported by IMSPSD increased 2020 versus 2019 by 19%, but decreased 2021 versus 2020 by 7%. The 2021 budget still represents an increase compared to 2019 of 11%. The increased funding for social services is notably evident in Devoll and Rrogozhina, but this still represents less than 1% of the total municipal budget. In Tirana, social services funding is slightly more than 1% of the total municipal budget. In Kamza, social services account for 18-19% of the total municipal budget. In Puka, social services account for 21-24% of total municipal budget. In Pogradec, social services dominate in the total municipal budget: 93% in 2020 and 64% in 2021.

Result/ Indicator	Baseline	2020 target	End of project target	Status (of 31/03/2022)	Evaluation Team analysis/ observation
				2019 by 38%, and increased 2021 versus 2020 by 381%. The 2021 budget represents an increase compared to 2019 of 564%. **Tirana** municipality social services budget increased 2020 versus 2019 by 4%, and increased 2021 versus 2020 by 6%. The 2021 budget represents an increase compared to 2019 of 9%.	
5.3 Data on equity in health utilization and expenditures in MCH and health insurance coverage for the most vulnerable families and children with disabilities is available to inform policy discussions and actions to extend social protection and health care coverage and benefits.	No recent data available in equity analysis and cost of health insurance coverage for the most vulnerable groups and children.	Equity analysis in health utilization and expenditure completed and shared with key stakeholders.	Financial analysis for health insurance coverage for most vulnerable groups and children.	A National and International Consultant have worked to conduct expenditures and fiscal space analysis, including gender and child sensitive budgeting on establishing social protection floor in Albania (work under progress).	Study on Expenditures and Fiscal Space Analysis Including Gender and Child Sensitive Budgeting and a Policy Brief on Financing a Social Protection Floor for Vulnerable Women, Girls and Children have been produced, and can now support dialogue.
Output 6. Joint Programme Management					
6.1 No of communication means and events.		1 donor event organized.	1 donor event organized.	1 donor event organized. Multi-Media Faucets: 17 Medium articles: 2 Videos on integrated models piloted by	Donor event (April 2021) – approximately 60 people attended the (virtual) meeting from: UN, MHSP, LGUs, CSOs, social partners, the EU and Sweden.

Result/ Indicator	Baseline	2020 target	End of project target	Status (of 31/03/2022)	Evaluation Team analysis/ observation
				municipalities via social media posts: 8 National TV coverage: 2 International peer review session: 1	International peer review session (June 2021) – with other UNCT supported via UN Joint SDG Fund.
6.2 Social media outreach.		150,000 social media post reach. Min 50,000 post engagement.	200,000 social media post reach. Min 60,000 post engagement.	Total programme social media outreach: 83,953 Posts engagement: 3,520 Twitter impressions: 52,683 Reach: 53,493 UNDP; 12,916 UNICEF; 17,544 UNW Post's engagement: 34,008 UNDP; 500 UNICEF; 1436 UNW engagement on Facebook UNW 42,170; UNDP 30,901 impressions on Twitter	While communication and visibility linked to the programme has been satisfactorily undertaken by the UN in Albania, the PUNOs, and also by the implementing partners (e.g. municipal level communication/visibility linked to the social services provided via the innovative projects and facility upgrades), the extent of social media outreach is below the expectations set by the programme.
6.3 The programme is regularly monitored and documented.		Annual progress report.	Final evaluation of the programme in place.	Annual progress report 2020 & 2021 prepared.	Programme monitoring is frequent/undertaken, progress reported to the SC and the SDG Fund.

Annex 7: IMSPSD programme – Overview of the key outputs (products)

The following table summarizes the main outputs (products) delivered via IMSPSD to date, demarcated on the basis of the IMSPSD programme's six intervention Outputs. Municipalities supported are noted where information has been identified; beside 6 core municipalities, others supported are listed in red.

Output	Main Actions/ Products delivered	Beneficiary Institutions
1 & 2	Guidelines for municipalities on processes, workflows, protocols and effective mechanisms for administration of integrated social care services and standards; support to revise and update terms of reference, job descriptions and responsibilities of the teams and officials for social care services planning and management	Municipalities of Devoll, Kamza, Pogradec, Puka, Rrogozhina, Tirana
1	Six (6) Orders adopted by municipalities on the local administration of integrated social and health care services	Municipalities of Devoll, Kamza, Pogradec, Puka, Rrogozhina
1	Development of 4 guidance notes on the administration of integrated social care services	Municipalities of Devoll, Kamza, Pogradec, Puka
1 & 2	Capacity development in better planning and managing the development of social care plans, accessing the Social Fund for social services, and how to use the MIS on social care services	Municipalities of Devoll, Kamza, Puka, Tirana, Rrogozhina, Fushe-Arrez, Polican, Skrapar
1 & 2	Eight (8) social care plans developed and adopted by municipal councils	Municipalities of Devoll, Kamza, Puka, Tirana, Rrogozhina, Fushe-Arrez, Polican, Skrapar
1 & 2	Methodology for monitoring and evaluation of local social care plan implementation developed and tested at local level	MHSP, Municipalities of Devoll, Kamza, Pogradec, Puka, Rrogozhina, Tirana
1 & 2	MHSP is supported to make functional MIS on social care services as part Social Protection System	MHSP
1 & 2	Design of Budget Briefs to feed into better planning/ managing of the Social Fund, social services and gender mainstreaming as part of the overall budget planning and monitoring processes	Municipalities of Devoll, Kamza, Pogradec, Puka, Rrogozhina, Tirana
1 & 2	Six (6) engendered social care plans developed by LGUs	Municipalities of Devoll, Kamza, Pogradec, Puka, Rrogozhina, Tirana
1 & 2	Support at the local level in using GRB as a tool to advance gender equality and ensure that women's needs are incorporated in local social protection policies and related budgets (applying GRB within their MTBPs 2021-2023)	Municipalities of Pogradec, Puka, Rrogozhina, Fushe-Arrez, Polican, Skrapar
2	Trainings delivered to Municipality Councils to review the main findings of the gender analyses of the MTB of the municipalities	Municipalities of Pogradec, Puka, Rrogozhina, Fushe-Arrez, Polican, Skrapar
2	Trainings with Budget Management Teams of Social Services Departments from the Municipalities on GRB conducted	Municipalities of Pogradec, Puka, Rrogozhina, Polican, Skrapar
1	New National Action Plan for Equality, Inclusion and Participation of on the Roma and Egyptians 2021- 2025 with a particular focus on integrated social care services developed and adopted	MHSP

1	The Impact of COVID-19 on Women's and Men's Lives and Livelihoods in Albania: Results of a Rapid Gender Assessment	MHSP, MFE, Municipalities, CSOs
1	Socio Economic Assessment of COVID-19 Impact on access of Vulnerable Children, Families and Communities to Social Protection in Albania	MHSP, MFE, Municipalities, CSOs
1	Establishment of COVID-19 related local inter-sectoral coordination groups on integrated social care services, with representation of related public and private institutions	Municipalities of Devoll, Kamza, Pogradec, Puka, Rrogozhina, Tirana
1 & 2	Comprehensive needs assessment for capacity development and mentoring process including response to COVID-19 and gender specific challenges	Municipalities of Devoll, Kamza, Pogradec, Puka, Rrogozhina, Tirana
1 & 2	New standards and work protocols for Needs Assessment and Referral Units developed in the context of COVID-19 endorsed by MHSP and municipalities	MHSP, Municipalities
1 & 2	Guidelines for municipal social workers and service providers to support families in COVID19 (Terre des Hommes, UNICEF)	MHSP, Municipalities
1 & 3	New model of Humanitarian Cash Transfers (HCT) piloted, as a response to COVID-19 impacts, to support households with no income via provision of multipurpose basic needs cash	MHSP, Municipalities of Durres, Korce, Shkoder
1 & 3	New methodology and model developed and piloted at local level to address holistic needs of poor and vulnerable families via an integrated social protection system/ provision, & information on cash assistance and social care support to beneficiary families	MHSP, Municipalities of Berat, Durres, Lezha
1 & 4	Social Mobilization campaign re. additional challenges faced by vulnerable groups and minorities during COVID-19, and the provision of emergency food assistance and hygienic items to households from vulnerable/ disadvantaged groups	Municipalities of Devoll, Kamza, Pogradec, Puka, Rrogozhina, Tirana, and 7 CSOs in the 6 LGUs
2	National monitoring of SDG 1.3.1 (year 2020 and year 2021)	MHSP, MFE, INSTAT
2 & 3	Manual on Integrated Care for Elderly at Local Level	MHSP, Municipalities
2 & 3	Social Inclusion of Elderly in Local Social Plans	MHSP, Municipalities
3	Integration of Social Care into Primary Health Care Services in Albania: Rapid Assessment	MHSP, Municipalities
3	Development of the package of the regulatory framework for provision of integrated health and social services at the community level: • Guidance for Delivering Integrated Health and Social Care Services at Primary Health Care Level – for PHC providers, managers and social care professionals; • Amendments of the Law no. 121/2016 "On social care services in the Republic of Albania"; • Amendments of the Law no. 10 1072009, "On health care in the Republic of Albania"; • Revision of the Quality Standards for the Accreditation of Primary Health Care Institutions; • Revision of the Basic Package of Primary Health Care services; • Amendment of the Contract of Health Insurance Fund with Primary Health Care Centers; • Revision of the Statute of Primary Health Care Centers; • Revision of the Regulation on the Referral System and the Public Health Service fees"; • Revision of the Regulation on the Organization and Functioning of the Health Care Services Operator;	MHSP, Municipalities

	• Amendments to the DCM on the Financing of Public Health Services of Primary Health Care from the Compulsory Health Care Insurance Scheme"	
3	Framework, model and Guidance on integrated health and social care model of services developed, and pilot-tested/ implemented by LGUs through (grant scheme) delivery of innovative integrated health and social care services	MHSP Municipalities of Devoll, Kamza, Pogradec, Puka, Rrogozhina, Tirana
3	Two pilot municipalities supported to upgrade community social services facilities for providing new inclusive social and health care services for vulnerable groups	Pilot municipalities: Devoll and Kamza
3	Database mapping health and social conditions developed	MHSP, Municipalities
3	Development of home care services (health and social care) for elderly through municipal support and related social fund	MHSP, Municipalities
3	Analysis of the progress of Albania in the development, implementation and enforcement of medical devices regulations to inform the development of the methodology for the preparation of the list of reimbursed medical devices for outpatients, specifically for people with disabilities)	MHSP
3	The platform for Social Protection and Services in Albania www.sociale.al to share information and good practices in the field of social care services for academics, decision-makers and practitioners	University of Tirana, Faculty of Social Work
3	Design of Social Operator profession	Municipality of Tirana
4	10 CSOs developed capacities on watchdog role and watchdog reports on gender integrated social care services, expenditure monitoring and accountability	CSOs (Municipalities of Durres, Elbasan, Fushe-Arrez, Polican, Skrapar, Vlora)
4	Six (6) Gender Budget Watchdog reports by CSOs on municipal budget spending for social protection programs, in line with national policies on social protection and gender equality commitment	CSOs (Municipalities of Durres, Elbasan, Fushe-Arrez, Polican, Skrapar, Vlora)
4	Vulnerable communities and their organizations (CSOs) supported with advocacy and social mobilization grants on accessible quality social care services for vulnerable groups	CSOs & Communities (Municipalities of Devoll, Kamza, Pogradec, Puka, Rrogozhina, Tirana)
4	Participatory budgeting practices introduced and applied at local level	Municipalities of Devoll, Kamza, Pogradec, Puka, Rrogozhina
4	Intergenerational solidarity actions and a healthy lifestyles booklet with information on health and psycho-social support available for older persons	Municipalities, CSOs, Communities (Kashar and Kombinat in Tirana, and Paskuqan in Kamza)
5	Workshop to support fiscal space analysis in regard to municipal provision of social protection and social services	Municipalities of Devoll, Kamza, Pogradec, Puka, Rrogozhina, Tirana
5	Review of Social Protection System in Albania	MHSP, MFE, INSTAT, CSOs
5	Study on Fiscal space for financing social protection in Albania	MHSP, MFE, INSTAT, CSOs
5	Study on Expenditures and Fiscal Space Analysis Including Gender and Child Sensitive Budgeting in Albania	MHSP, MFE, INSTAT, CSOs
5	Policy Brief on Financing a Social Protection Floor for Vulnerable Women, Girls and Children in Albania	MHSP, MFE, INSTAT, CSOs
5	Tripartite policy dialogue conducted	MHSP, tripartite partners
6	Communication Action Plan and Tools Audio-visuals and print materials	MHSP, Municipalities, CSOs, Communities

Overview of the main programme outputs (products) delivered at the municipal level

Municipalities of Devoll, Kamza, Pogradec, Puka, Rrogozhina, Tirana (or specific LGUs as noted)

- Guidelines for municipalities on processes, workflows, protocols and effective mechanisms for administration of integrated social care services and standards; support to revise and update terms of reference, job descriptions and responsibilities of the teams and officials for social care services planning and management
- Orders adopted by municipalities on local administration of integrated social and health care services *(not Tirana)*
- Development of guidance notes on the administration of integrated social care services *(Devoll, Kamza, Pogradec, Puka)*
- Capacity development in better planning and managing the development of social care plans, accessing the Social Fund for social services, and how to use the MIS on social care services *(not Pogradec; other LGUs supported Fushe-Arrez, Polican, Skrapar)*
- Social care plans developed and adopted by municipal councils *(not Pogradec; Fushe-Arrez, Polican, Skrapar)*
- Methodology for monitoring and evaluation of local social care plan implementation developed and tested at local level
- Design of Budget Briefs to feed into better planning/ managing of the Social Fund, social services and gender mainstreaming as part of the overall budget planning and monitoring processes
- Engendered social care plans developed by LGUs
- Support at the local level in using GRB as a tool to advance gender equality and ensure that women's needs are incorporated in local social protection policies and related budgets *(Pogradec, Puka, Rrogozhina, Fushe-Arrez, Polican, Skrapar)*
- Trainings delivered to Municipality Councils to review the main findings of the gender analyses of the MTB of the municipalities *(Pogradec, Puka, Rrogozhina, Fushe-Arrez, Polican, Skrapar)*
- Trainings with Budget Management Teams of Social Services Departments from the Municipalities on GRB conducted *(Pogradec, Puka, Rrogozhina, Polican, Skrapar)*
- Comprehensive needs assessment for capacity development and mentoring process including response to COVID-19 and gender specific challenges
- Establishment of COVID-19 related local inter-sectoral coordination groups on integrated social care services, with representation of related public and private institutions
- Framework, model and Guidance on integrated health and social care model of services developed, and pilot-tested/ implemented by LGUs through (grant scheme) delivery of innovative integrated health and social care services
- Municipalities supported to upgrade community social services facilities for providing new inclusive social and health care services for vulnerable groups *(Devoll, Kamza)*
- Design of Social Operator profession *(Tirana)*
- Social Mobilization campaign re. additional challenges faced by vulnerable groups and minorities during COVID-19, and the provision of emergency food assistance and hygienic items to households from vulnerable and disadvantaged groups
- Vulnerable communities and their organizations (CSOs) supported with advocacy and social mobilization grants on accessible quality social care services for vulnerable groups
- Participatory budgeting practices introduced and applied at local level *(not Tirana)*
- Workshop to support fiscal space analysis in regard to municipal provision of social protection and social services
- New model of Humanitarian Cash Transfers (HCT) piloted, as a response to COVID-19 impacts, to support households with no income via provision of multipurpose basic needs cash *(Durres, Korce, Shkoder)*
- New methodology and model developed and piloted at local level to address holistic needs of poor and vulnerable families via an integrated social protection system/ provision, & information on cash assistance and social care support to beneficiary families *(Berat, Durres, Lezha)*
- CSOs developed capacities on watchdog role and watchdog reports on gender integrated social care services, expenditure monitoring and accountability; and Gender Budget Watchdog reports prepared by CSOs on municipal budget spending for social protection programs *(Durres, Elbasan, Fushe-Arrez, Polican, Skrapar, Vlora)*
- Intergenerational solidarity actions and healthy lifestyles booklet with information on health and psycho-social support available for older persons *(Kashar (Tirana), Kombinat (Tirana), Paskuqan (Kamza))*

Annex 8: IMSPSD programme – Overview of CSOs supported

Small-scale/ Low Value Grant Agreement

CSO	LGU supported	Subject Description/ Grant project objectives
Community-based Social Services Grants in response to COVID-19 – Grant project objectives		
CRCA	Devoll	Ensuring that every person in the Roma and Egyptian community, persons with disabilities and marginalized groups in Devoll enjoy the right to benefit from social services in accordance with human rights.
Joscelyn	Tirana	Using a holistic approach and integrated interventions to effectively tackle unemployment and social exclusion effecting Roma and Egyptian population.
Youth movement for democracy	Puka	To empower persons with disabilities in Puke Region through increasing the level of awareness and responsiveness from institutions and communities and through increasing their access to information, direct support, training and experience sharing.
Global Care Albania	Kamza	Children with disabilities with have access in the therapy service through Online communication during the time of pandemic.
Linja e Këshillimit për Gra dhe Vajza	Rrogozhina	To improve the quality of social protection services offered at local level especially in light of the covid-19 crisis and the adverse impact it has had on the most vulnerable communities. It aims to do so by also improving the community's level of information and therefore the community's access to services. This intervention targets individuals of the Roma and Egyptian community and people with disabilities, in the quest to raise the municipality's capacities in offering specially tailored services that respond to their needs and opportunities.
Fondacioni Diakonia Albania	Pogradec	Provide health support and psycho-social care for people with disabilities, people with chronic illness and the Roma and Egyptian community in the rural mountain villages.
LGBTI	Tirana	Free health check-up for LGBTI community members, online psychological and health counselling at LGBTI, Distribution of food packages.

Capacity Building/ Training

CSO	Base	Civil Society Organization mission
Gender Budget Watchdog Reporting by CSOs (Integrated social care services expenditure monitoring on and accountability for gender equality through watchdog monitoring reports)		
Civil Society Development Center	Durres	Coordination and empowerment of civil society organizations and actors in the Durres region, focusing on youth and gender equality.
Green Vision	Vlore	The purpose of setting up the Network was to strengthen cooperation and teamwork to better and more powerfully support and address community concerns and environmental problems to decision makers.
For Social and Environmental Welfare	Polican; Skrapar	Improve the infrastructure with the participation of the community, citizens, raising public awareness of actors, various factors aimed at maximizing policies and attitudes for improving the environment.
Social Center to Help People In Need	Fushe-Arrez	Support and care for children, youth, women and the elderly as well as undertaking awareness initiatives for the protection of the environment, forests and flora and fauna.

CSO	Base	Civil Society Organization mission
Women Forum Elbasan	Elbasan	The Woman Forum Elbasan is an organization working for more than 30 years in Albania in the field of women's rights, particularly on the protection of women and girls' survivors of violence.
Albanian Consumer Center	Durres	The Albanian Consumer Center has staff expertise on human rights and the LGBTI community, by having an active role in advocating for social issues.
Arka Youth Center	Fushe-Arrez	Promotes and supports youth through multiple programs, focusing on ethical leadership and provides education programs aimed at improving youth capacities, promoting engagement and participation in decision-making.
In the family for the family	Elbasan	They provide sustainable and innovative services for based on customer needs. Their aim is to be a responsible and versatile cooperation partner of high quality in a constantly changing operating environment.
Agro Puka	Fushe-Arrez	Improving the living conditions of AgroPuka members and rural communities, Promoting the local democracy and social inclusion and sustainability of rural communities.
Institute of Romani Culture in Albania	Durres	Advocating for Roma equal access in citizens' rights as well as public and social services; Providing educational and career advice to Romani youth as well as increasing capacities of Romani youth and emigrants for accessing the labour market and participation in public life; promoting intercultural exchange and friendly relations between Roma and non-Roma youth within the country and abroad.
Participatory Budgeting Consultations/ Advocacy		
Youth movement for democracy	Puka	It contributes in supporting democratic changes in social and public life of the local communities through encouraging civic initiatives and movements on a range of issues related to human rights, youth, women and vulnerable groups' needs, human health, environmental protection and public participation in decision-making.
Light Steps	Puka/ Shkoder	Aims to empower the role of the women in the society and the elimination of all the discrimination forms against women and children and provide services for women and children survivors of domestic violence and/or at risk of trafficking.
Center for Human Rights in Democracy	Kamza	Aims to work for the respect, protection and fulfilment of human rights in Albania, and awareness of the Albanian society on the rule of law and human rights, with particular focus on vulnerable groups of society, such as women/ girls, minors, minorities, etc.
Me, Woman	Pogradec	Aims to contribute in improving the social and political equality between women and man at local and national level, promoting women's role in decision-making, addressing domestic violence and raising awareness on women's issues and inequalities in society
Woman in Development	Korca	Aims to contribute to improving social, economic, cultural and political status of women in Korca Region.

Annex 9: IMSPSD programme – SDG Goals and Targets

Goal/ Target	Indicator	2018 (or earlier) status[92]	Latest status	2030 Target[93]
Goal 1. End poverty in all its forms everywhere				
1.3 Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable	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	-Proportion of population protected in at least one area (receiving benefits under at least 1 available scheme or actively contributing to a social security scheme): NA -Proportion of population above retirement age receiving a pension: 77.0% (2012) -Proportion of unemployed receiving unemployment benefits: 6.9% (2012) -Proportion of employed population covered in the event of work injury: 34.7% (2013) -Proportion of the population covered by social assistance programs: 19.1% (2012) -Proportion of the poorest quintile population covered by social assistance programs: 27.7% (2012)	*"National Monitoring of the SDG Indicator 1.3.1" (2021) (UNJP IMSPSD)* -Proportion of the population protected in at least one area: 70.0% -Proportion of population above retirement age receiving a pension: 89.8% -Proportion of unemployed receiving unemployment benefits: 13.4% -Proportion of employed population covered in the event of work injury: 57.5% -Proportion of children covered by social protection benefits: 29.2% -Proportion of women giving birth covered by maternity benefits: 59.5%	-Proportion of the population protected in at least one area: NA -Proportion of population above retirement age receiving a pension: 100% -Proportion of unemployed receiving unemployment benefits: 50% -Proportion of employed population covered in the event of work injury: 50% -Proportion of the population covered by social assistance programs: 100% -Proportion of the poorest quintile population covered by social assistance programs: 100%

[92] GoA: Albania's "SDG Dashboard Tracker" (2018), or other (international) sources of data where information in the "SDG Dashboard Tracker" is absent.
[93] GoA: Albania's "SDG Dashboard Tracker" (2018).

Goal/ Target	Indicator	2018 (or earlier) status[92]	Latest status	2030 Target[93]
		-Proportion of the population covered by social insurance programs: 36.3% (2012) -Proportion of the poorest quintile population covered by social insurance programs: 38.2% (2012)	-Proportion of persons with disabilities receiving benefits: 93.0% -Proportion of vulnerable persons receiving benefits: 40.0%	-Proportion of the population covered by social insurance programs: 50% -Proportion of the poorest quintile population covered by social insurance programs: 100%
Goal 3. Ensure healthy lives and promote well-being for all at all ages				
3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	3.8.1 Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population)	-Universal health coverage (UHC) index of service coverage: 59.0 (2017) *(UNSTATS: SDGs Indicators Database)*	NA	NA
	3.8.2 Number of people covered by health insurance or a public health system per 1,000 population	Proportion of population spending more than 25% of household consumption or income on out-of-pocket healthcare expenditure: 4.9% (2012)	NA	Proportion of population spending more than 25% of household consumption or income on out-of-pocket healthcare expenditure: 1.1%
3.c Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries	3.c.1 Health worker density (per 1,000 population) and distribution	-Health worker density of dentistry personnel: NA -Health worker density of pharmaceutical personnel: 0.9 (2013) -Health worker density of physicians: 1.3 (2013)	NA	-Health worker density of dentistry personnel: 25.0 -Health worker density of pharmaceutical personnel: 1.0 -Health worker density of physicians: 3.5

Goal/ Target	Indicator	2018 (or earlier) status[92]	Latest status	2030 Target[93]
		-Health worker density of nurses and midwives: 3.9 (2009)		-Health worker density of nurses and midwives: 8.7
Goal 5. Achieve gender equality and empower all women and girls				
5.4 Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate	5.4.1 Proportion of time spent on unpaid domestic and care work, by sex, age and location	-Proportion of time spent on unpaid domestic and care work, Female to Male ratio: 6.3 (2011)	NA	-Proportion of time spent on unpaid domestic and care work, Female to Male ratio: 1.0
5.6 Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences	5.6.1 Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care	-Demand for family planning satisfied by modern methods of contraception: 7.9% (2018) *(UNSTATS: SDGs Indicators Database)*	-Demand for family planning satisfied by modern methods of contraception: 9.3% (2020) *(UNSTATS: SDGs Indicators Database)*	NA
	5.6.2 Number of countries with laws and regulations that guarantee women aged 15-49 years access to sexual and reproductive health care, information and education	NA	Albania has laws and regulations that guarantee women aged 15-49 years access to sexual and reproductive health care, information and education.	NA
5.c Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels	5.c.1 Proportion of countries with systems to track and make public allocations for gender equality and women's empowerment	NA	Albania has systems to track and make public allocations for gender equality and women's empowerment.	NA

Goal/ Target	Indicator	2018 (or earlier) status[92]	Latest status	2030 Target[93]
Goal 10. Reduce inequality within and among countries				
10.2 By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status	10.2.1 Proportion of people living below 50 per cent of median income, by age, sex and persons with disabilities	-Proportion of people living below 50 per cent of median equivalised disposable income: 17.3% (2018) *(INSTAT: SILC)*	-Proportion of people living below 50 per cent of median equivalised disposable income: 14.4% (2020) *(INSTAT: SILC)*	NA
	10.2.2 GINI Index *(World Bank estimate)*	-GINI Index: 29.0 (2012) *(World Bank estimate)*	-GINI Index: 30.8 (2019) *(World Bank estimate)*	-GINI Index: 25.0
10.4 Adopt policies, especially fiscal, wage and social protection policies, and progressively achieve greater equality	10.4.1 Labour share of GDP, comprising wages and social protection transfers	NA	NA	NA
Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels				
16.6 Develop effective, accountable and transparent institutions at all levels	16.6.1 Primary government expenditures as a proportion of original approved budget, by sector (or by budget codes or similar)	*(IMF Data: Government Finance Statistics)* (2018) (as a percentage of GDP) -General Government Expenditure: 28.76% -Social Protection: 9.24% -Health: 3.00% -Education: 3.15% -Housing/ community amenities: 2.34%	*(IMF Data: Government Finance Statistics)* (2020) (as a percentage of GDP) -General Government Expenditure: 33.23% -Social Protection: 11.06% -Health: 3.21% -Education: 3.37% -Housing/ community amenities: 3.22%	NA
	16.6.2 Proportion of the population satisfied with their last experience of public services	NA	NA	NA

Annex 10: Socio-economic data regarding social protection and social care service provision in Albania at municipality level (IMSPSD's 6 core LGUs)

Annex 10 provides an overview of targeted LGUs profile in terms of their population, level of economic development, social services structure, typology of social services provided and their beneficiary categories, local governance mechanisms as well as overall budget and social services budget in the last two years (2020 and 2021).

The main sources for the compilation of the data are: INSTAT, Social Care Plans (SCP) of targeted LGUs, Mapping of Social Services in Albania Report (2021), IMSPSD reports and data from the field.

It should be noted that challenges were faced with data inconsistency in the above sources.

<table>
<tr><td colspan="5">Devoll municipality is situated in south eastern Albania and shares border with Greece where a high number of its inhabitants have migrated. It is mostly a rural municipality relying mostly in agriculture, livestock and remittances from migration. Its economic activity is based on small businesses operating in agro-processing where 2,525 business units are active.</td></tr>
<tr><th>Indicator</th><th colspan="4">Data</th></tr>
<tr><td>Population</td><td colspan="4">26,716 as per 2011 census;
41,606 (49.3%% F) as per civil registry in 2020[94]</td></tr>
<tr><td>Density</td><td colspan="4">34 persons/ km^{2}.[95]</td></tr>
<tr><td>Average salary</td><td colspan="4">40,496 ALL[96]</td></tr>
<tr><td>Social Care Plan</td><td colspan="4">Social Plan 2018-2020; Social Care Plan 2021-2024</td></tr>
<tr><td>Number of Administrative Units</td><td colspan="4">6 AUs</td></tr>
<tr><td>LGU staff working in the social policy/ social care department</td><td colspan="4">7 staff in Social Care Department: which consists of three units (Social Care Unit, NE Unit and Civil Emergency Unit): 1 director, and 6 specialists:1 Child Protection Officer (CPO), 1 Gender Equality Employee (GEE) , 3 Social Administrators (SAs) for Ndihma Ekonomike (NE), 1 specialist for housing and social care).</td></tr>
<tr><td>Needs Assessment Referral Unit</td><td colspan="4">No NARUs</td></tr>
<tr><td>LGU undertakes equity analysis as part of its budgeting process</td><td colspan="4">GRB as of 2020</td></tr>
<tr><td>LGU conducts participatory decision-making processes</td><td colspan="4">Participatory budgeting as of 2018</td></tr>
<tr><td>Number (and type) of local social care services</td><td colspan="4">Devoll LGU provides 4 types of social services for four categories of beneficiaries: families in need, homeless, children with disabilities and children without parental care. Two are public and two are non-public services.
• 1 family services for families in need
• 1 counselling service for children without parental care
• 1 emergency service for homeless people
• 1 alternative care service for children with disabilities
• Piloted integrated healthcare and social services for the inclusion of people with para-tetraplegic disabilities with JP support and continuation is pending approval of SF application
• New multifunctional center is being constructed and equipped with SDG JP support to provide integrated health and social services for PWDs and staff services (physiotherapy and logopedist) to be funded by the municipality</td></tr>
<tr><td>Info on Health services</td><td colspan="4">35 health centers in 6 AUs and 1 hospital with 45 beds</td></tr>
<tr><td>Indicative number of vulnerable people residing in the LGU</td><td colspan="4">5,400 persons</td></tr>
<tr><td>Number of recipients of NE, PAK</td><td colspan="4">NE: 3.791 individuals/48.5% F (1006 families: 115 families with PWDs, 40 R&E, 146 women head of households)
PAK: 431 individuals</td></tr>
<tr><td>Number of users of local SCS</td><td colspan="4">64/19 F (35 families in need/17F, 29 youth in conflict/2F)</td></tr>
<tr><td rowspan="4">LGU Financial resources</td><td colspan="4">Budget for 2020 and 2021</td></tr>
<tr><td>Year</td><td>Total budget ALL</td><td>Social Service (SS) Budget ALL</td><td>Share of SS/ Total Budget</td></tr>
<tr><td>2020</td><td>450,757,522.00</td><td>4,861,160.00</td><td>1.08%</td></tr>
<tr><td>2021</td><td>485,261,568.00</td><td>4,300,000.00</td><td>0.89%</td></tr>
</table>

[94] Social Care Plan 2021-2024
[95] instatgis.gov.al
[96] Ibid

Kamza municipality is the second largest municipality in Tirana region and the 6th largest municipality in the country located only 7km from Tirana. Kamza is a new municipality created as result of urbanization of agricultural land in the proximity of Tirana by high influxes of population migrating mostly from the north of Albania in search of better economic opportunities. The whole economic 'spectrum' of Kamza is concentrated along the national road and consists mainly of 2,805 small and family type businesses in the service sector and a few big companies in the construction sector. It is a municipality with high population density with significant pressure on infrastructure and public services.

Indicator	Data
Population	104,190 as per 2011 census; 138,454 as per civil registry in 2020[97]
Density	1,576 persons/ km^{2}.[98]
Average salary	38,935 ALL[99]
Social Care Plan	Social Plan 2018-2020; Social Care Plan 2021-2023
Number of Administrative Units	2
LGU staff working in the social policy/ social care department	4 staff members of the Directorate of Economic Aid and Social Affairs consisting of two sectors: Unit of Economic Assistance and Unit of Social Services. 22 staff including AUs (NE, GEE, PAK) in each AU.
Needs Assessment Referral Units	No NARUs
LGU undertakes equity analysis as part of its budgeting process	GRB as of 2020
LGU conducts participatory decision-making processes	Participatory budgeting as of 2017
Number (and type) of local social care services	**Kamza LGU provides 7 services under 4 types of services for 4 categories of beneficiaries[100]: families in need, children with disabilities, elderly and survivors of domestic violence (SDVs). Three services are public (40%) and four are non-public (60%) provided by CSOs**. • 2 pre-social services for families in need(1) and SDVs (2) • 3 community services for children with disabilities (1), elderly (1), SDVs(1) • 1 residential services for SDVs • counselling service for SDVs • Piloted integrated social and healthcare services for children with disabilities through JP and expected to continue pending approval of SF application. • SDG Fund JP contributed in reconstruction of the community social services facilities for providing new inclusive social and health care services with the focus on vulnerable groups.
Info on Health services	Health centers and ambulances in each AU.
Indicative number of vulnerable people residing in the LGU	5,566 persons
Number of recipients of NE, PAK	**NE**: 2,267 individuals (94 women head of household,43 R&E, 112 PWDs, 16 elderly, 1360 children)) **PAK**: 3,265 (395 children with disabilities, 1460 job invalids)
Number of users of local SCS	4,190/362 F
LGU Financial resources	Budget in 2020 and 2021

Year	Total budget ALL	Social Service (SS) Budget ALL	Share of SS/ Total Budget
2020	2,869,515,034.00	544,110,800.00	18.96%
2021	3,149,225,000.00	558,267,000.00	17.73%

97 Social Care Plan 2021-2023
98 instatgis.gov.al
99 Ibid
100 SDC, MHSP, UN and UNDP (2021), Mapping of Social Services in Albania

<table>
<tr><td colspan="5">Pogradec municipality is the second largest municipality in Korca region and it is situated along Ohrid lake which is shared with North Macedonia. As of 1980, Pogradec is declared by UNESCO as a place of worldwide natural and cultural heritage and is an important tourism destination. Its economic activity is based mostly on tourism industry and there are 2.435 active enterprises mostly operating in the service sector, fishing. agro-processing and handicrafts.</td></tr>
<tr><th>Indicator</th><th colspan="4">Data</th></tr>
<tr><td>Population</td><td colspan="4">61,530 as per 2011 census;
90,976 (49% F) as per civil registry in 2019[101]</td></tr>
<tr><td>Density</td><td colspan="4">59 persons/ km^{2}.[102]</td></tr>
<tr><td>Average salary</td><td colspan="4">42,208 ALL[103]</td></tr>
<tr><td>Social Care Plan</td><td colspan="4">SCP 2019-2023</td></tr>
<tr><td>Number of Administrative Units</td><td colspan="4">8 AUs</td></tr>
<tr><td>LGU staff working in the social policy/ social care department</td><td colspan="4">14 staff in Social Service Directorate: which consists of 4 units (NE and Social services, Structure for Supporting Mother and Child, Social Housing and Employment Promotion): 1 director, 4 NE specialists, 1 GEE, 1 PAK specialist, 1 CPO, 1 Social Housing Specialist, 1 Employment Promotion Specialist, 3 Civil Registry), 12 Specialists (5 NE, 5 PAK, 2 NE+PAK) in 7 AUs</td></tr>
<tr><td>Needs Assessment Referral Units</td><td colspan="4">No NARUs</td></tr>
<tr><td>LGU undertakes equity analysis as part of its budgeting process</td><td colspan="4">GRB as of 2020.</td></tr>
<tr><td>LGU conducts participatory decision-making processes</td><td colspan="4">Participatory budgeting as of 2017</td></tr>
<tr><td>Number (and type) of local social care services</td><td colspan="4">Pogradec LGU provides 10 services under 5 types of services for 6 categories of beneficiaries: children with disabilities (ChwDs), adults with disabilities (AwDs), elderly, SDVs and R&E:
• 1 pre-social for families in need
• 3 community services for ChwDs (2) and AwDs (1)
• 2 residential services for families in need
• 2 family services for families in need (1) and elderly (1)
• emergency shelter for SDVs
• 1 specialized services for ChwDs
Only 2 (20%) service is public in the Multifunctional Center for daily services to PWDS and new health and physiotherapy center for ChWds. The rest (80%) are provided by non-public actors (CSOs).
Piloted integrated healthcare and social services for persons with mobility problems in the newly refurbished center for Integrated physiotherapy and social services which is continuing after end of SDGF JP support.</td></tr>
<tr><td>Info on Health services</td><td colspan="4">11 Health centers and 58 ambulances covering all AUs</td></tr>
<tr><td>Indicative number of vulnerable people residing in the LGU</td><td colspan="4">19,177 persons (2,825 R&E)</td></tr>
<tr><td>Number of recipients of NE, PAK</td><td colspan="4">NE: 4,642 families/7% of households (342 R&E)
PAK: 1.862</td></tr>
<tr><td>Number of users of local SCS</td><td colspan="4">864 (502 F): families in need 154/73 F, ChwDs 133/59F, AwDs 218/92F, SDVs 201/201F, R&E 35/16, elderly 123/ 61 F</td></tr>
<tr><td rowspan="4">LGU Financial resources</td><td colspan="4">Budget for 2020 and 2021</td></tr>
<tr><td>Year</td><td>Total budget ALL</td><td>Social Service (SS) Budget ALL</td><td>Share of SS/ Total Budget</td></tr>
<tr><td>2020</td><td>1,007,166,016.00</td><td>932,443,990.00</td><td>92.58%</td></tr>
<tr><td>2021</td><td>1,225,770,849.00</td><td>782,256,753.00</td><td>63.82%</td></tr>
</table>

[101] Social Care Plan 2019-2023
[102] instatgis.gov.al
[103] Ibid

Puka municipality is the second smallest municipality in Shkodra region in north of Albania and is situated in a mountainous background about 150 km from the capital. Although rich in minerals, the closure of the mines has led to massive unemployment and decline of population in the last 20 years. The economic activity is based on small businesses where 272 economic units operate mainly in services. Although it has a potential in tourism development, its infrastructure continues to be poor creating challenges in easy access to its nature resources.

Indicator	Data
Population	11,069 as per 2011 census; 15, 317 as per civil registry in 2020[104]
Density	12 persons/ km^{2}.[105]
Average salary	48,720 ALL[106]
Social Care Plan	Social Plan 2020-2022, Social Care Plan 2021-2023
Number of Administrative Units	5
LGU staff working in the social policy/ social care department	3 staff: 1 Child Protection Specialist part of HR Directorate; Sector of NE and Social Service has two staff (1 head of sector and 1 specialist/ Local Coordinator for Domestic Violence It has included the "Social and Healthcare Services Centre for Children with Disabilities" in its organizational structure and will consist of a psychologist and a physiotherapist
Needs Assessment Referral Units	No NARUs
LGU undertakes equity analysis as part of its budgeting process	GRB as of 2020
LGU conducts participatory decision-making processes	Participatory budgeting as of 2018
Number (and type) of local social care services	**Puka LGU provides 4 types of services for 5 categories of beneficiaries[107]: families in need, children with disabilities, youth, elderly and SDVs. Three out of 4 services are public.** • pre-social services for children by CPU in cooperation with non-public service providers • emergency service for SDVs[108] • integrated social and health services for children with disabilities, piloted through SDGF JP in Puka and rural areas and continuing with municipal funding through the newly established "Social and Healthcare Services Centre for Children with Disabilities, which provides mobile services in AUs as of mid-January 2022. • community based services for family, children, youth, SDVS and elderly by non-public services providers (CSOs).
Info on Health services	Health Centers and ambulances in all AUs. One hospital with 5 general practitioners (no specialist doctors)
Indicative number of vulnerable people residing in the LGU	3, 000 persons
Number of recipients of NE, PAK	**NE:** 1,800 individuals (34 families headed by women and 59 families have PWDs, 574 children) **PAK:** 312 individuals
Number of users of local SCS	30[109]
LGU Financial resources	Budget 2020 and 2021

Year	Total budget ALL	Social Service (SS) Budget ALL	Share of SS/ Total Budget
2020	458,591.00	111,461.00	24.31%
2021	521,768.00	109,740.00	21.03%

[104] Social Care Plan 2021-2023
[105] instatgis.gov.al
[106] Ibid
[107] SDC, MHSP, UN and UNDP (2021), Mapping of Social Services in Albania
[108] This is the only service reported in SDC, MHSP, UN and UNDP (2021), Mapping of Social Services in Albania
[109] SDC, MHSP, UN and UNDP (2021), Mapping of Social Services in Albania reports 4 users (SDVs)

Rrogozhina municipality is the smallest out of five municipalities in Tirana region and is located in central Albania with good access to road infrastructure and a 20 km coastline with a high potential for tourism development. It is made up of 5 Administrative Units with 70% of population living in rural areas mostly on agriculture and livestock.
1,030[110] enterprises are active in the municipality mostly in services and agro-processing industry.

Indicator	Data
Population	22,148 as per 2011 census; 40,684 as per civil registry[111]
Density	56 persons/ km[2.112]
Average salary	44,141 ALL[113]
Social Care Plan	2020-2022 approved on 27.10.2020
Number of Administrative Units	5
LGU staff working in the social policy/ social care department	12 staff: • 8 staff in Social Welfare Sector: Head of Social Welfare, social welfare officer, child protection officer, economic assistance officer, PWD officer, coordinator against violence, community coordinator, and housing officer. Monitoring Report[114] • 4 Social Administrators in 4 AUs in charge of NE, PWDs and DV[115]. I
Needs Assessment Referral Unit	No NARU established in 5 AUs.
LGU undertakes equity analysis as part of its budgeting process	GRB as of 2020.
LGU conducts participatory decision-making processes	Participatory budgeting as of 2020
Number (and type) of local social care services	**Rrogozhina municipality provides limited social care services: services:** • Pre-social services for vulnerable children through CPU (public), • Piloted integrated care services for elderly though IMSPSD JP and expected to continue with UNFPA support • Implemented mobile services for children with disabilities under SF **Note**: LNB-SSS Report 2021 reports lack of social care services in Rrogozhina municipality
Info on Health services	SCP lacks info on health services
Indicative number of vulnerable people residing in the LGU	2,462 (6%) 465 PWDs, 27 children in need of protection, 20 SDVs, 106 elderly)
Number of recipients of NE, of PAK	**NE**: 242 families or 960 individuals (9% women, 34% children, 4.5% PAK, 0.3% elderly)) **PAK**: 465 individuals
Number of users of local SCS	No data
LGU Financial resources	Budget 2020 and 2021

Year	Total budget ALL	Social Service (SS) Budget ALL	Share of SS/ Total Budget
2020	481,537,500.00	796,835.00	0.16%
2021	490,460,522,00	3,707,000.00	0.76%

[110] instatgis.gov.al
[111] Social Care Plan 2020-2022
[112] instatgis.gov.al
[113] Ibid
[114] Joint SDG Fund and UNDP (2021), Monitoring of Municipal Projects of Integrated Social and Healthcare System at Local Level
[115] Interview with LGU staff

Tirana municipality is the capital and the largest city and municipality of Albania and the driving economic center of the country with a contribution of 42.6% to GDP. Almost 50% of active businesses (46,435[116]) at national level operate in Tirana. GDP per capita is 35.6% higher than the national average[117]. Its population is on an increasing trend due to internal fluxes for better economic and employment opportunities. Its population increased by over 30%[118] as of 2015 following Territorial Administration Reform and its size increased 27 times putting a high pressure and demand for better infrastructure and public services.	
Indicator	**Data**
Population	557,422 as per 2011 census; 842,019 (**50.47% F)** as per civil registry in 2020[119]
Density	283 persons/ km^{2}.[120]
Average salary	60,925 ALL[121]
Social Care Plan	2018-2020, SCP 2021-2025 (still in drafting process)
Number of Administrative Units	27 (24 AUs and three neighbourhoods)
LGU staff working in the social policy/ social care department	• 19 staff work in Directorate of Social Protection and Inclusion (DSPI). Established in 2021 Directorate of Social Services and Integrated Services as part of DSPI) • 127 staff in 6 community centers
Needs Assessment Referral Unit	27 NARUs established in 27 AUs. 71 staff in 27 AUs (head of sector, social administrator and CPO)
LGU undertakes equity analysis as part of its budgeting process	GRB as of 2017.
LGU conducts participatory decision-making processes	Participatory budgeting as of 2015
Number (and type) of local social care services	• **Tirana LGU provides 84 services under 8 types of services for 11 categories of beneficiaries[122].** **34 services are public (40%), 45 services are non-public (50%) and 5 services are mixed (10%):** • 16 parasocial services: families in need (7), children with disabilities (ChwDs) (2), excluded youth (3), adults with disabilities (AwDs) (3), elderly (1) • 13 residential services: children without parental care (4), ChwDs (2), AwDs(1), SDVs (1), elderly (5) • 11 community services: ChwDs (4), excluded youth (1), youth in conflict with law (2), ethnic minorities/R&E(2), elderly (2) • 8 family services: ChwDs (1), excluded youth (2), youth in conflict with the law (1), ethnic minorities/R&E (1), elderly (1), other (1) • 11 specialized services: ChwDs(3), AwDs(1), homeless (2), SDVs (4), victims of trafficking (VoTs) (2), ethnic minorities/R&E (1) • 6 counselling services: youth in conflict (1), SDVs (2), VoTs (1), ethnic minorities/R&E (1), other (1) • 14 emergency services: homeless(1), SDVs (2), VoTs(1), ethnic minorities/R&E (5), elderly (5) • 3 alternative care (3): ChwDs (3)

[116] instatgis.gov.al
[117] http://www.instat.gov.al/media/8546/pbb-rajonale-2019-shqip-njoftim-p%C3%ABr-media.pdf
[118] 13 rural Administrative Units amalgamated to existing 11 urban Administrative Units
[119] Needs Assessment for Social Care Plan 2021-2025 for Tirana Municipality
[120] instatgis.gov.al
[121] Ibid
[122] SDC, MHSP, UN and UNDP (2021), Mapping of Social Services in Albania

<table>
<tr><td></td><td colspan="4">• Piloted mobile integrated healthcare and community services for families in rural areas expected to be continued with SF support (approval pending)</td></tr>
<tr><td>Info on Health services</td><td colspan="4">• A comprehensive network of 27 health centers (11 in urban AUs and 16 in rural AUs) providing primary health care services for children (0-14 years old), integrated health services for women, adults (15-65 years old), elderly (over 65 years old), mental health services.
• 6 specialized health centers (4 policlinics, 1 dispensary and 1 for palliative care at home)</td></tr>
<tr><td>Indicative number of vulnerable people residing in the LGU</td><td colspan="4">45, 000 persons</td></tr>
<tr><td>Number of recipients of NE, PAK</td><td colspan="4">NE: 3,549 families
PAK: 21,590 individuals (41.3% F, 13.3% children, 84% urban)</td></tr>
<tr><td>Number of users of local SCS</td><td colspan="4">9,983 (4,372 F)</td></tr>
<tr><td rowspan="4">LGU Financial resources</td><td colspan="4">Budget in 2020 and 2021</td></tr>
<tr><td>Year</td><td>Total budget ALL</td><td>Social Service (SS) Budget ALL</td><td>Share of SS budget to Total Budget</td></tr>
<tr><td>2020</td><td>23,754,359,786.00</td><td>297,182,840.00</td><td>1.25%</td></tr>
<tr><td>2021</td><td>23,339,054,031.00</td><td>313,786,691.00</td><td>1.34%</td></tr>
</table>

Annex 11: List of individuals or groups interviewed or consulted, and sites visited

Date	Name	Gender	Organization	Position
25/03/2022	Fiona McCluney	F	UN Albania	UN Resident Coordinator
04/04/2022	Entela Lako	F	UNDP	UNDP Programme Specialist
	Mirjeta Ramizi	F	UNDP	IMSPSD Programme Manager
04/04/2022	Nuno Queiros	M	UNDP	UNDP Deputy Resident Representative
	Roberto De Bernardi	M	UNICEF	UNICEF Representative
	Manuela Bello	F	UNFPA	UNFPA Head of Office
	Michele Ribotta	M	UN Women	UN Women Country Representative
04/04/2022	Migena Kokeri	F	LGU Tirana	Head of Social Care
	Marilda Bejleri	F	LGU Devoll	Chief of sector, Social Care Services
	Ledjo Hasani	M	LGU Rrogozhina	LGU Rrogozhina
	Ermal Hoxha	M	LGU Rrogozhina	LGU Rrogozhina
	Ershela Gjoni	F	LGU Puka	Deputy Mayor
	Anjeza Doda	M	LGU Puka	Social Services
	Dorisjana Hasani	M	LGU Kamza	LGU Kamza
	Enkeleda Shiqerukaj	F	LGU Kamza	LGU Kamza
	Ili Kostallari	F	LGU Pogradec	LGU Pogradec
	Arbi Basho	F	LGU Pogradec	LGU Pogradec
	Lindita Bice	F	LGU Pogradec	LGU Pogradec
	Tom Preku	M	Partners for Development	Executive Director, PfD, UNICEF IP
	Shkelzen Marku	M	Partners for Development	President
04/04/2022	Merita Xhafaj	F	Ministry of Health and Social Protection	Former General Director of Health and Social Protection Policies and Development Director

Date	Name	Gender	Organization	Position
04/04/2022	Mirjeta Ramizi	F	UNDP	UN staff involved in IMSPSD programme implementation
	Juljana Osmani	F	UNDP	
	Alketa Zazo	F	UNICEF	
	Elsona Agolli	F	UNFPA	
	Erisa Cela	F	UN Women	
	Gazmend Bejtja	M	WHO	
05/04/2022	Migena Habibi	M	LGU Kamza	Deputy Mayor
	Dorisjana Hasani	F		Head of municipality coordination department
	Enkeleda Shiqerukaj	F		Directory of Social Services
05/04/2022	Evis Cefa	F	Day-care center (Global Care Albania) Kamza	General-Director of Global Care Albania (CSO)
	Nerila Mulla	F		Final-user beneficiaries of integrated services
05/04/2022	Anisa Subashi	F	LGU Tirana	Deputy Mayor
	Migena Kokeri	F		Head of Social Services Department
	Elena Xhaxho	F		Head of Social Care
05/04/2022	Erion Prendi	M	SHKEJ NGO	
	Elma Tershana	F	Observatory (CSO)	
	Donika Godaj	F	YWCA (CSO)	
	Dritan Shano	M	Europartners Development (CSO)	
06/04/2022	Entela Gusho	F	LGU Pogradec	Deputy Mayor
	Blerta Como	F		Directory of European Integration
	Ili Kostallari	M		Directory of European Integration
	Lindita Bice	F		Director of Social Care Services
06/04/2022	Kristian Spirollari	M	Visit at the new integrated service facility established in Pogradec	Physiotherapist

Date	Name	Gender	Organization	Position
	(Blerta Como	F		Directory of European Integration (LGU)
	Ili Kostallari	M		Directory of European Integration (LGU)
	Lindita Bice)	F		Directory of European Integration (LGU)
	Bledi Leka	M		Final-user beneficiaries of integrated services
06/04/2022	Aurora Zeqo	F	Diakonia NGO	Executive Director of Diakonia
	Bashkim Lilo	M		Other team members linked to integrated service delivery
	Valbona Balla	F		
07/04/2022	Zerina Sinani	F	LGU Devoll	Deputy Mayor
(* virtual)	Marilda Bejleri	F		Chief of sector, Social Care Services
	Arjana Haxhiaj	F		Specialist, social services
07/04/2022	Ledio Hasani	M	LGU Rrogozhina	Chief of the Social Care Department
(* virtual)	Alda Kondakciu	F	Partner CSO	Partner CSO
07/04/2022	Aida Cavo	F	State Social Services	Deputy Director of State Social Services
	Ermira Gjata	F	State Social Services	Specialist
	Manjola Kaci	F	State Social Services, Tirana	Director of Tirana Regional Office
07/04/2022	Kenichi Hirose	M	ILO	Senior Social Protection Specialist
(* virtual)	Zhulieta Harasani	F		ILO National Coordinator for Albania
07/04/2022 (* virtual)	Nenad Rava	M	Joint SDG Fund, SDG Fund Secretariat	Head of Programmes, Joint SDG Fund
08/04/2022	Ershela Gjoni	F	LGU Puka	Deputy Mayor
	Alda Gjoka	F		Coordinator of the center
	Anjeza Doda	F		Social Services
	Melita Furriku	F		Economist at Economic Aid Department

Date	Name	Gender	Organization	Position
08/04/2022	Desilda Gjoni	F	Visit at multifunctional community center in Puka	Psychology
	Antonela Marku	F		Social worker
	Redon Marku	M		Physiotherapist
	xxx			Final-user beneficiaries of integrated services
08/04/2022	Miliha Islami	F	Community Center "Today for the Future" Puka	Coordinator Community Center "Today for the Future" Puka
	Ilirjan Lleshi	M	Regional Employment Office	Specialist
	Endrit Kraja	M	LGU Puka	Specialist at Juridical Sector
11/04/2022	Abi Dodbiba	F	UNDP	SDG Financing Programme Manager
11/04/2022	Erion Prendi	M	Shkej NGO	Focus Group Discussion (at UNDP) with key local CSOs – service providers/ innovators and advocacy partners
	Bledar Taho	M	Institute of Romani Culture in Albania	
	Evis Cefa	F	Global Care Albania	
	Lindita Hyseni	F	Youth movement for democracy	
	Fabiola Egro	F	Community Development Center "Today for the Future"	
11/04/2022	Entela Lako	F	UN Albania, Debriefing meeting with UN Team	UN participating agencies representatives
	Mirejta Ramizi	F		UNJP IMSPSD team
	Alketa Zazo	F		
	Erisa Cela	F		
	Mariana Bulku	F		
	Gazmend Bejtja	M		

Annex 12: List of documents

UN Joint SDG Fund for the 2030 Agenda

- UNDG: ToR for the Joint Fund for the 2030 Agenda (the Joint SDG Fund)
- UN Joint SDG Fund: First Call on SDG Financing – i.e. the Call for proposals
- UN Joint SDG Fund: Paths to SDG Acceleration, Joint SDG Fund 2020 Annual Report
- Portfolio of Joint Programmes on Integrated Social Protection and Leaving No One Behind: Portfolio Mid-Term Review (2021) – Patrick Breard, UN Joint SDG Fund

UNJP IMSPSD programme documents

- IMSPSD "Programme Document" (project proposal) – Original (2019), Revised (2021)
- IMSPSD programme "Work-plan and Budget" (amendment no. 2)
- IMSPSD "6-month update on Joint Programme implementation" (status of 30 June 2020)
- IMSPSD "Annual Progress Reports" (year 2020 and year 2021)
- IMSPSD "2020 Portfolio Mid-Term Review Questionnaire" – Joint SDG Fund (Portfolio on Integrated Social Protection and LNOB)
- IMSPSD "LNOB portfolio questionnaire 2020-21"
- *IMSPSD's main outputs/ products delivered via the programme are listed in Annex 7*

UNJP IMSPSD programme – commissioned consultancy reports/ documents

- Building the Capacities of Social Protection workforce on using MIS for Social Care Services in Albania: Final Training Report (2021) – Alfa-Services Shpk, UNICEF
- Monitoring of Municipal projects on Integrated Social and Healthcare Systems at the Local level (covering the period March-December 2021) – Albana Ahmeti, UNDP
- Trainings on Gender Responsive Budgeting and the Budgeting of public social services targeting women from disadvantaged groups with municipalities and municipal councils: Trainings Report (no date) – Blerina Xhani, Diamanta Vito, UN Women
- Report on the process of mentoring and coaching Social Services structures, GEO and DV staff in Skrapar, Polican, Rrogozhina, Pogradec, Fushe-Arrez and Puka (no date) – Name of the Expert(s)/ Consultancy not indicated, UN Women
- National Consultant to conduct trainings for CSOs on integrated social care services sector planning and expenditure monitoring and support them in preparation of Gender Budget Watchdog reports: Consultancy Reports (2021) – Raimonda Duka, UN Women
- Company or organization to support CSOs in 6 target municipalities on integrated social care services, expenditure monitoring and accountability for gender equality through watchdog monitoring reports: Final Report (2021) – Institute for Democracy and Mediation (IDM), UN Women
- The Implementation of the National Plan of Action regarding Social Welfare Policies for Elderly People: Progress and Final Reports (2021) – Name of the Expert(s)/ Consultancy not indicated, UNFPA

UNJP "Support to SDG Financing" programme documents

- SDG Financing "Programme Document" (project proposal) – Original (2020)
- UNICEF: Social Protection Budget Brief - Supporting the needs of children through social care services (2021)
- UNICEF: Health Sector Budget Brief - Supporting the needs of children through improved health systems (2021)
- UNICEF: Education Budget Brief - Addressing the needs of children through improving education expenditure (2021)
- UNICEF: Budgets for Children - Reflections and Conclusions from Budget Briefs on Education, Health and Social Protection (2021)

UNJP "Leave No One Behind" (LNB) programme – commissioned reports

- A Review of Local Budget Spending on Social Care Services (2018 and 2020)
- A Satisfaction Survey on Social Services (2018 and 2020)
- Assessment of the Need for Social Services in the 12 Regions of Albania (2019)
- Mapping of Social Services in Albania (2021)
- Social Care Services in Albania: Distribution and Beneficiaries in figures (2021)

Donor partner documents regarding Albania

- Government of Albania-UN "Programme of Cooperation for Sustainable Development" for the period 2017-2021
- Government of Albania-UN "Programme of Cooperation for Sustainable Development" for the period 2017-2021 – Annual Progress Reports (2017, 2018, 2019, 2020 and 2021)
- Government of Albania-UN "Programme of Cooperation for Sustainable Development" for the period 2017-2021 – Joint Work Plans - Mid Year Review (2019, 2020 and 2021)
- Government of Albania-UN "Sustainable Development Cooperation Framework" for the period 2022-2026
- UN Albania: "Mainstreaming, Acceleration and Policy Support for Achieving the Sustainable Development Goals in Albania" (2018)
- UN Albania: "Common Country Analysis" (2020)
- UN Albania: "UNCT Configuration: Joint Concept Paper" (2021)
- UN Albania: "UNCT-SWAP Progress Report" (2021)
- UN Albania: "Scorecard on Disability Inclusion" (2021)
- UNDP: "Country Programme Document for Albania" (2017-2021 and 2022-2026)
- UNFPA: "Country Programme Document for Albania" (2017-2021 and 2022-2026)
- UNICEF: "Country Programme Document Albania" (2017-2021 and 2022-2026)
- UN Women: "Strategic Note" Albania (2017-2021 and 2022-2026)
- ILO: "Albania Decent Work Country Programme" (2017-2021)
- WHO (Regional Office for Europe): "European Programme of Work 2020–2025: United Action for Better Health"; "Roadmap for health and well-being in the Western Balkans (2021–2025)"; "Compendium of the Roadmap for Health and Well-being in the Western Balkans (2021–2025)"
- World Bank: "Country Partnership Framework for Albania" (2015-2019)
- Switzerland (SDC): "Swiss Cooperation Strategy Albania" (2018-2021)
- EU/EC: annual Progress Reports on Albania (in the context of EU enlargement policy)
- EU/EC: Annual Action Programme for Albania for the year 2019, Action Title "EU for Social Inclusion" (IPA 2019/041-203) – Original and Revised

Government of Albania documents

- National Strategy for Development and Integration 2014-2020
- National Plan for European Integration 2020-2022
- Economic Reform Programme 2021-2023
- (Albania) Voluntary National Review on Sustainable Development Goals (2018)
- National Strategy for Social Protection 2015-2020
- National Strategy for Social Protection 2020-2023
- Primary Health Care Services Development Strategy 2020-2025
- National Health Strategy 2021-2030
- Social Inclusion Policy Document 2016-2020
- National Strategy and Action Plan on Gender Equality 2016-2020
- National Strategy for Gender Equality 2021-2030
- National Action Plan for Integration of Roma and Egyptians 2016-2020
- National Action Plan for Equality, Inclusion and Participation of Roma and Egyptians 2021-2025

- National Action Plan on Persons with Disabilities 2016-2020
- National Action Plan for Persons with Disabilities 2021-2025
- National Action Plan for LGBTI People 2016-2020
- National Action Plan for LGBTI People 2021-2027
- National Agenda for the Rights of Children 2017-2020
- National Agenda on the Rights of Children 2021-2026
- National Action Plan on Ageing 2020-2024
- Social Housing Strategy 2016-2025
- Strategic Document and Action Plan for Sexual and Reproductive Health 2017-2021
- Law no. 121/2016 "On Social Care Services"
- Law no. 163/2014 "On the Order of Social Workers
- Law no. 40/2016 "On the Order of Psychologists
- Law no. 65/2016 "On Social Enterprises"
- Law no. 9669/2006 "On Measures against Violence in Family Relations"
- Law no. 9970/2008 "On Gender Equality in Society"
- Law no. 10221/2010 "On Protection from Discrimination"
- Law no. 93/2014 "On Inclusion and Accessibility for Persons with Disabilities"
- Law no. 146/2015 "On Unemployed Jobseekers"
- Law no. 18/2017 "On the Rights and Protection of the Child"
- Law no. 22/2018 "On Social Housing"
- Law no. 15/2019 "On Employment Promotion"
- Law no. 9936/2008 "On Management of the Budgetary System" (Organic Budget Law)
- Law no. 57/2016 "On Amendments to the Law on Management of the Budgetary System" – which included gender equality as a core principle
- Law no. 68/2017 "On Local Finances" – making gender responsive budgeting mandatory
- Law no. 115/2014 "On the territorial and administrative division of local government units in Albania"
- Law no. 139/2015 "On Local Self-Government"

International and European policy frameworks ratified by or to which Albania aligns

- 2030 Agenda for Sustainable Development
- UN Convention on the Elimination of all forms of Discrimination against Women (CEDAW) and its relevant General Recommendations
- Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention)
- UN Convention on the Rights of the Child (CRC)
- UN Convention on the Rights of Persons with Disabilities (CRPD)
- UN Human Rights Council, Universal Periodic Review (UPR) process
- ILO Social Security (Minimum Standards) Convention, 1952 (No. 102)
- EU Gender Action Plan for gender equality and women's empowerment (2020)
- EU Roma strategic framework for equality, inclusion and participation (2020)

International policy frameworks/ guidance notes

- UN Secretary-General's Roadmap for Financing the 2030 Agenda for Sustainable Development (2019)
- Towards Universal Social Protection: Lessons from the Universal Health Coverage Initiative (2019) – Ji-Yeun Rim and Caroline Tassot, OECD Development Policy Papers
- Joint Statement: Towards inclusive social protection systems supporting the full and effective participation of persons with disabilities (2019) – A process facilitated by ILO and IDA, and endorsed by more than 20 international and bilateral organizations