SWS can be effective to implement SDGs into the national, sub-national and local level. To have a revenue for budgeting to it, what have you seen, a fixed percentage established by govt's or a deep contextual analysis?

Dear Eloa,

You are right, SWS have the potential to contribute to reach a range of specific targets and indicators of the SDGs. Here is a (non-exhaustive) list of their potential effects:

TARGET	INDICATOR	POTENTIAL EFFECTS OF SWS
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, new-borns, work-injury victims and the poor and the vulnerable	*By easing access to various social protection programmes, SWS can contribute to increase the coverage of the population.*
1.a Ensure **significant mobilization of resources** from a variety of sources, […] **to implement programmes and policies to end poverty in all its dimensions**	1.a.2 Proportion of total **government spending on essential services** (education, health and **social protection**)	*By generating and processing information about the target group and their specific needs, SWS can be used as a mechanism to improve budget planning for social protection programmes - and in the long run to increase government spending in the area of social protection*
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	3.8.2 Number of **people covered by health insurance or a public health system** per 1,000 population	*By easing access to social health protection schemes, such as health insurance, SWS can contribute to increase the coverage of the population and improve their access to basic health services.*
Goal 10. Reduce inequality within and among countries		
10.4 **Adopt policies**, especially fiscal, wage and **social protection policies**,	10.4.1 Labour **share of GDP**, comprising wages and **social protection transfers**	*By improving access of the population to social protection schemes - both contributory and non-contributory - SWS can contribute to increase the*

and progressively **achieve greater equality**		*share of GDP spent on social protection transfers. This is especially the case because they can improve access to social protection schemes for informal sector workers – who are often excluded from social protection.*
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	16.6.2 **Proportion of population satisfied with their last experience of public services**	*SWS increase the effectiveness of social protection policies by bundling certain tasks and responsibilities in one institution at the local level. They also improve transparency and accountability towards the citizens because they provide the necessary information about access criteria, how to apply for social protection schemes, how to file a complaint, etc. Therefore, they have the potential to increase the satisfaction of the population with social protection services.*

With regards to **budgeting**, there are different approaches in the countries mentioned in the study and the presentation:

- In Brazil, where municipalities play a very active role in the realization of the SWS approach, **performance-based budgeting** mechanisms are used.
- In Chile, the amount of budget transferred from the central government to the municipalities is partly **determined by the number of poor people** living in the specific area.
- In other cases – especially in contexts where SWS approaches are still in a pilot stage – the central level **distributes budget for SWS equally** between sub-national authorities involved in the SWS approach.
- In some countries, **local governments themselves also contribute financially to the setup and realization of the SWS approach**. This is the case in Chile, where a social workers approach is used. Municipalities can finance additional social workers (in addition to those financed by the central government through the Solidarity and Social Investment Fund – FOSIS) from their own financial resources to complement the approach.
- In the case of Indonesia some districts, as for example the district of Sragen mentioned in both GIZ publications, initiated the SWS approaches themselves in a **bottom-up initiative** and financed it out of local government budget. The approach gained attention at the central level and the Ministry of Social Affairs (MoSA) is now promoting the context-specific roll-out of this approach in other districts (partly also by supporting it financially).

And, another point, at practical level, how to design a SWS tailored upon the gender lens, especially to deliver social protection for women? Any good practice to share regarding women's at the core of the initiatives? *(from Eloá Prado,* eloa.prado@gmail.com*)*

To design SWS that benefit both, women and men, equally, the cultural context of the respective country or locality has to be taken into account. Barriers for women in accessing public services, such as SWS offices, can be very different from country to country.

In many contexts, women traditionally perform unpaid work at home and therefore it is difficult for them to travel to urban or semi-urban areas where SWS tend to be located. In other contexts, gender norms impede women to leave their locality and travel on their own. In addition to that, in some countries a high degree of illiteracy among women can put an additional barrier for female clients (e.g. Pakistan and certain states of India) as they do not understand the information provided about SWS or they are hesitant to approach public services because they are fearing to be stigmatized.

An **in-depth analysis of the barriers that are specifically faced by women** is a first important step to address them. Based on its results, **information and outreach mechanisms** addressing the specific gender-related barriers identified might be useful. This could be done through a tailor-made **information campaign** at village level to make citizens aware of the existence and benefits of SWS and to encourage especially women to approach them.

In the case of the SWSCs outreach campaign in Karnataka/India, colourful and visual information, education and communication material on social security schemes and the SWS approach were designed, printed and distributed in the villages as part of a broad information and communication campaign. The materials can be easily read and their key messages can be also understood the illiterate population.

Mobile units of the SWS that move to the villages (such as for example ICROP in South Africa) or even conduct **home visits to households** in the target area (this was the case during the pilot phase of the SWSCs in Karnataka/India) can also address certain demand-side barriers specifically faced by women. In addition, in some countries it has proven useful to employ females as SWS officers and/or social workers to better reach out to female clients (e.g. in Chile or in Karnataka/India).

To identify if there is a gender-bias in the SWS approach (and in the social protection system as a whole), it is important to **monitor access of men and women** to the SWS and their actual enrolment rates into the programmes through SWS. Indicators can be easily integrated into the Management Information System (MIS) of the SWS.

When you say that the challenge is modular approach; could you give more concrete example of what this means? (*from Haryadi Herdian***,** haryadi.herdian@gmail.com**)**

Dear Pak Haryadi,

With applying a modular approach, I mean that to develop a SWS approach it can be very useful to first develop a prototype of a SWS to do a test run of several months. This prototype can include a range of social protection programmes (but not yet the full range of social protection programmes available in the country/area) and a limited scope of services (e.g. information provision, support with enrolment, etc.).

Thereby decision makers can first test if the design of the approach is actually working and if there are bottleneck in the implementation of the SWS model, e.g.

- if enough qualified **staff** is in place to address the demands of the population (to avoid work overload of the staff),
- if the **MIS** is working, easy to handle and is being used by the staff of the SWS,
- if **roles and responsibilities of all actors** involved, **business processes and standard operation procedures** are clear enough, and therefore cooperation and coordination between SWS offices and authorities responsible for the social protection programmes are running smoothly
- etc.

The application of a thorough **M&E system** in this prototyping phase can help decision makers to review the success and challenges of the SWS, adapt it accordingly and then scale it up:

- **horizontally**, i.e. to other geographical areas (districts, subdistricts, municipalities, etc.)
- **vertically**, i.e. to anchor the SWS approach in national policies and regulations
- **functionally**, i.e. to add more programmes (also other programmes related to the social protection sector, e.g. labour market services) or to extend the scope of services offered for these programmes.

To the first presentation, just to have a clear understanding: Whats the difference between SWS and Single Registry and Case Management? (*from Mc Mhango, mc.mhango@giz.de*)

Dear Mc Neil Mhango,
The three concepts SWS, single registries and case management are closely interlinked with each other. I will try to differentiate these terms by looking at them from an SWS perspective:

As mentioned in the presentation, the **SWS is basically an office (can be fixed or mobile) at the local level staffed with qualified officers/social workers** where citizens can go to access services related to multiple social protection programmes (e.g. receiving information, processing applications or submitting complaints).

A well designed SWS usually also comprises and runs a **Management Information System (MIS)** – often called **beneficiary registry system** - to register beneficiaries and their applications, track them and follow-up on them. They also serve for monitoring and evaluation purposes (e.g. to monitor the number of clients attending the SWS, the number of applications and the number of enrolments into programmes due to applications filed at the SWS offices).

The MIS of the SWS is usually linked to the **MISs of each social protection programme** the SWS deals with and they share data on a regular basis (in ideal cases through interoperability but in practice this often happens manually due to technical constraints of the systems).

In certain cases, such as in Chile, the MIS of the SWS approach is designed as a **single registry**, i.e. a warehouse collecting information from all types of social protection programmes (which requires interoperability), acting as a nexus of information, providing interlinkages between individual programme MISs as well as with other external databases that can be used during targeting and registration (e.g.

income tax or civil registration). Currently, there are not yet many country examples with a single registry in place. But many countries strive to build up such a system at the moment (and some pilots are currently running).

The terms management information systems, beneficiary registries, social registries and single registries are often used interchangeably which has led to a terminological confusion. I find this briefing paper published by Development Pathways very useful: Single Registries and Social Registries: clarifying the terminological confusion. It tries to bring some light into this discussion and clarifies the confusion between the different terms.

The term **case management** is also not clearly defined and often leads to confusion. In the field of social protection, it can be understood as a process that assesses, plans, implements, coordinates, monitors and evaluates the options and services required to meet the client's needs with regard to social protection programmes. It is therefore **client-oriented**. Case management is usually also promoting a cost-efficient high-quality approach to meet the needs of the clients. It is therefore also **outcome-driven**.

These objectives are very similar to the demand-side and supply-side objectives of SWS approaches mentioned in the presentation during the webinar and indeed, many SWS models (especially single-entry points and one-stop shops) apply a case management approach in achieving these objectives.

Depending on the specific objectives that should be reached, case management in SWS approaches can take place at a system level or at a client level (the two approaches are not mutually exclusive and can complement each other):

- At the **system level**, case management is used as a strategy for coordinating the provision of social protection to clients within a comprehensive system (supply-side oriented). An example for this is ICROP in South Africa.
- At the **client level**, case management means a goal-oriented process to assess the need of each individual for particular services and obtaining those services (demand-side oriented). A prominent example for this approach is the family accompaniment approach of the Seguridades and Oportunidades in Chile. Information about this approach was provided recently in another socialprotection.org webinar organized by GIZ and DFAT.