INCREASING CIVIL SOCIETY PARTICIPATION IN NATIONAL POLICY DIALOGUE IN ARMENIA, ENPI/2013/334643

EVALUATION OF AT-HOME SOCIAL SERVICES TO THE SINGLE ELDERLY BUDGET PROGRAMMES

BUDGET PROGRAMME EVALUATION STUDIES,

ECONOMIC DEVELOPMENT AND RESEARCH CENTER (EDRC), 2016

Project funded by the
European Union

EVALUATION OF AT-HOME SOCIAL SERVICES TO THE SINGLE ELDERLY BUDGET PROGRAMMES

RESEARCH TEAM

Karine HARUTYUNYAN

Mushegh TUMASYAN

Lilit HAKOBYAN

This document was developed by the Economic Development and Research Center NGO within the framework of the "Increasing civil society participation in national policy dialogue in Armenia" project under the component of Monitoring and Evaluation of Budget programmes. The project is implemented in cooperation with OXFAM and is funded by the European Union.

The report summarizes the results of discussions with the MLSA, elderly care and social service provider organizations, international organizations and CSOs held on July 28-29, 2016.

The project team expresses its gratitude to the RA Ministry of Labour and Social Affairs for cooperation.

This publication has been produced with the assistance of the European Union. The contents of this publication are the sole responsibility of Economic Development and Research Center and can in no way be taken to reflect the views of the European Union.

For questions and suggestions please contact the EDRC office: +374 (0) 60 540 289, info@edrc.am, www.edrc.am.

List of Abbreviations

ADS	Armenia Development Strategy for 2014-2025
AHSS	At-Home Social Services
AHSS Survey-2016	"At-Home Social Services to the Single Elderly" Sample Survey conducted by the EDRC
Bln	Billion
CHSS	Centre of Home Social Service Provision for Single Elderly and Disabled People SNCO
CSO	Civil Society Organization
CSPNPD	"Increasing Civil Society Participation in National Policy Dialogue in Armenia" (CSPNPD) project
EDRC	Economic Development and Research Center (EDRC)
EU	European Union
FGD	Focus Group Discussion
GDP	Gross Domestic Product
GoA	Government of Armenia
HH	Household
HHSS-2015	Household Sample Survey conducted by the EDRC in 2015
ILSS	Integrated Living Standards Survey
KIIs	Key Informant Interviews
M&E	Monitoring and Evaluation
Mln	Million
MLSA	Ministry of Labour and Social Affairs
MTEF	Medium-Term Expenditure Framework
NSS	National Statistical Service
RA	Republic of Armenia
SNCO	State Non-Commercial Organization

CONTENT

Executive Summary

- In Armenia, at-home care and social services are annually provided to about 3,300 single elderly and citizens with disabilities of Armenia through implementation of two public budget programmes: (i) At-home Social Services to the Single Elderly and (ii) At-home Social Services to the Single Elderly and Individuals with Disabilities and Social Services at Day-care Centres in Marzes of Armenia".
- 59% of beneficiaries under these Programmes are single (live alone), 51% do not have children and mostly belong to the low-income group. 66% of beneficiaries are in the age group of 75+ years.
- Those programmes are among the important ones targeting the care of the elderly and people with disabilities in Armenia and correspond to the policy priorities, as well as the needs of the beneficiaries and the overall society.
- Care and social service programmes include household, medical, social-psychological, legal and other services. Notably, beneficiaries are categorized into 4 groups depending on the level of constraints to living activities: each category is entitled to a certain package of home visits and services. Services are provided by 2 organizations.
- According to the Survey findings, the programmes were implemented resulting in a high degree of satisfaction among the beneficiaries. Overwhelming majority of beneficiaries received medical assistance services (mostly provision of medicaments (from the Programme resources or from Outpatient institutions) as well as blood pressure measurements). The level of provision of household services is low: about one third did not receive such services, while 40% received them partially. 2.4% of beneficiaries covered by the Survey did not receive any type of care and social services.
- Management models for services provided by the two service providers differ significantly which does not allow assessing the relative efficiency of their services.
- The programme organization and management mechanisms need to be reformed which will result in improvement of efficiency. To that end, several effective recommendations are presented.

1. Introduction

1.1 About the Initiative

The Economic Development and Research Center (hereinafter, EDRC) is a Yerevan-based (Armenia) non-profit, nonpartisan think-tank (established in 2001). The EDRC conducts public policies and programmes monitoring and evaluation[1].

With the funding of the European Union, OXFAM and EDRC are implementing the "Increasing Civil Society Participation in National Policy Dialogue in Armenia" project (hereinafter, CSPNPD project). The project aims at empowering civil society organizations to advocate and campaign for pro-poor reforms and engage in effective, transparent and substantial policy dialogue with the Government of Armenia based on monitoring of public budget and national policies in health, agriculture and social protection. Within the framework of the CSPNPD project, EDRC makes simplifications of the state budgets of the Agriculture, Healthcare and Social Protection policy areas; carries out activities, aimed at increasing budget literacy and building analytical capacity of CSOs, as well as monitoring and evaluation of the implemented policies and selected budget programmes.

1.2 Objective of Budget Programme Evaluation

One of the components under the CSPNPD project is to conduct monitoring and evaluation of budget programmes. Monitoring and evaluation activities involve various quantitative and qualitative research methods, which are carried out in cooperation with the partner CSOs. As a result relevant reports are developed. The objective of the budget programmes' evaluation is to raise public awareness, enhance discussions and policy dialogue and discussions, as well as assist the policy makers in increasing the programme efficiency.

1.3 The Methodology

Within the framework of CSPNPD project, 6 budget programmes, which are regularly funded by the RA State Budget, have been selected for monitoring and evaluation. These programmes are selected from the following three policy areas: Social Protection, Healthcare and Agriculture. The budget programmes subject to monitoring and evaluation were selected as a result of discussions with the officials from the respective sectors by the 40 beneficiary CSOs of the CSPNPD project during the joint workshop[2].

At-Home Social Services to the Single Elderly Budget Programme was selected for monitoring and evaluation in the Social Protection sector.

The M&E methodology was developed by the EDRC which was presented in details in the respective Methodology Report. The monitoring and evaluation methodology combines desk studies and field studies, involving various quantitative, qualitative and mixed research methods, in particular:

- Collection and analysis of statistical data,
- Review and study of policy documents,
- Review of related studies and reports,
- Key Informant Interviews,
- Focus-group discussions with beneficiaries and experts,

[1] For more information on the EDRC and the "Increasing Civil Society Participation in National Policy Dialogue in Armenia" project visit www.edrc.am.

[2] Public Policy Framework in Social Protection, Health and Agriculture Sectors workshop, October 22, 2014, Congress hotel.

- Study and interviews with service providers,
- Recording and presentation of human stories,
- Sample surveys.

The main tools for the data collection for the M&E of At-Home Social Services to the Elderly Programmes were the 2015 Sample-based Statistical HH Survey and 2016 Survey on At-Home Social Services to the Elderly carried out by the EDRC. The first Survey included 2,300 HHs of Armenia: the Survey Questionnaire contains a section on Programme beneficiaries and awareness on the Programme which serves as a basis for the assessment of the Programme coverage and perception. For the second Survey - 2016 Survey on At-Home Social Services to the Elderly (AHSS-2016), elderly and/or disabled individuals – beneficiaries of social services were the object of the study.

Under the publicly funded At-Home Social Services (AHSS) Programmes, the services are provided through the following two budget programmes:

- **At-Home Social Services to the Single Elderly** programme which is implemented by the Center of Home Social Service Provision for Single Elderly and Disabled People SNCO (CHSS SNCO),
- **At-Home Social Services to the Single Elderly and Individuals with Disabilities and Social Services at Daycare Centres in Marzes of Armenia** programme: services under this programme are provided by the Mission Armenia Charity NGO. This Programme, apart from the at-home care services, also provides social services to the elderly at daycare centres which are not covered by the present evaluation exercise.

In order to be able to carry out comparative analyses of survey findings, the Survey Sample was divided into two large groups (clusters) – per Service Provider organizations. The target sample size under the Mission Armenia cluster is 318 beneficiaries, while under the CHSS SNCO – 304 beneficiaries. The Table below summarizes the Samples and expected margins of error per each cluster.

Table 1. Structure of General population

Clusters	General population		Sample, beneficiaries	Expected margin of error, %
	Beneficiary	Distribution		
Cluster 1. Mission Armenia Charity NGO	1,846	0.44	318	+/-5.0
Cluster 2. CHSS SNCO	1,452	0.56	304	+/-5.0
	3,298	**1.00**	**622**	+/-3.5

1.4 Report Structure

The report presents the final results of the independent evaluation of the At-home Social Services to the Single Elderly and Disabled programmes. It consists of 6 sections. The introduction is followed by the Section 2 which describes the Programme objective, beneficiary groups, provided services, funding, long-term targets etc.

Section 3 presents the evaluation details. The main characteristics of beneficiaries and services provided, as well as comparative analyses of provided services per Service provider entities, programme efficiency issues are discussed; estimates of beneficiary satisfaction, need and awareness are presented. Section 4 summarizes the findings of the interviews with representatives of service provider institutions and FGDs conducted under the current project. Section 5 covers the Budget presentation of the Programme and its performance indicators. The last Section summarizes the main evaluation results and presents relevant recommendations.

2. At-Home Social Services to the Single Elderly Programme

2.1 AHSS Programme Objective and Regulation Framework

At-Home Social Services to the Single Elderly Programme is a continuous public (budget) programme of providing care services to the elderly and individuals with disabilities. The main objective of the public policy in this field is to improve the quality of life of single and needing care elderly people and individuals with disabilities above 18 years[3].

The body responsible for the policy and programme of social services to the elderly is the RA Ministry of Labour and Social Affairs. Care and social services to the elderly under the Programme are provided by the Center Of Home Social Service Provision For Single Elderly And Disabled People SNCO (CHSS SNCO) which provides such services in Yerevan. At the same time, the MLSA contracts elderly care services to the Mission Armenia Charity NGO[4] which provides services both in Yerevan and Marzes of Armenia[5].

The existing system of at-home social services and respective budget programme were introduced in 2000[6] when the CHSS SNCO was founded. Prior to that, starting from 1991 At-home service unit of Norq boarding house provided such services. Since 2007, the Government has also contracted out elderly care services to the Mission Armenia (Charity) NGO.

The following legal documents regulate the Programme implementation:

- The RA Constitution

The Constitution of Armenia states that ensuring decent living standards for old persons is one of the basic tasks of the State[7].

- The Regional Implementation Strategy of Madrid International Plan of Action on Ageing

Madrid International Plan of Action on Ageing contains 15 commitments that relate mostly to the provision of decent living standards to the elderly in participating countries.

- The RA Law on Social Assistance

The Law regulates the relations with respect to social assistance provision in Armenia, defines the concept of social assistance, types of social services, principles of organization and provision thereof, financing sources, social assistance management system.

This law defines the provision of care as a type of social services, states the methods and types of care provision, provided services and the groups of Armenian citizens who are provided with at-home social services.

- 2015-2019 Concept Paper on Provision of Social Services to the Elderly in RA

The Concept Paper intends to introduce a new system of social service provision based on contemporary approaches, defines new types of social service provision, as well as suggests the idea of a minimum list of

[3] 2016-2018 Medium-Term Expenditure Framework of Armenia.

[4] Under the At-Home Social Services to the Single Elderly and Social Services to the Elderly at Daycare Centres in Marzes of Armenia Programme.

[5] Kotayq, Gegharkuniq, Lori, Shirak, Ararat, Armavir and Syuniq Marzes.

[6] GoA Decree N 1701-N dated October, 31, 2002 on Reorganizing the Republican Center for At-home Social Services to the Single Elderly and Individuals with Disabilities State Organization into the Center of Home Social Service Provision for Single Elderly and Disabled People SNCO.

[7] Article 48, p. 12.

guaranteed social services. The 2015-2019 Action Plan of measures to implement the Concept Paper is being currently developed[8]:

- GoA Decree N 730-N dated May 31, 2007 on Approving the Minimum Standards of Social Services to the Elderly and Individuals with Disabilities.

The Decree defines the minimum standards of at-home care and social services to the Elderly and Individuals with Disabilities.

- GoA Decree N 1112-N dated September 25, 2015 on Approving the Procedures and Terms of Provision of Care Services to Children, Elderly and (or) Individuals with Disabilities, as well as the List of Illnesses to be Used When Rejecting Provision of Care to the Elderly and (or) Individuals with Disabilities.

2.2 Programme Beneficiaries and Scope of Services

The beneficiaries of at-home social services are individuals of the age of life social pensions, as well as individuals with disabilities (of age 18 and above) who do not have caretakers defined by the legislation and have a need and willingness to receive social services[9].

At-home care is provided[10] to those elderly who need such care, do not work (except for those who work at home) and/or individuals with disabilities in accordance with their Individual Social Programme mostly in the form of the following social services[11]:

- Household services,
- Medical assistance,
- Social and psychological assistance,
- Counselling assistance.

Elderly individuals and individuals with disabilities that need at-home care and social services are categorized into 4 subgroups per level of constraints to their activities and need for social protection:

- **Subgroup "A" (Constantly need care)**

  Individuals of life pension age with fully constrained living activities who need permanent third-party care, permanently in-bed sick and/or a 1st group single individuals with disabilities at the age of 18 and above.

- **Subgroup "B" (Periodically need care)**

  Individuals of life pension age that need periodic third-party care and with almost fully constrained living activities or 2nd group single individuals with disabilities at the age of 18 and above.

- **Subgroup "C" (Need partial care)**

  Individuals of life pension age with partially constrained living activities and partial need of third-party care and/or a 2nd group single individuals with disabilities at the age of 18 and above.

[8] GoA Protocol Decree N-39 dated September 18, 2014 on Approving the Concept on Social Services to the Elderly in the RA and 2015-2019 Action Plan and Timeline on Concept implementation.

[9] Care services to Individuals above 18 years that need care Programme Passport, 2015.

[10] During day time – from 10:00 to 18:00.

[11] GoA Decree N 1112-N, Annex 2, September 25, 2015.

- **Subgroup "D" (Mostly need social and psychological assistance)**

  Individuals of life pension age without constrained living activities and/or a 2nd and 3rd group single individuals with disabilities at the age of 18 and above.

The types and scope of services provided to each beneficiary is determined by the fact of their belonging to one of the above mentioned subgroups. Inclusion in one of the subgroups is derived from the indvidual's health condition, level of constraints to the living activities and necessity for social protection.

The schedule of doctors', nurses', social workers', social servants', psychologists' or lawyers' visits to elderly and individuals with disabilities in each subgroup, as well as the volume of care and social services are established after the home visits of experts of at-home care service provider organization. The types of services provided per each subgroup are summarized in the Table below.

Table 2. At-home care services broken down per elderly subgroups

	Subgroup "A"	Subgroup "B"	Subgroup "C"	Subgroup "D"
Social Servant	4-5 times a week: care provision; delivery of food from the soup kitchen	At least 2 times per week	At least once per week	-
Doctor	Not less than once per month: based on approved timeline and per necessity			
Nurse	Once per month and based on doctor's prescription: per necessity			
Psychologist	Based on submitted requests			
Social worker	Once per month and per necessity			
Lawyer	Based on submitted request			

Source: GoA Decree N 730-N dated May 31, 2007 on Approving the Minimum Standards of Social Services to the Elderly and Individuals with Disabilities.

Care is provided:

- Based on the written application of an elderly and/or individual with disabilities or their representatives,
- Based on information provided by state and local governance bodies, care and trust organizations, legal entities or individuals, written or verbal complaints, alerts, as well as media publications,
- With the initiative of care service provider organizations.

Applications for inclusion in the system, together with a passport, disability document and medical card, are submitted to the Social Assistance local agencies. Within 10 days from the application submission, the social work expert of the agency visits the applicant at home in order to assess the living conditions and needs of the applicant. The protocol of the visit, together with the conclusion on provision of care is presented to the Head of the agency within 3 days from the visit who, in its turn, takes the decision on provision or refusal to provide care services. If the decision is positive, the applicant is registered and listed in the queue. If it is possible to provide care services the applicant is linked to the respective service provider organization[12].

The following illnesses or disorders of the applicant can be the basis for refusing to provide care services[13]:

- Mental disorders, except for the cases to be included in (Specialized) social protection institution,
- Chronic alcoholism or drug-addiction,
- Contagious skin diseases, sexually transmitted diseases,

[12] GoA Decree N 1112-N, September 25, 2015.

[13] GoA Decree N 1112-N, September 25, 2015.

- Oncology illnesses in decompensation phase except for the cases of hospice assistance services,
- Diseases and illnesses that represent threats for the surrounding people,
- BK+ tuberculosis.

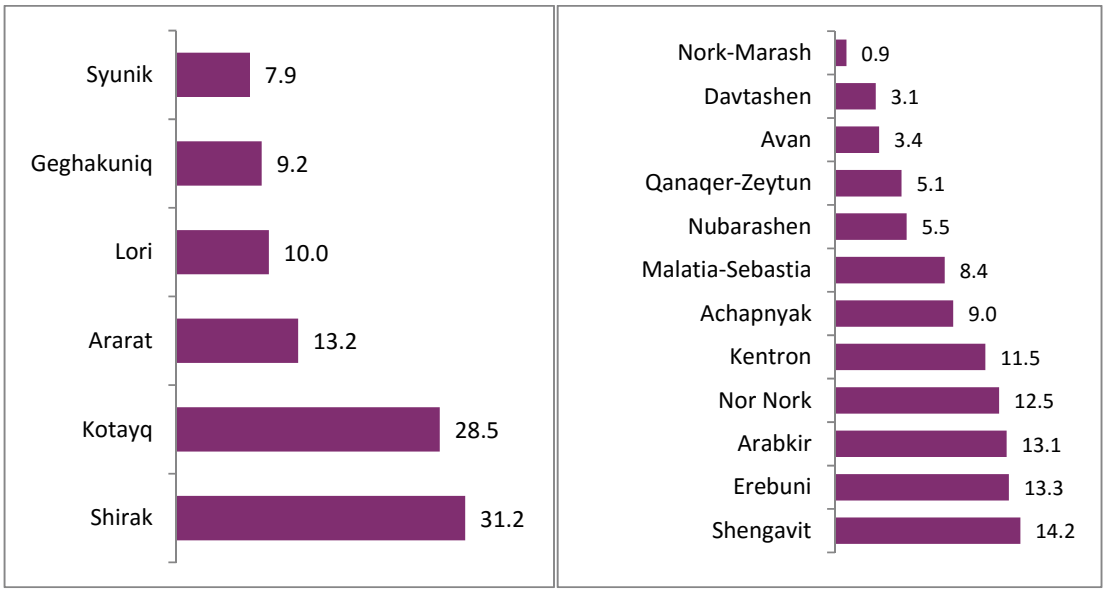
According to the 2015 Budget Implementation Report, 3,300 elderly and individuals with disabilities are the beneficiaries of At-home Care and Social Services public programmes, 56% of which are beneficiaries of Mission-Armenia NGO, while 44% - beneficiaries of CHSS SNCO. More than 69% of beneficiaries live in Yerevan. The Figure below represents the distribution of at-home care services beneficiaries between Yerevan and Marzes, as well as per service provider organizations.

Figure 1. Structure of programme beneficiaries, %

Source: Service provider organizations

Services under this Programme were provided in 6 Marzes of Armenia in 2015 (Ararat, Gegharkuniq, Shirak, Lori, Syuniq and Kotayq). Beneficiaries in Marzes constitute 31% of total Programme beneficiaries. Figure 2 represents the distribution of beneficiaries per Marzes, as well as distribution in Yerevan.

Figure 2. Distribution of Programme beneficiaries, %



Source: Service provider organizations

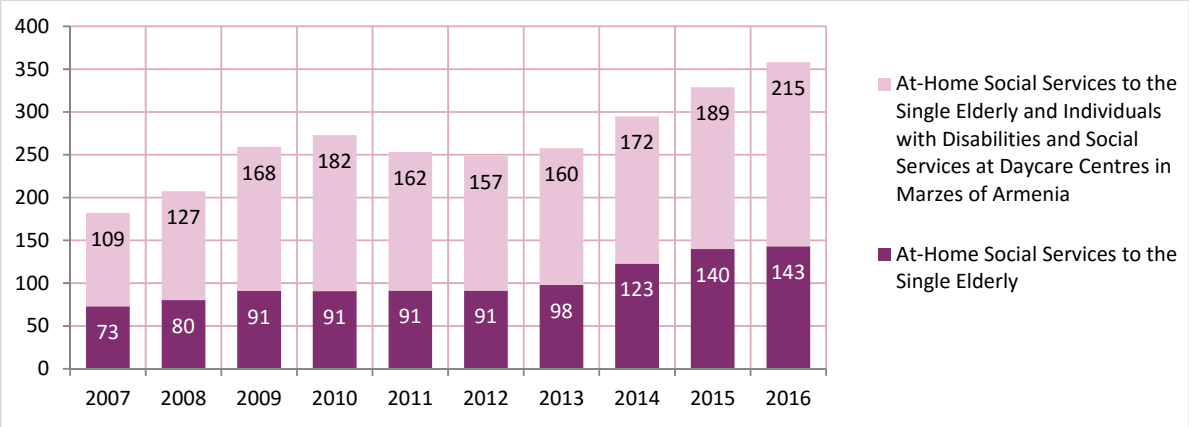
2.3 Budget Financing and Policy Objectives

Public financing of At-home social services to the elderly and individuals with disabilities is channelled through two budget programmes:

- At-Home Social Services to the Single Elderly,
- At-Home Social Services to the Single Elderly and Individuals with Disabilities and Social Services at Daycare Centres in Marzes of Armenia.

Financing of both programmes demonstrated an increasing trend during 2008-2016. It is worth noting that increase in financing took place under almost constant beneficiary numbers.

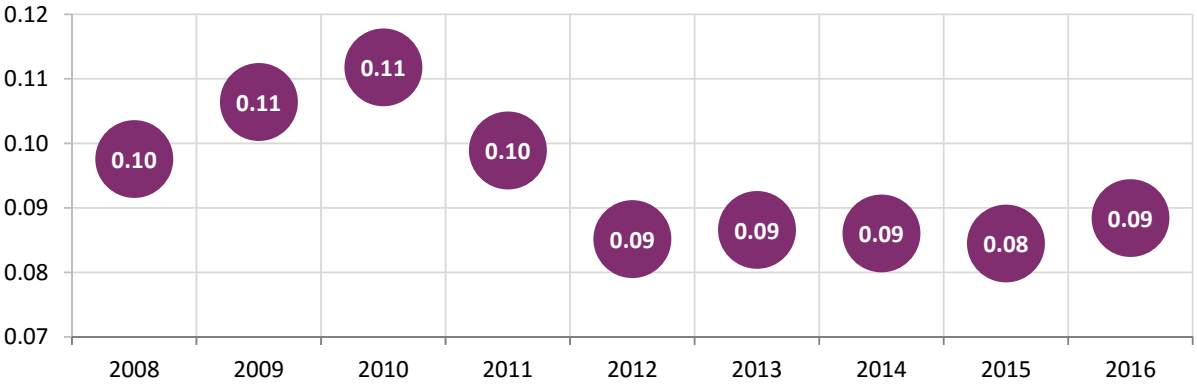
Figure 3. Financing of public budget programmes of at-home social services to the elderly in 2007-2016, AMD mln



Source: The RA Law on 2016 State Budget, the RA 2007-2015 Budget Implementation Reports, EDRC calculations

Although State Budget allocations to these programmes increased in absolute terms, however, their share in Social Protection sector decreased slightly.

Figure 4. Share of at-home social services to the elderly budget programmes in the total Social Protection budget, %



Source: The RA Law on 2016 State Budget, the RA 2007-2015 Budget Implementation Reports, EDRC calculations

2.4 Medium-term and Long-term Objectives

2016-2018 MTEF defines the objectives and targets of discussed programmes for the coming years. According to the latter, no change in beneficiary numbers is projected. Also during 2016-2018 essential nominal growth of public financing is not predicted. Under 2016-2018 MTEF, it is intended to ensure the continuity of at-home social services to the elderly and individuals with disabilities with improving the quality of these services.

Armenia Development Strategy (ADS)[14] does not contain any targets or objectives with respect to at-home services to the elderly and individuals with disabilities.

Table 3. Projections of programme indicators, 2016-2018

	2016	2017	2018	2020
	Budget	MTEF		Programme Passport
Number of Beneficiaries, people	**3,952**	**3,952**	**3,952**	**3,952**
Beneficiaries of At-Home Social Services to the Single Elderly Programme	1,500	1,500	1,500	1500
Beneficiaries of At-Home Social Services to the Single Elderly and Individuals with Disabilities in Marzes of RA	4200	4200	4200	4200
Including: beneficiaries of at-home services	2,452	2,452	2,452	2,452
Financing, AMD mln	**361.9**	**351.0**	**361.9**	**368.5**
At-Home Social Services to the Single Elderly	147.2	142.9	147.2	145.4
At-Home Social Services to the Single Elderly and Individuals with Disabilities and Social Services at Daycare Centres in Marzes of Armenia	214.7	215.3	214.7	223.1

Source: The RA Law on 2016 State Budget, 2016-2018 MTEF, Care services to the Individuals above 18 that Need Care Programme Passport

In terms of the long-term strategy in at-home care and social services to the elderly and the individuals with disabilities, it is worth to highlight the importance of 2015-2019 Concept Paper on Providing Social Services to the Elderly in the RA. It suggests introducing a new system based on new approaches of providing social services which will base on the full and comprehensive assessment of the needs of the elderly. Along with guarantees of minimum service packages by the Government, the Concept Paper also envisages possibility of providing necessary and desired (additional) social services based on the real needs of beneficiaries and assessment of the possibilities to compensate for such services by the beneficiaries.

The Concept Paper also defines the ideas of paid or co-paid services. Under the Care Nurse Services model, packages of various service volumes are defined by clearly delineating the minimum guaranteed service package. Services of Care Nurses can be provided with various schedules and hours (including 24-hour service) depending on the individual need of the client.

Minimum guaranteed package of services is intended to be provided free of charge to the beneficiary, while the additional services can be charged for taking into account the actual social and economic situation of each individual beneficiary.

The minimum service package of a nurse is planned to include the following services[15]:

- Scheduled in-take of pills and drugs to sick elderly (single or not) whose family members are not able to provide care for various reasons,
- Food preparation and feeding,
- Care and personal hygiene service, laundry, house cleaning,
- Walk out of the beneficiary,
- Shopping, reading books and newspapers etc.

[14] 2014-2025 Armenia Development Strategy approved by the GoA Decree N 442-N, dated March 27, 2014.

[15] 2015-2019 Concept on Providing Social Services to the Elderly in the RA.

3. Programme Evaluation

Impact and implementation efficiency evaluations are carried out for At-home care and social services to the elderly and individuals with disabilities. In particular, programme beneficiaries are reviewed, impact on them is discussed, together with provided services and efficiency thereof. In addition, awareness, satisfaction of beneficiaries is analyzed, together with the Programme efficiency from the perspective of meeting the needs of beneficiaries.

3.1 Main Characteristics of Beneficiaries

73.2% of HHs receiving at-home care services consist of 1HH member. The average HH size among beneficiaries is 1.3. Women prevail among the beneficiaries: their share in the total is almost 4 times more than that of men.

More than 60% of beneficiaries are in the age group of 76+. Notably, the average age of beneficiary men is higher: 64.6% of male beneficiaries are in the age group of 76+ in contrast to 60.8% of female beneficiaries in the same age group.

Figure 5. Breakdown of HHs per number of members, %

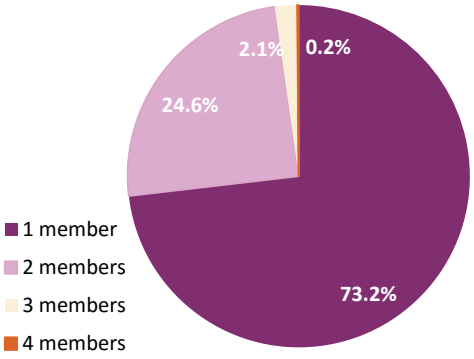
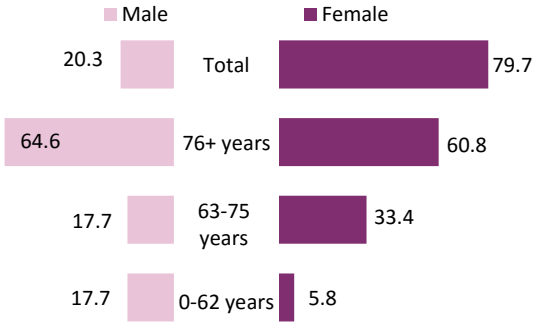


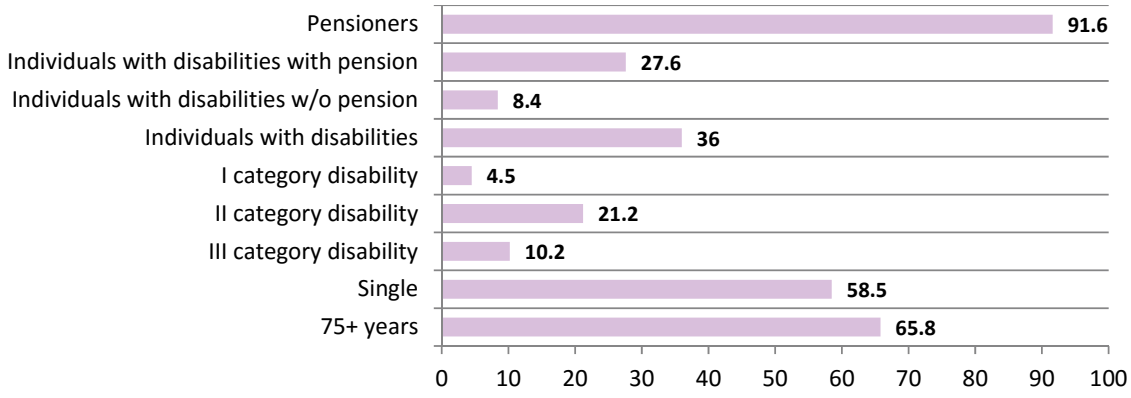
Figure 6. Age and gender breakdown of beneficiaries %



Source: AHSS Survey-2016, EDRC

91.6% of the beneficiaries of at-home care services are age pensioners, while 36% - individuals with disabilities. In particular, 27.6% of all beneficiaries are age pensioners with disabilities. Individuals with disabilities of 2nd disability group prevail among the beneficiaries (58.9% of all beneficiaries with disabilities or 21.2% of all beneficiaries). 65.8% of all beneficiaries are in the age group of 75+.

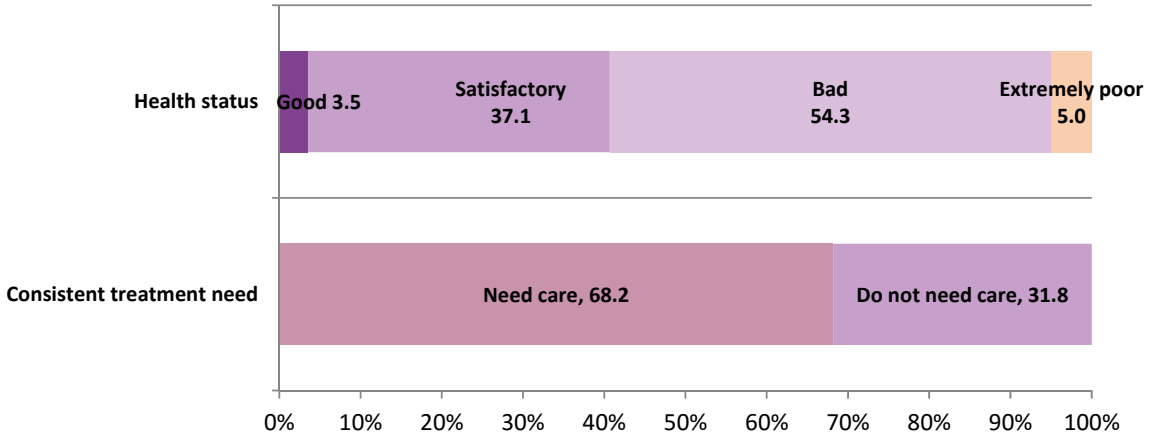
Figure 7. Beneficiary profile, %



Source: AHSS Survey-2016, EDRC

According to the self-assessment of health, 37.1% of beneficiaries estimated their health as satisfactory, 59.3% of beneficiaries estimated their health as poor or extremely poor, while 3.5% - estimated it as good. 68.2% of the beneficiaries need persistent medical treatment.

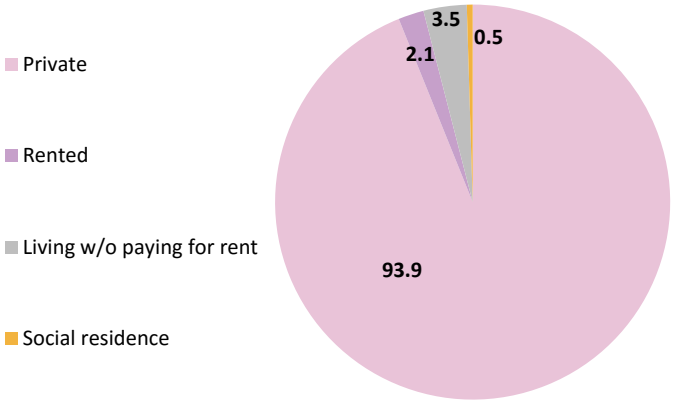
Figure 8. Subjective assessment of health status and of the need for consistent treatment, %



Source: AHSS Survey-2016, EDRC

Overwhelming majority of the programme beneficiaries live in their own houses – about 94%. 2% of elderly beneficiaries live in rented houses/apartments, while 4% do not own the place they live in, however, do not pay rent, including 0.5% who live in social residences. Notably, 75.2% of beneficiaries live in multi-apartment blocks, 15.8% - in individual houses, while 6.4% - in dormitories. The average size of housing per beneficiary is 47 sq. m.

Figure 9. Housing ownership type by beneficiaries, %



Source: AHSS Survey-2016, EDRC

52.5% of the beneficiaries mentioned the living conditions of their housing poor or very poor; only 5% of them believed they were good. Subjective assessments of the interviewers on social situation of beneficiaries are more stringent. According to them, 67.8% of the beneficiaries are from the lower income groups, about 30% are in the middle-income group, while only 2% - in the higher-than-average income group.

Figure 10. Self-assessment of beneficiaries on their housing and living conditions, %

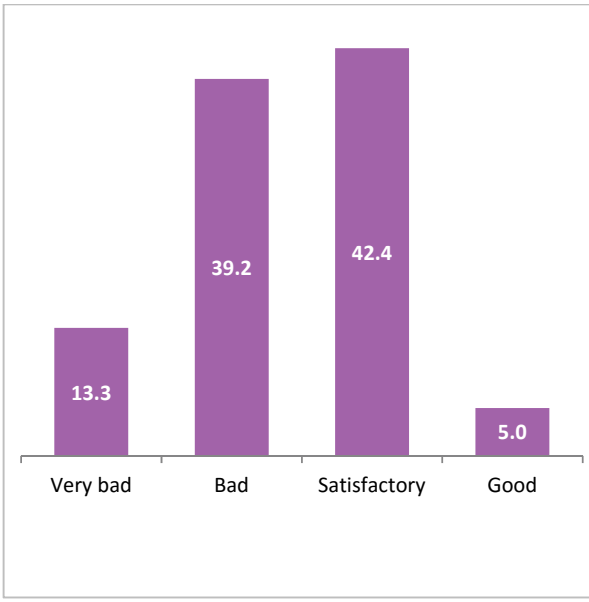
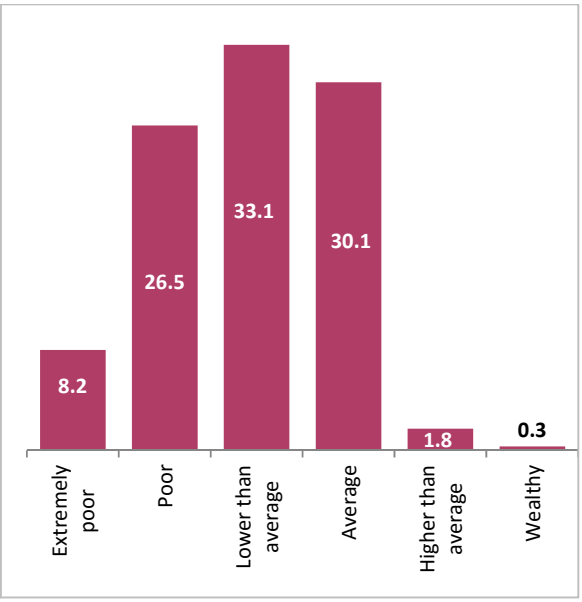


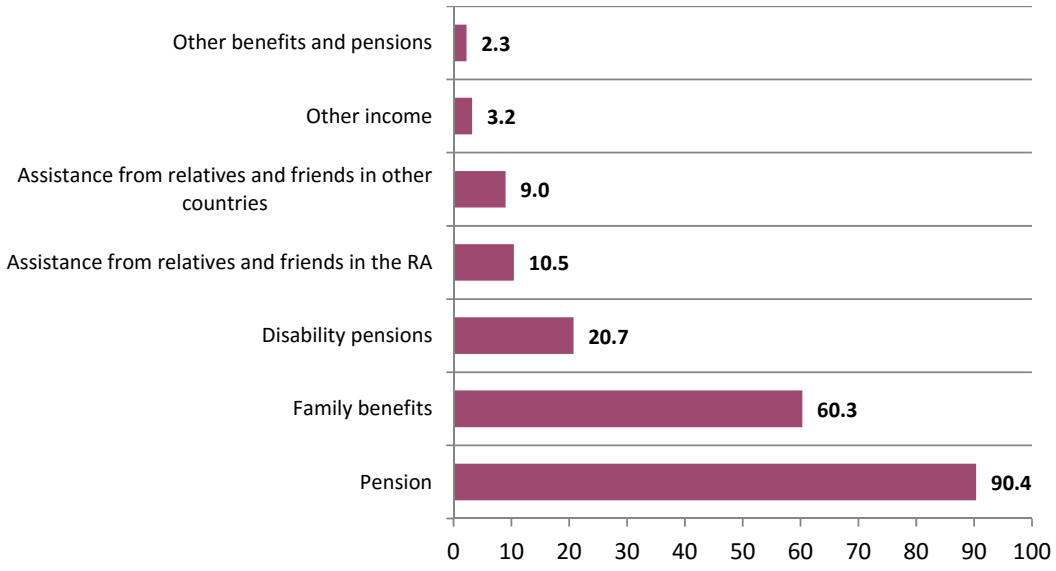
Figure 11. Interviewers' assessments on social situation of beneficiaries, %



Source: AHSS Survey-2016, EDRC

The most frequent source of income of beneficiary HHs is labour or life pensions (90.4% of HHs). The next largest source of income is Family benefits (Benefits to Increase Living Standards of HHs) – 60.3% of HHs have this type of income. Another large source of income is disability pension – in 20.7% of HHs. 10% of HHs receive assistance from relatives in Armenia as income, while another 10% - from relatives in foreign countries.

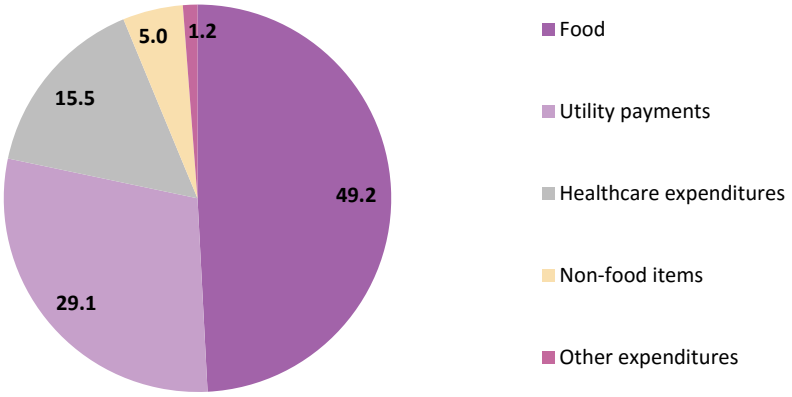
Figure 12. Beneficiary HHs income structure, %, multiple choices



Source: AHSS Survey-2016, EDRC

Average monthly expenditures of beneficiaries total to AMD 48,196, almost half of which is spent on food, about 30% - on utility payments, while 15.5% - on healthcare expenditures.

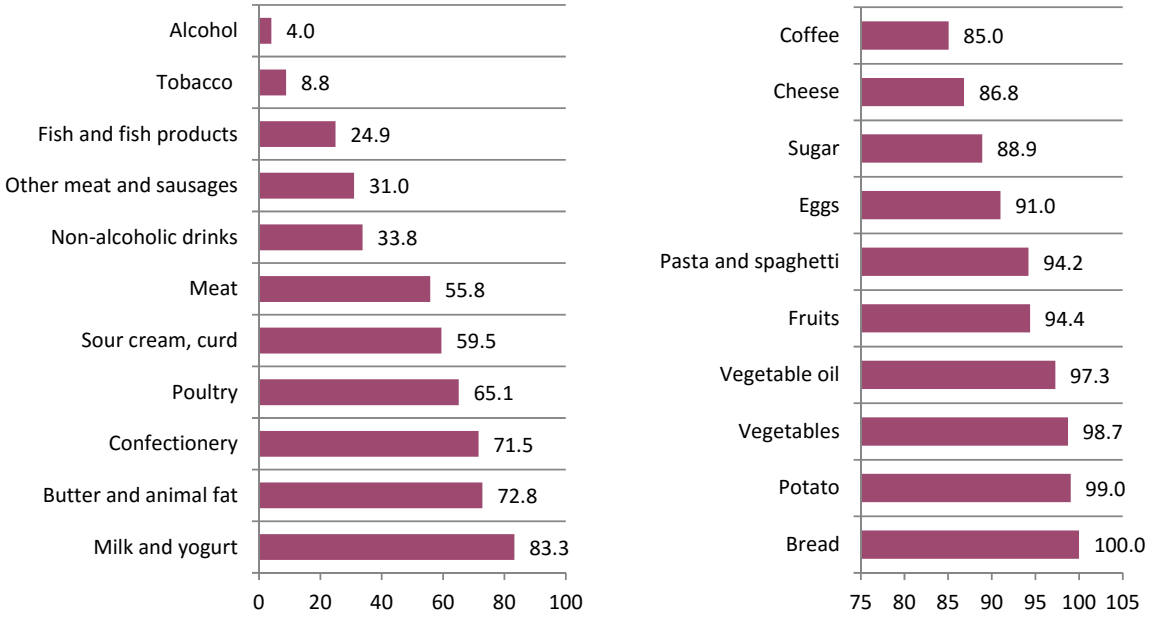
Figure 13. Breakdown of average monthly expenditures of beneficiary HHs, %



Source: AHSS Survey-2016, EDRC

The most frequent item in the food basket of beneficiary HHs is bread. Bread (or lavash) is consumed by all beneficiary HHs. Some types of vegetables and fruits, pasta, sugar, eggs, cheese, coffee, milk and matsun (yogurt) is consumed by the 80% of beneficiary HHs. Fish is the least frequent item in the food basket of the beneficiary HHs.

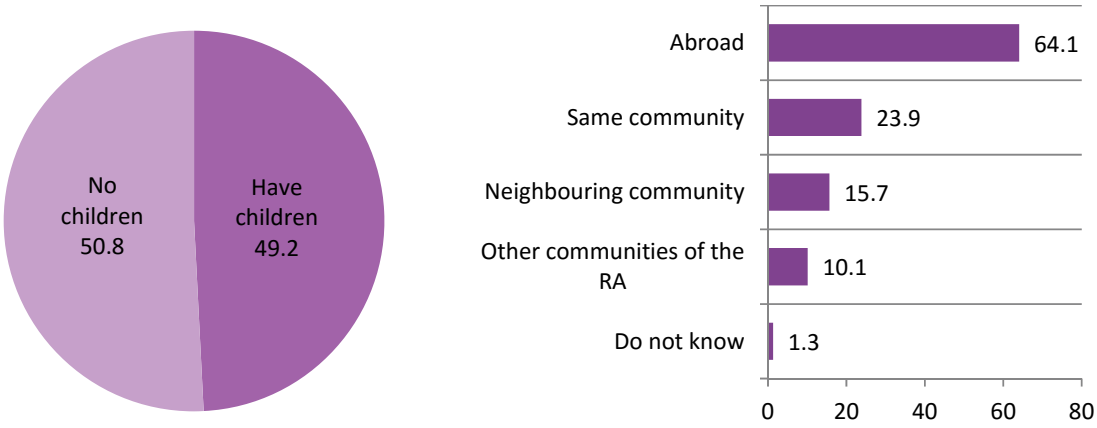
Figure 14. Food items consumed by beneficiaries, % of beneficiaries



Source: AHSS Survey-2016, EDRC

49.2% of the beneficiaries have children. For 64.1% of the beneficiaries, children live in foreign countries; 40% of the beneficiaries have children living in the same or neighbour community, while 1.3% do not know where their daughter or son lives.

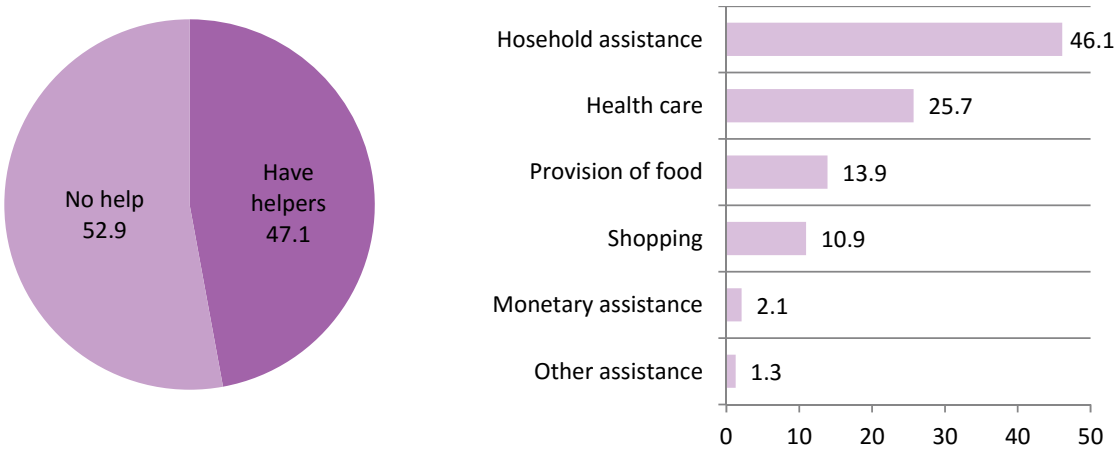
Figure 15. Beneficiaries' children and their place of living, %



Source: AHSS Survey-2016, EDRC

About half of the elderly have some friends, relatives or neighbours that help them in various aspects of their life. In particular, 46.1% of the beneficiaries are assisted in terms of household chores, 25.7% - in terms of health care, while someone does the shopping for 10.9% of the beneficiaries.

Figure 16. Availability of help in the community and type of help/assistance provided, %



Source: AHSS Survey-2016, EDRC

4.1% of the Programme beneficiaries mentioned that they also use (are beneficiaries of) other elderly assistance programmes. In particular, they mentioned support from the Armenian Red Cross and Caritas NGO – mostly in terms of food and hygiene items.

3.2 Comparisons of Beneficiaries and Provided Services

Below we discuss the structure of beneficiaries of at-home care and social services and the impact of those services per service provider organization.

Among the beneficiaries of Mission Armenia NGO, beneficiaries with disabilities prevail (both in age group of 63+ and under 63). The share of single beneficiaries is considerably high - 65.3%. Mission Armenia's beneficiaries are relatively older: 67.1% of them are in the age group of 75+, while the average age of beneficiaries is 76.3 years. Women have relatively larger share in comparison to the CHSS SNCO (84.2% among Mission Armenia's and 75.4% among CHSS SNCO's beneficiaries).

Single beneficiaries constitute 52% of the CHSS SNCO beneficiaries. 64.6% of the beneficiaries are in the age group of 75+, while the average age of beneficiaries is 75.3 years.

HHs with no children prevail among beneficiaries of Mission Armenia – 54.4%. The share of such HHs among the CHSS beneficiaries is 47%.

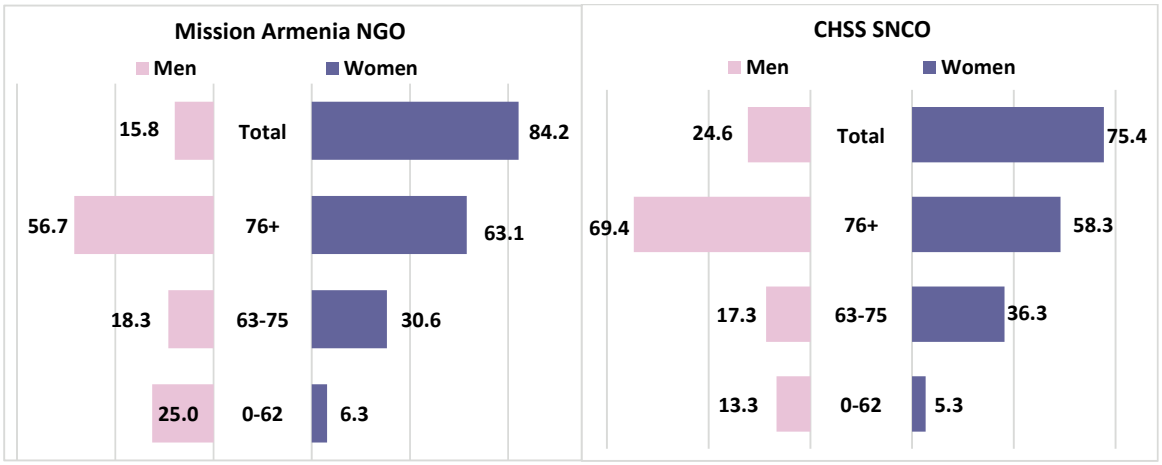
Table 4. Characteristics of beneficiaries of at-home care services per service provider organizations, %

	Mission Armenia NGO	CHSS	Total
Individuals with disabilities	37.9	34.2	36.0
I category disability	5.0	4.0	4.5
II category disability	20.8	21.6	21.2
III category disability	12.1	8.3	10.2
Age pensioners	90.8	92.5	91.6
Age pensioners with disabilities	28.7	26.6	27.6
Individuals with disabilities, no age pension	9.2	7.5	8.4
Living alone, single	65.3	52.0	58.5
75+ years	67.1	64.6	65.8
Average age	76.3	75.3	75.8
Women	84.2	75.4	79.7
HHs without children	54.4	47.0	50.8
HHs without any type of income support	19.2	15.8	17.5
Average monthly expenditures per 1 HH member, AMD	51,000	45,262	48,196
HHs with very poor and poor living conditions	52.2	53.0	52.6
Extremely poor and poor HHs	36.2	33.3	34.7

Source: AHSS Survey-2016, EDRC

The Figure below depicts the age and gender breakdown of beneficiaries per service provider organizations.

Figure 17. Age and gender distribution of beneficiaries, %

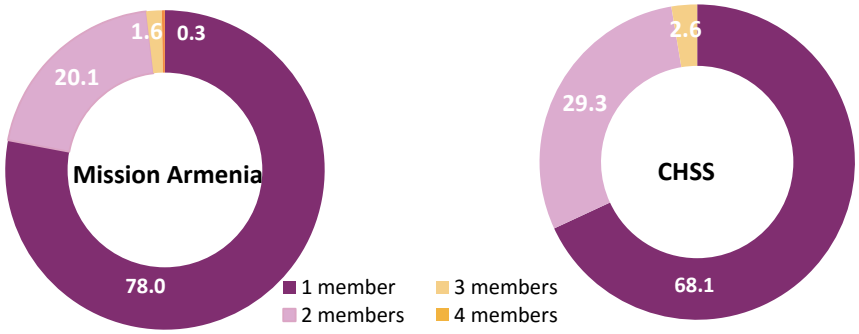


Source: AHSS Survey-2016, EDRC

The main parameters describing living standards of beneficiary HHs do not vary per service provider organizations.

For the case of Mission Armenia, the average size of beneficiary HH is 1.24, while for CHSS SNCO - 1.34. 78% of the beneficiaries of Mission Armenia are HHs consisting of one member, while for CHSS, the share of such HHs is 68%.

Figure 18. Breakdown of HHs per number of members, %



Source: AHSS Survey-2016, EDRC

Under the Programme, household services were provided to 41% of the beneficiaries, medical assistance – to 95.5%, while other social assistance services – to 52.3% of the beneficiaries.

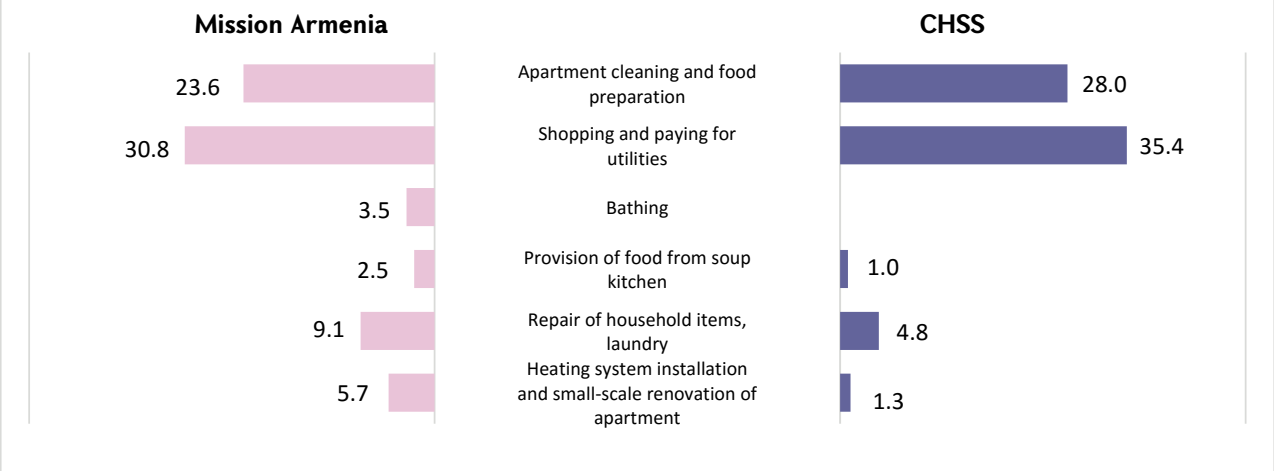
Table 5. Beneficiaries receiving at-home services, % in total beneficiaries

	Mission Armenia	CHSS SNCO	Total
Household services	40.3	41.8	41.0
Medical assistance	93.7	97.4	95.5
Other assistance	45.0	59.9	52.3

Source: AHSS Survey-2016, EDRC

Mission Armenia NGO provides household services to 40.3% of its beneficiaries, while CHSS SNCO – to 41.8% of its beneficiaries. Household services provided by Mission Armenia are more diverse. Mission Armenia social servants also bathe and provide personal hygiene services to 3.5% of their beneficiaries, as well as bring meal from charity soup kitchens to 2.5% of the beneficiaries. Laundry and repair of household items are more frequent – in 9.1% of cases. Meanwhile, CHSS SNCO provides shopping and cleaning services to a larger share of beneficiaries.

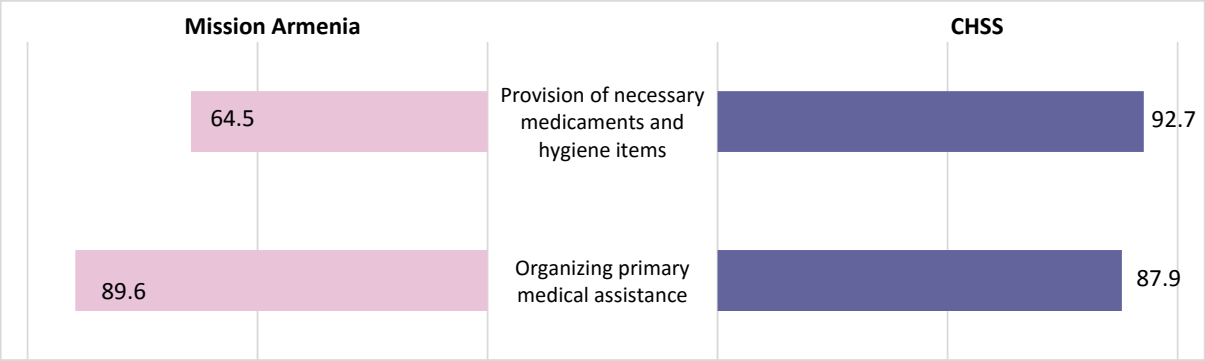
Figure 19. Beneficiaries of household services, %



Source: AHSS Survey-2016, EDRC

Mission Armenia provides medical assistance to 93.7% of its beneficiaries, while CHSS – to 97.4%. The Figure below depicts the breakdown of such services per types of medical assistance services.

Figure 20. Beneficiaries of medical assistance, %



Source: AHSS Survey-2016, EDRC

In particular, during the past 12 months, the following services were provided by the medical staff of service provider organizations to the beneficiaries that needed medical intervention and applied to medical institutions.

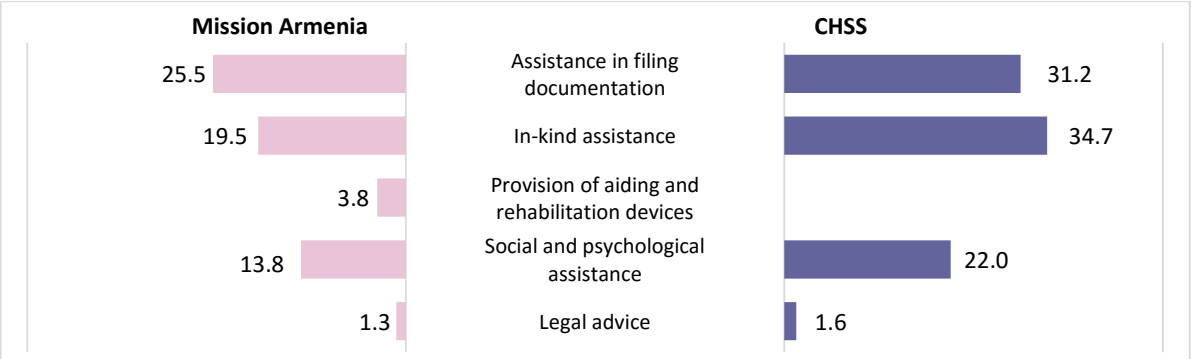
Table 6. Medical assistance services provided to respective beneficiaries who received treatment, % in beneficiaries that applied to medical institutions

	Mission Armenia	CHSS SNCO	Total
Examination, diagnosis, definition of treatment	42.6	39.3	40.8
Consultation	53.4	39.9	46.2
Provision of primary healthcare	24.3	10.7	17.1
Sending to a healthcare institution	10.1	11.3	10.8
Assistance in using the services of healthcare institutions	7.4	10.1	8.9
Provision of medicaments prescribed by doctors, implementation of doctors' instructions	15.5	28.0	22.2
Checking of expiration dates of medicaments	13.5	7.7	10.4
Oversight over sanitary situation in the apartment and personal hygiene of beneficiaries	7.4	4.2	5.7

Source: AHSS Survey-2016, EDRC

Other social assistance services[16] were provided to 45% of beneficiaries of Mission Armenia NGO and 59.9% of CHSS beneficiaries.

Figure 21. Beneficiaries that received other social services, %



Source: AHSS Survey-2016, EDRC

[16] Includes social-psychological assistance and other types of social assistance.

3.3 Programme Efficiency

In order to evaluate the efficiency of the Programme, it is necessary to review the answers to a number of basic questions, such as: **What** services were provided to the beneficiaries (**Whom**) at what quantities (**How much**) of such services. The answer to the question on **How** those services were provided will be given when analyzing the satisfaction of the beneficiaries.

Our approach to efficiency evaluation bases on the Minimum Standards on Care and Social Services to the Elderly and Individuals with Disabilities. It is known that service providers must provide certain types of services to beneficiaries with each type of constraint to life activities by ensuring the number and periodicity of visits by respective specialists (social servant, social worker, nurse, doctor).

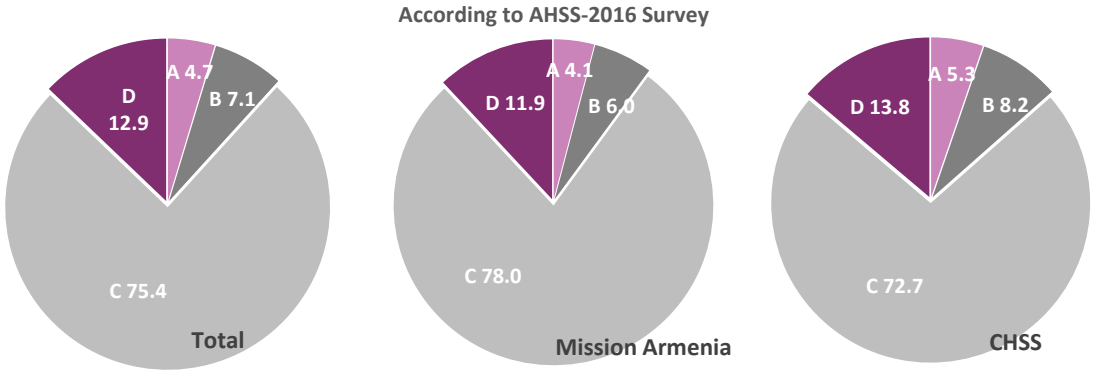
In order to evaluate efficiency, we discuss various levels of service provision. If the actual number of visits of respective specialists (social servant, nurse or doctor) is within the limits of set minimum standards, we can evaluate the service “fully provided”. Meanwhile, in case the service quantities are less than the minimum standard requirements, we will evaluate it as “not fully provided" or “partially provided”. In cases when no service was provided at all, we will mark it as “not provided”. It is worth noting, that we excluded the number of visits by providers of “Other social assistance services”, since the latter visit only per submitted request when necessary; as well as the social workers and social servants visits were not analyzed separately (they were considered altogether)[17].

In order to be able to compare the services, we categorized the Elderly into groups[18]. The basis for grouping depends on the various characteristics of the beneficiaries, such as age, health condition, level of constrained life activities, need for medical treatment, living single, availability and nature of help from relatives and/or neighbours, assessment of their own needs for service types by the Elderly. These estimations were adjusted in accordance with subjective assessments of interviewers on constraints of living activities of the elderly.

As a result, according to the expert estimates, 4.7% of the elderly beneficiaries have fully constrained life activities (Group A), 7.1% - have almost fully constrained life activities (Group B), 75.4% have partially constrained life activities (Group C), while 12.9% - do not have any constraints on life activities (Group D).

As it can be seen from Figure 22, this distribution, although does not differ much from the actual distribution of beneficiaries, is significantly different for each service provider organization. Notably, the share of beneficiaries from Group D is larger among Mission Armenia beneficiaries, while their share of Groups A and B is very low among CHSS beneficiaries.

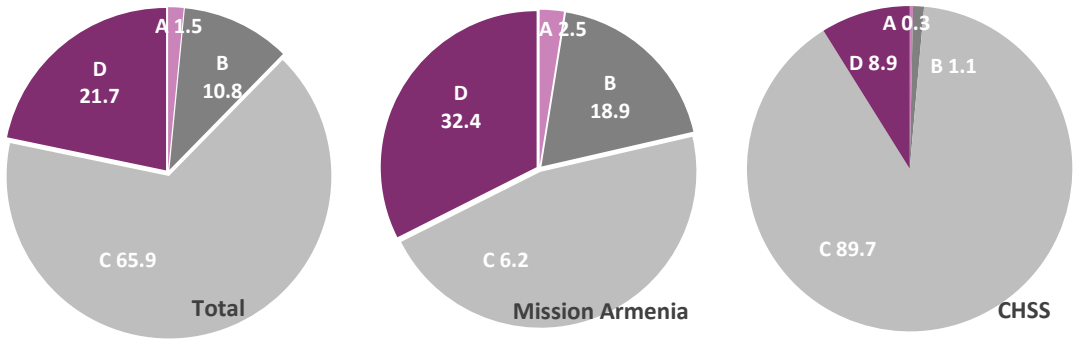
Figure 22. Breakdown of beneficiaries per constraint groups, %



[17] Often elderly people cannot differentiate between the social workers and social servants.

[18] May not correspond to the categories defined by service providers.

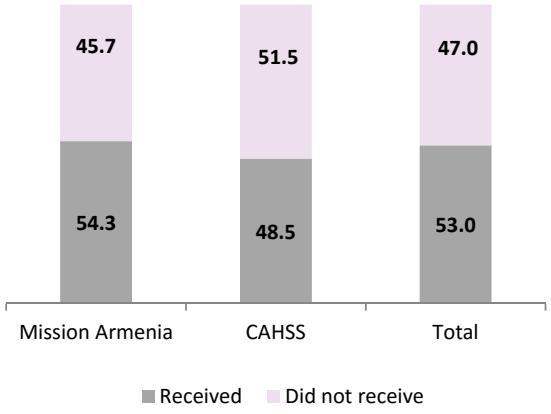
According to the actual distribution of service providers



Source: AHSS Survey-2016, EDRC

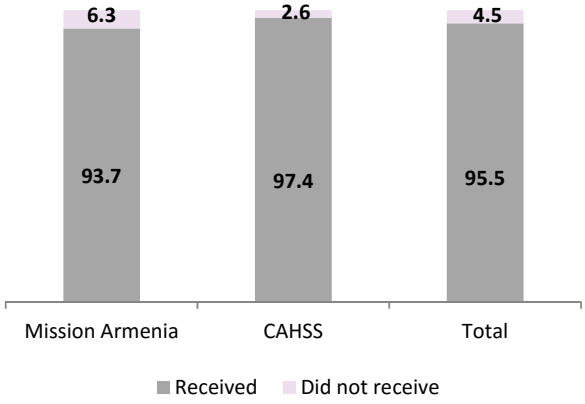
According to the Minimum Standards on Care and Social Services to the Elderly and Individuals with Disabilities[19], household services shall be provided only to the beneficiaries in Groups A, B and C, while medical services – to all groups of elderly beneficiaries. Therefore, 53% of all beneficiaries received household services, while 95.5% - received medical assistance.

Figure 23. Beneficiaries of household services, %*



Note *-% in A+B+C beneficiary groups

Figure 24. Beneficiaries of medical assistance, %**



**- % of all beneficiaries

Source: AHSS Survey-2016, EDRC

The Table below summarizes the average monthly numbers of visits by social servants of service provider organizations and relevant minimum standards. The number of visits to Group A is considerably lower than the standard. The standard, on average, isn't met in Group B and Group C beneficiaries, too.

Table 7. Average planned and actual visits of social servants (caretakers), %

	Average monthly visits		Minimum standard
	Mission Armenia	CHSS	
Group A	3.2	3.0	16
Group B	4.1	4.8	8
Group C	2.3	2.0	4

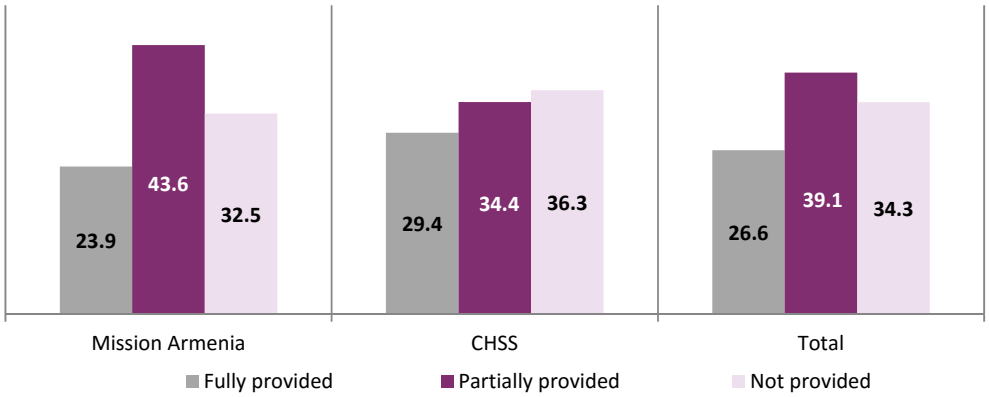
Source: AHSS Survey-2016, EDRC, Minimum Standards of Care and Social Services to the Elderly and individuals with Disabilities, approved by the GoA Decree N 730-N, dated May 31, 2007.

[19] Defined by the Minimum Standards of Care and Social Services to the Elderly and Individuals with Disabilities, approved by the GoA Decree N 730-N, dated May 31, 2007.

One should also pay attention to the periodicity of services by comparing it to the minimum standards on visits of respective specialists.

Assessments showed that, in terms of complying with the standards, services of social servants were fully provided to only 26.6% of the beneficiaries; partial services were provided to 39%, while no such services were provided to 34.3% of the beneficiaries. The Figure below presents the estimates of services by social servants.

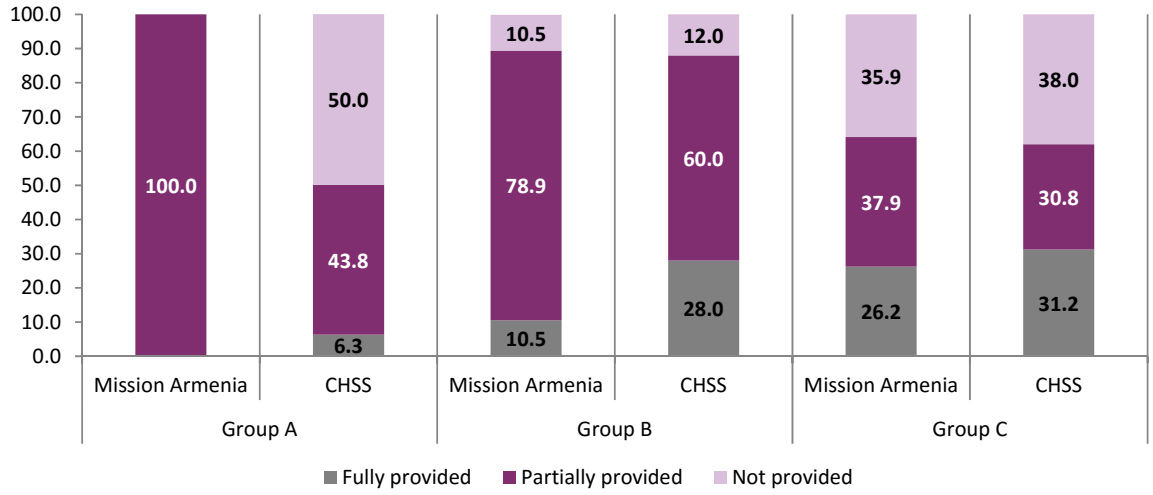
Figure 25. Services provided by social servants per number of visits, %



Source: AHSS Survey-2016, EDRC

The picture becomes even more acute when these indicators are broken down per beneficiary groups. In particular, those household services compliant to the minimum standards are provided only to a small fraction of Group A beneficiaries. These services were provided partially to the Group A beneficiaries of Mission Armenia NGO. For the case of CHSS, although there are beneficiaries who were "Fully provided" with household services (i.e. the actual numbers of visits comply with the minimum standards) – 6.3% of total, such services were "Not provided" to 50% of all beneficiaries which implies that the social servant did not visit about the half of their beneficiaries at all.

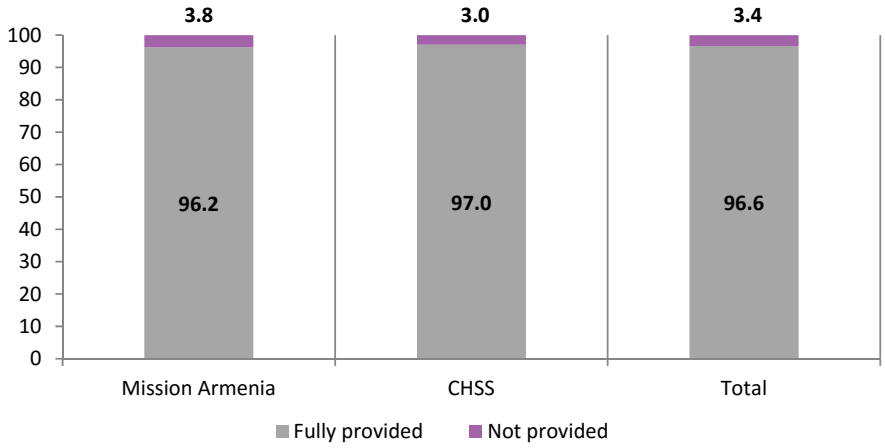
Figure 26. Services provided by social servants per number of visits and elderly groups, %



Source: AHSS Survey-2016, EDRC

As for the standards of the doctor's/nurse's visits, the levels of service provision are higher. Doctor's/nurse's services were "Not provided" to only 3.4% of the beneficiaries.

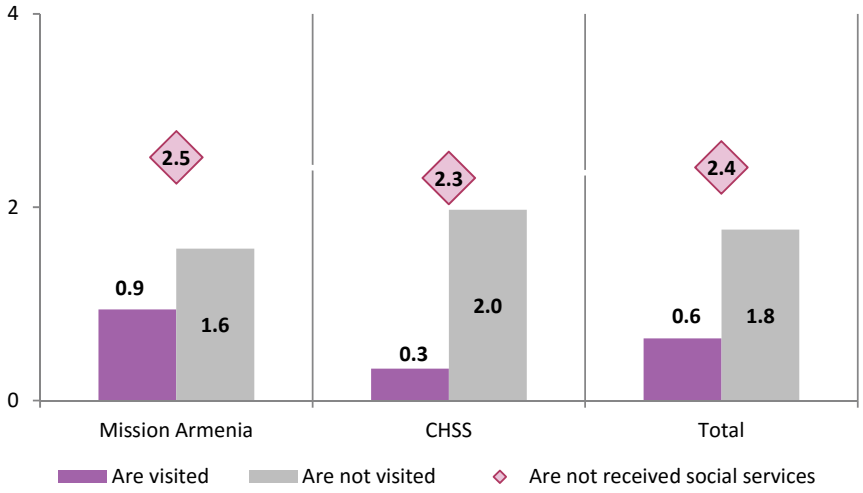
Figure 27.Services of doctors and nurses per number of visits, %



Source: AHSS Survey-2016, EDRC

There are also cases when no care or social service was ever provided to a beneficiary. 2.4% of the beneficiaries never received any type of care or social service. Notably, 0.6% of such beneficiaries, although being visited by staff members of service provider organizations from time to time, however, according to the assessment of the beneficiaries, were never provided any social services. 1.8% of the beneficiaries were never visited by the service provider staff members.

Figure 28. Beneficiaries that did not receive social services, %



Source: AHSS Survey-2016, EDRC

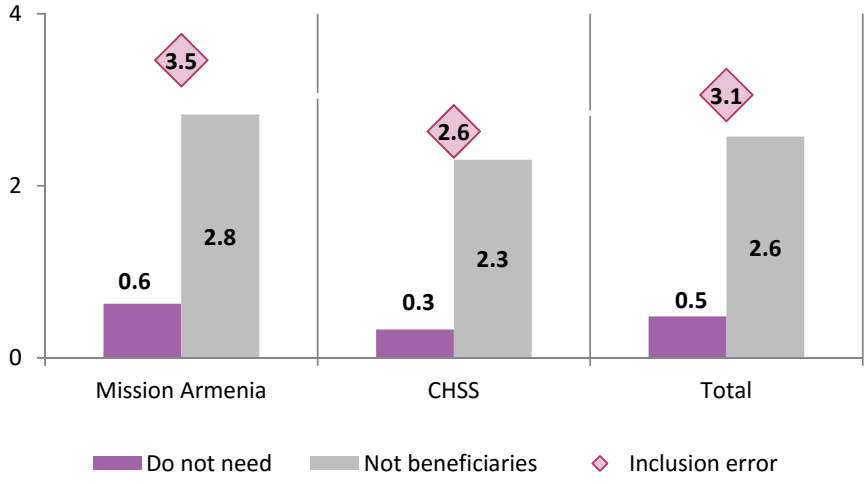
3.4 Deviations from Target Groups

During the Programme evaluation, some cases were revealed where beneficiaries included in the Programme do not meet the requirements of inclusion. Those are individuals, that 1) are not potential beneficiaries of the Programme (i. e. Do not fall into the specified age groups, family and health limitations; and 2) those who mention they do not need the services of respective service provider organizations.

Such cases constitute 3.1% of the beneficiaries. In particular, 2.6% are included in the Programme without being eligible, while 0.5% - are those who refuse to receive such services or those who do not need such services.

It is worth noting that the share of such deviations is quite small and is within the "error margin" band of the evaluation study. Therefore, this fact needs additional checking and analyses.

Figure 29. Beneficiaries not belonging to the target group, %

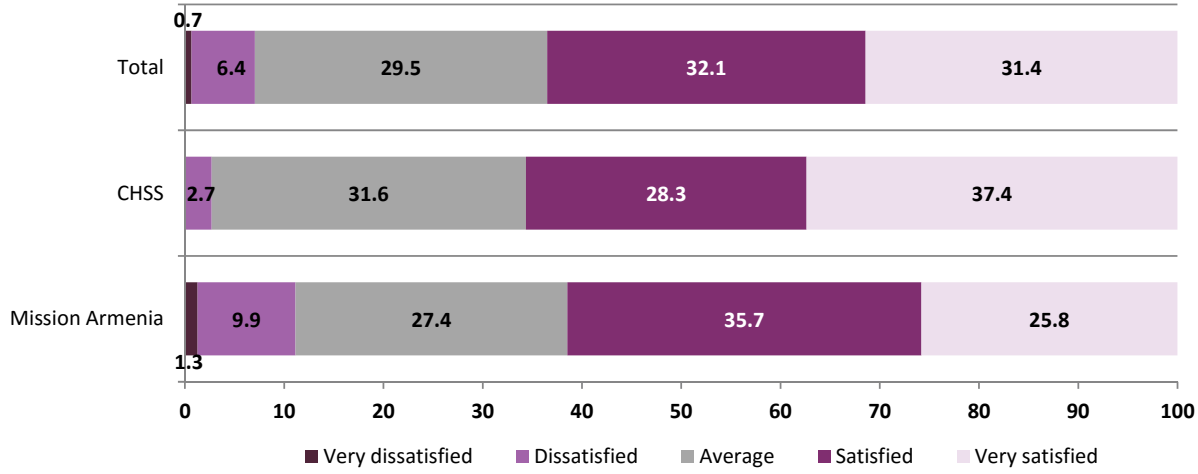


Source: AHSS Survey-2016, EDRC

3.5 Satisfaction and Needs

Overall, provision of care and social services at home deserved high degree of satisfaction among the beneficiaries. 32.1% of the beneficiaries are Satisfied with the provided care services, while 31.4% - Very satisfied. 7.1% of the beneficiaries are Dissatisfied or Very dissatisfied.

Figure 30. Assessment of the beneficiary satisfaction, %



Source: AHSS Survey-2016, EDRC

Satisfaction is, in particular, high from house cleaning and kitchen services (94.6% for Mission Armenia and 93.2% for CHSS). In addition, satisfaction is high from the laundry and repair of household items services, shopping and other support services. Satisfaction is relatively low from the medical services.

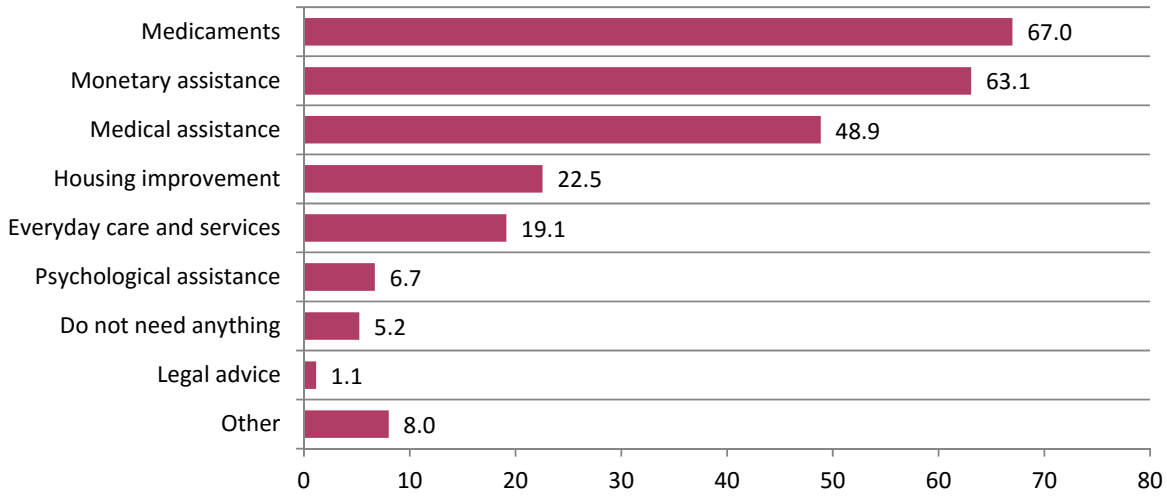
Table 8. Satisfaction from various social services, % among the beneficiaries of each service

Household services	Mission Armenia					CHSS				
	1	2	3	4	5	1	2	3	4	5
Shopping and paying the bills	-	2.0	9.2	29.6	59.2	-	3.6	9.9	20.7	65.8
Provision of food from soup kitchen	-	12.5	12.5	37.5	37.5	-	-	-	33.3	66.7
Cleaning and cooking	-	1.3	4.0	29.3	65.3	-	1.1	5.7	21.6	71.6
Repair of household items, laundry	-	0.0	6.9	34.5	58.6	-	-	13.3	33.3	53.3
Assistance in apartment renovation	-	11.1	5.6	22.2	61.1	-	-	50.0	50.0	-
Medical assistance										
Organization of primary healthcare	2.1	8.8	27.4	27.7	34.0	0.4	4.7	31.5	20.7	42.8
Provision of necessary medicaments and hygiene items	1.0	8.8	21.5	31.7	37.1	-	5.2	29.2	26.8	38.8
Other assistance										
Legal advice	-	-	-	50.0	50.0	-	-	20.0	-	80.0
Social and psychological assistance	-	2.3	4.5	20.5	72.7	-	7.2	14.5	2.9	75.4
Provision of aiding and rehabilitation devices	-	8.3	16.7	16.7	58.3	-	-	-	-	-
In-kind assistance	-	14.5	12.9	37.1	35.5	2.8	11.9	7.3	36.7	41.3
Assistance in filing documents	-	1.2	11.1	42.0	45.7	-	4.1	29.6	17.3	49.0

Source: AHSS Survey-2016, EDRC

The Figure below depicts the assessment of needs for various services by the beneficiaries. As it can be seen, the need for medical assistance is high. About half of the beneficiaries believe that they need medical assistance.

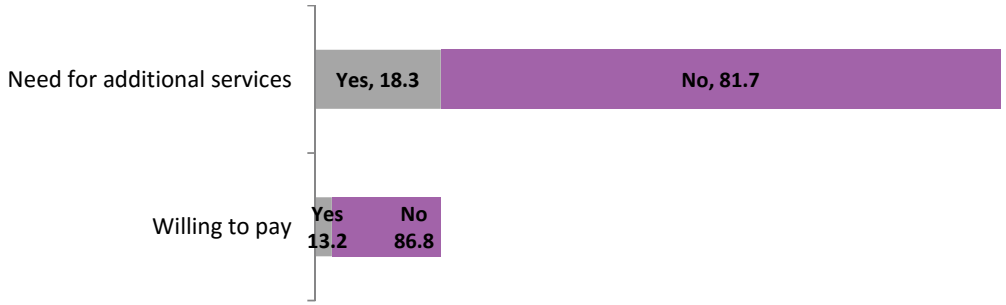
Figure 31. Assessment of beneficiary needs, %



Source: AHSS Survey-2016, EDRC

Interestingly, the need for additional services from existing service providers is not high among the beneficiaries. Only 18.3% of them need additional services from the service providers they are serviced by. Notably, 86.8% of them noted they are not willing to make some payments for such services.

Figure 32. The need for additional services by service providers and possibility of payment for such services, %

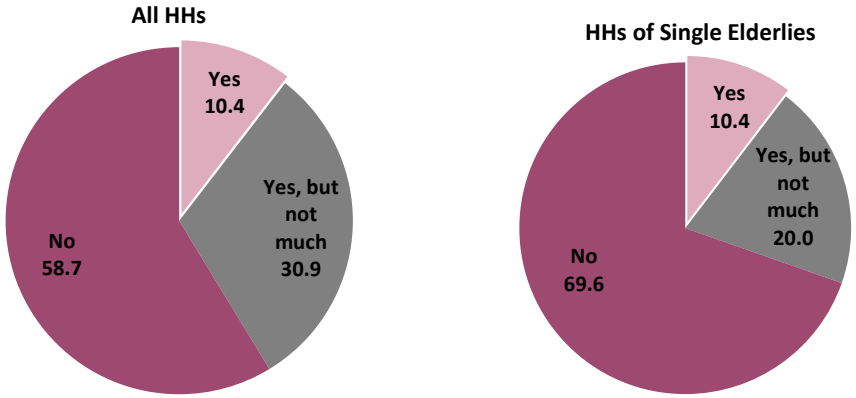


Source: HHSS-2015, EDRC

3.6 Awareness

The level of awareness on at-home social services to the elderly is not high in the society[20]. In particular, 58.7% of all Armenian HHs are not aware of such a Programme. Interestingly, the level of awareness on the Programme is lower among the HHs consisting of single elderly and individuals with disabilities: 69.6% of them are not aware of the Programme.

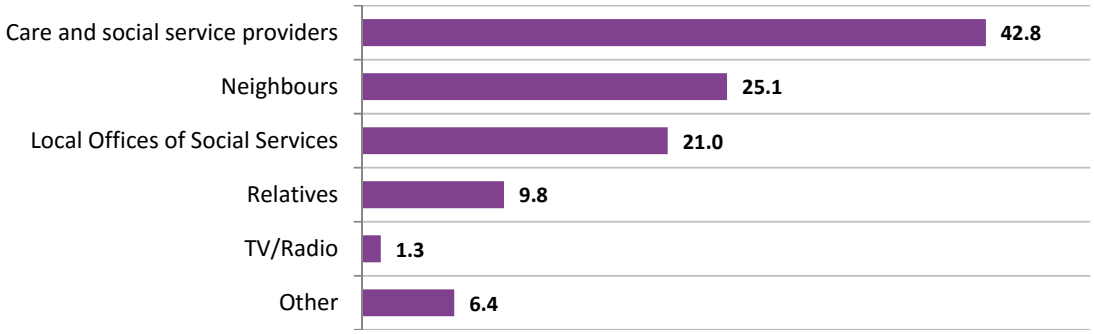
Figure 33. Awareness on at-home social services public programmes, %



Source: HHSS-2015, EDRC

Large portion of the beneficiaries of at-home care and social services were first notified by the service provider organizations – in 42.8% of cases. Only 21% were notified on such services by the local units of Social Service.

Figure 34. Sources of information of at-home social services, %



Source: AHSS Survey-2016, EDRC

[20] Methodology and main findings of the 2015 Household Statistical Survey were published in the Social Snapshot and Beneficiary HHs in Armenia report. See EDRC, 2015.

Despite being Programme beneficiaries, elderly people are mostly not aware of details of the services provided to them and about their individual social programme. In particular, 59% of the Mission Armenia beneficiaries and 75.2% of the CHSS beneficiaries mentioned this response to the question.

Figure 35. Awareness on the scope of services, %

Source: AHSS Survey-2016, EDRC

3.7 Estimation of Necessary Staff Numbers of Social Servants

Below an attempt to estimate the number of necessary social servants for the existing number of beneficiaries is presented. For the estimation, it is assumed that one social servant can complete maximum of 4 visits per day, in which case duration of each visit will constitute 2 hours[21]. It is known that Group A beneficiaries need to be visited 4-5 times per week, Group B beneficiaries – 2 times, while Group C beneficiaries – once a week.

The Table below presents all possible combinations of beneficiaries served by one social servant.

Table 9. Possible Options of visits to beneficiaries by social servants per groups of constraints to living activities

	Group A beneficiaries	Group B beneficiaries	Group C beneficiaries	Number of total weekly visits of social servants	Total number of Elderly
Option 1	4	0	0	20	4
Option 2	3	2	1	20	6
Option 3	3	1	3	20	7
Option 4	3	0	5	20	8
Option 5	2	5	0	20	7
Option 6	2	4	2	20	8
Option 7	2	3	4	20	9
Option 8	2	2	6	20	10
Option 9	2	1	8	20	11
Option 10	2	0	10	20	12
Option 11	1	7	1	20	9
Option 12	1	6	3	20	10
Option 13	1	5	5	20	11
Option 14	1	4	7	20	12
Option 15	1	3	9	20	13
Option 16	1	2	11	20	14
Option 17	**1**	**1**	**13**	**20**	**15**
Option 18	1	0	15	20	16
Option 19	0	10	0	20	10
Option 20	0	9	2	20	11
Option 21	0	8	4	20	12
Option 22	0	7	6	20	13
Option 23	0	6	8	20	14
Option 24	**0**	**5**	**10**	**20**	**15**
Option 25	0	4	12	20	16
Option 26	0	3	14	20	17
Option 27	0	2	16	20	18
Option 28	0	1	18	20	19
Option 29	**0**	**0**	**20**	**20**	**20**

Source: EDRC calculations

[21] Also includes the time when the social servant is on the way to each beneficiary.

Since each social servant provides services to 15 beneficiaries in Mission Armenia and 30 beneficiaries in CHSS, we discussed those options among the ones presented in the Table above that can be divided by 15, while the remaining beneficiaries are distributed per last option (Option 29). As a result of calculations, we estimated the average necessary numbers of social servants in each service provider both for their actual breakdown per constraints of living activities and breakdown carried out by the EDRC experts. The results are presented below.

Table 10. Estimates of necessary numbers of social servants per service provider organizations

		Number of Social servants per service options			Necessary number of social servants	Necessary number of social servants
		(1,1,13)	**(0,5,10)**	**(0,0,20)**	1 visit = 2 hours	1 visit = 1 hours
Mission Armenia	Service Provider distribution	45	59	6	**110**	**55**
	EDRC distribution	73	7	21	**102**	**56**
CHSS	Service Provider distribution	5	2	63	**70**	**35**
	EDRC distribution	79	9	2	**89**	**44.5**

Source: EDRC calculations

The calculation showed that, Mission Armenia needs to have 110 social servants to provide services to the beneficiaries in accordance with existing procedures and breakdowns (under the assumption that the duration of one visit is 2 hours). For CHSS, the necessary number of social servants is 70 under the same assumptions.

Under the categorization and breakdown of beneficiaries carried out by the EDRC experts, Mission Armenia's and CHSS's social servants' staff numbers shall be 102 and 89 respectively.

If the visits are shorter, apparently, lower number of social servants will be required. Table 10 presents the same indicators under the assumption of 1 hour visits to each beneficiary. However, one should note that the efficiency of services provided by social servants to beneficiaries may be significantly compromised if visits last less than 2 hours both due to reduction of the duration of being in one beneficiary's house and increase in time spent on their way to beneficiaries and increased number of beneficiaries per day.

For CHSS SNCO, the ratio of social servants per beneficiaries is 1 to 30 which implies that the average duration of one visit, under the current numbers of beneficiaries, is 1.5 hours maximum.

Thus, taking into account various current standards of beneficiary visits in each category by social servants, as well as the minimum duration of each visit, we recommend defining different workload ratios of servant/beneficiaries for each group of beneficiaries depending on the level of constraints to living activities.

4. Assessments of the Programme by Service Providers and KIIs

Evaluation of At-home Care and Social Services Programme also includes the results of FGDs[22] and KIIs conducted in Yerevan and 4 Marzes of Armenia. The interviews and focus group discussions were only aimed at collecting qualitative data. The findings include personal and professional assessment of service providers' staff of the Programme, mostly in terms of impact, efficiency, beneficiary coverage, awareness issues, as well as contain some solutions and recommendations on Programme improvement. The main statements of the participants to FGDs and KIIs are summarized below:

- Although there are some cultural issues with respect to the Programme perception among the beneficiaries, as well as the overall awareness level is low, nevertheless, the number of people willing to receive at-home care services is high.
- However, the number of those who meet the eligibility criteria for the Programme is low among those willing to receive these services. Almost all eligible individuals are being included in the Programme; no queue list is being necessary to maintain. Furthermore, the problem of finding potential beneficiaries still exists.
- The level of awareness on the Programme is low.
- The Programme beneficiaries are overwhelmingly from low income groups and often need in-kind and financial support.
- The workload of staff providing services to the elderly and individuals with disabilities is very high. In particular, the standard set for the care nurses[23] (1 care nurse per 30 beneficiaries) is very high. It needs to be reviewed.
- Salaries of social servants are very low: they are 3-4 times lower than salaries for similar services in the non-public sector.
- Under the current system, it is not possible to satisfy some needs of elderly, such as, walking them out, participation in cultural events, sufficient repair of household items etc.
- The beneficiaries do not have their service provision contracts and individual social programmes. There are limited mechanisms to express disagreements or complaints.
- Service providers do not have individual social programmes developed for their beneficiaries, either.
- The contact with the beneficiary and service provider organization is usually maintained through the social worker or social servant which limits the possibilities of beneficiaries to express their complaints or disagreements.
- No sufficient indicators are developed for the Programme, including the eligibility criteria for the beneficiaries, as well as indicators to be used to improve the efficiency of the Programme management.
- Social workers are not protected: problems arise in terms of mental problems, often because of senile diseases.

[22]Marz discussions according to the methodology and questionnaire developed by the EDRC were conducted by the 5 beneficiary CSOs of the Project.

[23]GoA Decree N 1292-N dated October 29, 2015 on Approving the Staff Unit Standards for Care and Social Service Provider SNCOs under the Ministry of Labour and Social Affairs.

5. Budget Formulation of At-home Care and Social Services Programme

The two programmes of at-home social services are presented as two separate programmes in the ordinary budget format. However, in terms of programme budgeting, they are presented as two policy actions (GS02 and GS03) under the 1032 Programme titled Care Services to Individuals Above 18 years old that Need Care.

The Programme Passport (Description) for this Programme was developed in 2015. 6 Policy actions are included under this Programme[24].The objective of the Programme is to ensure decent life conditions for the beneficiary groups that need care.

The outcomes and outputs of this Programme (1032) and policy actions under it are presented in the Table below. Notably, outputs represent the direct results of implementing a policy action, while the outcome is used to measure the impact on the society by characterising the efficiency towards the objective.

Table 11. Performance Indicators of At-home Care Services Programmes

Outcome indicator
Increase in average length of life
Outputs
GS02 At-home social services to the elderly
• Number of beneficiaries served (quarterly) • The ratio of corrected deficiencies and breaches to the deficiencies and breaches recorded during the previous inspection (study, monitoring), % (annually) • Average duration between applying and inclusion into the service system, days (continuous)
GS03 At-home social services to the single elderly and individuals with disabilities and social services at daycare centres in Marzes of the RA
• Number of beneficiaries served (quarterly)

Source: "Care Services to the Individuals above 18 that Need Care" Programme Passport

As one can see from the Table, the outcome indicator is defined as **"Increase in average length of life"**. This indicator can be the objective of various social and healthcare programmes; however it does not reflect the impact of programme activities and actions on the society or the beneficiary group.

The outcome indicator should be derived from the objective of the programme and targets defined by the policy documents by reflecting the level of their attainment; allow for assessing the progress towards the achievement of defined target objectives. Meanwhile, output indicators shall allow clearly understanding and measuring the results of main activities under the policy action.

Although the defined output indicators are specific and measurable, however, they neither reflect the degree of their contribution to solving the relevant problems of specific beneficiary groups, nor the efficiency of deploying the resources/inputs, improving targeting issues, customer satisfaction, and etc[25].

The defined indicators, in essence, are not sufficient for monitoring and evaluation of the public budget programme: In order to implement effective and regular internal and external monitoring and evaluation of programmes, a number of quality and timeliness indicators shall be added.

[24] The Programme structure also includes Round-the-Clock Care Services to the Elderly, Round-the-Clock Care and Social Services to the Elderly in Vanadzor Elderly House, Provision of Temporary Housing to the Homeless and Day-Care Services to Individuals with Mental Problems policy actions.

[25]The RA Minister of Finance Order N 324-N, dated March 28, 2007 defined the formats and compilation requirements of reports on financial and non-financial indicators of public budget programmes. In effect, those are the financial and non-financial annual reports that are based on the simple approach to compare the planned and actual levels of pre-defined indicators.

The Table below presents recommendations on guiding performance indicators which will help in assessing the level of attainment of programme outcomes.

Table 12. Guideline recommendations for performance indicators of the two at-home social service programmes

Outcome indicators (recommended options)
• The share of beneficiary HHs in the total number of similar HHs (verification source – NSS of RA ILSS, Census data)
Output indicators (recommended options)
• Number of beneficiaries and HHs served (verification source – service provider organizations) • Number of beneficiaries (by groups of constraints to living activities) served per 1 social servant • Share of beneficiaries in age group of 75+ in the total number of served beneficiaries • Average monthly/weekly visits • Number of beneficiaries receiving household services/total number of beneficiaries • Number of beneficiaries receiving primary health services/total number of beneficiaries • Number of beneficiaries receiving other social assistance services/total number of beneficiaries

Source: EDRC

On the other hand, GS 03 (***At-home social services to the single elderly and individuals with disabilities and social services at daycare centres in Marzes of the RA***), in essence, contains two separate policy actions. Those policy actions are:

- At-home social services to the single elderly,
- Social services to the single elderly and individuals with disabilities and social services at daycare centres.

These two distinct policy actions/activities need to be recorded and represented separately in the Annual Budget. This will improve the Programme implementation, transparency of resource use and accountability.

Improvement of performance indicators set, as well as separation of policy actions which are currently mixed will, first of all, increase the efficiency of monitoring.

On the other hand, the role of external monitoring shall be enhanced including also public/CSO oversight and monitoring mechanisms.

6. Summary of Findings

6.1 Programme Relevance

- 12.9% of the Armenian population are the elderly, in particular, the age group of 75 years and above constitutes 5.5% of the population, while the age group of 63-75 years – 7.4% of the population. More than 69.1% of the elderly live in urban areas; 59.8% of the elderly are women. The elderly among the disabled category constitute 32.7% or 16.9% of the total elderly number.
- The number of HHs comprising of single elderly tends to increase in Armenia, which is explained not only by the aging population, but also emigration of the youth. On the other hand, the traditional model of the Armenian extended families has changed. As a consequence, the number of elderly deprived from the everyday support in household issues and healthcare services increases.
- Implementation of at-home social service public programmes in Armenia aims at providing decent conditions of life to the elderly and disabled that need care through provision of minimum care services to them. In particular, social assistance and care services provided at-home to the single elderly and disabled citizens with the public funding, include household services, primary healthcare, social-psychological and legal counselling services.
- Implementation of these programmes is derived from the provisions of the RA Constitution; it corresponds to the strategic objectives, as well as the International Commitments of the GoA.
- The 2015-2019 Concept Paper on Providing Social Services to the Elderly in the RA suggests introducing a new system of providing social services which will base on the full and comprehensive assessment of the needs of the elderly, guarantees of the minimum package of such services by the Government, as well as ensuring the possibilities of provision of other (additional) services.
- Implementation of At-home Social Services to the Elderly programme has a large importance in terms of care and social services to the elderly. If such programmes were not implemented, the consequences on the health and vitality of the beneficiary groups would be adverse.

6.2 Efficiency of the Programme

- 91.6% of the beneficiaries of at-home social services are age pensioners, while 36% - have disabilities: in particular, 27.6% of the beneficiaries are disabled pensioners. Disabled from the 2nd disability group prevail among the beneficiaries (59% of the total disabled and 21% of all beneficiaries).
- About 80% of the beneficiaries of at-home social and care services are women, meanwhile 66% - are in the age group of 75 and above.
- Mostly beneficiaries from low-income groups are included in the Programme. About 59% of beneficiaries are single (live alone). 51% of the beneficiary HHs do not have children.
- About 70% of the Programme beneficiaries live in Yerevan. Aragatsotn, Armavir, Tavush and Vayots Dzor Marzes are not covered by the Programme. Marz distribution of beneficiaries is not proportionate. About 60% of the beneficiaries in Marzes are from Shirak and Kotayq Marzes.
- 41% of the beneficiaries were provided household services under the Programme, 96% were provided with medical assistance, while social assistance was provided to 52% of the beneficiaries.
- However, the service provision needs to be improved in terms of comprehensiveness. Full services of social servants were provided to 27% of all beneficiaries, partial services were provided to 39%, while

no services were provided to 34% of the beneficiaries. No doctor or nurse services were provided to 3.4% of the beneficiaries.

- 2.4% of the beneficiaries covered by the Survey did not receieve any type of care or social services.
- Often, At-home care and social services are limited to only medical assistance services which, in turn, are mostly limited to measuring the blood pressure and provision of medicaments.
- Services provided by the two service provider organizations are difficult to compare since the management models and structure of services differ significantly.
- At-home care services deserved high satisfaction of the beneficiaries. 32% of the beneficiaries were "Satisfied" with provided care services, while 31% - "Very Satisfied". Meanwhile, 7% of all beneficiaries are either "Dissatisfied" or "Very Dissatisfied".
- The willingness of the beneficiaries to receive additional services under the Programmes is not high - 18%.
- Awareness of the society on the Programme is not high. About 59% of Armenian HHs are not aware of such services provided by the Government.
- Awareness on the Programme details, in particular, on their contract clauses and individual social programmes, is also low among the beneficiaries.
- Financing volumes by the Government are quite small. Meanwhile, the workload of the social service providers is quite high to be able to provide high quality and full-scale care services.

6.3 The budget formulation and monitoring of the Programme

- The performance indicators set under these programmes are not sufficient for the monitoring and evaluation: in order to efficiently monitor and evaluate (both internally and externally) these programmes, several qualitative and timeliness indicators shall be added.
- The outcome indicator of the programmes is "Increase in average length of life "which does not reflect the impact of programme activities on the society or the beneficiary group.
- The defined output indicators neither reflect the degree of the programmes' contribution to solving the relevant problems of specific beneficiary groups, nor the efficiency of deploying the resources/inputs, improving targeting issues, customer satisfaction etc.
- The Programme on "At-Home Services to the Elderly and Individuals with Disabilities and Social Services to the Elderly at Daycare Centres in Marzes of the RA" is presented as one policy action under the Programme Budgeting formats by containing two distinct interventions that cannot be measured by the same output indicators. Therefore, in order to improve transparency of resource usage, as well as accountability and monitoring efficiency it is important to separate this policy action into two policy actions.
- On the other hand, it is necessary to enhance the role of external monitoring and evaluation by including public oversight and monitoring mechanisms.

6.4 Main Recommendations

- Recommendations aimed at increasing efficiency of At-home Social Services to the Elderly are presented below:

1. Revise the performance (non-financial) indicators of the respective Budget Programme by including indicators describing the beneficiaries and efficiency of the Programme.

2. The Programme on "At-Home Services to the Elderly and Individuals with Disabilities and Social Services to the Elderly at Daycare Centres in Marzes of the RA" shall be separated into two programmes, by defining relevant performance indicators for each.
3. Beneficiary listing shall be revised to be registered also per HHs receiving services.
4. Review the minimum indicators of social services at home. In particular, the workload indicator per social servant shall be defined per groups of constraints to living activities. The salary rates of social servants shall also be differentiated correspondingly.
5. The funding of services provided by each service provider organization shall be calculated based on the numbers of beneficiaries in each group defined depending on the constraints of living activities.
6. Standardized packages of minimum services to all groups of beneficiaries depending on the level of constraints to living activities shall be defined, thus limiting the discretion of social workers and/or social servants to provide certain services.
7. Review the groups of Elderly activity constraints. "D" subgroup shall be very limited or even excluded. Beneficiaries in this group shall receive mostly group or club services.
8. It is necessary to pay special attention to categorization and registration of beneficiaries into groups depending on the constraints on living activities by minimizing the involvement of service providers in this process.
9. The share of social, in particular, household services provided to beneficiaries shall be increased.
10. The role of the social worker shall be further developed through ensuring regular trainings and qualification evaluation systems.
11. Coordination between public and non-public organizations providing such services shall be ensured in order to avoid overlaps of beneficiaries and services by two types of service providers.
12. It is necessary to promote inclusion of various non-public service providers selected through competitive process, as well as take measures to provide full coverage of Marzes in the Programme.
13. Enhance the independent Programme monitoring and evaluation, ensure regular reports on the programme implementation and progress, internal and external evaluations, as well as enhance availability of descriptive reports issued by various official bodies.
14. It is necessary to put additional efforts to increase awareness of the society, as well as awareness of the beneficiaries on their rights.

List of Figures

List of Tables