Regional Knowledge and Leadership Agenda (RKLA 1)
Child’s right to a family environment

Evaluation of results achieved through child care system reform 2005-2012 in Georgia

EVALUATION REPORT
To The United Nations Children’s Fund (UNICEF) Country Office Georgia

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### ABBREVIATIONS

<table>
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<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>CO</td>
<td>UNICEF Country Office</td>
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<tr>
<td>CP</td>
<td>Child protection</td>
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<td>CSO</td>
<td>Civil Society Organisation</td>
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<td>CwD</td>
<td>Children with disabilities</td>
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<td>EU</td>
<td>European Union</td>
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<td>FC</td>
<td>Foster care</td>
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<td>GEL</td>
<td>Georgian Lari</td>
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<td>HQ</td>
<td>UNICEF Headquarters Office</td>
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<td>INGOs</td>
<td>International non-government organisations</td>
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<td>MEUR</td>
<td>Million euros</td>
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<td>MoES</td>
<td>Ministry of Education and Science</td>
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<td>MoF</td>
<td>Ministry of Finance</td>
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<td>MoLHSA</td>
<td>Ministry of Labour, Health and Social Affairs</td>
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<td>MoRES</td>
<td>Monitoring Results for Equity Systems</td>
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<tr>
<td>MUSD</td>
<td>Million US dollars</td>
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<tr>
<td>NGO</td>
<td>Non-governmental organisation</td>
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<td>RKLA</td>
<td>Regional Knowledge and Leadership Agenda</td>
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<td>RO</td>
<td>UNICEF Regional Office in CEE/CIS</td>
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<td>SCWR</td>
<td>Support to Child Welfare Reform Project</td>
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<td>SGH</td>
<td>Small Group Homes</td>
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<td>SSA</td>
<td>Social Service Agency</td>
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<td>ToC</td>
<td>Theory of change</td>
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<td>TSA</td>
<td>Targeted Social Assistance</td>
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<td>y.o.</td>
<td>years old</td>
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EXECUTIVE SUMMARY

Background

For more than 10 years Georgia is engaged in a process of reforming the child protection system, in the context of a shift from a system focused mainly on large scale institutions offering residential care to a system which promotes respecting the right of each child to grow up in a family environment. The country inherited an institutional framework from the socialist period that placed the responsibility of child protection at the state level, without/with under developed alternative models of protecting children at risk.

The early stages of the reform targeted de-institutionalization as the main priority; the most recent stage of the reform puts more emphasis on family strengthening. As a result of the reform in the reference period the child care system in Georgia has moved towards a family based care system, while the number of large-scale residential intuitions has reduced to four (in 2012). In the process of reforming the system, the country has introduced and is developing a system of family-based services, namely foster care and small group homes (for up to 8 and up to 10 children). De-institutionalization, downscaling or closing down of large residential care and creating alternative family based care were constant goals and much progress has been done in this area.

Objective, scope and methodology

The present report was prepared in the framework of Contract No. 43147186 entitled Evaluation of results achieved through child care system reform 2005-2012 in Georgia between UNICEF Country Office in Georgia and Pluriconsult Ltd. (Romania). The report aims to present the results of the assessment of impact of the child care reforms on children and the contribution of UNICEF’s work in the country. It documented the progress and achievements of child care reform in Georgia, but also identified the gaps of current approaches, un-intended side-effects of reform efforts in the reference period. The results of the evaluation will be used to inform current programming, policy debates and help UNICEF to position itself in supporting the future policies related to child care in Georgia. It will also be used to communicate results and share experiences from the on-going child care reform to contribute to the mutual learning of Government and UNICEF on how to best ensure the child’s right to grow up in a family environment.

The evaluation framework was designed based on the OECD-DAC evaluation criteria: relevance, effectiveness, efficiency, sustainability and impact. The methodological approach combined desk review with quantitative and qualitative field data collection. The field data were collected based on interviews and focus groups with Government representatives, staff working in child care systems, children and parents, as well as from NGOs (international and national) and staff of international organisations. Also, the evaluation included a survey among staff working in the child care system. The evaluation was carried out between 2013 and 2014.

Main findings

Changes in the lives of children and equity

In terms of impact, there has been a significant progress in reducing the rate of children in residential care and increasing the rate of children in family based care. According to the Government data none of the children were placed in residential care after placement in foster care or reintegration in the family. The number of children in infant homes has decreased, though the percentage of children in infant homes reported at all children in residential care has increased in the evaluation reference period.

Children’s living conditions have improved due to child care reform. However, the reform was not inclusive for all vulnerable groups of children. Children of minority groups, street children, children aging
out of the care system, children with disabilities were left behind. In the reference period the process of reducing equity gaps has started but is far from being completed.

The coverage of the reform, unevenly spread across the country, was more focused in the capital and central cities and much less in the remote areas. Services have been developed, though not equally available in all regions, for example early intervention program was available only in the capital and Kutaisi. There are number of barriers in terms of service access: cost of transportation, lack of other material resources (clothing, shoes), problems with documentation, language, distance, absence of permanent residence. The age benchmarking for the disability status leaves children with several health challenges out of the scope of the protection measure (e.g. children with Down syndrome). Difference with regards to age limit for access to services questions the policy decision, as prevention policy is focused only on children under the age of 18 months.

The role of TSA in addressing poverty is satisfactory, the program coverage has increased, however this positive change was predominantly reported for households without children. But the program is self-referred and majority of non-applicants do not know how to apply or are misinformed. Due to the office-type oriented referral child care policy state social workers are not conducting outreach activities and there are invisible children with invisible problems left out. The reform failed reaching many vulnerable children: children with health problems, street children, children from poor families, children abused and neglected.

Differences in the family support allowance for reintegration of children without disabilities and children with disabilities in biological families compared with foster families in the detriment of reintegration in biological families were reported in the past and are still questioned by many stakeholders. This measure reduces the impact of the reform in terms of not giving first priority to the reintegration of children in their biological families.

The well-being of children deprived of parental care significantly improved in terms of living conditions and the care provided. Their awareness about their rights has increased. The children increasingly exercise their decision making power, however the level of participation in the development of their care plan is lagging behind. The family-type care provided a better environment for children’s development; nonetheless it failed to perform its’ transitional function and children remain for much longer period of time in this type of care.

The political commitment to the child care reform was considerable in the reference period, but currently is less acknowledged by many stakeholders. A weak preventive policy and overreliance on models of ‘small group homes’ is considered to be important risks to the long-term impact of the reform on children. Unless issues of vulnerability and social exclusion are addressed at both strategic and grassroots level of the reform it is unlikely to achieve a widespread impact on a wide majority of children in need.

System level changes

In the evaluation reference period there have been many positive, effective changes in increasing child care system’s capacity to respond to the needs of the beneficiaries, but predominantly at the level of enabling a functional environment of the child care system (at legislative and institutional levels) and at the level of services supply.

Enabling environment

The early years of the reform the changes were dominated by the resistance of general public’s perception that decisions about children's lives it's only a matter of parents’ concern. The harmful effect of institutional care on children was part of the focus of the reform including actions aiming at increasing
awareness of the stakeholders (decision makers, professionals and parents) on the importance of children being care in a family environment. The legislative framework became more child well-being and protection focused. The new gatekeeping principles appeared to be the most important contributing factor to the success of the reform. However, especially at the middle of the reporting period, the policy makers’ decisions were driven by the pressure of reporting progress or showing results on the expense on a steady development of the child care system. Reporting success seems to have been more important than demonstrating impact on the lives of children.

The effectiveness of the child care reform in Georgia decreased because of the changes in the institutional arrangements. Within the reporting period the child care system was coordinated by the State Steering Committee for Deinstitutionalization which was led by the State Secretariat for Child Care and Deinstitutionalization. The Secretariat was reporting to the Prime Minister’s Office. The Secretariat was functional until the Child Care Unit was transferred in 2009 from the MoES to MoLHSA, generating bottlenecks in the activity of the MoES child care units and in their collaboration with MoLHSA. Despite several stakeholders’ effort (UNICEF among them) to support this institutional transitional period, the delay in social assistance provision lasted for several months. Though the situation improved in several months, the state remained a reactive policy implementer and its effort to support families in crisis is minimal and mainly oriented on the improvement of child's situation separate from the assistance to the family.

Overall, the evaluation indicated that multidisciplinary and inter-sectorial approaches are promoted in the policy documents and in the legislation concerning child care, but inter-sectorial policy making, programming and budgeting with focus on results and impact at the level of beneficiaries is still far beyond the existing capacity of the administration settings.

**Supply of services**

Support services such as day care and counseling were developed. The number of day care centers increased, yet they are not evenly spread all over the country. The fact that individual and service plans for CwD are not complimentary indicates a lack of intersystem coordination. A major gap in the child care system remains the absence of services for care-leavers. This needs an inter-sectoral approach as care leavers have a variety of needs, not limited to material assistance.

Social work performance assurance system was developed only recently after persistent requests of several stakeholders, however the system is limited to intervision and does not set clear performance measurement criteria or standardize social workers workload.

The collaboration between social workers from public sector and those from NGO sector is functional and includes supportive service provision by NGOs to the beneficiaries prior to benefit approval. There still is the need for further strengthening this collaboration, especially in the domain of providing family support services.

One of the most effective measures of harmonization between child care reform and other reforms considered by stakeholders was to introduce health insurance service for the children. This measure supported parents to better take care of their children and contributed to preventing institutionalisation. Another effective measure was the partnership of MoLHSA with MoIA and MoES within the child protection referral mechanism. This partnership defines coordinated actions of the three ministries when addressing cases of child abuse or neglect. In remains challenging. Nonetheless, the lack of clear synergies among social, health and education sectors towards an effective child care policy in the country remains challenging in relation to the CwD. This is an area which needs coordination among social, health and education measures. In addition, another problem in child care system requiring strengthening inter-sectoral cooperation is the absence of services for care-leavers. This vulnerable group needs various support services (housing, vocational educational, job counselling, psychological counselling for independent living etc.) not limited to material assistance which are not yet in place.
Demand for services
Outreach services are not well developed in Georgia. Service accessibility depends on the beneficiaries’ potential to gather information. Field evidence demonstrated that families in touch with social workers were better informed, while those receiving family support services but much less in touch with social workers were less informed.

Quality
New services have been developed followed by the adoption of child care standards and monitoring system. The child care standards monitoring revealed several areas for improvement of child care services. The main achievement of the system towards meeting child care standards is the dedication of some care givers and social workers for the social integration of the child, creation of a family environment and decent living standards for children benefiting from care services and ensuring children’s involvement in the education process. There are cases when school performance of children remarkably improved. However, there were bottlenecks identified by the Monitoring Unit under MoLHSA such as: routinely processed service plans for children, care givers lacking skills for care and communication with children with difficult behaviour (children with mental health problems among them) or for guiding children in dealing with bureaucratic barriers, a weak cooperation between care giver and the social worker. Another bottleneck refers to the decision on location of the services, as some services are located in remote areas, which reduces the access of children to these services.

A promising progress for future improvements in relation to child care standards for alternative services is the development of professional associations of carers working in SGHs and in foster care.

UNICEF’s contribution
UNICEF’s is a recognized strategic contributor of the child care reform by all stakeholders. The main contribution is considered to be in providing technical assistance for key decision makers, promotion and development of alternative care services, support to social work professional development.

In terms of efficiency, UNICEF has achieved significant leverage, particularly related to policy development, technical assistance and modelling of new services and approaches with limited resources.

UNICEF has supported the Government in getting access to international resources in relation with EU and USAID. It is considered that UNICEF has a strong voice in front of authorities as its data and studies have a high level of credibility. UNICEF has been seen as the main providers of expertise in terms of leading the strategy and providing quality support, advice and services at all levels.

Relevance
The reference period the first priority of child care reform have been institutionalized children and children without parental care, more recently CwD, and to a lesser extent, children at risk of separation from families, street children or children leaving on the streets.

Service beneficiaries’ participation on each level of service development is not a well established practice. Some service providers acknowledge the importance of the service user’s participation in the design and planning of child care interventions, though they seek support in identification of criteria for participants’ selection and involvement in the process.

Reorganization and restructuring of child care services was a relevant reform measure which resulted in redesigning the enrolment procedure and a new funding scheme. Though, it reduced the access of beneficiaries to some services i.e. day care centers service and left some of these children out.

UNICEF has been very active in supporting the social work profession development both on the grassroots and academic education level. UNICEF’s contribution has been highly relevant to the social work service development in the child care system in Georgia.
The development of various forms of foster care (general foster care, emergency foster care, kinship foster care) was a demand-driven highly relevant measure. However, the cost efficiency of the service diversification was not sufficiently considered.

One of the weakest aspects of the reform is the lack of a policy for care leavers. The child care reform has been so far totally irrelevant for this vulnerable group. There is no housing policy supporting these children post state care placement, though there is model piloted by SOS Children’s Villages Georgia on semi-independent and independent living program supporting youth post placement.

In terms of gender dimensions, some stakeholders emphasized the importance of mainstreaming gender in studying the risk factors of child abandonment; a better documented knowledge base would inform a better decision making process in relation to more specifically adjusted to the needs child care measures, especially in the regions with ethnic minorities where early marriages and girls education are traditionally sensitive issues.

**Sustainability**

The Government’s EU oriented political course and strong political will for the continuing the reform ensure good premises for sustainability. NGOs and IOs have an important role to influence the Government to keep the commitments on the long term and change the approach from the reactive one to a proactive and strategic one. Many stakeholders consider that a key issue in terms of sustainability is the commitment and capacity of Government authorities to take over the NGO-supported projects and successful initiatives. Other risks for the durability of reforms were the lack of trained human resources to implement reform, lack of stable financial allocations, the gap between central and local levels capacity in implementation of reforms measures.

A family focused approach giving priority to community based prevention and rehabilitation services rather and not just providing cash transfers is considered crucial for the future of the reform. The child care reform will be hindered by continuing to consider children separate from their families, as they are one social unit. The identification of causes of social malfunctioning and not just addressing consequences will ensure sustainability of the reform.

**Conclusions**

In the reference period there has been a significant decrease in the rate of children separated from their families and amongst children separated fewer are being cared for in formal care institutions. However, self-targeting (i.e. children entering the child care system whose families volunteer themselves for attention by the authorities) combined with a very limited outreach capacity of the social workers and a limited access to services indicate selection biases of the beneficiaries on behalf of the system and much less an improved capacity of the system to respond to the needs (predominantly poverty and much less for protection from abuse and neglect) of the most vulnerable children. Furthermore, the alternative case services failed to perform a transitional function to the family and they turned deinstitutionalization into trans-institutionalization.

In parallel to the significant changes that occurred in child care system neither the coverage of the reform nor the balance between the services’ development has been achieved throughout the country. Services have been developed, though they are not equally accessible in all regions of the country for all children. The focus of the reform until the cut-off date (end of 2012) was on children already without parental care, not on those who were vulnerable to separation. The process of reducing equity gaps has started but is far from being completed. The reform failed reaching many vulnerable children such as street children, children from poor families, children abused and neglected, children of minority groups, children aging out of the care system, children with disabilities were left behind. Single parents and children in remote areas were rarely mentioned in either UNICEF or government documents.

The Government’s EU oriented political course, the ownership towards the reform and consistency of commitment are important factors having a positive influence on the progress of the reform. However, the
lack of preventive services, the limited diversification of alternative and community-based services and the tendency of turning alternative care services into a permanent solution are reasons for concerns for the future of child care reform. The identification of causes of vulnerability and not just addressing the consequences will ensure the success of the reform. Constant efforts to empower vulnerable families will ensure well-being of their children. The key for sustainability or the next step of the reform is considered to be the development of family focused services, not just cash transfers.

A new information management system has been developed with the aim of improving the capacity of the public authorities to analyze child care related data, as well as to facilitate strategic and operational activities in the domain. Despite the progress made within the reform, child care policy in Georgia is not fully evidence informed. There is a gap between the data produced and the actual use of child protection statistics, the last being especially reported as still weak.

One of the strongest pillars of the reform is social work development. In Georgia, similar to all ex-soviet countries, social work is a newly emerging profession. UNICEF’s contribution has been very relevant in supporting the social work profession development both on the grassroots and academic education level as well as service development level in the child care system. In this important phase of the development of this profession the state bureaucratic system compromises core values of it – promoting social refurbishment and structural changes through social advocacy. Instead of struggling for the development of preventative measures state social workers remain an instrument of reactive policy witnessing the threat to the success and sustainability of the child care reform. Due to the office-type oriented referral child care policy state social workers are not conducting outreach activities and there are invisible children left out. Social work performance assurance system was developed only recently after persistent requests of several stakeholders, however the system is limited to intervision and does not set clear performance measurement criteria or standardization of social workers’ workload.

At the beginning of the reform the changes of social norms were hindered by the resistance of general public’s perception that decisions about children’s lives are of parents’ concern only. Within the overall frame of deinstitutionalization focus of the reform there were actions aiming at increasing awareness of the stakeholders (decision makers, professionals and parents) on the harmful effect of institutional care on children. The new gatekeeping principles appeared to be the most important contributing factor to the success of the reform. However, especially at the middle of the reporting period, the reform was hindered by policy makers’ rushed decisions driven by reporting progress or successful accomplishment of deinstitutionalisation instead of strategically pursuing children’s best interest.

In the evaluation reference period there have been many positive changes in increasing child care system’s capacity to respond to the needs of the beneficiaries, but predominantly at the level of enabling a functional environment of the child care system (at legislative and institutional levels) and at the level of services supply. New laws and procedures address the problems of the most vulnerable, however the new legal framework does automatically generate changes of social norms. Efforts for changes in these determinant areas for the success of the reform need to be simultaneous; otherwise only making a legislative and institutional reform becomes less relevant when ultimately aiming the best interest of children.

New services have been developed followed by the adoption of child care standards and monitoring system. The legislative framework became more child well-being and protection focused. Child care standards monitoring revealed many achievements as well as several areas for improvement. The main achievement of the system related to meeting child care standards resulted mostly from the individual professional engagement of some care givers and social workers for integration of children in a family and for providing services to ensure child well-being. There remains a concern, especially among NGOs and child care professionals’ community, that the system still has some bottlenecks in terms of service coordination and care givers’ qualification, which is of utmost importance for example when dealing with children with disabilities.
Another weakness of child care services is the **low level of participation of the beneficiaries when it comes to care planning or development.** Child care standards have a separate mechanism on complaints and feedback procedure, but **service beneficiaries’ participation in service development is not a well established practice.** Some service providers acknowledge the importance of the service user’s participation in the design and planning of child care interventions, though they seek support in identification of criteria for participants’ selection and involvement in the process.

Overall, the inter-sectoral approach is promoted within the reform. **One of the major challenges of inter-sectoral policy making, programming and budgeting with focus on results and impact at the level of beneficiaries remains the capacity of the existing administrative settings.** The structure and organization of child care system has been improved after Child Care Unit was transferred under the MoLHSA, though further strengthening of the inter-sectoral and cross-sectoral approach is still needed. Services remaining under the auspices of the Ministry of Education and Science (e.g. for CwD) are not part of the deinstitutionalisation framework. Coordination between the two ministries at policy and program levels is insufficient in some areas such as for ensuring complementarity of individual and service plans for CwD, or for providing services for care-leavers. Nevertheless, MoLHSA, Ministry of Internal Affairs and MoES cooperate within the child protection referral mechanism, but the low number of child abuse case indicates a need for further strengthening the collaboration among the signatory ministries of Child Prevention Referral Order.

There is a weak correlation among sectors in relation to „welfare to workfare“ scheme. Parents of children who are already in the child care system or who are vulnerable and at risk to abandon their children often refuse to work due to instability on the job market and because they fear to lose the assistance so crucial for them in getting health care/medicines for their CwD. Thus, a better connection between child care policy and the labour market policies needs further consideration in order to increase the capacity of biological families to care for their children.

Cost efficiency of the service development or reorganization has not been sufficiently considered. Financing standards for per day per service allocation are developed, but **little progress has been made in terms of redirecting financial resources towards preventative measures.** The food voucher is considered as the most important preventative measure, but the resources allocated for the majority of preventative services are insufficient in order to ensure an effective functioning. The development of various forms of foster care (general foster care, emergency foster care, kinship foster care) was a demand-driven highly relevant measure. However, the cost efficiency of the service diversification remains of stakeholders’ concern. Differences in the family support allowance for reintegration of children without disabilities and CwD in biological families compared with foster families in the detriment of reintegration in biological families were reported in the past and are still questioned by many stakeholders. This measure reduces the impact of the reform in terms of not giving first priority to the reintegration of children in their biological families.

**UNICEF’s strategic contribution to the child care reform is recognized by all stakeholders.** The main contribution is considered to be in providing technical assistance for key decision makers, promotion and development of alternative care services, support to social work professional development. In the early years of the reform UNICEF provided assistance for **moving towards a progressive de-institutionalization process** in a system which was heavily relying on institutional care. Over time UNICEF has supported a shift in the reform focused on **synchronizing de-institutionalization and development of alternative care** at national and local level. More recently, UNICEF assisted the child care key stakeholders in the country to move towards a **wider system reform,** restructuring family benefits and decentralising services.

UNICEF’s technical assistance and policy advice effort was often combined with modelling/piloting of new services and approaches (e.g. prevention of abandonment, quality standards) in spite of very limited resources and sometimes resistant social and professional norms. UNICEF has supported the
Government in getting access to international resources in relation with EU and USAID for achieving better results for vulnerable children.

The evaluation has shown that UNICEF is increasingly committed to and actually implementing a more cross-sectoral approach. Promoting the development of a mind-set that goes beyond the compartmentalisation of interventions into traditional 'sectors' was and remains of utmost importance. In addition, creating a body of knowledge and transmitting competences on cross-sectoral working, through emphasising its importance within a systemic approach added value to UNICEF's strategic influence in the country.

UNICEF has consistently applied and adopted a rights-based approach to the issue of child care reform by facilitating gradually a movement towards a more rights-based approach. UNICEF’s influence has clearly built up over time, based on mutual trust and respect between UNICEF and key stakeholders in the country. A number of NGOs pointed out that whilst UNICEF’s mandate is to work primarily with and the Government, this often went hand in hand with helping advocacy organisations gain legitimacy and have a ‘seat at the table’. This sometimes allowed these organisations to deliver ‘harsher’ messages than UNICEF could deliver directly. Indeed, UNICEF’s position as an important facilitator of the dialogue between Government and other actors was emphasised by several non-governmental stakeholders as well as by the Government. However, the voice of vulnerable children and of their families over the child care reform process has been only marginally supported and UNICEF will have to look to a closer connection between the progress of the child care reform and the development of anti-discriminatory policies and practices (in terms of gender, ethnicity, disability etc.).

**Recommendations**

*The focus of child care policy on preventive measures and reducing equity gaps for vulnerable children should be increased.* The Government should develop more family support services in the country, in terms of variety and geographical coverage and adopt measures aiming to ensure that social work practice is reorientated towards a more rights-based approach. UNICEF’s influence has clearly built up over time, based on mutual trust and respect between UNICEF and key stakeholders in the country. A number of NGOs pointed out that whilst UNICEF’s mandate is to work primarily with and the Government, this often went hand in hand with helping advocacy organisations gain legitimacy and have a ‘seat at the table’. This sometimes allowed these organisations to deliver ‘harsher’ messages than UNICEF could deliver directly. Indeed, UNICEF’s position as an important facilitator of the dialogue between Government and other actors was emphasised by several non-governmental stakeholders as well as by the Government. However, the voice of vulnerable children and of their families over the child care reform process has been only marginally supported and UNICEF will have to look to a closer connection between the progress of the child care reform and the development of anti-discriminatory policies and practices (in terms of gender, ethnicity, disability etc.).

In addition, social workers activity need to be reorientated from practicing a status quo maintenance practice to more active involvement, from individualization of problems to advocate for pro-active and preventive measures, from personalization of causes to leading clients’ way through structural barriers. In order to address this need, increasing number of social workers is important, but also the development of the professional supervision system of the social workers (which has been established, but is barely functional) could be done. The Government should also undertake more concentrated and systematic efforts in order to strengthen the capacity and working conditions of statutory social workers.

There is a need to learn lessons from the challenges of introducing case management as a key element of the reform. UNICEF CO may consider supporting a specific exercise of national dialogue to building on the emerging case management practice in Georgia and on how could this be improved (e.g. clearer procedures and protocols, higher flexibility of care services available, a better connection between state and non-state care providers etc.).

A prevention-focused child care strategy will have to change the current tendency of placing children in alternative care preferred to putting more effort and time into ensuring better support to the families by expanding the scope of existing family strengthening programs and developing new ones. The Government should adopt measures to restore the transitional function of alternative care while not by
limiting the family strengthening policy to monetary assistance or crisis intervention but by adopting supportive (consultative or/and rehabilitative) and empowerment programs aiming at increasing self-resilience of the disadvantaged families. UNICEF CO may consider commissioning a study on revealing the importance of investing in family strengthening both as preventative measure or supportive one aiming at family consolidation for cases of children already in the care system. Based on such solid evidence UNICEF CO may initiate a roundtable meeting with the Government and other stakeholders to discuss the importance of investing in family strengthening services.

Socio-economic problems of children and families should be addressed by the Government from the perspective of social cohesion and not limited to cash benefits or service models that widen the gaps between children and families. The Government needs to consider service access barriers and revisit decision about the level of allowance for vulnerable families with children.

The existing social assistance system discourages beneficiaries to move into the job market because of losing the assistance once they get a job which may be either poorly paid or unstable. Re-entering social assistance system is obliging them to go through the whole time consuming application procedure again. The Government should develop an effective “welfare to work” scheme for families with children. In line with the European trends of connecting more closely the child care policies with labour market policies, UNICEF CO may bring upfront on the Government’s and other stakeholders’ agenda the issue of a more effective entrance of TSA beneficiaries on the job market, a smooth transition from welfare to work and an increase of families’ capacity and resources to provide better care for their children.

The institutional arrangements of the child care system suffered several changes which generated delays and bottlenecks, while the a fully functional governance of child care system require clear mandates and responsibilities with stable relationships among different levels of the system (central and local, state and non-state). The Government should set-up a lead agency to steer the child care reform and develop a clear over-arching vision document together with yearly up-dated business plan, while UNICEF CO may advocate together with a coalition for change in child care reform for both these two measures to be adopted and implemented in an effective and sustainable manner.

The lack of strong leadership and strategic vision on the change for children was combined with inaccurate evidence from the grassroots level. Clear policy objectives would allow for setting clear indicators and more accurate and valid data collection from the bottom-up. In order to increase the impact of child care reform it is recommended the Government and State Statistical office to improve data collection on key aspects of child protection. This, combined with considerably more disaggregated data, would allow for clear baselines and future reform targets to be set. In addition to stock and flow data on children in care, there is a need for meaningful care career data which follows children over their entire childhood, and gives a clear picture of rates of deinstitutionalisation, numbers of placements during childhood, services use, etc.

Government’s allocation efforts increasingly directed to alternative care seem not to have turned automatically into better outcomes for children. The Government should increase its efforts for adapting Public Finance Management including fiscal flows and costs of services in relation to the objectives of the child care reform. This requires a change in the balance of expenditure towards preventive services and community-based services solidly supported by evidence on the needs at the grassroots level (provided that this is supported by the implementation of previous recommendations on

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1 Transition from the welfare scheme to the employment market
governance and evidence-based policy making). UNICEF CO should peer with other international agencies present in the country and with the national coalition for change in child care to redouble the efforts to engage in meaningful interventions in the area of Public Finance Management in order to influence all stages of the budgetary planning process, at national and local levels, including a commitment to Multi-annual Budgeting and programme-based budgetary planning, to ensure improved outcomes for children.

In order to increase the efficiency of its’ support for the progress of child care reform in Georgia, UNICEF CO should consider moving gradually from investing in enabling environment-related actions and roles (except those meant to change social norms and attitudes which need further strengthening) towards a more balanced focus also including demand and quality of services related actions and interventions. The recommendations above are de facto suggesting such a shift UNICEF’s child care approach in the country.

UNICEF may also consider increase leveraging resources (both knowledge and financial), particularly in relation to improved leverage in relation with the EU. There should be noted that even the EU assistance to the country includes very limited child care-specific interventions4, there are other projects which have components with high relevance for the child care reform in the country (e.g. public finance management, democratization and civil society etc.) which might be influenced towards better effects on child care reform. In terms of knowledge, EU investing in children policy may represent a wealth of knowledge and very well documented practices especially for an inter-sectoral approach of child care system/reform development in Georgia.

In order to increase the relevance of its’ interventions in the country and ensuring sustainability of the efforts invested so far in the progress of child care reform in Georgia and closely connected with the above, UNICEF CO should explore focusing on the development and sustaining of a critical mass/coalition for change in the domain of child care and should support and sustain strong coalitions and networks of NGOs. This may include increasing support to make the voice of children in public care and their parents’ heard much more clearly and should support active organised groups of children and parents interested in undertaking grassroots actions to improve the situation of children, especially the most vulnerable ones, in the country. Also, UNICEF CO should consider strengthening of coordination between Ombudsman and NGO sector as they have the declared mutual understanding about child well being and consider the gaps of the reform.

In the reference period UNICEF CO has invested considerably in piloting innovative interventions which were only partially brought to national scale. Other stakeholders (especially INGOs) also invested in piloting child care interventions and recognized UNICEF’s added value in taking the smaller scale models to a more strategic level considering the whole system. However, there is a need for learning more from the models of interventions implemented so far and for a more strategic dissemination of the documented good practices at the national level with a more effective contribution of the Government. UNICEF CO should join efforts with other stakeholders to advocate with the Government to ensure that the public authorities take over and replicate the NGO supported projects and successful initiatives. In addition to all that has been recommended, the Government and other stakeholders should increase their efforts to develop public awareness campaigns on child care/child well being related issues.

4 Currently the EU supports a project aimed at establishing sustainable state financed, community-based mechanisms for the harmonious development and social integration of highly vulnerable children (children living and/or working in the streets). Small grant projects also have been available for the non-state actors for contributing to improving vulnerable children’s life in the country.
1. INTRODUCTION

1.1 Overview of the evaluation


As presented in the Terms of Reference (Annex 1) the overall objective of this assignment was to evaluate the impact of child care reform on progressively realizing the child’s right to a family environment.

The evaluation unit of analysis was the overall child care reform process in Georgia and the combined effect of different projects that were aiming to contribute to the reform. The evaluation covered the time-period 2005-2012 and had the following specific objectives:

1. Evaluate the extent to which change (impact) has happened in children’s lives as a result of child care reform and changes in social norms:
   - Reduction in the number of children living in residential care/institutions; Improvements in the ratio of children in family-based care versus residential care/institutions;
   - Reduction in the number of children entering formal care;
   - Increase in the number of children leaving residential care/institutions for a family placement;
   - The extent to which specific groups who are identified as particularly vulnerable (e.g. children with disability and children under three etc.) have benefited from these reforms.

2. Assess how results were made possible through systems changes as well as changes in social norms and identify which strategies and approaches were the most effective for achieving the change in children’s lives.

3. While recognizing that the Government is leading reform processes and other actors also contribute to these reforms and changes, to assess specific UNICEF’s contribution to these system changes / changes in social norms that are thought to have produced a change in the lives of children.

The evaluation was planned to be used by the UNICEF Georgia Country Office to communicate and share lessons learned with the Government of Georgia, donors, strategic and implementing partners, professional and general public in the country, as well as UNICEF management at the Country Office, Regional Office and Headquarters levels on the role of UNICEF Georgia Country Office in supporting the country with reforming child care system.

1.2 Context

In the early years of the reporting period Georgia experienced rapid growth in excess of 9 percent per year (between 2004 and mid-2008) as a result of implementing far-reaching reforms with impressive results. However, the August 2008 conflict and the subsequent global economic crisis resulted in a sharp downturn in economic growth. The economy contracted by 3.9 percent in 2009 following growth of 2.3 percent in 2008, which represents a sharp slowdown from rapid growth in excess of 9 percent during the
preceding four years\(^5\). However the Government has increased social expenditure in total public expenditure – from 34.7 percent to 42.3 percent, though only 4.1 percent of GDP was spent on social protection, 2.8 percent on education and 1.6 percent on health\(^6\) (UNICEF 2010).

According to the official statistics 22.1 percent of the Georgian population lived in poverty, 9.4 percent in extreme poverty, child poverty was higher than the national average (UNICEF 2010). The consumption-based total poverty rate among children was 28 percent rather than 23.7 percent of the general population, and the extreme poverty rate was 12 percent among children rather than 9.3 percent \(^7\) of the general population (UNICEF, Situational Analysis of Children in Georgia 2009).

Since 2005 the child care reform priorities in Georgia have been articulated in the State Child Action Plans (CAP 2005-2007, 2008-2011 and 2012-2015). The first plan was more targeted on de-institutionalization as the main priority of the reform, while CAP 2012-2015 puts more emphasis on family strengthening: "All children in Georgia are protected from violence and neglect, are given individual and positive psycho-social development opportunities in a family or family like environment" (Child Action Plan 2012-2015). The reform was focused on children in care institutions, victims of violence, children living in the families in severe economic situation.

As a result of the reform, the child care system in Georgia has moved towards a family based care system, while the number of large-scale residential intuitions has reduced to 4 (with the remaining 4 scheduled for closure in 2012-2013). In the process of reforming the system, the country has introduced and is developing a system of family-based services, namely foster care (regular, specialized and emergency) and small group homes (for up to 8 and up to 10 children). De-institutionalization, downscaling or closing down of large residential care and creating alternative family based care were constant goals and much progress has been done in this area. Between 2005 and 2012, the total number of children in large size state care institutions declined from approximately 5,000 to 159.

Due to increasing number of family-type small group homes and foster care families in place, many children had access to family environment living conditions. Thus, the number of children in foster care increased from 129 in 2005\(^8\) to 1,013 in 2012\(^9\). Also, the number of children in small group homes increased from approximately 70 in 2006 to 325 in 2012\(^10\). However, the increasing number of children in alternative care and the decreasing number of children in institutions cannot be assimilated as an evidence of an improvement of children wellbeing. Also, these figures “do not explain what has happened to the children in who have left the institutions”\(^11\) in the sense of whether or how their lives have changed in the family environment they are currently living.

As for children under the age of 3, it is reported that “in 2005, there were two homes housing 240 infants in the country, one in Tbilisi and one in Western Georgia. Half of these children had special needs. Since then, that number has been reduced to 70 (residing in 1 remaining infant home), of which 46 infants were 0 to 3 years old. Up to 90% of infants in the only remaining infant home had special needs.”\(^12\)


\(^{6}\) UNICEF (2009), \textit{TransMONEE report}

\(^{7}\) Bradshaw, Jonathan – Chzhen, Yekaterina – Gugushvili, Dimitri and Hoelscher, Petra for University of York and UNICEF, (2008), \textit{Chapter 4: Child Poverty in Georgia}, p. 2

\(^{8}\) UNICEF: \textit{Assessment of the Child Welfare Reform Process in Georgia} (2009)

\(^{9}\) Ministry of Labour, Health and Social Affairs

\(^{10}\) Ministry of Labour, Health and Social Affairs

\(^{11}\) UNICEF: \textit{Assessment of the Child Welfare Reform Process in Georgia} (2009)

\(^{12}\) A. L. Greenberg and N. Partshkhaladze (2014) – \textit{How the Republic of Georgia has Nearly Eliminated the Use of Institutional Care for Children}
Overall, “of 1,530 children currently in state care 71% are in foster care, 21% are in small group home care and 8% live in institutional care”\textsuperscript{13}. This situation is reported as being the result of mainly a new measure in child care policy in Georgia which refers to the conditions of admission in state care. This gatekeeping measure “limits the entry to 24-hr care to situations of abuse, exploitation and neglect. Homelessness, poverty and abandonment are to be considered for enrolment in state care only in exceptional cases.”\textsuperscript{14} This measure has been introduced based on the evidence showing that “at least 85% of institutional children of institutionalized children in Georgia had one or both living parents. Irrespective of the age, gender and health condition children were placed in institutions mainly due to economic hardship and poverty.”\textsuperscript{15} This measure was combined with emerging efforts to increase preventive and family support, remaining to prove their impact on the welfare of vulnerable children.

An important change in the protection systems is the shift towards a continuum of services adapted to each child/family needs through individual plans. This type of approach in Georgia brought both a new type of understanding on what would be a care system in the best interests of the child and the need for cooperation among different social services and agencies. Efforts to create alternative family based care and, crucially, to expand the continuum of services and promote care plans adapted to the needs of individual children and families appear to have been slower to develop. In other words, the building of care systems based on the best interests of the child, in which diverse agencies worked together to secure common goals, and achieve agreed results, proved to be difficult to accomplish in practice.

In order to better understand the context of the progress of child care reform in Georgia three major factors are to be observed: policy and governance structures, donor support and strengthening social work.

The UNICEF CPD for Georgia (2006-2010) is mentioning that in relation to child protection the main tasks were to support the Government in the development of an overall child welfare policy to guide the formulation of specific policies in the different areas of child protection, juvenile justice and inclusive education. The next CPD (2011-2015) is reporting that the Government of Georgia has adopted a Child Welfare Action Plan 2008-2011, which outlines the key intervention areas for reforming the child care system, which represents a step forward in child care reform, however more progress remains to be done until a broader policy on child care as such will be in place.

In terms of Government structures in charge of child care reform, in the evaluation reference period there were significant changes which influenced how the measures addressing child care measures were designed and planned, as well as on how decision making of child care measures functioned.

It is generally admitted that child care reform in Georgia have been underway since 1999 when pilot projects in deinstitutionalisation were started and further on have been formally taken over and funded by the Government in 2004. In 2005 the Government Commission on Child Protection and Deinstitutionalisation\textsuperscript{16} has been established and mandated to take the responsibilities for the legislative, administrative and other structural measures related to child care reform. The setting-up of this Commission, assumed by the Government largely because of Prime Minister's strong political will, was the result of a conditional EU support programme. Due to its initial influential supra-ministerial position, the Commission ensured coordination of child care measures nationwide among different stakeholders (line ministries, international donors, NGOs and private service providers). An important decision of the Commission was to assign the responsibility for child care, previously fragmented among several state entities, only to the Ministry of Education (MoE). Thus, if prior to 2005 there were lots of child care

\textsuperscript{13} A. L. Greenberg and N. Partshkhaladze (2014) – \textit{How the Republic of Georgia has Nearly Eliminated the Use of Institutional Care for Children}
\textsuperscript{14} Idem.
\textsuperscript{15} Idem
\textsuperscript{16} This Commission gathered together three line ministries with different responsibilities in child care reform: Ministry of Education (MoE), Ministry of Labour, Health and Social Affairs (MoLHSA) and Ministry of Finance (MoF).
institutions (45), some under MoE, others under MoLHSA and municipalities, after 2005 all institutions moved to the MoE. This was a step forward in increasing coordination and efficiency in child care reform. Another institutional shift took place in 2009, when child care responsibilities were moved from MoES to MoLHSA (under the direct responsibility of Social Services Agency). This was not only an institutional change, but also a policy shift from a concept related to education towards one more related to social welfare, closer to what children welfare involves (i.e. not only educational needs, but other pre-conditions for wellbeing). Due to technical capacity of SSA’s management, the deinstitutionalisation process has been accelerated in 2010.

EU, USAID, Swedish International Development Agency, other international development donors and private funders allocated funds to support Government’s effort to reform child care system. This international support covered technical assistance for knowledge transfer for developing alternative child care services and investments in refurbishment of necessary facilities.

The establishment in 2005 of the Social Services Agency was an important trigger for the development of the social work profession. “The Open Society Institute, the EU, and the U.S. Government supported the introduction and modernization of the social work higher education system. By 2009, two universities in Tbilisi had graduated the first wave of B.A. and M.A. students from the new programs. In addition, a modern social work certificate program was available in two universities in Tbilisi and in Western Georgia. The Social Service Agency had 170 state statutory social workers across the country. Starting in 2009, any existing social worker who had not gone through the certificate program was supported to do so. Simultaneously, an additional 50 social workers were hired by Save the Children and EveryChild with the support of UNICEF project Strengthening Child Care Services and Systems (with the SSA leading the interview panels) and placed directly into SSA offices across the country.”

17 Apart from the above mentioned important pillars of child care reform in Georgia, the contribution of the NGOs (international and local) is acknowledged. UNICEF has worked closely with most of them in order to pilot and to expand alternative child care services in the country, both family substitute and family support services.

1.3 Theory of change (ToC)

According to the ToR, this evaluation was developed based on UNICEF approach to child care reform implemented in Georgia, within the frame of UNICEF’s regional Theory of Change (ToC – Annex 2).

The objectives of regional UNICEF’s approach derived from the objectives of the reform agreed at the regional high-level conference supported by UNICEF and World Bank called “Children Deprived of Parental Care: Rights and Realities” (Budapest, October 2000). The outcome document of this conference stipulated as the priority of the reform to support families and to move towards a progressive de-institutionalization process.

The regional ToC was built between 2000-2005 on a three-pillar intervention: 1/ improving gatekeeping of the system, 2/ development of standards for a new package of services and 3/ reallocation of resources from residential care to other forms of community-based services. These three main areas of intervention were widely developed in a three toolkit guides UNICEF and World Bank have drafted for reformers.

17 A. L. Greenberg and N. Partshkhaladze (2014) – How the Republic of Georgia has Nearly Eliminated the Use of Institutional Care for Children

18 “The Budapest Statement”

19 As per the ToR, these toolkits represent what was perceived by UNICEF and World Bank and agreed by governments at the time as the main areas for reform of the system that was needed in order for children to be able to grow up in a family environment, supported by the state, rather than separated from their parents by the State. The toolkits are available from the following link: “Changing Minds, policies and Lives” 3 volume toolkits:
1.3.1 Elements of the ToC in Georgia

The ToC has three levels of change: impact level results, outcome level changes in the child care system and output level changes related to the specific activities of UNICEF.

At the **impact level**, a part of the progressive realization of child rights and reduction of equity gaps that UNICEF sought to contribute to achieve was to ensure that children without parental care, who belong to one of the most vulnerable groups in society, would be cared for in a family environment where appropriate and in the best interests of the child. Given the legacy of the child care system in Georgia, that was so heavily reliant on large scale residential care, the overall vision for the reform was to reduce the reliance on residential care through a progressive shift towards a continuum of services that had for its primary purpose to support families and prevent family separation, and if this was not possible, to provide alternative family-like or family-based care.

At the **outcome level**, the main aspects of the reform are presented using UNICEF’s MoRES (Monitoring Results for Equity System) framework which was promoted by UNICEF in 2012. This framework was not in place when the approach to child care reform was developed, however it is a very useful tool to categorize the key areas of expected change. This instrument is organised around ten determinants, assuming that addressing them simultaneously or in a sequence will be sufficient to influence results at the impact level.

1. **Enabling environment**
   1. Conducive social norms

   Common efforts of both Government and civil society were made to raise awareness on ensuring the rights and equal treatment of the most vulnerable children. Institutional care, once widely accepted by the general public, is now perceived as an inadequate response. Out of 45 large institutions that existed in Georgia few years ago, only three remained. The alternative out-of-home care services have been developed and appreciated over the institutional one. Parents of the children in the care system better realized their parental responsibilities and the rights of their children to live with the family.

   However, there was a certain reluctance coming from decision makers in addressing efforts towards equal treatment of the problems of all vulnerable children. Often drawbacks of financial decision makers in investing more support for these children reflect doubts in recognizing these investments as necessary for these children to reach their full potential.

   UNICEF has engaged in and supported partners to engage campaigns aimed to change public opinion, which may be the most realistic proxy for social norms and which can be changed in a shorter time scale.

2. **Adequate legislations in place**

   The reform counts several legislative changes supporting establishment of various forms of alternative care services and their full fledged operationalization, a regulation mechanism for quality assurance of these services, the Child Protection Referral System, a framework for outsourcing child care services to NGOs whereby the Government ensuring paying of ‘running-costs’ and oversight provision.

   The assumption that new legislation is enough to change practices, or to generate change to the extent desired seems to be challenged by the bottlenecks still existing in the child care system (as demonstrated by the evaluation findings presented in details in Section 4). The risk of delaying the

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20 An enabling environment with 1/conducive social norms, 2/ adequate legislations in place, 3/adapted budgets, 4/operational coordination mechanisms; appropriate supply with 5/ availability of essential commodities and 6/ access to adequately staff services, facilities and information; ability to express demand with 7/ financial capacity to access the services, 8/ enabling social and cultural practices and 9/ continued ability to timely use the services; and quality with 10/ adherence to required quality of services.
implementation of quality standards for child care services has been addressed by UNICEF at the end of the evaluation reference period and more recently by supporting the development of standards for alternative services.

Adapted budgets

In Georgia the child care system funding embeds financial support from state, non-state and even private sector at this phase of the reform. Investment from the national and international NGOs together with the private companies is not limited to financial support of alternative care service but stretch over the social support for disadvantaged children. As the Government closed large institutions, the funds were re-invested in alternatives, such as foster care, small group homes (SGHs) and social work, still insufficient to ensure sustainability of services.

The existing evidence indicated that one of the assumptions which were predominant in the implementation of the reform was that allocation of funds based on estimation of expenditures will no more perpetuate residential and ensure enough financial resources for new family type services. In practice, as proven by the evaluation findings, the lack rigorous needs assessment/ex-ante evaluation prior to the allocation of funds left many beneficiaries, mostly vulnerable children and their families without adequate support.

UNICEF CO Georgia facilitated the dialogue amongst child care system stakeholders to advocate for reaching a Government commitment to move resources from large scale institutions to alternatives including family reunification, foster care services, SGHs and day care centres.

Operational coordination mechanisms

Over the reference period in Georgia there were different strategies and co-ordinating bodies addressing child care reform, but without clear mandates and, above all, without clear monitoring and evaluation responsibilities. The assumption was that mere existence of a strategic plan and/or of a coordinating entity without a long term vision and a sustainable strategic approach may ensure the success of the reform. The risk generated by this assumption was of not having leadership for ensuring management and coordination of the reform efforts, as well as, more recently, of lacking appropriate management tools (such as a data base with relevant information to monitor results of policies). All these generated at the beneficiaries’ level weak outreach services; this was addressed by UNICEF in an initiative to develop social agent assessment screening instrument for referral to social work services.

Appropriate supply

Availability of essential commodities

Increasing the provision of family support services and family-based care together with a constant emphasis on transforming residential care represent solutions to achieve the objective of respecting the right of a child to grow up in a family/family environment. The assumption that was predominant in the child care reform in Georgia (quite similar to other countries in the region) was that in a child care system that prevents arbitrary separation of children from their families and that has scaled down on residential care, a sufficient range of new services are financially sustained through public budgets at least for those categories of users that are identified by the social protection system. The risk that was often reported by many stakeholders was that the development of such services was not co-ordinated with efforts to transform, downscale and close down residential care institutions.

21 Within the Targeted Social Assistance Program the role of social agent is to assess families’ spending and assets for the means-tested social assistance for the vulnerable families. The idea is that social agents also make a brief assessment of the children in the households that they enter to identify the cases of extreme abuse and neglect.
Over time UNICEF’s sense of the range of continuum of care services has grown; in the early years of the reform it was really only foster care (and perhaps, implicitly adoption). New thinking has started to realise that it is the provision of sufficient quality community-based services, for prevention, respite, rehabilitation and re-integration that are crucial for a positive impact on the lives of children, including the most vulnerable ones.

Access to adequately staff, services, facilities and information

A reform of the child care system towards relying less on institutional care requires the establishment of new professional practices, such as case management and a modern social work profession. Due to the increase in number of social workers in the child care system (from 18 at the beginning of the evaluation reference period to about 200 at the end of this period), it was assumed that institutional and professional capacities for specialists are in place in order to comply with new normative/regulatory framework and to ensure service implementation. In addition, it was also assumed that adopting National Child Care Standards for all type of services, together with a monitoring and evaluation system/mechanism will ensure the capacity of the staff and services to answer children’s needs. The risk identified by the evaluation was that because of vulnerable families’ limited access to services and of deficient outreach services, more emphasis was placed on the later stages of gatekeeping, alternative care and reintegration than on prevention or active early intervention.

UNICEF CO in Georgia has recognised and got involved in supporting partners for short-term and one-off trainings which may have built genuine capacity, but it is not clear to what extent this aspect had a systemic contribution and whether in the reality of non-existent performance measurement and continuous education system in social care services the training assures quality. Therefore, the social work performance evaluation ‘system’ remains an issue of further development.

Ability to express demand

Financial capacity to access the services

Spending on social welfare (including child benefits, disability benefits and targeted social assistance) has increased during the reporting period resulted in increase in the share of total Government expenditure. Increasing budgetary allocations for alternative family support, family substitute services and prevention services ensure a better answer for more vulnerable children and families at risk. Diversified financial mechanisms also improved beneficiaries’ capacity to address the services.

UNICEF has recognised that financial aspects of the reforms have been the least well developed. The principle “money should follow the client” rather than remaining “locked” in institutions has been restated in the last years of the reform. The reality of much of post-communist transition is also that there has been a rise in financial barriers to access not all of which are a result of direct user charges. Informal payments, as well as time and transport in relation to poverty issues (the cost of getting to services, the amount of time needed to get to them etc.) were reported.

Enabling social and cultural practices

It was assumed that the needs of vulnerable children, such as children with disabilities (CwD), are addressed merely by more comprehensive approaches and interventions. There has been an increase in the public’s acceptance of disability, expressed in the demand for emerging services, such as day care centres for children with disability, and early intervention for young CwD (0-7). However, it is neither an easy nor a quick transformation from a medical, recovering approach to a social one, which implies cultural practices, state policies, strategies and programmes. In the evaluation reference period this

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determinant of change was not considered in a systemic interaction with other determinants, especially those referring to the enabling environment, but that remains for the current programming period.

Quality

Adherence to required quality of services

Quality of social work and interventions for vulnerable children and their families has improved through quality of child care service provision, being sustained and ensured by training programmes, minimum standards of quality for service providers and, to a less extent, monitoring and evaluation mechanisms. UNICEF has supported the Government of Georgia in social work professional development both on academic and practice level resulted in the increase in number and efficiency of statutory social workers. Recently, UNICEF also supported the establishment of the monitoring unit at the MoLHSA which provides regular monitoring of services for children vis-à-vis state standards.

At the output level UNICEF’s contribution in Georgia consisted of providing technical assistance for key decision makers towards the progress of child care reform. UNICEF is indicated by many stakeholders as one of the main actors in the development of foster care and SGHs services in Georgia, in training and re-training of social workers, in establishment of standards for services. Also, another important contribution of UNICEF was to an increasing knowledge base for child care reform by supporting assessments and studies. UNICEF has also contributed to the development of networks and coalitions of NGOs.

This evaluation was designed as a theory-based evaluation; consequently all the elements previously summarized are presented in detail in section on findings of the evaluation.

1.4 Stakeholders involved

UNICEF recognizes the contribution of many stakeholders to the reform processes. Due credit needs to be given to the Government which is overall the one responsible for shaping the child care systems and its reform in the country.

Figure 1 – Mapping of stakeholders

UNICEF has worked with the most major stakeholders in Georgia (Figure 1) interested in the progress of child care. The Government is acknowledged as the most important and most responsible actor for shaping the child care system and its reform in the country. The field worked carried for this evaluation as
well as the desk review evidence revealed other important stakeholders with whom UNICEF worked in partnership over the reference evaluation period, such as:

- the international donors’ community - EU, USAID, World Bank, SIDA, Irish AID etc.,
- INGOs – Save the Children, SOS Children’s Villages, World Vision, Every Child etc.,
- local NGOs (Children of Georgia, First Step Georgia etc.) and professional associations (Georgian Social Workers’ Association).

The evaluation stakeholders were important both from the perspective of the process of evaluation implementation and the usability of the evaluation results. Participation of stakeholders as informants in the data collection phase of the evaluation was crucial. Validation of the evaluation results by the stakeholders increased the utility of the evaluation results. Therefore, in implementation the evaluation team was interested to meet and understand the perspectives of all stakeholders in order to develop an in-depth understanding of the situation of child care reform in-country.
2. EVALUATION PURPOSE, OBJECTIVES AND SCOPE

2.1 Objective of the evaluation, rationale, expected users and intended use

The overall objective of this assignment was to evaluate the impact of child care reform on progressively realizing the child’s right to a family environment. While recognizing the previous assessments that documented changes in laws, policies, governance structures and other mechanisms of the child care system in Georgia, this evaluation provides an updated judgement based on evidence gathered on what has been achieved in delivering against the systemic determinants as well as UNICEF’s core roles in the country.

The evaluation unit of analysis is the overall child care reform process in Georgia and the combined effect of different projects that were aiming to contribute to the reform. The evaluation reference time-period was 2005-2012 and had the following objectives:

1. Evaluate the extent to which change (impact) has happened in children’s lives as a result of child care reform and changes in social norms:
   - Reduction in the number of children living in residential care/ institutions; Improvements in the ratio of children in family-based care versus residential care/institutions;
   - Reduction in the number of children entering formal care;
   - Increase in the number of children leaving residential care/institutions for a family placement;
   - The extent to which specific groups who are identified as particularly vulnerable (e.g. children with disability and children under three etc.) have benefited from these reforms.

2. Assess how results were made possible through systems changes as well as changes in social norms and identify which strategies and approaches were the most effective for achieving the change in children’s lives.

3. While recognizing that the Government is leading reform processes and other actors also contribute to these reforms and changes, to assess specific UNICEF’s contribution to these system changes / changes in social norms that are thought to have produced a change in the lives of children.

Additionally, the evaluation assessed circumstances and reasons which have triggered the commitment of the Government of Georgia to reforming child care system and ways to ensure its sustainability to encourage and monitor reforms, advocacy of UNICEF and other donors.

Ultimately, the evaluation had a two-fold purpose:

1. **Accountability:** assess the impact of reforms on children and the contribution of UNICEF’s work and approach in the region both at country and regional levels.

2. **Learning:** Document and generate lessons learned on what seems to work, what is missing in current approaches, what were un-intended side-effects of reform efforts to date. This will be used to inform current programming, nurture current policy debates and help UNICEF to position itself in these future policies.

In terms of the target audience of the evaluation, this will be used by UNICEF Georgia Country Office to communicate and share lessons learned with the Government of Georgia, donors, strategic and implementing partners, professional and general public in the country, as well as UNICEF management at the Country Office, Regional Office and Headquarters levels on the role of UNICEF Georgia Country Office in supporting the country with reforming child care system.
2.2 Scope of the evaluation

The implementation of the evaluation did not introduce any changes in terms of the scope, objectives, rationale, expected users or intended use of the evaluation. The evaluation in this area – a child’s right to a family environment – looked at how the reform of the child care system and changes in social norms around the children and families who are often resorting to this type of services, have managed to improve its response to some of the most marginalized and vulnerable groups in society, that being children deprived of parental care.

While it was recognized that reforms in other systems and sectors (e.g. in education and health, governance) may have influenced the direction of child care reform, the evaluation did not cover these systems in any other way than to evaluate the extent to which the regional approach has been able to leverage the reforms in these other systems and sectors. Also, as per the requirements of the ToR, issues related to juvenile justice were not covered by this evaluation.

2.3 Evaluation questions and framework

This section provides an overview of the evaluation questions and framework which guided the implementation of evaluation. The evaluation was carried based on OECD-DAC evaluation criteria: impact, effectiveness, efficiency, relevance and sustainability. The evaluation framework included 20 evaluation questions. The detailed Evaluation Matrix is presented in the Annex 3.

2.3.1 Impact

**Question 1:** What impact on the right of children to grow up in a family environment can be observed in Georgia, out of the following indicators?

- a) Reduction in the number of boys and girls living in residential care/institutions;
- b) Improvements in the ratio of children in family-based care versus residential care/institutions;
- c) Reduction in the number of children entering formal care;
- d) Increase in the number of children leaving residential care/institutions for a family placement;
- e) More families and their children have been identified and supported by health and social services, as well as they have been provided with some support (cash transfers and/or services).
  - a) More families and their children have been identified and supported by health and social services and provided with some support (cash transfers and/or services).

Answering this question was based mainly on secondary data collection to be provided by Georgian authorities (Ministry of Labour, Health and Social Affairs, Social Service Agency, State Care Agency, as well as the National Statistics Office of Georgia databases). It proved difficult to collect all the data according to the indicators in the Evaluation Matrix regarding this evaluation question because the national child care system in Georgia does not collect data in accordance with these indicators. In most cases where data were provided these were only for the last two years for the evaluation reference period.

**Question 2:** To what extent have reforms contributed to reducing equity gaps, meaning targeted and provided support to the most vulnerable children and families?

Originally, at the beginning of the reform the needs were so high and so diverse and the decision making in relation to the measures which were taken were predominantly political, less rigorously designed from the point of view of program cycle management and from equity point of view. In fact, the equitable distribution of the resources in the process of reform came later in the discourse and practice of the
stakeholders, which of course is in itself an indication of the fact that there was a lack of monitoring in terms of equity realisation.

**Question 3:** Of the groups of children in care, what has been the impact of child care reforms on specific groups (such as their access to new services, priority in deinstitutionalization), including but not limited to:

a. Children with disabilities (if possible disaggregated by boys and girls)?
b. Children under the age of three (if possible disaggregated by boys and girls)?
c. Children of ethnic minority (if possible disaggregated by boys and girls)?
d. Children from especially deprived areas (if possible disaggregated by boys and girls)?

The evaluation found out that there are significant data gaps in terms of disaggregation of any type.

**Question 4: To what extent have reform led to children enjoying better their rights?**

The findings based on this type of evidence, especially built on qualitative data collected from the beneficiaries of the reform, allowed drawing if not extensive at least well documented evaluative judgments on to what is considered as the overall goal of child care reform – having a system able to act in the best interest of the children, ultimately leading to children better enjoying their rights.

**Question 5: Are there any external factors (risks/assumptions) that have affected the impact of the reform and were these factors sufficiently taken into consideration during the following phases of the reform?**

Looking at the contextual factors during the implementation of the reform, as well as at those factors influencing the future progress of the reform was equally important. The evaluation focused on capturing the capacity of the strategy of intervention to respond to these contextual factors in a dynamic manner.

### 2.3.2 Effectiveness

**Question 6: To what extent and how have the expected results been achieved?** For example,

a) What changes have happened in the system that influence social and professional norms, approaches and skills, making them more conducive to a child care system that aims above all at preventing separation of children from their families and at providing a range of alternative care options (incl. family based care) if separation is unavoidable?

b) What changes have been introduced into policy and legislative frameworks and standards that promote family support and the development of new services where residential care should be used as a last resort?

c) What changes have been made to financial flows and budgets to support the implementation of a child care reform and new policies and legislation in this area? For example is there an increase in government-financed family support programmes and services?

d) What changes have been made to governance and quality assurance of the system to ensure better coordination of all relevant stakeholders, improve decision-making and quality-assurance processes and mechanisms of the system?

e) What changes have been made to the system to increase the availability of new services to support the prevention of family separation and to reduce reliance on residential care?

f) What changes have been made to make these services more accessible to the families most at risk of placing their children into care? Issues pertaining to accessibility would include, but are not limited to:
• Number and type of specific outreach services that can facilitate the access to services and other support mechanisms for people who are particularly at risk of placing their children in care;

• Geographical distribution and sufficiency of new services in relation to the estimated demand and need;

• Availability of working processes and professional practices that can ensure early identification of risk;

• Efforts to remove financial and other barriers of the most vulnerable to access services and other support mechanisms that can help prevent family separation.

This complex question referred to the outcome attainment of the reform as per the determinant areas defined in the ToC. When looking at the expected results and their achievement in different determinants, as indicated by the determinants related to this question, we envisaged the equity focus of the evaluation in data collection. It was important to see whether the changes in different areas of the reform led to equitable allocation of resources or to an equitable distribution and access to the services. We looked to assess to what extent the reforms avoided “creaming”, i.e. addressing those groups who are the easiest to reach and with whom the results are most likely to occur in a shorter period of time.

**Question 7:** In particular, of the new services that were introduced, how effectively have reform of the child care system linked up with- and/or influenced reforms in other key sectors (such as health, education, social protection) which were also important to ensure a child’s right to a family environment. Were synergetic effects maximized?

This answer to this question addressed different levels of coordination of the reform starting with policy level, but the evaluation looked on how these laws were put into action and tested coordination at the level of budgets allocated or enforcement mechanisms at the local level/community level. So, what mattered was the effective *implementation* of coordination at all levels. The evaluation looked at probing the challenges in relation to the availability of specific mechanisms at community level.

It was also important to look on how changes in one reform/system (i.e. health, education and social protection) had implications in the child care system/reform.

**Question 8:** How far have these changes been made in a parallel and/or planned and sequenced manner that is sufficient to produce durable change in the lives of children?

In order to produce durable changes in the lives of children, different elements of the reform were supposed to be planned and implemented in certain cases in parallel, in others in a sequenced way. This why evaluation looked on the coherence of the different elements of the reform (both in terms of planning and implementation), to see whether there were elements that were speeded up, delayed or launched just in time to produce the changes. It also looked at how the political leadership, as the main driver in planning and implementation of reforms, acted and reacted over the time of the reform.

**Question 9:** Are there any other determinants (as per the MoRES determinant framework) than the ones listed in the Theory of Change (and above) that were / would have been important to address in order for reforms to have impact on the lives of children?

To answer this question, the evaluation has focused on the identification and assessment of other determinants than those five which were presented in the ToR (social and professional norms, policy and legislative frameworks and standards, financial flows and budgets, governance and quality assurance of the system, and increased access to new services). In that sense, it used the MoRES ten determinants framework to look for systemic bottlenecks, beyond the five that were at the core of the UNICEF strategy.
Question 10: What can be considered UNICEF’s and other key stakeholders main contribution to these changes in the systems and social norms (the different determinants elaborated upon above) which are thought to have produced an effect on the lives of children?

Even this question again suggested a comparative approach, but in fact it was aimed to collect evidence seeking to probing the difference UNICEF has made to the observed outcomes.

2.3.3 Efficiency

Question 11: What strategies/core roles of UNICEF have been more efficient in influencing system change/social norms compared with stakeholders’ similar interventions?

- a) Being the “voice” for children and adolescents (advocating and communicating around key national policies, social issues and mind-sets and attitudes;
- b) Monitoring and evaluation, including assisting in independent assessments of the functioning of the system;
- c) Policy advice and technical assistance;
- d) Leveraging resources from public and private sectors;
- e) Facilitating national dialogue towards norms and standards in the child care field that are child friendly and respectful of children’s rights;
- f) Enabling knowledge building and exchange;
- g) Developing and leveraging partnerships;
- h) Modelling/piloting of new services to inform policy making.

The evaluation approach of this question referred less on how much was invested, but more on where the resources were invested (e.g. for knowledge building, for legislative reform, in activities with media, in pilots etc.). This approach envisaged collecting evidence on the correlation of financial resource invested with the work and results achieved.

Question 12: To what extent UNICEF inputs were sufficient to build the case for leveraging resources for creating changes in the systems?

The sufficiency of the resources was addressed not necessarily in immediate connection to the outputs resulting from certain interventions where resources were invested, but more important with the leveraging effect the respective resources had. The time spent and the human resources allocated by UNICEF for leveraging new projects and new ideas for the progress of the reform were in the scope of this evaluation question.

2.3.4 Relevance

Question 13: To what extent was approach as presented in the Theory of Change, relevant for addressing the needs of the most vulnerable families and children in Georgia?

The answer to this question captured relevance at different levels, but mainly at the level of the target groups of the reform.

Question 14: What was the relevance of the approach for addressing and improving relevant national policies in the context of supporting implementation of international standards?

The evaluation assessed whether UNICEF’s ToC was aligned with national plans and took these into account in the first place, and whether it incorporated the international standards in this area of work.
Question 15: What was the relevance of the Theory of Change in the context of other key partner (Government, international development partners and civil society) were promoting and working on in this area?

In order to answer this question the evaluation assessed to what extent the ToC of UNICEF was related/overlapping/contrasting with the strategies of other actors. The approach of the question was to first look at the different actors and their strategies and compare them with UNICEF’s and draw some factual evidence of complementarity, overlap, contradiction. The evaluation looked whether UNICEF ToC was constructed taking into account the strategies and comparative advantage of other partners, and whether it positioned UNICEF to make a contribution that was complementary and reinforcing or leveraging the work of other partners.

Question 16: To what extent is the approach still relevant, given changes that have occurred in the political and systems landscape in the last years or given new knowledge that is emerging on the issue?

The evaluation captured the clear recognition of the changes and the capacity of the reform to maintain its’ relevance over time. Specifically, the evaluation assessed the relevance of UNICEF’s approach in the context of political and systems changes.

Question 17: To what extent, and how, were gender dimensions of the factors leading to abandonment/relinquishment taken into account in the design of interventions and throughout the reform processes?

The focus of the analysis was on the adjustment of the reform to the gender dimensions, equally in the design phase and in the implementation phase, as well as on the availability of secondary data disaggregated by gender and evidence on the awareness of the informants on gender dimension.

2.3.5 Sustainability

Question 18: To what extent are the achievements of reform (in terms of their impact on children and outcomes at system level) made to date sustainable? What makes them sustainable?

The evaluation assessed the extent to which the pre-conditions for sustainability are in place or being put in place, such as the national and local commitment and ownership for the achievements. The evaluation examined the influence of political commitment at the highest levels (top political leadership), sensitivity of political class to emerging evidence of the cost-effectiveness of investments in alternative community based services, social movements calling for the expansion of these services, the relation with EU etc.

Question 19: What is the risk that the achievements made to date in the lives of children would not be sustainable and what are the measures needed to improve prospects for the sustainability of results?

The assessment of changes recognised that many achievements took time to emerge and it will take time to become fully functional. That is why the evaluation focused on sustainability by referring to the perspectives of the continuation of the reforms, as well as to the risks and vulnerabilities that might slow these reforms.

Question 20: How vulnerable are current successes (in impact and outcomes of reforms) to political changes, e.g. a change in Government, or changes in the financial climate such as fiscal constraints?

This question was about how solid the reforms are in front of possible changes in the political context or in the fiscal context and about the capacity of the decision makers in the country to maintain their political will to consolidate the reforms as opposed to strategically shifting to other priorities on the expense of the progress in the reform of child care systems.
3. METHODOLOGY

Our methodological approach to this evaluation relied on a comprehensive review of relevant documentation and analysis of already available data, as well as on primary data collection and analysis from various sources.

3.1 Desk review

The desk review focused on reviewing a very broad range of documentation and analysing the existing data about child care trends (2005 – 2012) in Georgia.

The documents for the desk review reflected the vision, knowledge and intervention of UNICEF country office, but also of other key stakeholders. The types of documents included in the desk review were the followings:

- UNICEF programme documents such as country programme documents, country programme action plans, project proposals, logframes etc.;
- UNICEF annual reports and progress reports to the donors;
- UNICEF reports and publications from key regional events on the topic;
- Recent independent assessments / studies of the child care reform and/ or specific components of it;

The complete list of documents reviewed is available in the Annex 12.

As concerns the datasets available, the most accessible database was TransMonEE (http://www.transmonee.org/) which contains trend data on child protection, but it has some limitations in terms of definitions, services available and sources of data.

The data collection of official statistics was undertaken by the national consultant with the support of the UNICEF CO and was based on a standard list of 205 indicators (including their disaggregation by gender and age group) which were meant to complement the data already available in the TransMONEE database. The list of indicators used and the data compiled from all countries is available in the Annex 11. The ministry of Education and Science, Ministry of Labour, Health and Social Protection and Social Service Agency were approached and asked to provide data for 2005-2012, but the effectiveness of our endeavor was very limited due to the scarcity of data which is regularly collected in Georgia. The caveat of secondary data collection was the absence of the required date for the beginning of the reporting period when the Child Care Unit was under the auspices of the Ministry of Education and Science. The data was not officially handed over to the Ministry of Labour Health and Social Affairs. Therefore the information for the beginning of the reporting period is incomplete. The information for this period presented in the evaluation is based on the various official documents collated from the officials at the vanguard of the reform during that period.

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23 The same list of indicators used for RKLA1 multi-country evaluation.
3.2 Primary data collection

Our methodological approach to primary data collection combined quantitative and qualitative methods in order to ensure triangulation of information from a cross-section of stakeholders: staff working in services and/or communities, key informants in Government, NGOs and intergovernmental organizations, and service users. The proposed mix of data collection methods used for gathering data and views from the stakeholders included the followings (see Table 1):

- Quantitative survey among staff working in services and communities.
- Focus groups with representatives of service providers as well as with representatives of governmental, intergovernmental and civil society organizations.
- Semi-structured interviews with beneficiaries (service users) and staff working in services.

Table 1 - Primary data collection design

<table>
<thead>
<tr>
<th>Target groups</th>
<th>Research methods</th>
<th>Instruments</th>
<th>Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key stakeholders (CO, Government, International bodies, relevant NGOs)</td>
<td>Focus group</td>
<td>Focus group discussion guide</td>
<td>One group of 8-10 participants</td>
</tr>
<tr>
<td></td>
<td>In-depth interviews</td>
<td>Interview guide</td>
<td>10 – 12 interviews</td>
</tr>
<tr>
<td>Service providers</td>
<td>Focus group</td>
<td>Focus group discussion guide</td>
<td>One group of 8-10 participants</td>
</tr>
<tr>
<td></td>
<td>Quantitative survey</td>
<td>Questionnaire</td>
<td>National sample of 50 respondents</td>
</tr>
<tr>
<td>Service users</td>
<td>Semi-structured interviews</td>
<td>Interview guide</td>
<td>15 interviews</td>
</tr>
<tr>
<td>Staff working in services</td>
<td>Semi-structured interviews</td>
<td>Interview guide</td>
<td>15 interviews</td>
</tr>
</tbody>
</table>

3.2.1 Quantitative survey among staff working in services and communities

The proposed survey was conducted on a regional sample of 446 specialists working in public and private organizations that provide child care services, of which 37 were from Georgia\(^\text{24}\). The survey aimed to gather the views, attitudes and experiences of this large group of stakeholders in relation to specific indicators which are presented in the Evaluation Matrix (Annex 3).

Due to the budgetary limitations, the data collection mode option was for conducting the survey online.

In order to develop the sampling frame for the survey we undertook a mapping exercise of the existing providers of social services, which proved to be a difficult task in the absence of a database or a directory of social services. To overcome this limit, we compiled lists with public and private service providers from the available sources and classified them according to our sampling criteria (regions and type of services). We used a proportional to size allocation of the sample on strata. The final sample of service providers was randomly selected and we identified the contact data for the selected providers. The coordinator/manager of each selected service provider was invited by email to fill in the online questionnaire.

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\(^{24}\) The target sample for Georgia was of 50 respondents. In order to reach this target we addressed the invitation to participate to the survey to 81 professionals working in public or private child care services. The response rate for Georgia was 58% over passing the 43% overall response rate at the multi-country level.
Due to lack of official reliable data about the distribution of service providers, we cannot assess the representativeness of the sample. However, the sample reflects very well the distribution of services we identified through the mapping exercise by regions and type of services, even though staff working in private organizations seems to be underrepresented.

Despite these inherent limitations, the data collected through this survey are consistent and provide valuable insights about the views of the service providers on the results of the reforms implemented in the child care system in these countries.

**Questionnaire design**

The questionnaire (as presented in the Annex 5) was drafted by the core evaluation team, with feedback from the national consultant, based on the indicators set in the evaluation matrix.

A special attention was given to the translation of the questionnaire into Georgian language. A standard questionnaire was drafted in English and was sent to a professional translator for the draft local translation. The draft translation was shared with the national consultant for a final review.

Before launching the survey, the questionnaire was pre-tested on 3 respondents to ensure that all questions, items and closed answers are understood correctly and to correct any errors in wording that may affect the accuracy and the validity of the responses.

**Survey data collection process**

The survey was conducted using a specialized software for web surveys. All questionnaires and data files were hosted on a secured server, and thus centrally managed by a member of the evaluation team.

The web-based data collection process included the following steps:

- An official introductory letter was sent via e-mail, fax or regular mail to each service provider in the sample, informing them about the survey, the scope of evaluation and asking for their cooperation in this regard by providing us access to the contact data (e-mail addresses) of a key member of their staff (manager, co-ordinator, supervisor etc.).
- All the contact data received from the service providers were centralised in the sample file (Annex 4).
- An invitation including the link to the online questionnaire was sent to all persons in the sample, asking them to complete the survey within a limited timeframe.
- Reminders to those who did not fill in the questionnaire and did not opt out were sent periodically in a total period of two months.

**3.2.2 Focus groups**

The national consultant conducted two focus group discussions: one with representatives of child care service providers and one with representatives of governmental, intergovernmental and civil society organizations. The focus group discussions aimed to collect more detailed, qualitative information on the changes assessed by the evaluation. A special emphasis on what seems to work, what is missing in current approaches, what were un-intended side-effects of reform efforts to date.

The structure of each group covered a diversity of representation based on various criteria such as: location of services (national, regional, local), public vs. private organizations, type of stakeholder organization (governmental body, international NGO, national NGO, etc.). Each focus group gathered 8-10 participants, selected based on the following criteria:

- Focus group discussion with key stakeholders from Government, International bodies, relevant NGOs, included:
- 1 representative of UNICEF country office
- 4-5 representatives of governmental bodies / regional or local authorities
- 3-4 representatives of relevant NGOs
- 1 representative of an inter-governmental body / international donor
- at least two participants coming from organisations outside the capital city.

- Focus group discussion with service providers included:
  - A balanced mixed of public and private organisations (4-5 from each category)
  - 1-2 representatives from organisations providing statutory/procedural services
  - 3-4 representatives from organisations providing support services to children/ families (or community-based services)
  - 3-4 representatives from organisations providing substitute care services
  - at least three participants coming from organisations outside the capital city.

The recruitment of the participants at the focus groups was the responsibility of the evaluation team. The focus groups took place in Tbilisi and were audio recorded.

The group discussion lasted around 150 minutes and were moderated by the national consultant following a focus group guide (Annex 5).

### 3.2.3 Semi-structured interviews

In order to capture the views of the service users in relation to various evaluation questions and indicators, we propose that about 15 interviews to be conducted by the field operators with the following categories of beneficiaries:

- Parents of children beneficiaries of child care services (6)
- Children (12) in the care system who, for example, are approaching the age of exit from the system (16-17 years old), both from residential care and foster families.

Also, 12 interviews were conducted with staff working in services (social workers, psychologists, care givers, foster parents).

To ensure a social diversity of these groups, the interviews were conducted in six different locations: three communities in East Georgia – Kakheti (Telavi, Akhmeta and Kurgjelauri), two communities in West Georgia – Imereti (Kuaisi and Zestafoni) and in Tbilisi. The interviews were conducted by field operators in accordance with the Fieldwork Protocol (Annex 6).

The evaluation team also carried on 11 semi-structured interviews with key stakeholders, such as 1/ state entities involved in the reform - Ministry of Labour, Health and Social Affairs (MoLHSA), Ministry of Education and Science (MoES), Social Service Agency (SSA), State Care Agency (SCA), 2/ partner organizations (UNICEF implementing partners, etc.), 3/ representatives of international organisations, 4/ UNICEF staff (Annexes 7 and 8).

Details on how the fieldwork was planned to be carried can be found in the Fieldwork Protocol (Annex 6).

### 3.2.4 Observance of norms, standards and ethical considerations

The design of the methodology considered UNEG Norms and Standards. The methodology combined qualitative and quantitative approaches, and involved stakeholders from all levels of implication and responsibility in the national child care system in order to reflect different perspectives and to ensure
triangulation of information. As defined in the ToR, the evaluation mainstreamed gender and human rights considerations throughout.

The evaluation team members ensured that methodology and data collection process were adapted to differences in culture, local customs, religious beliefs and practices, personal interaction and gender roles, disability, age and ethnicity. The activity of evaluation members also ensured that national/local knowledge and information was adequately taken into account in evaluation.

The team leader ensured that all members of the evaluation team shared the same principles and standards in the process of collecting data, analysing and reporting, in accordance with UNEG Norms and Standards.

Ethical considerations were taken into account in the evaluation process since this included collecting data directly from stakeholders. As it is stipulated in UNEG Norms and Standards, the evaluators were sensitive to beliefs, manners and customs and acted with integrity and honesty in their relationships with all stakeholders, ensured that their contacts with individuals were characterized by respect and protected the anonymity and confidentiality of individual information.

A key element of the evaluation methodology addressing human rights and gender equality consisted of using an appropriate mix of qualitative and quantitative methods, which was used in this evaluation. The evaluators gathered and analyzed data, in order to offer diverse perspectives to the evaluation, and to promote participation of different groups of stakeholders (public and private, institutional and individual, small grassroots organisations, international influential organisations etc.). As presented in the previous section, the evaluation used different data collection tools (desk review, interviews, focus groups, survey). As indicated by the Evaluation Matrix (Annex 3), the data was triangulated in order to ensure the basis for inferring robust findings.

In order to increase accuracy and reliability of the findings at the end of the country visit, the team leader presented for validation, in a debriefing meeting with UNICEF CO, the preliminary findings from the first stage of field data collection.

As the national consultant and the field operators were responsible of carrying on interviews and focus groups, they were informed about the ethics that should guide their activity within the evaluation. Also, the process of identifying stakeholders from different institutional level followed a standard procedure (as per Fieldwork Protocol in the Annex 6) in order to ensure an informed consent to participate in the evaluation (letter of introduction presenting the evaluation process, protection of privacy and information confidentiality, followed by a verbal communication regarding the interview/focus group details). Participation in the evaluation was voluntary and opinions are presented in the report in an anonymous manner.

Families in vulnerable situations (families at risk of child separation because of poverty or other adverse conditions, families with disabled children) were approached through the service providers. Representatives of service providers presented to selected families a letter of introduction (similar to the one used for institutions, but in a less formal language) and asked for their consent to be contacted by the field operators. The service providers communicated the contact details of families willing to participate to the field operators who further communicated directly with families’ representatives, explaining their role in evaluation, the interview conditions and modalities their opinions will be used.

The participation of children in the data collection process required more steps in order to ensure respecting their rights. As we were addressing children in formal care, we needed to obtain the consent from several institutional levels: ministry/regional/local authorities, service provider, guardians. The guardians presented a letter of introduction to the selected children and asked for their consent before arranging the interview carried out by the national consultant. Before starting the interview, the field operator explained again the purpose of the interview and evaluation, how the opinion of informants will
be processed ensuring the confidentiality and asked to confirm their consent. Also, the child was informed that he/she can withdraw anytime during the interview without any obligation to explain the reasons.

The group discussions were facilitated sensitively, which means that before starting the focus group the evaluators got familiarized with the context, the relationships between individuals and groups, the power dynamics, and how the different individuals and groups represented in the group discussion were affected by human rights and gender issues. During facilitation, the evaluators used this knowledge to guarantee an adequate interaction between participants.

3.2.5 Limitations

There were gaps in availability of the data in pre-transfer period of the Child Welfare Unit. The data presented in the report was mostly collected from the ex-Government members leading the reform during the early years of the reporting period. No data resulted from a systematic monitoring was available. Another restriction of the research was lack of the gender disaggregated data.
4. FINDINGS

4.1 Impact

4.1.1 Observed changes in the lives of the target group

Overall, in the reference period there has been a significant decrease in the rate of children separated from their families (Figure 2). The most important decrease has been taking place between 2005 and 2010, when the de-institutionalization process has been intensified and while the foster was increasing. These tendencies continued after 2010, although less significant. As further explained in this section prevention services were and still remain underdeveloped; also the situation of the most vulnerable families did not improve to the extent that better living conditions would be available for children prevented from separation of their vulnerable biological families.

At the beginning of the reporting period, according to official data in 2005, the number of children in residential care was 4552, 54 reintegration cases, 124 prevention cases and 70 foster care. In 2012 the number of children in residential care reached 765, reintegration cases 166 and foster care 1013.

There has been a decline in the number and rate of children in residential care during the reporting period. The number of children in residential care has decreased by 68 per cent. During the same time period the number of children in foster care has increased by 291 per cent. Also, the number of children in infant homes has decreased.

Table 2 – Number of children in public residential care

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<tr>
<th>Type of Care</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
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<th>2009</th>
<th>2010</th>
<th>2011</th>
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<td>Foster Care</td>
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<td>108</td>
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<td>723</td>
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<tr>
<td>CwD in foster care</td>
<td>105</td>
<td>89</td>
<td>85</td>
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</tbody>
</table>
According to the Government data none of the children were placed in residential care after placement in foster care or reintegration in the family. Also, no child has been placed in SGH after placement in foster care during 2011-12, which indicates an emerging family type care enabling to ensure the right of children to grow up in a family environment.

### Table 3 – Number of children leaving different forms of care (public settings only)

<table>
<thead>
<tr>
<th>Type of Care</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
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<td>Children leaving residential care for family reintegration</td>
<td>69</td>
<td>390</td>
<td>471</td>
<td>557</td>
<td>338</td>
<td>271</td>
<td>793</td>
<td>399</td>
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<tr>
<td>Children leaving residential care for foster care (FC)</td>
<td>15</td>
<td>48</td>
<td>131</td>
<td>258</td>
<td>34</td>
<td>27</td>
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<td>Children leaving residential care for adoption</td>
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<td>39</td>
<td>14</td>
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<td></td>
<td></td>
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<tr>
<td>Children leaving institutional care for family reintegration</td>
<td>54</td>
<td>342</td>
<td>340</td>
<td>299</td>
<td>137</td>
<td>108</td>
<td>265</td>
<td>120</td>
</tr>
<tr>
<td>Children leaving residential care for</td>
<td>107</td>
<td>84</td>
<td>299</td>
<td>84</td>
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</table>
Though TransMonee and Government data differ from each other, increasing tendency for residential care leaving has slowed down during the Child Care Unit transfer period. However, the number of care leavers is lower in comparison to entries, e.g according to state data in 2011 357 children entered FC, while 162 left; in 2012 387 children entered FC while only 141 children left. The data reveals the same tendency in case of SGH: in 2011 192 children entered care and only 97 left, in 2012 162 entered and 56 left. This indicates that alternative case services failed to perform a transitional function to the family and they turned de-institutionalization into trans-institutionalization.

Within the reporting period one of the most important social assistance programs in the country with positive effects on the wellbeing of children from poor families was the Targeted Social Assistance (TSA) Program. This program was introduced in 2006 with the aim to provide targeted cash assistance, health and communal services to the poor families based on the proxy means testing. TSA coverage expanded year by year from about 400,000 beneficiaries in July 2008 to about 475,000 in July 2009, 420,800 people (9.6 per cent of the population) in January 201025, 430,000 recipients (about 10 percent of the population) out of a total 1.7 million individuals registered in the database as of mid-2011 (about 40 percent of the population of Georgia). According to the World Bank report 2008, without the TSA, the group that received the benefit would have had a poverty rate of 71 per cent compared with 50 per cent currently (World Bank 2008). According to World Bank’s later report (2012) the poverty headcount without TSA is almost two percentage points higher than the headcount with TSA (27.5 versus 25.7).

In 2011, TSA cash benefits coverage, which provides support to the most vulnerable families in Georgia, increased in the poorest 20 percent of households. This improvement was due to the refinement of the TSA formula in 2010 along with the introduction of new administrative arrangements for maintaining the TSA database. The Government’s commitment to establish an information management system for administering state benefits indicates MoHLSA’s plans to integrate an information management system for all services and benefits. UNICEF supported the Government in the development of this new information management system to systematize the child care information system. However, there is a gap between the data produced and the actual use of child protection statistics, the last being especially reported as still weak.

When comparing TSA coverage by households with and without children it appears that in the poorest households, those with children were less likely to receive cash benefits in 2011. Thus, it is reported that 12 percent of households with children were receiving TSA in 2011 compared to 15 percent of households without children (UNICEF 2012). In 2009, 35 percent of households without children in the poorest wealth group were covered by TSA cash benefits as compared to 56 percent of similar households covered in 2011. As for households with children in the same consumption group, the increase was from 43 percent to 53 percent in the same time period. Even though coverage of TSA cash benefits increased, this positive change is more evident for households without children (UNICEF 2012).

TSA’s role does not necessarily translate into a positive impact in terms of targeting the most vulnerable. There are service access barriers because of the lack of documentation or registration by those who are the most vulnerable (further discussed in detail in Section 4.2 Effectiveness). The program’s role in addressing poverty is satisfactory. However, it is questionable whether it really deals with vulnerability since social protection services delivered did not demonstrate positive changes in terms of social status of the beneficiaries, with few exceptions represented by cases at the micro level, where

<table>
<thead>
<tr>
<th></th>
<th>TransMonee (blue)</th>
<th>Government of Georgia (pink)</th>
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<tbody>
<tr>
<td>Children leaving residential care for small group homes (SGH)</td>
<td>97</td>
<td>56</td>
</tr>
</tbody>
</table>

Source: TransMonee (blue) and Government of Georgia (pink)

25 Government of Georgia, Social Subsidies Agency - Data on recipients of targeted social assistance (2010)
the success of the social workers involvement revealed its importance. Furthermore, child poverty cannot be considered as separate socio-economic condition of given children, as regression analysis suggest, 10 per cent increase in child poverty implies 8.5 per cent increase in the share of adults that fall into the lowest level of cognitive abilities.

Overall, the vast majority of stakeholders consider that children’s living conditions have improved due to child care reform. **Children are both benefiting from their rights and practicing them, but the reform was not equally inclusive for all vulnerable groups of children at each stage of the reform.** Children of minorities, street children, children with certain disabilities were left behind. Paradoxically, the reform also disregards those to the benefit of whom it has already contributed – children aging out of the care system. The coverage of the reform was also unevenly spread across the country, being more focused on the central cities and much less on the remote areas. Some services (e.g. day care services, early intervention programs) are available in the areas where there is less demand, whereas these services are either lacking or are difficult to found where the demand is higher.

**Though the child care system is offering better living conditions for children, it is limited to the children in alternative care.** The rights of the children reintegrated into the biological families are violated in terms of their access to decent living conditions and/or access to basic social services. Children have better living conditions in the care system than in their biological families. The biological families are not supported to the level of affording to offer their reintegrated children comparable living conditions with those they had in the SHGs or foster families. The difference is not only in terms of material deprivation, but also in terms of parents’ and communities’ readiness to reintegrate the child. There are cases when social reintegration process is difficult. For example, an 11 years old child in the care system says: „I did not even have light or the floor was absent at home“. Another 12 years old child in the care system says: „When I say in my village that I can eat food when I want, have holidays, that I have money for clothes they ask me, if I can bring them here. My family could not afford things I have here“. „People don’t have washing machines in my village“. “Since I am living here, I have never been cold at night” (12 years old girl). „I am safe here. I am protected here because no one gets angry at me, no one beats me. I am very happy about this“ (10 years old boy). „I sleep better here. In institution there was a big space and 4 children slept together. Beds were not comfortable. I sleep here calmly“ (13 years old girl). “I know a lot of houses, but it is different here. For birthdays we make cakes together; in other places they just buy a cake. It is different here” (17 y.o. girl). The caregivers have the same impression, they think that “children are well organized, fed and supported” in their services: „this is a village and you can hardly find ten children in this village who are as organized as our kids“ (SGH care giver).

The quality of lives of children in child care system have definitely improved in terms of quality, though when they go back to their families they return to the same poor conditions. Many families whose children are in the system or have been reintegrated still face material deprivation. Children’s expectations about living conditions have changed while they were temporarily benefiting from child care services: “I don’t want to have my computer on journal table because that table is only for journals and scissors” (14 years old reintegrated girl complains about her home environment). This illustrates the child’s high expectation of her living conditions after return.

There were children in SGH reporting that they are separated from their siblings: “I have a sister, who is here with me, though I have two brothers who grow up at home”; “I have sister and brother, they live with my mother and father. I meet them, when mother takes me home”. There are no regulations/guidelines for gatekeeping authorities on avoiding separation of siblings.

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26 Communication with social workers at Georgian Association of Social Workers regular meetings 2008, 2009
Desk review evidence\textsuperscript{28} revealed that children in the care system are more aware about their rights than those out of the system. Besides, the awareness about the child rights unequally increased among children, their parents and teachers. The children interviewed in SGHs reported that they are involved in the decision making processes in relation to the services they are benefiting from. According to the previously mentioned source\textsuperscript{29} children exercise their decision making power, however some of them said they have never participated in the development of their care plan.

There are stakeholders, such as the care givers and beneficiaries, considering that the needs of the families in crisis situations are still not met: „my daughter does not have a bed, she sleeps in the living room on extensible bed”; „the child does not go to school because she does not have shoes”. The Government made an effort to meet the urgent needs of families at risk of child abandonment or in the process of reintegration by establishing in 2006 the Emergency Fund. Regardless the demand-driven operation of the Emergency Fund the budgetary support decreased and finally stopped in 2009. At time when Child Welfare Unit was under the auspices of the Ministry of Education and Science the budget allocation for emergency situations within the child care program for 2006 was 31,522 GEL, for 2007 10,000 GEL, for 2008 30,000 GEL. In parallel to the decrease in Government support for the emergency situation funding, an Emergency Fund was established and administered by the EU Support to Child Welfare Reform Project (SCWR) in 2008. In 2010 UNICEF supported the Emergency Fund and has been managed by the Save the Children (for 6-18 y.o.) and by a local NGO - Children of Georgia - (for 0-6 y.o.). The emerging positive effect of this initiative provided enough evidence to the Government in order to restore its’ responsibility for family support in the emergency situations.

According to a study\textsuperscript{30} carried with UNICEF support the majority of respondents with one or more family members who suffer from a physical, sensorial or mental disability living in the family (n=138) are unaware of the disability benefits that are provided by the SSA (62 per cent). Slightly less than half of all children 3-5 years old are not attending pre-school due to the absence of a kindergarten close to the family home (33 per cent) and the cost of the kindergarten (21 per cent). Less than one out of ten respondents have heard of social workers (9 per cent). The majority of them are unclear as to the kind of specific services a social worker provides (62 per cent) and do not know where to apply in case they need a social worker’s support (53 per cent).

The same study reports that the main reason for not having health insurance is a combination of ‘not qualifying for the health insurance for vulnerable families’ and a ‘lack of money to purchase a private insurance policy’. The lack of information on where and to whom to address in order to get insured is also an issue. The main sources of information for families enrolled in a State Insurance Programme (including Medical Assistance Program) were the ‘social agent of the SSA’ (38 per cent); ‘Doctors’ (20 per cent); and ‘Relatives’ (11 per cent). The main reasons for those 24 per cent that have heard of the database, but did not apply are related to negative attitudes towards the application process, as well as a lack of awareness. The perception of potential beneficiary families is that the assessment of their application will not be accurate, which prevents them from applying. There are a number of barriers (documentation, language, distance, absence of permanent residence) which impact a small group of people. The majority of non-applicants do not know how to apply (76 per cent) or are misinformed (10 per cent).

In addition many stakeholders, the care givers among them, consider the reintegration assistance low, not enough to encourage biological families to be willing to reintegrate their children. One foster parent

\textsuperscript{28} SOS Children’s Villages Georgia and Georgian Association of Social Workers (GASW) – Child Rights Situation Analysis of Children at Risk of Losing Parental Care and Children Who Have Lost Parental Care (2012)

\textsuperscript{29} SOS Children’s Villages Georgia and Georgian Association of Social Workers (GASW) – Child Rights Situation Analysis of Children at Risk of Losing Parental Care and Children Who Have Lost Parental Care (2012)

\textsuperscript{30} UNICEF (2010) - Survey of Barriers to Access to Social Services
said „when I found out about this program, I thought that the money which is paid to the foster mother should be given to the biological family. It would be better to strengthen the biological family”.

**The access to health care has been widened significantly since the beginning of the reform through gradual transition from offering health care services to fostered children to universal coverage at present.** However, children’s right to receive health service is sometimes violated due to low awareness of the parents (biological or foster) about the health needs of their children or because of the difficulties to find their way through the confusing bureaucracy of the insurance system. Some parents are not yet informed about the eligibility for health insurance: “If I need a doctor, I must pay money for this” (foster parent). „I do not know if children have insurance” (biological parent). Another hindering factor for the attainment of the goal of universal health care coverage for children is the linkage of the disability benefit with the poverty level of the family, e.g., children below the poverty threshold are eligible for state voucher for day care, the voucher holder is not co-payer for the service, however the amount above the 75 per cent of the service fee has to be covered by the family. Also, the age benchmarking for the disability status leaves children with several diseases out of the scope of the coverage (e.g. children with Down syndrome).

According to a UNICEF study\(^{31}\), majority of respondents (72 per cent) reported that they received some kind of monetary social assistance. Azeri families are least-likely to receive any assistance. The proportion of households receiving TSA is the lowest among the Azeri and Armenian households.

The stakeholders interviewed for this evaluation underlined the lack of family support services, especially for the families with disabled children. Though the evaluation focus is directed to the period of 2005-2012 the efforts made within this period (EU SCWR pilot initiative to support the development of home care, The First Step Foundation initiative for the establishment of a respite care model) are considered preparatory steps in launching Government’s current initiative - to develop home care for disabled children.

As indicated in the Figure 3, professionals in child care services who participated in the multi-country evaluation of child care reforms survey\(^{32}\) stated that predominately the problems of child care system have to do with lack of financial resources (47 per cent), followed by lack of appropriate infrastructure (18 per cent). The second most problematic factor refers to the problems derived from the legal framework (21 per cent).

Service providers perceive a lack of parents’ readiness to accept the assistance offered. Many beneficiaries still need support in increasing the awareness on their civic responsibility. One service provider recalled many cases when job opportunities offers were rejected by the parents. One interviewed parent said: “I was offered some work, I was told about some job employment program, but I refused because I can find work. All I need is a flat”.

Both the declared and factual deinstitutionalization trends reveal the political will to defend the child’s right to family environment, but the placement decision is often informed by the easy route – placement of the child in the foster care or small group home instead of intensifying the effort for family strengthening. While the primary aim of gatekeeping is to ensure a rigorous screening for preventing children entering into alternative care solely because of poverty and effectively considering family support opportunities before a formal care placement is envisaged. In fact there is a gap between how the overall aim of child care reform was defined (i.e. ensuring the child’s right to family environment) and the purpose of gatekeeping as a major pillar of child care system.

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\(^{31}\) UNICEF (2010) - *Survey of Barriers to Access to Social Services*

\(^{32}\) Online survey for Multi-country evaluation of results achieved through child care system reform 2005-2012 CEE/CIS RKL\#1 Evaluation
Figure 3 – Professionals’ views about the main problems of child care services in Georgia

<table>
<thead>
<tr>
<th>Problem</th>
<th>1st choice</th>
<th>2nd choice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of financial resources</td>
<td>47%</td>
<td>25%</td>
</tr>
<tr>
<td>Lack of appropriate infrastructure / space / facilities</td>
<td>18%</td>
<td>11%</td>
</tr>
<tr>
<td>Lack of specialized staff</td>
<td>10%</td>
<td>16%</td>
</tr>
<tr>
<td>Problems derived from the legal framework</td>
<td>7%</td>
<td>21%</td>
</tr>
<tr>
<td>Difficult cooperation with other organizations</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Lack of beneficiaries</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Resistance of the staff to changes in norms and procedures</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Other</td>
<td>12%</td>
<td>2%</td>
</tr>
<tr>
<td>Do not know</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Q: What are the main two problems your organization is currently confronted with?  
Multiple response question. Total sample, N=37

4.1.2 Changes in equity gaps

Although major progress has been achieved in the reform of child-care system in Georgia, these have not yet been transposed into the capacity of the system to prevent family separation especially for children with disabilities, as illustrated by the fact that proportion of children with disabilities in residential care has remained relatively stable since the year 2007 (Figure 4).

Figure 4 - Proportion of children with disabilities in residential care (TransMonee, 2013)
Parents are poorly supported by the state to get access to rehabilitation services. For example, the costs of services for children with cerebral palsy are supported by the state for only 10 or 20 days per year with intervals of 130 or 180 days in between, while the desirable amount is twice or more. The parents, as well as child care professionals, consider this support as insufficient and ineffective for those who cannot take over the costs and pay for the real number of days necessary for rehabilitation. For these cases in need of much more support even these 10 days are almost useless. The stakeholders mentioned also a difference as regards the age limit for access to services, thus prevention policy is focused on children under the age of 18 months providing food vouchers for eligible families, 0-7 early intervention service in 4 locations, and day care services for children 6-18 with poor geographic coverage.

Differences in the family support allowance for reintegration of a child without disabilities and CwD in biological families compared with foster families were reported in the past and are still questioned by many stakeholders. The evaluation is questioning the rationale behind the decision that parents of reintegrated children receive almost half the support that is received by a foster family for looking after the child, although foster parenting is a paid job involving additional incentives (e.g. the years of foster parenting count for pension).

Another discrepancy is between the allowance for a CwD in a biological family that has not tried to institutionalize him/her and the amount foster parents receive for caring of a CwD. Under the family assistance scheme a biological family who receives back from residential care a CwD, or who is at risk of institutionalizing the child, receives only GEL 40 (respectively increased by 5 GEL and is 45 GEL for the current evaluation period) on top of the reintegration grant (which is still 90 GEL as did not increase since 2009) to compensate for additional expenses. There were many professionals working in child care participating in the focus groups discussions carried for this evaluation who are questioning the Government's rationale for such difference in amount for care by biological and foster parents. The Government considers this difference as an incentive for emphasizing family responsibility for child care, but the effect seems to be quite the opposite.

The development of day care services is an effective measure for strengthening family support component of the reform; however, the existing services need further improvement and development, especially taking into account the uneven distribution of particular services (e.g. early intervention service exists only in four locations). Also, the level of staff qualification varies and infrastructural environment differs as service standards were only obligatory for public service providers. Still, parents of children with disabilities express higher satisfaction for the services provided than other stakeholders (e.g. professionals in the field).

The service providers’ efforts have a reduced impact in improving the situation of children because of no involvement of parents in continuing exercising at home with their disabled children. According to the service providers’ opinion, assistance to disabled children is limited only to their service as majority of parents either never have time to continue the work at home, or because of they are not aware about the importance of sustaining the work. One interviewed parent said: „I go to work at 6 o’clock in the morning working at the bakery, at 1 p.m. I come home and leave for a second job”. There is a need for home care or respite care for the parents of CwD. There is also a need for an increased awareness among parents on the particularities of the disability their children have and on the opportunities for the overcoming disabilities.

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34 The monthly family allowance is 22 GEL.
35 It was 300 GEL until 2009 in the last years of the reference period.
36 The amounts mentioned are relevant for that period.
37 Interviews with child care services staff carried for this evaluation.
Some stakeholders consider that in some instances day care services took over the function of school and parents also expect that day care services to fulfil this function: „there are so many problems in school connected with adaptation that parents bring the children to our day center for development and to school for socialization“ (day care service provider for CwD). Though the stigma towards disability has decreased and progressively disabled children are becoming more visible in the society, some parents of CwD think that they are still not fully integrated in society.

As for service accessibility, though the number of alternative care services increased and diversified, still there are regions where the existing services do not meet the needs. There are cases when beneficiaries are not informed about the services existent in their cities/villages: “I do not use such services”. „I do not know if there are such services”. „I do not know if there is anything, therefore I don’t address to anyone” (parent of CwD).

The study on economic and social vulnerability in Georgia measured the social resource accessibility in the remote and mountainous areas of Georgia. In spite of the limited access, the report states that only five percent of the households took harmful decisions for the future of the children such as taking children out of school, postponing enrolment, reducing the use of health care services or cancelling insurances. These decisions are more frequently taken in households with a CwD (amounting about nine per cent within the five per cent who took the harmful decisions mentioned above).

Similarly, it is reported that almost every school age internally displaced child attends school, and the majority of them on a regular basis. However, the quality of education may suffer from poor educational facilities and teaching level, lack or high cost of educational materials, and segregation. This is especially the case for school age children living in collective centers, as the primary schools are located in each village, whereas secondary schools can be found only in some villages. As a result, the walking distance to the nearest school can range between eight and 12 kilometres which makes access to school more difficult when transport is not available.

4.1.3 Factors influencing the impact of the reform

The commitment of the Government to the child care reform by creating in 2005 the Government Commission on Child Protection and Deinstitutionalisation had speeded-up the reform. In addition, there was the EU conditionality for receiving EU assistance (Food Support Programme). The progress of the reform was also positively influenced by the conditionality for receiving USAID support (consisted of renovation of 8 large child care institutions). In general, the support of international donors helped the progress of the reform. Also, the NGO sector was more supportive to the child care reform compared with other social reforms.

According to a recent study on deinstitutionalization in Georgia a contributing factor to the success of child care reform was the Government decision to concentrate the effort under one central entity - MoLHSA. The need of a single vision document covering all sectors still remains. Such a comprehensive policy document would unify cross sectoral responsibilities and would create a strategic and coordinated framework of interventions in a multifaceted domain such as child care.

The various aspects of the coherence of the reform also influenced the progress of the reform. As presented in the Figure 5, the staff working in child care services had a better opinion when it comes to coherence of vision and planning, but a less favourable perception on the coherence of implementation (correlation among changes produces in the system, adequate allocations of resources and coordination of various stakeholders).

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38 Gassmann, F., Berulava, G., Tokmazishvili, M., (2013) - Economic and Social Vulnerability in Georgia (UNDP)
40 A. Greenberg and N. Partskhaladze (2014) – How the Republic of Georgia has Nearly Eliminated the Use of Institutional Care for Children
The high speed of the reform was mentioned by most of the interviewees as a negative factor. The existence of international funding was a good opportunity for change, but these funds were project-based allocated, so they had a very clear limited period of time for implementation and reporting results. While social systems change slowly, the pressure generated by focusing on showing results was made on the expense of a steady development of the child care system. Reporting success was more important than demonstrating impact. For example, there was a preference for allocating funds to SGHs instead of directing the resources to prevention, which is explained by the fact that it is easier to report progress in case of the first type of service, while for the second type it is more difficult to provide solid evidence on the progress and demonstrate contribution to the improvement of the situation of the target groups. Also, the high speed of the reform reduced the time for proper planning and research in advance for ex-ante assessment and documentation of the reform.

Another negative factor was the sequencing of the interventions for reforming. This is related to the high speed, but it is also related to the limited funding. The international support had an important contribution in leveraging Government support, but the level of national allocations was not by far to the level of the needs. There were interventions which should have been done in parallel in order to build a fully functional child care system. So, in reality there was a trade-off between availability of resources (financial, human and time) and what was feasible to be achieved with these resources.

To a certain extent, the conflict in 2008 was perceived as a negative factor slowing down the reform for reasons of shifting Government attention and resources to more urgent needs. In addition, the changes in the Government, the staff turnover and the fluctuating political interest for the progress of child care reform also slowed down the reform.

The international donors’ community influence was mainly a financial one, co-funding together with the Government, the projects carried for the progress of child care reform. The international NGOs contributed with co-funding, direct involvement in implementation of projects and technical advice, while
local NGOs actively participated in projects' implementation, provided knowledge from grassroots level and in the limits of their organisational capacity, raised funds for co-funding their projects and initiatives. It is worth mentioning the contribution of the business sector (e.g. Natakhtari Foundation) providing support to children leaving state care; many businesses contribute to paying utility costs of the small group homes and other services.
4.2 Effectiveness

In terms of attainment of objectives for the progress of child care, there have been many accomplishments in reforming the child care system in Georgia in the last ten years. Overall, these developments include changes in policy and legislative framework, new services and a shift from institutional care to alternative care, an emerging shift in attitudes and social norms in relation to child care and child participation, an increasing recognition of social work as a profession with an important role in child care. There is still progress to be made in improving gatekeeping, in addressing geographical coverage imbalances and in ensuring sufficient human resources in the system until most of the vulnerable children in need of care will enjoy quality and accessible services.

4.2.1 Outcome attainment

Enabling environment

At the beginning of the reform the changes of social norms were hindered by the low level of awareness on child developmental factors among stakeholders, by job security attitude of the professionals working in large size state institutions, by parents’ perception that children are their property and decisions about children’s lives are of their concern only. While these factors were less predominant, other hindering social norms and barriers have been identified in later stages of the reform, such as policy makers and mid level professionals’ quick decisions driven by the achievement indicators – trying to place as many children as possible in the alternative care services. Also, the medical model of disability according to which children are better cared off in institutions continues to be prevalent among medical staff, mostly doctors.

During the reform policy makers and professionals’ as well as parents’ awareness has been raised concerning the best interest of children, their rights to be grown in a family environment and their rights to socialization, regardless their abilities. As indicated in the Figure 6, the perception of child care staff participating in survey carried for the multi-country evaluation of the results of child care reforms reinforce this finding concerning placement of children in institutions of residential care. Thus, 83 percent of the respondents disagree (most of the even strongly disagree) with placement of children in institutions of residential care.

Figure 6 – Perceived norms regarding the placement of children in institutions of residential care

Source: Online survey among staff working in child care services carried in 10 countries (Georgia included) for the Multi-country Evaluation of Results Achieved through Child Care Reform 2005-2012
In the evaluation period the effectiveness of the child care reform in Georgia decreased because of the changes in the institutional arrangements. Within the reporting period the child care system was coordinated by the State Steering Committee for Deinstitutionalization which was led by the State Secretariat for Child Care and Deinstitutionalization. The Secretariat was reporting to the Prime Minister’s Office. The Secretariat was functional until the Child Care Unit was transferred in 2009 from the MoES to MoLHSA, generating bottlenecks in the activity of the MoES child care units and in their collaboration with MoLHSA. Despite several stakeholders’ effort (UNICEF among them) to prepare this institutional change, the delay in social assistance provision lasted for several months. Though the situation improved in several months, the state remained a reactive policy implementer and its effort to support families in crisis is minimal and mainly oriented on the improvement of child’s situation separate from the assistance to the family. The support is limited to material assistance while vulnerable families are in need of services to support them to change their social status and enhance social functioning.

As indicated by the above mentioned survey, 65 per cent of the respondents consider that institutional framework is somewhat effective for the prevention of separation of children from their families (Figure 7). The prevailing perception on rather limited achievements of the reform was explained by the same group of stakeholders based on a lack of coordination between MoLHSA and MoES in the sense that deinstitutionalisation in child care institutions under the responsibility of MoES has been lagging behind the deinstitutionalisation in the child care institutions under MoLHSA. In addition, uneven geographical coverage of child care services and the equity gap in addressing the needs of the most vulnerable groups of children reduced the effectiveness of the reform.

**Figure 7 – Opinions of staff working in services about the effectiveness of the institutional framework in preventing separation of children from families**

Source: Online survey among staff working in child care services carried in 10 countries (Georgia included) for the Multi-country Evaluation of Results Achieved through Child Care Reform 2005-2012

There are studies on deinstitutionalization in Georgia reporting an increased awareness among most stakeholders on the harmful effect of institutional care and an emerging predominance of new gatekeeping principles as the most important contributing factors to the success of the reform. UNICEF

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41 A. Greenberg and N. Partsikhaladze (2014) – How the Republic of Georgia has Nearly Eliminated the Use of Institutional Care for Children
has contributed much in the transformation and functioning of Guardianship and Care Councils as gatekeeping entities. However, there are bottlenecks in the decision making process of some councils in the regions because there are members in these councils who are not encouraged to carry on an in depth analysis of the cases and to take rigorously informed decisions.

Within the reporting period **legislative framework** has been noticeably developed. Several crucial elements have been embedded in the national legislation with the emphasis on child well-being and protection:

- Amendment to the Civil Code on the differentiation of parental right;
- New law on adoption, first time introducing the right of the child to be informed about his/her biological family; abolishment of the direct adoption disregarding the child and treating her/him as an object for bargaining (the decision is made based on the social worker's recommendations); organizing procedures and principles for international adoption;
- New law on Domestic violence with the equal emphasis on child, introducing protective and restrictive orders first time in the history of child protection legislation in the country;
- Order on the referral mechanism for child protection;
- Law on social assistance embedding child oriented benefits;
- By-laws determining the procedures and eligibility for the access to benefits;
- Decree on the functioning of the Guardianship and Care Councils
- Order regulating Child Care Standards both for nondisabled children and children with disabilities.

Though the legislation introduces the appeal procedure for parents, they are not aware about their rights to appeal or to provide feedback about the service. Few children interviewed for this evaluation are considering self expression about the service as a non acceptable social norm, one of the day care beneficiary said that even if he does not like anything he cannot “tell to a teacher”.

As for the national **policy** addressing child care, the Government has adopted a Child Welfare Action Plan 2008-2011 which outlines the key intervention areas for reform the child care system. This document informed a new phase in the child care reform process focused on moving towards reaching vulnerable and at-risk children before family breakdown occurs. This might be considered as preceding a shift towards prevention, however lacking a clear approach to it.

**The changes in strategic policy documents, laws and procedures do not automatically translate into action or even changes in attitudes.** Child protection is still considered as an area for family decision making (even by school staff), teachers are still violating children’s rights at school. However, several studies revealed that despite the ongoing reforms in both educational and child care system school environment remains a discriminatory environment for children. The Child Rights Situation Analysis Study is reporting that at the end of the evaluation reference period **child rights violations are much less in care system than in general settings (families, schools)**, indicating a satisfactory level of effectiveness of the reform and focus on rights based approach in care provision but a need to sustain and further develop preventive interventions.

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42 USAID and UNICEF - Violence Against Children of Georgia
43 SOS Children’s Villages Georgia and Georgian Association of Social Workers (GASW) – Child Rights Situation Analysis of Children at Risk of Losing Parental Care and Children Who Have Lost Parental Care (2012)
In terms of financial resources allocated for the child care system, there are studies reporting cooperation between external funders and the Government, as well as the involvement of local authorities and NGOs as a precondition for the reform success in terms of proper resource allocation and of addressing the needs of the most vulnerable children and families.

Prior to the evaluation reference period budgetary allocations to child care were purely used to finance state-run large scale institutions. Since 2005 a steady-growing proportion of the state budget has been allocated to alternative care services. The proportion of budget share for early intervention programs which fall under budget/expenditure determinant area was low; investment in early childhood is a “rare public policy with no equity-efficiency trade-off”\(^45\). Within the reporting period the percentage of the children who appeared in the infant home directly from maternity house due to disability decreased with 49 per cent\(^46\). This emphasizes the importance of availability and accessibility to early intervention services as a preventative measure of child abandonment.

Government budget for child protection and alternative services increased year by year aligned with deinstitutionalization and alternative care development process. Prior to the transfer to MoLHSA, the budget has been gradually increased (Table 4) and this tendency was maintained after the transfer too (Table 5).

**Table 4 - Budget (in GEL) allocations during the years 2005-2008 when Child Care Unit was under the auspices of the MoES.**

<table>
<thead>
<tr>
<th>Year</th>
<th>Support in high education</th>
<th>Alternative forms of care</th>
<th>Leisure and recreation</th>
<th>Infrastructural support</th>
<th>Emergency Fund for prevention of separation</th>
<th>Deinstitutionalization</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>149 180</td>
<td>379 476</td>
<td>30 000</td>
<td>275 044</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2006</td>
<td>206 850</td>
<td>35 000</td>
<td>36 000</td>
<td>31 522</td>
<td>1 030 628</td>
<td></td>
</tr>
<tr>
<td>2007</td>
<td>220 000</td>
<td>38 000</td>
<td>35 000</td>
<td>10 000</td>
<td>10 000</td>
<td>1 518 250</td>
</tr>
<tr>
<td>2008</td>
<td>240 000</td>
<td>4 430 000</td>
<td>42 000</td>
<td>30 000</td>
<td>3 194 500</td>
<td></td>
</tr>
</tbody>
</table>

**Table 5 - Budget allocations (in GEL) during the years 2009-2012 when Child Care Unit was under the auspices of the MoLHSA.**

<table>
<thead>
<tr>
<th>Year</th>
<th>Total(^47)</th>
<th>Alternative forms of care</th>
<th>Leisure and recreation</th>
<th>Day Care</th>
<th>Shelter Service</th>
<th>Early diagnostic/Intervention service</th>
<th>Support to institutional care</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>246 238 000</td>
<td>340 000</td>
<td>54 000</td>
<td>275 000</td>
<td>190 800</td>
<td>72 000</td>
<td>7 273 726</td>
</tr>
<tr>
<td>2010</td>
<td>250 923 000</td>
<td>654 300</td>
<td>41 270</td>
<td>402 735</td>
<td>258 120</td>
<td>108 000</td>
<td>171 400</td>
</tr>
<tr>
<td>2011</td>
<td>232 331 600</td>
<td>3 542 365</td>
<td>94 476</td>
<td>2 050 824</td>
<td>99 000</td>
<td>108 000</td>
<td>109 220</td>
</tr>
<tr>
<td>2012</td>
<td>292 699 500</td>
<td>6 221 220</td>
<td>97 944</td>
<td>2 175 066</td>
<td>46 860</td>
<td>96 150</td>
<td>259 200</td>
</tr>
</tbody>
</table>

\(^{44}\) A. Greenberg and N. Partskhaladze (2014) – How the Republic of Georgia has Nearly Eliminated the Use of Institutional Care for Children

\(^{45}\) Social Monitor UNICEF (2013) - Social Protection for Child Rights and Well-being in Eastern Europe, the Caucasus and Central Asia

\(^{46}\) The First Step Foundation Workshop, Tbilisi, May 2014

\(^{47}\) Total amount is provided based on the approved budget support for Child Care for the relevant year, however budget support for relevant programs are provided only without provision of administrative share of the budget.
In spite of the Government’s allocation efforts increasingly directed to alternative care, almost a half of the professionals working in child care who participated in the survey disagree with this fact (Figure 8). As demonstrated by the evidence collected from the interviews and focus group with the same group of stakeholders, this perception is determined by the insufficiency of the resources compared with the needs of the beneficiaries.

**Table 6 - CPI (Inflation) according to GeoStat**

<table>
<thead>
<tr>
<th></th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Average to the Annual Average</td>
<td>109.2</td>
<td>109.2</td>
<td>110.0</td>
<td>101.7</td>
<td>107.1</td>
<td>108.5</td>
<td>99.1</td>
</tr>
</tbody>
</table>

In Georgia more budgetary resources are allocated for family preservation efforts or family-based care models rather than for the placement and maintenance of children in institutions.

**Source:** Online survey among staff working in child care services carried in 10 countries (Georgia included) for the Multi-country Evaluation of Results Achieved through Child Care Reform 2005-2012

Stakeholders recalled High Education Support Fund functional during the period of 2005-2008. It is considered that this fund was an important supportive measure for the encouragement of the talented vulnerable children to pursue high education. The Emergency Fund was another measure for supporting families in crisis or emergency situations.

Financing standards for per day per service allocation was developed. All stakeholders emphasized the importance of the food voucher as the most important preventative measure. However, interviewed service providers consider the resources allocated for the majority of preventive services as insufficient. Among the child care professionals participating in the survey it is a widely share opinion concerning the resources allocation for prevention services (Figure 9). The highest percentages of disagreement in relation to the adequacy of resources allocated have been indicated for day care for CwD, family strengthening services and home based care, while the highest agreement refers to the day care services for children from disadvantaged families. These findings are similar with the opinions collected from most stakeholders (including beneficiaries) in the qualitative survey (interviews and focus groups) in this evaluation.
Figure 9 – Opinions of staff working in services about adequacy of resources allocation to prevention programs/services

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Undecided</th>
<th>Agree</th>
<th>Strongly agree</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day care for children from disadvantaged families</td>
<td>29%</td>
<td>9%</td>
<td>42%</td>
<td>12%</td>
<td>9%</td>
<td></td>
</tr>
<tr>
<td>Day care for children with disabilities or other special needs</td>
<td>39%</td>
<td>4%</td>
<td>40%</td>
<td>2%</td>
<td>9%</td>
<td></td>
</tr>
<tr>
<td>Centres providing counselling and legal aid</td>
<td>5%</td>
<td>14%</td>
<td>34%</td>
<td>16%</td>
<td>19%</td>
<td></td>
</tr>
<tr>
<td>Centres that provide services that support the integration or reintegration of children’s families</td>
<td>5%</td>
<td>23%</td>
<td>20%</td>
<td>29%</td>
<td>15%</td>
<td>14%</td>
</tr>
<tr>
<td>Centres that provide psycho-social support and assistance for abused, neglected or exploited children</td>
<td>5%</td>
<td>27%</td>
<td>23%</td>
<td>25%</td>
<td>16%</td>
<td>16%</td>
</tr>
<tr>
<td>Centres for mothers at risk of abandoning their children</td>
<td>5%</td>
<td>27%</td>
<td>18%</td>
<td>19%</td>
<td>10%</td>
<td>22%</td>
</tr>
<tr>
<td>Centres that provide services for the development of independent living skills</td>
<td>12%</td>
<td>33%</td>
<td>11%</td>
<td>18%</td>
<td>14%</td>
<td>29%</td>
</tr>
<tr>
<td>Centres that provide support and assistance to pregnant women at risk of abandoning their newborns</td>
<td>6%</td>
<td>22%</td>
<td>14%</td>
<td>17%</td>
<td>16%</td>
<td>29%</td>
</tr>
<tr>
<td>Respite care</td>
<td>8%</td>
<td>25%</td>
<td>16%</td>
<td>14%</td>
<td>14%</td>
<td>32%</td>
</tr>
<tr>
<td>Family strengthening services, such as parenting education, mediation and conciliation services</td>
<td>22%</td>
<td>25%</td>
<td>16%</td>
<td>14%</td>
<td>14%</td>
<td>32%</td>
</tr>
<tr>
<td>Home-based care</td>
<td>11%</td>
<td>27%</td>
<td>21%</td>
<td>8%</td>
<td>14%</td>
<td>30%</td>
</tr>
</tbody>
</table>

Q: Considering the budgetary constraints Georgia faces nowadays, to what extent do you agree that resources are adequately allocated for the following types of services aiming at preventing family separation? Total sample, N=37

Source: Online survey among staff working in child care services carried in 10 countries (Georgia included) for the Multi-country Evaluation of Results Achieved through Child Care Reform 2005-2012

Supply of services

Within the reporting period 12 counselling and support services for parents have been developed in the country. Out of these 7 are located in the capital, but there are regions left uncovered by services. Also, 54 day care centers have been developed, of which 14 day care centers are located in the capital city. There is only one region in the Western part of the country (Racha-Lechkhumi) not covered by day care services. There are 48 day care services in place, of which 32 are for children with disabilities.

Inclusive education, in spite of being formally established in the educational system, has not become yet a current practice proved by CwD’s enrolment in the day care during the school hours. A tendency that was revealed during the service monitoring activity conducted after the approval of Child Care Standards in 2012 is the fact that instead of being supplementary to school, day care service implicitly and gradually took over the role of inclusive education. This does not leave much space for the development of other social activities in this service. It is important to establish better linkages between day care and inclusive education programmes in order to make sure CwD have continuity in attending school and have access to education to the extent this will provide them with real chances of social inclusion.

The majority of service providers participating in the survey (Figure 10) and interviews expressed their preference for family-based care services over the institutionalization, as well as for the reintegration of children to their families. This perception currently existing at the level of social norms among professionals working in child care is not equivalent with the current situation in the child care system. Child care professionals tend to be more aware of how the child care system should look like, but for
example, the transitional function of the alternative care has faded as the length of time spent in alternative care services is far beyond transitional limit\textsuperscript{48} generating trans-institutionalisation\textsuperscript{49}. Also, the lack of a mechanism for preventing child separation from their vulnerable families is a risk factor for institutionalisation or re-institutionalisation. In addition, the situation of the children in boarding schools under the responsibility of the MoES (e.g. CwD) does not fit within the deinstitutionalisation framework because there is no gatekeeping mechanism in place, there are no social workers dealing with the process and the cases. Coordination between the two ministries at both policy and program implementation levels still encounters bottlenecks in terms of addressing the needs of the most vulnerable children (e.g. CwD or young offenders in boarding schools).

Figure 10 – Perceived norms regarding the preference for family-based placements of children without parental care

<table>
<thead>
<tr>
<th>Source: Online survey among staff working in child care services carried in 10 countries (Georgia included) for the Multi-country Evaluation of Results Achieved through Child Care Reform 2005-2012</th>
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</table>

The office-type oriented referral child care policy has as a consequence the fact that state social workers are not conducting outreach activities and still there are invisible children with invisible problems. The reform failed reaching many vulnerable children: children with health problems, street children, children from poor families, children abused and neglected.

Though the child protection referral procedure has been adopted and social workers have the principal responsibility in the implementation of the procedure, the removal of children from the abusive family is quite difficult. The main obstacle is represented by the police officers’ reluctance for issuing restrictive orders. A service provider recalled a case of a child severely abused by his mother (beaten with the wet towel) who was not removed from family because his mother was threatening that she will kill herself. The police officer feared that she may really kill herself and decided to leave the child with his abusing

\textsuperscript{48} A matter of months, not years, as it is now.

\textsuperscript{49} Moving the child from form one institution to another (e.g. from a large type institution to small group homes).
mother. According to a study on violence against children in Georgia\textsuperscript{50} police officers more often issue restrictive orders to protect adult victims of domestic violence and they very rarely do so for children. The low level of knowledge about the identification of abuse signs both direct and indirect, as well as the low awareness about supportive mechanisms for children victims leaves the cases of these children disregarded. The study states that in successful cases (when child’s best interest was considered) the determining factor was personal relationships between social workers and police officers. In addition, the study indicates that violence against children in Georgia is widely accepted. More than one of two Georgians believes that violent forms of punishment are more effective compared to the non-violent ones. Overall, teachers, social workers and police staff believe that domestic violence is a family’s internal affairs. This approach is a major obstacle for implementing a fully functional state’s child protection referral mechanism. Professionals, as well as the general public, need to be better informed about the negative impact of child abuse and neglect and child protection mechanisms.

The Social Service Agency is reporting 29 referrals of child abuse cases in Tbilisi in 2010 and 35 in 2011. In the whole country the figures increased from 90 referrals in 2010 to 142 in 2011 and to 138 referrals as per September 2012. However, the participants to the focus group with NGOs carried for this evaluation emphasized the decrease in child abuse referrals compared with the situation during the pilot phase\textsuperscript{51}. According to the Ministry of Internal Affairs (MoIA) there were three restrictive orders issued in 2010, nine in 2011, and five till the end of September 2012. As for protective orders, according to the Tbilisi City Court records, in 2010 the court reviewed five and issues three protective orders. In 2011 the Court reviewed 13 cases of violence and issued 11 protective orders. The Social Service Agency has recorded no referrals of cases of abuse on CwD, neither incidents of service delivery to the same vulnerable group by the State Shelter for the Victims of Domestic Violence and Trafficking. This optimistic official reporting contradicts many international studies according to which violence against CwD is higher in comparison to the same phenomenon among children without any disabilities\textsuperscript{52}.

NGO representatives flagged that there are cases they refer to SSA, however SSA representatives do not take action. The state child protection policy is “child protection oriented” rather than “family service oriented” and the removal of the child from the family remains a culturally sensitive issue\textsuperscript{53}.

Overall, one of the key factors that had the potential to affect the impact of the reform process refers to the need to improve capacity of the staff at both decisional and operational levels. UNICEF supported the training of all main drivers of the reforms from grassroots to the senior officials responsible for the reform administration. However, promoting cross sector working practices did not brought promising results. The various state institutions remained self-focused rather than reform goal oriented. A good example of this would be the wide difference between social service provision for children under the MoLHSA and MoES, child protection referrals operation level and speed within the particular state entities e.g. MoLHSA and across various state entities e.g. Ministry of Correction and Probation and MoLHSA and MoES. This cooperation calls for partnership development.

Care givers expressed concerns that while their beneficiaries’ situation improves day by day, the situation in their families remains the same. There is a lack of services for parents to help them to follow the speed of children’s development, to prepare them for the return of their children back and to ensure the maintenance of developmental work. The majority of social workers are mainly concerned by bureaucratic procedures and overloaded with various responsibilities and many cases to handle. They

\textsuperscript{50} USAID and UNICEF (2013) - Violence Against Children in Georgia
\textsuperscript{51} Referral mechanism for child protection was piloted (by a coalition of NGOs led by Save the Children) in several locations in 2009. Several schools, police and social services were involved in the piloting.
\textsuperscript{52} SOS Children’s Villages Georgia and Georgian Association of Social Workers (GASW) – Child Rights Situation Analysis of Children at Risk of Losing Parental Care and Children Who Have Lost Parental Care (2012)
struggle to find time to conduct work with families. In spite of the above mentioned difficulties, in some regions social workers are more involved in the direct practice provision, though more intensely in relation to the alternative services rather than with support ones.

Many stakeholders complained about the accelerated pace of the implementation of deinstitutionalization. On the one hand children returned to their biological families unprepared and on the other hand families were not ready for reintegration. Not enough work has been conducted with the communities either. There are reports describing the hardship the children faced in the communities after the reintegration at the beginning of reporting period. The later study (conducted post reporting period, though reflecting on the reintegrated within the second final years of the reporting period) evaluates the situation of the majority of the assessed reintegrated children as satisfactory though categorizing the families as vulnerable. The study states that one-third of families did not exhibit any of the risks, and the majority of families had five or more strengths. However, families face multiple material deprivation and psycho-social challenges, i.e. caregivers have problems of substance abuse or even of mental health. The study revealed the needs of parental skills development for the caregivers in the reintegrated families. Other finding refers to the need for preparation of all care givers for the reintegration process and not only of the main caregiver to ensure relevant up-bringing of the reintegrated child. Another interesting finding was different levels of the risk between the families with closed (when social worker is not providing any social work service for this family) and ongoing cases.

Social work is a newly emerging profession in Georgia striving to develop on the grassroots level; however community work is not conducted. In the practice of social work the level of intervention is individual or family-based. In a collective culture such as in Georgia the mobilization of community support would have positive impact on the individual/family level. Those families who have stronger social network cope with crisis circumstances easier. This is a resource that has not been explored enough so far.

Demand for services

The uneven distribution of services around the country was also mentioned by the service beneficiaries, especially with reference to the lack of day care centers for socially vulnerable children and the geographical coverage of services. In general, the remote areas or regional centers lag behind the service provision in central cities. Additional to this shortage of services, the service beneficiaries mentioned that health insurance package does not cover medicines.

Many professionals working in care services, including social workers, reported that outreach services are not well developed in Georgia. **Service accessibility depends on the beneficiaries’ potential to gather information.** It is widely agreed among the staff working in services (76 per cent) who participated in the survey that this is the main factor affecting the access of vulnerable families to services (Figure 11).

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54 For example, Sakhokia (2005) - Impact of Deinstitutionalization, Strategic research Center
55 USAID, UNICEF, Save the Children (2013) - Needs Assessment for the Reintegrated families in Georgia
Figure 11 - Professionals’ views about factors affecting vulnerable groups’ access to services

Source: Online survey among staff working in child care services carried in 10 countries (Georgia included) for the Multi-country Evaluation of Results Achieved through Child Care Reform 2005-2012

Interviews conducted for this evaluation demonstrated that service beneficiaries did not appear well-aware about the services in their region. However, most of the service providers consider that some services such as day care became more accessible for vulnerable families (Figure 12). Thus, there still is a gap between the availability of certain type of services and the awareness and/or capacity of the beneficiaries to access services which reduces the effectiveness of the system.

Figure 12 - Opinions of staff regarding the evolution of services for vulnerable families in terms of accessibility

Source: Online survey among staff working in child care services carried in 10 countries (Georgia included) for the Multi-country Evaluation of Results Achieved through Child Care Reform 2005-2012
The field evidence demonstrated that families in touch with social workers were better informed, while those receiving family support services but much less in touch with social workers were less informed. The main sources of information following social workers were the internet and TV.

UNICEF has contributed to increasing beneficiaries’ capacity to express demand for services by supporting simplification of birth registration. This has ensured an increased access to basic services for disadvantaged and poor children and their partners.

**Quality of services**

The first draft of the child care standards has been developed in Georgia in 2005 for SGHs within the EU supported project “Life Learners”. The initiative was expanded to all alternative services with UNICEF’s support. Under the Technical Secretariat of Interministerial Committee for Child Welfare and Deinstitutionalization a special working group of professionals was established for developing the child care standards for family substitute and family support services. The standards have been finalized within EU SCWR and the first version of standards was approved by the Government in 2009. The final version of the standards was approved by 2012. It was enforced for all state funded child care services. In parallel standards of care for people with disabilities has been developed and approved. The first monitoring of the standards was launched in 2013 with UNICEF’s support. The initiative resulted in the establishment of the separate Monitoring Unit within the MoLHSA. The standards became obligatory for the child care services, however the monitoring entities did not monitor child care service under auspices of Georgian Orthodox Church within the reporting period.

The child care standards monitoring revealed several areas for improvement of child care services. The main achievement of the system towards meeting child care standards is the dedication of some care givers and social workers for the social integration of the child, creation of a family environment and decent living standards for children benefiting from care services and ensuring children’s involvement in the education process. There are cases when school performance of children remarkably improved. However, there were bottlenecks identified by the Monitoring Unit under MoLHSA such as: routinely processed service plans for children, care givers lacking skills for care and communication with children with difficult behaviour (children with mental health problems among them) or for guiding children in dealing with bureaucratic barriers, a weak cooperation between care giver and the social worker. Another bottleneck refers to the decision on location of the services, as some services are located in remote areas, which reduces the access of children to these services.

**A promising progress for future improvements in relation to child care standards for alternative services is the development of professional associations of carers working in SGHs and in foster care.** The association of SGH professionals was established in 2012 with UNICEF support and aims to coordinate all service providers for better advocating for the rights of children living in SHGs. However, the institutional capacity of this association is very limited and needs further support in order to be able to achieve its’ mission and to become a notable voice across all system levels from grassroots to policy levels. The newly established Foster Carers’ Association aims to unify efforts of all foster parents for the best interest of the children.

There is a well functioning registration procedure for child care services within the MoLHSA. The service providers (public or private) have to register in order to become authorized to run state supported and state recognized child care service. Services supported from private funding (NGOs or church institutions) are not registered at the MoLHSA. At the end of the reporting period, the only large size institutions left in Georgia are those providing services for CwD and church run institutions. It is

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56 The first monitoring took place in 2014.
estimated\textsuperscript{57} that in the Church administered child care services there are approximately 1,000 children. An initial dialogue has been established between the Government and the Georgian Orthodox Church in 2011, without much progress within the reporting period.

Child care standards have a separate mechanism on complaints procedure. The field evidence collected for the evaluation indicates that service beneficiaries do not make use of their right of complaining. This reduces the level of beneficiaries’ participation in further improvement of the services. Other sources\textsuperscript{58} also confirm that children and their parents are not well aware about the essence of feedback/complain procedure and they only consider it as a source to express a “wish” or “gratitude” to the carers, but not as an opportunity to complain about the services.

Quality of social work has improved significantly through establishment of BA and MA programmes, Certified Social Work Programme as well as other on-job mandatory trainings for statutory social workers (e.g. disability and violence related issues). At least minimum acceptable quality of child care service provision has been gradually sustained through state approved training programmes, minimum required standards for service providers and evolving system of service monitoring. UNICEF had supported interventions in this area of child care system.

4.2.2 Harmonizing child care reform with other key sectors

One of the most effective measures of harmonization between child care reform and other reforms considered by stakeholders was to introduce health insurance service for the children. This measure supported parents to better take care of their children and contributed to preventing institutionalisation. Another effective measure was the partnership of MoLHSA with MoIA and MoES within the child protection referral mechanism. This partnership defines coordinated actions of the three ministries when addressing cases of child abuse or neglect.

The social work service providers consider that collaboration between public entities and NGOs is very effective when it comes to providing supportive services to the beneficiaries prior to benefit approval. Procedurally, state social workers are in charge of documenting the cases to be submitted to the Guardianship and Care Council. This requires time (approximately a month) and within this period beneficiaries in crisis are supported by the NGOs until the benefit is approved.

In 2005 the Government declared a moratorium on entries in large size institutions under reorganization. In 2007 the placement of children under 3 was banned in infant houses, while preventative work to reduce the need for separation was delayed and still is insufficient. The social work units in maternity wards are lacking and there are few programs on early interventions unevenly spread across the country. This lack of vision, coordination and proactive approach reduces substantially the effectiveness of the efforts directed towards the improvement of children’s wellbeing.

\textbf{There is a lack of clear synergies among social, health and education sectors towards an effective child care policy in the country}. Apart from the support to the CwD, which needs coordination among social, health and education measures as it was previously explained, another problem in child care system requiring inter-sectoral cooperation is the absence of services for care-leavers. This vulnerable group needs various support services (housing, vocational educational, job counselling, psychological counselling for independent living etc.) not limited to material assistance which are not yet in place.

\textsuperscript{57} A. Greenberg and N. Partskhaladze (2014) – \textit{How the Republic of Georgia has Nearly Eliminated the Use of Institutional Care for Children}

\textsuperscript{58} For example, SOS Children’s Villages Georgia and Georgian Association of Social Workers (GASW) – \textit{Child Rights Situation Analysis of Children at Risk of Losing Parental Care and Children Who Have Lost Parental Care (2012)}
According to desk review evidence\textsuperscript{59} within the reporting period the Tbilisi Infant House was in the center of attention of stakeholders because it had a very high turnover of admissions and outflow of children and a high mortality rate. The health care services in this institution were insufficient and failed to prevent the death of some children who could otherwise survive. Also, palliative care services were lacking for children with major health problems in terminal phase. The outflow of children to outside placements decreased from 2007 to 2009 but, at the same time, the mortality rate increased from 23 in 2007 to 32 in 2009. No other institution in the country has that size of turnover or that level of mortality. This case brings an utmost example of a lack of correlation between health services and child care services. This is an example the child care reform failure to provide proper gatekeeping, sufficient carers, proper healthcare, access to early childhood education or community socialization, access to emotional support through family or family-type environment.

A weak „welfare to workfare” scheme correlates with a limited effectiveness of child care reform. There are parents of children who are at risk or are already in the child care system who are unemployed. Receiving social assistance enables them to get health care services and/or medicines for their CwD. They often refuse to work due to instability of employment and for fearing to lose the social assistance which stops when they get a job, even a temporary one or a job with limited long term perspectives. In case of losing the job, they have to go through the whole time consuming application procedure again. The benefits of an unstable job are far less attractive compared with a stable, long term social assistance support. The lack of labour market perspectives combined with a social assistance policy encouraging welfare dependency maintain the status of socio-economic vulnerability of families in need of child care services.

The child protection referral process is another area requiring strengthening inter-sectoral cooperation among three ministries: MoIA, MoES and MoLHSA. The small number of child abuse referrals correlated with problems reported from the educational system indicates the need for further improvement of the referral process. As explained in more detail in the section 4.2.1 (with reference to the supply of services) the small number of restrictive orders issued proves the same, in the sense that in spite of the social worker’s report of a child abuse, police officers still do not issue a restrictive order\textsuperscript{60}.

4.2.3 UNICEF’s contribution to the systemic changes

In terms of UNICEF’s contributions to the progress of child care reform in Georgia, the followings are predominantly appreciated by stakeholders:

- Technical assistance for key decision makers
- Assessments/Studies/Pilot Projects
- Particular engagement in promotion and development of alternative care services: foster care, SGH; also family support services: day-care and early intervention programmes.
- Scaling up of particular initiatives and innovations
- Supporting public awareness campaigns
- Support for networks and coalitions of NGOs
- Support to social work professional development.
- Support capacity building of the frontline workers: staff of the services, policemen, psychologists.

\textsuperscript{59} Children of Georgia (2010) - Assessment of Child Admission and Outflow at the Tbilisi Infant House

\textsuperscript{60} Children’s Villages Georgia and Georgian Association of Social Workers (GASW) – Child Rights Situation Analysis of Children at Risk of Losing Parental Care and Children Who Have Lost Parental Care (2012)
Initiation of the relevant legal changes to support the reform.

Remaining bottlenecks most often mentioned by the stakeholders refer to:

- professional norms and
- a lack of preventive services.

Overall, in the evaluation reference period UNICEF’s interventions in child care reform included assistance for improvement of the social assistance system, facilitating social inclusion of vulnerable families and reducing benefit dependency. In the recent years, with the technical support of the RO and HQ and by introducing the MoRES Framework, UNICEF CO in Georgia has made an important progress in monitoring more systematically its’ achievements and contribution to the child care reform in the country. The evidence provided by the CO\(^61\) demonstrates that during the evaluation reference period the contribution of UNICEF was focused predominantly on enabling an environment necessary for the development of child care and partially on strengthening the supply (only availability of essential commodities/inputs), while strengthening the demand and the quality of care remained for the current programming period.

The importance of identifying the social norms resulting in social exclusion and equity gaps was acknowledged and to a certain extent addressed in the reference period. The progress in other determinant areas is much dependent on the changes in social norms and less the opposite, whereas UNICEF directed fewer resources for this determinant area of interventions compared with the other determinants aimed to enable a functional environment of an effective child care reform (Figure 13). Over the entire evaluation reference period UNICEF has contributed to changing the social norms both explicitly, i.e. by carrying or supporting studies which addressed social norms and attitudes, and implicitly, i.e. by all the other interventions which addressed child care.

The study “Child Rights Situation Analysis of Children at Risk of Losing Parental Care and Children Who Have Lost Parental Care”\(^62\) included topics especially related to caregivers’ attitudes about professional activity as well as children’s attitudes about their life, feelings, wishes and expectations.

Another study carried at the end of the evaluation reference period (i.e. in 2012) with UNICEF support, entitled “Violence against Children in Georgia: National Survey on Knowledge, Attitude and Practices” was focused on the levels of knowledge of the adult Georgian population regarding violence against children and on the attitudes underlying child raising and discipline methods, as well as on the practices of reporting and reacting to child abuse cases.

The study revealed that current social attitudes are alarming as almost half of the Georgian population considers violence to be acceptable and 60 per cent of the population believes that using violent disciplinary measures are more effective compared to the nonviolent ones. This clearly indicates a need for continuing the efforts towards changing social norms.

The evidence collected for this evaluation (both from the field and from desk review) presented earlier in this section demonstrated that social norms are often determinant factors for social exclusion and for maintaining equity gaps. Therefore, changing them is crucial for achieving progress in all areas of interventions ultimately determining changes in children’s lives and reduction of equity gaps.

Also, it should be noted that in reference period UNICEF CO has reported that institutionalization largely became an unacceptable form of child up-bringing. More as a result of different other type of

\(^61\) Interviews with CO staff and desk review of the documents provided relevant for this analysis (“Description of Level 3 Indicators – SRA 7 De-institutionalization in Georgia”, “Mapping of Interventions CP in Georgia (August 2014)”, “MoRES – Joint RO/HQ Georgia Mission Report (12-15 March 2012)”

\(^62\) SOS Children’s Villages and Georgian Association of Social Workers (2012)
The focus on the other determinant areas of interventions aimed to enable an effective environment for the implementation of child care reform (legislation/policy, budget/expenditure and management/coordination) was quite even, though predominantly on legislation/policy. This approach is empirically justified by a common practice and approach in implementation of a reform. The Government of Georgia defined its priorities in child care reform through its Child Action Plans (2005-2007, 2008-2011) that put emphasis on de-institutionalization and development of alternative care services as well as creation of statutory social work to guide deinstitutionalization. UNICEF CO had an important contribution in providing technical assistance for drafting these strategic documents.

In terms of supply, geographical spread and physical access to adequately staffed services have improved since 2005. Network of small group homes have been developed and outsourced to NGO sector that serves as the last resort for children in need of formal care. Providers have been trained, minimum standards for small group homes were developed and the monitoring system is in the process of establishment. Within the reporting period various services have been developed, many with UNICEF support. As already presented in more details earlier in this section, day-care centres that serve children with special needs have also been developed, although this is still not sufficient to meet the existing demand.
4.3 Efficiency

UNICEF’s core roles to the progress of child care reform in Georgia have been significant in terms of providing technical assistance for key decision makers towards the progress of child care reform. UNICEF is perceived by most stakeholders as a major player in the development of foster care and small group homes in Georgia, in training and re-training of social workers, in establishment of standards for services. Also, another important contribution of UNICEF was to an increasing knowledge base for child care reform by supporting assessments and studies. It is also appreciated that UNICEF have contributed to the development of networks and coalitions of NGOs in the domain.

UNICEF has also supported the Government in getting access to international resources in relation with EU and USAID. Though, because of the economic crisis and the shift in the focus of these major funders to other domains, this support has decreased in the recent years.

This is rather a perception at the level of UNICEF’s stakeholders in relation to what UNICEF had been doing in the country between 2005 and 2012.

There is a difference between this perception and how UNICEF CO staff currently in place perceives the core roles. As per Figure 14, UNICEF staff considers that KLA1 UNICEF’s resources have been allocated mostly for policy advice and technical assistance (57 per cent of KLA1 resources in the reporting period). Fewer resources were allocated to modelling and piloting interventions (22 per cent), facilitating national dialogue towards child friendly social norms (14 per cent) and voice for children and adolescents (7 per cent).

Figure 14 – Amount spent by UNICEF in Georgia on interventions, disaggregated by core roles

Prior to any analysis on how the core roles were connected to the determinant areas of intervention in the country, it should be mentioned first that any consideration on the core roles has to be made in correlation with the actual amount allocated per year (as per Figure 15) and with UNICEF CO’s costs with human resources for KLA1 (as per Figure 16).
The KLA1 yearly allocations indicate an increasing trend (except for 2009) and major contrasts in terms of the resources available for KLA1 among reference years. Thus, the years with the most substantial allocations (2011 and 2012) allowed for an engagement in more core roles, although a tentative has been made in 2007 too, but it has not been sustained in the following three years. In some years (2006 and 2008 – 2010) RKAL1 resources were directed exclusively to policy advice and technical assistance. According to UNICEF’s staff retrofitting assessment, no resources were allocated for three core roles: monitoring and evaluation, leveraging resources and enabling knowledge exchange. However, this assessment does not allow for causally infer that UNICEF CO Georgia has not been active in implementation of these three core roles, as the field evidence collected demonstrates an almost unanimous recognition of UNICEF’s role in leveraging resources for child care reform in Georgia from actually all the major donors active in this domain in the country. The same can be mentioned concerning enabling knowledge exchange. This has been done through for example providing inputs to development of training curricula, retraining of staff and in some cases introducing University courses for new professions which did not exist in the past (e.g. social workers). In spite of being formally label as “technical assistance”, UNICEF’s role was also to facilitate access of child care professionals to new knowledge and skills.

The largest amount which was spent on Policy advice and technical assistance was indispensable for a sustainable UNICEF CO’s engagement in supporting achievements in legislative framework and policy changes in the domain of child care. The progress of the legislative/policy and institutional component of the reform was important to ensure the recognition and support of decision makers for the progress of child care reform, as well as the engagement of practitioners. UNICEF CO accomplished this core role through:

- assistance for policy development for Child Welfare Reform in Georgia since 2005, starting with supporting the Government’s capacity to address CAP priority areas, quality care and social inclusion of

- support for simplification of Birth Registration to ensure increased access to basic services by disadvantaged and poor children and their partners;

- development of training modules for emergency care system and training of existing social workers to assist with assessment of children in the institutions nationwide who later made recommendations on children’s placements to the Guardianship and Care Panels;

- technical support for capacity building of Social Work Staff and supported the expansion and improvement of human resource capacity for child care case management in Government of Georgia/SSA system;

- renovation and equipping of three new drop-in/day-care centers and two overnight shelters for NGO service provision; staff of the centers will be trained to provide quality service;

- recruitment and training of four mobile teams to provide outreach service primarily for children living and working on the streets;

- assistance for enhancement of technical capacity of Social Service Agency to be able to manage, coordinate and monitor services for highly vulnerable children;

- support for integration of database for highly vulnerable children in a relevant government system;

- support for reorganization of Child Care Institutions to select residential settings to provide improved quality care to children.

Fulfilling this core role is labour intensive for CO's staff involved in the implementation of the respective interventions requiring considerable amount of time of the respective staff members.

UNICEF CO in Georgia accomplished the core role on Modelling/piloting and technical assistance through:

- starting from 2005 UNICEF has supported capacity building for new and existing professionals working on infant abandonment prevention issues;

- support for the expansion and implementation of quality standards in community-based service for CwD and other vulnerable groups.

**UNICEF CO has ensured that Modelling and piloting of new services has become more sophisticated and coherent over time** and has built up a conceptual understanding of when piloting and modelling of alternative care services is most useful and when it may be unsustainable and may create heightened expectations which go unfulfilled. This represents a considerable comparative advantage for UNICEF in relation to other stakeholders, particularly International NGOs. However, where the scaling up is not yet at an optimal level this is mostly for reasons of not having reached a sustainable level of ownership from central and local authorities. Also, it should be noted that in order to increase its' efficiency in modelling and piloting UNICEF will have to continue to invest in increasing the quality of services that have been piloted, as well as in advocating for an increased availability of services in the country.

UNICEF CO in Georgia accomplished the core role Facilitating national dialogue, to a certain extent also technical assistance and modelling/piloting through:

- support for a coordinated implementation of child protection procedures, including for the child victims of domestic violence, trafficking, and the development of policy options and models of support for after-care;
- support for optimization of child care institutions and development of alternative services in the country to aid deinstitutionalization process.

*Facilitating national dialogue* was less an objective in itself as it was a consequence of *Policy advice and technical assistance*, as well as of *Modelling/piloting*. However, this has not been an unintended effect of the previously mentioned core roles, but it was achieved through advocacy actions clearly assumed by UNICEF CO together with its’ partners during the progress of child care reform in Georgia.

The lowest allocation for carrying on the role of being a voice for children and adolescents, with actions aiming at changing attitudes and mindsets for the development of alternative services in the country, was less efficient in supporting the social norms determinant area of change. A focus on more technical aspects of reform as exemplified by the previous three core roles may have been at the expense, to an extent, of a focus on voice and participation of vulnerable children and their families. In a context of a child care system which is far from being fully functional and which addresses vulnerable groups of beneficiaries who need empowering more than other groups in society, *strengthening the collective and individual voice of vulnerable children and their families could be developed much more strongly in the future programming period(s)*. In addition, the core roles not addressed in the reference period (*Monitoring and evaluation, Leveraging resources and Enabling knowledge exchange*) will need consideration in the next programming period(s) in order to increase the diversification and complexity of UNICEF’s interventions in accordance with UNICEF’s regional strategy and for strengthening the sustainability of its’ interventions at a systemic level. However, this is related to the CO’s capacity to ensure resources (especially human resources) to cover all these roles.

**Figure 16 – Comparative evolution of total costs and HR costs of UNICEF CO Georgia for KLA1**

A comparative evolution of total cost and human resources costs for KLA1 (Figure 16) reveals that overall UNICEF CO has been increasingly efficient from 2007 as the percentage of HR costs has been lowering. However, it can be estimated that this trend reduced CO’s capacity of engaging more substantially in implementation of those core roles less visible in terms of reporting immediate results (e.g. *Voice for children* or *Monitoring and evaluation*).
4.4 Relevance

The extent to which the child care reform was consistent with beneficiaries’ needs and exploring how UNICEF’s interventions suited to the priorities and policies in the domain of child care in the country are key aspects to discuss when testing the appropriateness of child care reform in Georgia.

Institutionalized children and children at risk of separation from family were identified by UNICEF documents and staff as the most vulnerable. **Single parents and children in remote areas are rarely mentioned in either UNICEF documents or by key child care system or service staff. Also, there is a lack of attention to children with mental health problems already in the system.** These children live in SGHs with care givers lacking skills to take care of them and no services available in locations where they live. Several times their problems have been mentioned by NGOs and Ombudsman, though not included in the program or policy level document, therefore still remained unaddressed.

UNICEF’s interventions were focused predominantly on institutionalized children, in the early years of the evaluation reference period, and more recently, on children at risk of separation from family. Some vulnerable groups such as street children, children in remote areas and children with mental health problems appeared beyond UNICEF’s focus within the reporting period. However one of the first studies aiming to identify the composition and needs of the street children was UNICEF supported in 2006, but the results of the study did not appear on institutional agenda, therefore remained out of the public policy agenda63.

At the beginning of the reporting period participatory approach was rarely embedded in child care interventions in the country. However, in 2007 children took active part in the assessment of the Child Care Action Plan 2003-2007 and development of the new Child Care Action Plan 2008-2012. The process was planned and implemented within the EU SCWR project.

There are service providers acknowledging the importance of the service user participation in the design and planning of child care interventions, but they are reluctant to proceed with the participatory planning and programming process until they will not manage to clearly identify the stage of participation and criteria for participants’ selection. Some service providers are covering a high number of beneficiaries and for that reason they do not consider realistic to involve all beneficiaries in the service development process. There is a serious concern that participation sometimes raises false expectations and the process needs proper planning and preparation requiring resources which service providers do not have. Furthermore, the filed evidence indicates that some stakeholders, especially parents, still lack awareness on the importance of child participation in interventions and decisions concerning their lives. Thus, there are parents considering that child participation is senseless prior to certain age. One of the interviewed foster parent said that she will ask for the child’s opinion when her foster daughter will be at the age when her opinion matters (foster parent of 6 years old girl).

Though the laws and procedures address the problems of the most vulnerable, changes in social norms does not necessarily follow. Sometimes procedures aiming at solving of one problem generates another. For example, due to the Child Protection Referral Procedures more cases of the child abuse are revealed and therefore the child needs to go through certain interrogation procedures. For example, interrogations of the abused children by several police officers carried in parallel with the Child Protection Referral Procedures deepen the psychological trauma of the child. Neither parents nor police officers are aware about the negative impact on child’s development. The changes in the laws and procedures do not

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63 Since 2012 UNICEF CO is implementing EU funded programme “Reaching Highly Vulnerable Children in Georgia with Focus on Children Living and Working on the streets” The aim of the program is to support government in creating sustainable state financed community based mechanisms for the harmonious development and social integration of highly vulnerable children. In the frame of this initiative the service shave been developed in Tbilisi and Kutaisi and imbedded into the broader system of child care and social protection.
implicitly generate the changes in social norms; these are complementary actions to be taken together in order to be relevant in addressing the problems and needs of the beneficiaries. So far this correlation of the actions was very limited, which reduces their relevance in relation to the needs of the beneficiaries.

Some stakeholders think that healthy children were prioritized within the reform. For example, SGHs targeted healthy children, although a model of SGH for disabled was developed, the public authorities failed to find a provider, so far. Thus, from the perspective of addressing the needs of the most vulnerable, the relevance of this service is still very limited.

**Early interventions have not been prioritized** either by UNICEF or by the Government, though the majority of disability cases are due to absence of early intervention. Inclusive education is established; however there are very few kindergartens ready to accept children with disabilities. Often enrolment of such children in pre-school and/or inclusive education is proportional to the awareness of their parents about their rights. In such cases merely disabled children may appear among non-disabled ones in kindergartens. The awareness about the rights of the children and advocacy skills of parents is crucial for the social inclusion of these children. Another problem for social integration of disabled children is the physical environment which is not adapted to the needs of disabled.

Interviewed professionals mentioned also a difference in targeting beneficiaries with regards to age, i.e. prevention policy is focused on children under the age of 18 months. Although the day care service is considered as preventive service, it offers services for children beyond the age of 6. Even if the geographic coverage of day care services is satisfactory (which is not), still there remains the gap in the age scale. The identified age margin was not well explained by the policy makers. Prior to this policy measure, prevention allowance was accessible for all children at risk of family separation, without age limit. However, after its cancellation in 2010, the allowance was reintroduced in 2011.

Child care service providers from NGO sector consider that programs for street children would not have been developed without their advocacy, even to the current limited extend, in spite of the fact that this group is quite „visible”. Addressing the needs of the street children and their families was less of a priority for the public authorities mainly for two political reasons one referring to the negative public perception of this vulnerable group and the other related to the status of these families often non-residents of the country. At the beginning of the reporting period the access to day care services for street children was open based on the “first come, first stay” principle. More recently, the Government re-organized the service and its coverage and re-structured the service delivery system. A new enrolment procedure and funding scheme was introduced. The new enrolment procedure reduced the access of beneficiaries to day care service and left some of these children out. According to this new procedure, parents who were beneficiaries of social benefit system have to co-pay 20 per cent of the day care service fee that appeared to be beyond their plans and capabilities. Another factor reducing the relevance of day care services is the fact that most of the families were not registered in the country, therefore out of the social benefit system.

The simplification of the birth registration procedure for street children was a separate activity in the 2008-2012 Child Care Action Plan⁶⁴ and this procedural flow was resolved as birth registration procedure was simplified. However, it did not solve the problems caused by registration problems as family registration procedure of homeless failed to follow and the legislation is lacking proper legal base for registration of homeless.

**The reform based on reactive rather than proactive approaches is less relevant because of the gap between the decision making level and the grassroots level.** An example that was previously explained in the Section 4.2 is the gap between the preventative support for vulnerable families and the

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⁶⁴ Child Care Action Plan 2008-2011, Direction 1, activity 2.1.13
needs of children in these families, social workers cannot contribute actively to the reduction of the risk as their work is only limited to voucher administration. Children of these target groups are mentioned as such in the policy documents, but no clear interventions are planned for them.

Another un-effective measure generated by irrelevant planning refers to providing parenting training only to foster parents while biological parents (at risk) who would also have much need of such service with a good potential of preventing the abandonment do not benefit of it\(^65\).

UNICEF’s contribution to the development of social work profession, highly relevant for the progress of child care reform in the country, was major from the beginning of the emergence of the profession in Georgia. At that stage UNICEF was the main driver of the reform. However, as soon as other stakeholders began to contribute, UNICEF took a more complimentary role. UNICEF contributed to the development of the profession at the academic as well as at the grassroots level. With UNICEF’s assistance one cohort of state social workers were trained in child welfare related issues, another cohort in basic social work course. UNICEF also supported certificate courses at the Ivane Javakhishvili Tbilisi State University and Shota Rustaveli Batumi State University. The latter balanced the professional development across country as social workers from the West Georgia were not able to join the ongoing certificate course training in the capital due to the distance. As the regions in the Western part of the country were also at the vanguard of child care reform, it was important to retrain the existing professionals.

The development of various forms of foster care (general foster care, emergency foster care, kinship foster care) was a demand-driven relevant measure. The diversified foster care service allows the system to better respond to the needs of children and families in a crisis situation and in need of urgent support. However, the transition function of the alternative services was faded. Often children from emergency foster care are moved directly to general foster care and this measure is proposed to the Guardianship and Care Council in the very last day of the Emergency Plan, without exploring the return to the biological family. There is an overusing of the emergency foster care. For a system which reimburses the emergency foster care on the daily basis and the foster care monthly, keeping the child in the former as long as possible is not cost effective and irrelevant, as it tends to go beyond the emergency purpose.

Another gap of the child care system is a weak family strengthening mechanism. The child care policy in the country did not prioritise family strengthening which was not considered relevant so far. This has been lagging behind any other child care initiative. There are still very cases of proper family empowerment work. Most of the studies or policy papers underline the importance of linking social protection and child welfare and not to overlook the connection between socio-economic and family-related issues, which is a major factor of a functional child’s welfare system. Instead of enhancing family strengthening and preventative initiatives, up to 50 SHGs have been developed where children stay for longer period than was initially planned. This is questioning the relevance of the budgetary allocation in relation to the needs of the children. Besides, children are eligible to live in SGHs till the age of 18, after this age they are heading to the same social environment which they left prior to the placement in the state care system. In this cultural environment seldom the 18 years old is considered ready for an independent living. Also there is no housing policy supporting these children post state care placement, only exception is SOS Kinderdorf Georgia’s semi-independent and independent living program which supports their beneficiaries post placement.

Similarly to other countries in the region, UNICEF’s approach to child care reforms was in line with its’ global\(^66\) and regional\(^67\) strategies. All programmatic documents over the reference period that were

\(^{65}\) Beyond the reporting period the problem became more serious as the Government did not manage to take over the training system established by UNICEF in the frame of Strengthening Childcare Services and Systems Program.
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directed to building a protective environment for children subscribe to UNICEF’s Child Protection Strategy’s five principal sections: (a) strengthening national protection systems, and (b) supporting social change; followed by (c) promoting child protection in conflict and natural disasters; (d) evidence-building and knowledge management, and (e) convening and catalysing agents of change. Under RKLA UNICEF’s engagement in CEE/CIS focused, and remains relevant for future focus, on 10 key results areas of which the first one (RKLA1) refers to a child’s right to a family environment that was addressed in the child care strategic documents of the country. Furthermore, UNICEF CO’s roles were aligned and highly relevant to the generation and sharing of knowledge guiding principle of the RKLA.

In terms of international standards that guided UNICEF’s approach of child care reforms it is of utmost importance to mention the Convention on the Rights of the Child (CRC) that states the priority that “the child, for the full and harmonious development of his or her personality, should grow up in a family environment” and the right that “State parties shall ensure that a child shall not be separated from his or her parents against their will except when (...) such separation is necessary for the best interests of the child”. UNICEF’s relevance and, indeed, comparative advantage in Georgia is its position as a privileged mediator, a mediator of choice as it were, between international standards relating to children, particularly the Convention on the Rights of the Child (CRC), on the one side, and national strategic documents developed by Government in the domain of child care on the other. More recently, UNICEF’s work in approaching child care reform was also guided by the International Guidelines for the Alternative Care for Children which is currently used by the CO in Georgia.

In terms of gender dimensions, very few stakeholders emphasized the importance of mainstreaming gender into an understanding of the factors which might produce a risk of child abandonment and/or decision making, especially in the regions with ethnic minorities where early marriages and girls education is traditionally sensitive issues. It is worth mentioning that UNICEF together with other stakeholders advocated for the appearance of child related factors in the Law on Prevention of Family Violence, Protection and Assistance of Victims of violence adopted within the reporting period which prior to this initiative was singlehandedly women focused ignoring the child factor.

As presented earlier in section 4.1.1, there is very limited gender disaggregated data which could serve for assessment of gender dimension of child care reform in Georgia. However, it is reported that although policies allow for services to be provided to all children at risk, in practice there is a widespread consensus that the children who are picked up by the child welfare system are those whose families volunteer themselves for attention by the authorities, such as by requesting institutionalisation of their child. This self-targeting means that there is a high risk of large errors of exclusion, where many children who are eligible for services do not receive them. It results in an inefficient allocation of resources in which children who do receive support services may not be in greatest need. To some extent this may also result in a gender bias if, as it is reported (as per Table 2), boys are more likely to be placed in residential care than girls. This has at least two implications: 1/ may mean that girls in difficulty remain at home unseen and 2/ more boys are abandoned by their biological families as a result of gender-based assumptions, including what are described as stereotypical roles of men and women (e.g. girls are preferred for undertaking household tasks).

66 UNICEF Child Protection Strategy 2008: “defines the contribution of UNICEF to national and international efforts to fulfill children’s rights to protection and to achieve the Millennium Development Goals, within the context of the UNICEF medium-term strategic plan (MTSP) for 2006-2009”.

67 Regional Knowledge and Leadership Agenda (RKLA): “provides a framework through which UNICEF can engage with governments to identify where there is evidence that the cooperation has produced results towards the progressive realization of Child Rights while at the same time reducing equity gaps, where national systems for children have achieved levels of performance equivalent to international standards, and where country experience can be shared across borders, thus facilitating horizontal cooperation”.

4.5 Sustainability

The findings of the evaluation presented so far indicate that child care reform in Georgia, in spite of all transformations and progress, it has way to go towards a maturity stage experienced by most beneficiaries. Estimations of the trends for the future of child welfare in the country might be approached from a variety of angles. This evaluation assessed the factors enabling the country to continue investing in the reform, the ownership of the stakeholders on the reform, as well as their commitment and capacity to consolidate the achievements of the reform. In order to provide a realistic perspective on the stability and further development of the achievements of the reform, the evaluation also considered the risks and vulnerabilities which might challenge the future of child care reform in the country.

The Government's EU oriented political course, the ownership towards the reform and consistency of commitment ensure good premises for sustainability. However, the lack of preventive services, the limited diversification of alternative and community-based services and the tendency of turning alternative care services into a permanent solution are reasons for concerns for sustainability of child care reform. The increasing need for alternative services requires more budgetary resources and leads to erosion of expenditures for preventive services.

The sensitivity of the child care system to political changes at both central and local levels, as well as a high staff turnover, especially among public service providers, diminishes the stability of the achievements of the reform and weakens the institutional capacity of the child care system to follow-up on the progress. Political instability in terms of changes of line ministers and/or deputy ministers was reported by most stakeholders as hindering factor towards ensuring a steady progress of the reform.

There is a sensitivity of decision-makers concerning the evidence on cost effectiveness of a continued move to more investments in alternative services. It remains though that Government's representatives to realize the inevitability of cost increase in tune with the quality of care which will ensure monitoring of care delivery as a constant measure and ultimately will translate this cost into an increase of efficiency and effectiveness of services, thus ensuring sustainability of child care reform. Currently, at the level of central administration there is a concern for the future of child care system in relation to the quality of information guiding investments in care services. SSA is interested in setting a data basis (or an “IT&C social information management system”) for a more accurate monitoring and assessment of children's needs. Also, such a data base would improve the coverage of child care services around the country. The SSA is going to start on piloting projects for individualizing interventions (with support from Government of Estonia).

NGOs and IOs have an important role to make Government to keep the commitments on the long term and change the approach from the reactive one to a proactive and strategic one. Child care is not so much on the Government's agenda, in the social domain now the priorities are health and pensions system. The general perception at the decision makers' level is that “de-institutionalisation was done, mission accomplished”. This is not a good ground for ensuring sustainability in the sense of continuing the efforts for progress in child care reform, as deinstitutionalization was just first level in reforming child care in the country. Many stakeholders consider that a key issue in terms of sustainability is the commitment and capacity of Government authorities to take over the NGO supported projects and successful initiatives. This is a rather sensitive, not to say “conflicting” expectation, as on the other side, the Government authorities continue to have high expectations from the NGO sector in terms of assuming more responsibilities in providing child care services. In the absence of a consistent and strategic dialogue on if and how can this be done, especially with what resources, there are very limited perspectives for progress.

Lack of investment in state social workers, in parallel with an increasing number of beneficiaries to be addressed within the frame of deinstitutionalisation generated an overload of the existing social workers.
not having time and/or resources (e.g. lack of funds for travel expenses) to contribute to the preparation of social environment for child placement or maintenance in the family. The replacement of on-site/home supervision with office supervision by phone reduces substantially the quality of the social workers’ activity and turns them into just some bureaucrats doing “file-care” instead of child care. In the midst of the reporting period Government’s ability to attract qualified personnel was limited; however a very recent new trend to recruit educated social workers tends to mitigate this risk. A precondition for the smooth transfer towards the meritocracy is due to the competitive environment that social work recruitment in other sectors brought. **Service providers still envisage a risk of high turnover due to low amount of vouchers not allowing service providers to remunerate qualified personnel.** NGO representatives mentioned that high turnover is negatively reflected on the children – it was reported that last year 48 care givers left the service.

The Child Care Action Plan 2008-2012 planned for an “assessment of impact and effectiveness of the monitoring69 of individual child development care plans”. Although this would create premises for evidence informed practice development this is still not implemented. The failure in implementation of this activity jeopardizes the outreach and community work approaches and ultimately, the effectiveness of gatekeeping mechanism. **The bottlenecks in the gatekeeping mechanism undermine the outcomes of the child care system.**

The lack of the performance management assessment left the quality of the work of child carers to be determined only by the diligence of each individual worker’s consciousness and responsibility. Unsanctioned social work ethical code and non-regulated profession leaved performance threshold blur. There are some activities planned under the Child Care Action Plan 2012-2015, such as “development of the supervision mechanism and improvement of the management system”70 and “determination of social workers’ optimal work load”71, which, at least in theory so far, provides for some good prospects for a sustainable system development.

In terms of the quality of social workers’ activities, one of the service beneficiary mentioned with gratitude to her social worker that the latter solved the problems concerning health insurance so that she herself even did not know. This is far from being the best example of empowerment of the final beneficiary in assuming responsibility for the improvement of her situation. Such situations require professional guidance and supervision in order to prevent flaws in practice, even when these are made with the best intentions.

As presented in the Figure 17 at the level of perceptions of child care service providers of the factors influencing the sustainability of child care reform, they have mentioned allocation of adequate resources as their main concern (27 per cent), followed by lack of adequate child care services (14 per cent). Surprisingly inadequate support for family strengthening was named by 8 per cent, whereas stakeholders participating in the focus group discussion or in-depth interviews named it on the top of the list and tended to rely more on this factor as the most determinant for the future of child care in the country.

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69 Child Care Action Plan 2007-2011, Direction 3, activity 2.2.3
70 Child Care Action Plan 2012-2015, Direction 4, activity 4.1.3
71 Child Care Action Plan 2012-2015, Direction 4, activity 4.1.5
Q: What is your major concern regarding the sustainability of the reforms in the child care system in Georgia?
Open-ended question. Total sample, N=37

Source: Online survey among staff working in child care services carried in 10 countries (Georgia included) for the Multi-country Evaluation of Results Achieved through Child Care Reform 2005-2012.

Currently the Government is working on the development of the Emergency Fund for the Support of Vulnerable Families. The Fund was operational under the pilot implementation of NGOs (national and international) and proved its effectiveness. Noteworthy, UNICEF advocated for universal child benefits option as an alternative tool for better protecting children and their families from the risks of poverty. Among the hypothetical interventions described below the Government started to implement the first step:

1) Increase of the TSA cash benefit by 50%.
2) Increase of the TSA cash benefit by 100%.
3) Increase of the number of beneficiaries by increasing cut-off score for TSA cash benefits up to 100,000 points.
4) Introduction of Universal Child Benefits in the amounts of 15, 20 and 30 GEL per child aged 0-16 years.

It is estimated\(^2\) that extreme child poverty to decrease from 9.4% to 6.6% and relative child poverty from 25% to 21%. If the TSA cash benefit is increased by 100%, this increase together with the planned pension increase would reduce extreme child poverty from 9.4% to 6% and relative child poverty from 25% to 18%. If the TSA cut-off score were increased to 100,000 points, this increase together with the planned pension increase would reduce extreme child poverty to 5.9% and relative child poverty to 19%. With the last two models, every third child will be lifted out from extreme poverty. The fact that the plan is enduring provides reason for ensuring sustainability as the initiative is aiming at preventative outcome.

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The underdevelopment of early intervention services is addressed in the “Child Care Action Plan 2012-2015” by several activities, among these the expansion of the programs that promote early development of children with cognitive and physical development problems. The Direction 2 as a whole is addressing the problems of violence against children in various social environments be it home, school or other social settings. The same direction presents several activities addressing the needs of street children within the action plan operation period, among them development of rehabilitation services, outreach and mobile services, as well as provision of identification documents for these children. Both disabled children and infants are in the scope of the new action plan. It is planned the closure of the infant home and development of SGH for children with disabilities. Furthermore, the Direction 3 includes a separate activity (3.7) for the creation of palliative and specialized services for children.

A promising premise for the future of child care reform is that youth initiatives are raising, these have a great potential for community change. There is a shift in children’s mentality; they are more aware about their problems (“I know what my rights are!”). This is important especially because children’s participation has been missing from previous stages of the reform.

In spite of the efforts invested in changing social norms, mentalities change much slower than a project or a program life cycle. There are intergenerational gaps continuing to impede the progress of the reform. For example, the problem of children abuse and child neglect remained – parents, care givers and teachers still do not understand the meaning of neglecting. Also, the demand in child care is expressed via NGOs who are considered by the authorities as social agents because they work directly with citizens in a less formal and more flexible manner. There is still this perception that the individual citizens expressing needs and generating change in relation to authorities is not based on direct access, but has to be “mediated” by another institutional entity.

The overall expectation at the level of most stakeholders in the country from where the child care reform should go refer to more work with biological families and more emphasis on quality of services, as well as to designing/drafting a comprehensive model for alternative care. “The Government should have a vision on what is the future of children in Georgia!”

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73 Child Care Action Plan 2012-2015, Direction 1, activity 1.7.3
74 Manager of an INGO
5. CONCLUSIONS

In the reference period there has been a significant decrease in the rate of children separated from their families and amongst children separated fewer are being cared for in formal care institutions. However, self-targeting (i.e. children entering the child care system whose families volunteer themselves for attention by the authorities) combined with a very limited outreach capacity of the social workers and a limited access to services indicate selection biases of the beneficiaries on behalf of the system and much less an improved capacity of the system to respond to the needs (predominantly poverty and much less for protection from abuse and neglect) of the most vulnerable children. Furthermore, the alternative case services failed to perform a transitional function to the family and they turned de-institutionalization into trans-institutionalization.

In parallel to the significant changes that occurred in child care system neither the coverage of the reform nor the balance between the services’ development has been achieved throughout the country. Services have been developed, though they are not equally accessible in all regions of the country for all children. The focus of the reform until the cut-off date (end of 2012) was on children already without parental care, not on those who were vulnerable to separation. The process of reducing equity gaps has started but is far from being completed. The reform failed reaching many vulnerable children such as street children, children from poor families, children abused and neglected, children of minority groups, children aging out of the care system, children with disabilities were left behind. Single parents and children in remote areas were rarely mentioned in either UNICEF or government documents.

The Government’s EU oriented political course, the ownership towards the reform and consistency of commitment are important factors having a positive influence on the progress of the reform. However, the lack of preventive services, the limited diversification of alternative and community-based services and the tendency of turning alternative care services into a permanent solution are reasons for concerns for the future of child care reform. The identification of causes of vulnerability and not just addressing the consequences will ensure the success of the reform. Constant efforts to empower vulnerable families will ensure well-being of their children. The key for sustainability or the next step of the reform is considered to be the development of family focused services, not just cash transfers.

A new information management system has been developed with the aim of improving the capacity of the public authorities to analyze child care related data, as well as to facilitate strategic and operational activities in the domain. Despite the progress made within the reform, child care policy in Georgia is not fully evidence informed. There is a gap between the data produced and the actual use of child protection statistics, the last being especially reported as still weak.

One of the strongest pillars of the reform is social work development. In Georgia, similar to all ex-soviet countries, social work is a newly emerging profession. UNICEF’s contribution has been very relevant in supporting the social work profession development both on the grassroots and academic education level as well as service development level in the child care system. In this important phase of the development of this profession the state bureaucratic system compromises core values of it – promoting social refurbishment and structural changes through social advocacy. Instead of struggling for the development of preventative measures state social workers remain instrument of reactive policy witnessing the threat to the success and sustainability of the child care reform. Due to the office-type oriented referral child care policy state social workers are not conducting outreach activities and there are invisible children left out. Social work performance assurance system was developed only recently after persistent requests of several stakeholders, however the system is limited to intervision and does not set clear performance measurement criteria or standardization of social workers’ workload.

At the beginning of the reform the changes of social norms were hindered by the resistance of general public’s perception that decisions about children’s lives are of parents’ concern only. Within the overall
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frame of deinstitutionalization focus of the reform there were actions aiming at increasing awareness of the stakeholders (decision makers, professionals and parents) on the harmful effect of institutional care on children. The new gatekeeping principles appeared to be the most important contributing factor to the success of the reform. However, especially at the middle of the reporting period, the reform was hindered by policy makers’ rushed decisions driven by reporting progress or successful accomplishment of deinstitutionalisation instead of strategically pursuing children’s best interest.

In the evaluation reference period there have been many positive changes in increasing child care system’s capacity to respond to the needs of the beneficiaries, but predominantly at the level of enabling a functional environment of the child care system (at legislative and institutional levels) and at the level of services supply. New laws and procedures address the problems of the most vulnerable, however the new legal framework does automatically generate changes of social norms. Efforts for changes in these determinant areas for the success of the reform need to be simultaneous; otherwise only making a legislative and institutional reform becomes less relevant when ultimately aiming the best interest of children.

New services have been developed followed by the adoption of child care standards and monitoring system. The legislative framework became more child well-being and protection focused. Child care standards monitoring revealed many achievements as well as several areas for improvement. The main achievement of the system related to meeting child care standards resulted mostly from the individual professional engagement of some care givers and social workers for integration of children in a family and for providing services to ensure child well-being. There remains a concern, especially among NGOS and child care professionals’ community, that the system still has some bottlenecks in terms of service coordination and care givers’ qualification, which is of utmost importance for example when dealing with children with disabilities.

Another weakness of child care services is the low level of participation of the beneficiaries when it comes to care planning or development. Child care standards have a separate mechanism on complaints and feedback procedure, but service beneficiaries’ participation in service development is not a well established practice. Some service providers acknowledge the importance of the service user’s participation in the design and planning of child care interventions, though they seek support in identification of criteria for participants’ selection and involvement in the process.

Overall, the inter-sectorial approach is promoted within the reform. One of the major challenges of inter-sectorial policy making, programming and budgeting with focus on results and impact at the level of beneficiaries remains the capacity of the existing administrative settings. The structure and organization of child care system has been improved after Child Care Unit was transferred under the MoLHSA, though further strengthening of the inter-sectorial and cross-sectoral approach is still needed. Services remaining under the auspices of the Ministry of Education and Science (e.g. for CwD) are not part of the deinstitutionalisation framework. Coordination between the two ministries at policy and program levels is insufficient in some areas such as for ensuring complementarity of individual and service plans for CwD, or for providing services for care-leavers. Nevertheless, MoLHSA, Ministry of Internal Affairs and MoES cooperate within the child protection referral mechanism, but the low number of child abuse case indicates a need for further strengthening the collaboration among the signatory ministries of Child Prevention Referral Order.

There is a weak correlation among sectors in relation to „welfare to workfare” scheme. Parents of children who are already in the child care system or who are vulnerable and at risk to abandon their children often refuse to work due to instability on the job market and because they fear to lose the assistance so crucial for them in getting health care/medicines for their CwD. Thus, a better connection between child care policy and the labour market policies needs further consideration in order to increase the capacity of biological families to care for their children.
Cost efficiency of the service development or reorganization has not been sufficiently considered. Financing standards for per day per service allocation are developed, but little progress has been made in terms of redirecting financial resources towards preventative measures. The food voucher is considered as the most important preventative measure, but the resources allocated for the majority of preventative services are insufficient in order to ensure an effective functioning. The development of various forms of foster care (general foster care, emergency foster care, kinship foster care) was a demand-driven highly relevant measure. However, the cost efficiency of the service diversification remains of stakeholders’ concern. Differences in the family support allowance for reintegration of children without disabilities and CwD in biological families compared with foster families in the detriment of reintegration in biological families were reported in the past and are still questioned by many stakeholders. This measure reduces the impact of the reform in terms of not giving first priority to the reintegration of children in their biological families.

UNICEF’s strategic contribution to the child care reform is recognized by all stakeholders. The main contribution is considered to be in providing technical assistance for key decision makers, promotion and development of alternative care services, support to social work professional development. In the early years of the reform UNICEF provided assistance for moving towards a progressive de-institutionalization process in a system which was heavily relying on institutional care. Over time UNICEF has supported a shift in the reform focused on synchronizing de-institutionalization and development of alternative care at national and local level. More recently, UNICEF assisted the child care key stakeholders in the country to move towards a wider system reform, restructuring family benefits and decentralising services.

UNICEF’s technical assistance and policy advice effort was often combined with modelling/piloting of new services and approaches (e.g. prevention of abandonment, quality standards) in spite of very limited resources and sometimes resistant social and professional norms. UNICEF has supported the Government in getting access to international resources in relation with EU and USAID for achieving better results for vulnerable children.

The evaluation has shown that UNICEF is increasingly committed to and actually implementing a more cross-sectoral approach. Promoting the development of a mind-set that goes beyond the compartmentalisation of interventions into traditional ‘sectors’ was and remains of utmost importance. In addition, creating a body of knowledge and transmitting competences on cross-sectoral working, through emphasising its importance within a systemic approach added value to UNICEF’s strategic influence in the country.

UNICEF has consistently applied and adopted a rights-based approach to the issue of child care reform by facilitating gradually a movement towards a more rights-based approach. UNICEF’s influence has clearly built up over time, based on mutual trust and respect between UNICEF and key stakeholders in the country. A number of NGOs pointed out that whilst UNICEF’s mandate is to work primarily with and the Government, this often went hand in hand with helping advocacy organisations gain legitimacy and have a ‘seat at the table’. This sometimes allowed these organisations to deliver ‘harsher’ messages than UNICEF could deliver directly. Indeed, UNICEF’s position as an important facilitator of the dialogue between Government and other actors was emphasised by several non-governmental stakeholders as well as by the Government. However, the voice of vulnerable children and of their families over the child care reform process has been only marginally supported and UNICEF will have to look to a closer connection between the progress of the child care reform and the development of anti-discriminatory policies and practices (in terms of gender, ethnicity, disability etc.).
6. LESSONS LEARNED

System changes
The child care reform is administered under the central Government limiting local responsibility though local response on child related problems will be more rapid and effective. Decentralization is currently seen as more challenging than delayed responses for the local problems. However, the response would be faster and better adjusted to the needs if would come from the local administration.

The importance of the development of family strengthening component of the reform is not yet recognized among decision makers. Though the evidence informed practice suggests reorientation of the reform to this direction. On the short term the current child oriented policy seems to be effective, but it does not impact the lives of children for the longer term. Without measures aimed to empower families, the impact of child care policy remains very limited for children. A gap is created between children in care and their biological families because children in the care system benefit from far higher standards of living and have opportunities to develop their abilities while their parents' situation remains unchanged.

Mobilization of the decision makers appeared to be more challenging than originally thought. Despite the fact that EU SCWR project was oriented to support the transfer process, it still appeared ineffective for the beneficiaries. Also, it is important to identity particular responsible authority within the Government in order to ensure clear coordination of the reform, otherwise the progress and the process of reform is endangered.

Reorientation of the reform policy
The development of alternative care services and their constant refinement within the reporting period is considered to have been effective. Various types of foster care, small group homes contributed to positive changes in the lives of children without parental care. However, these services lost their original transitional function and decision makers do not consider as a priority to revisit the policy in that sense. Transitional function of some services seems to be difficult to understand/accepted and to be used as such.

High speed of deinstitutionalization may have led to tangible results, but the high pace of the process was done on the expense of sustainable social inclusion of children.

The joining resources of Foster Parents Association, Small Group Homes Association and NGO coalition in the best interest of children seem to be an attractive measure. Nonetheless, this effort calls for support and sharing of experience of other countries.

Legislative changes did not automatically reflect in changes of social perception and norms. Better targeted public awareness campaigns have a contribution to the progress of the reform.

Better implementation of the country evaluations
In the implementation of any evaluation the process of data collection has to be carefully considered in order to keep the balance between the credibility of the result and the resources (human resources, time and money) available. The evaluation encountered major challenges in terms of balancing data between two phases (child welfare under MoES and child care under MoLHSA) of the reporting period. Thus, quantitative data (both secondary and primary) from partners were quite difficult to collect. The effort and resources invested in quantitative data collection is very high, while the evaluation of the early period of the child care reform appeared not to be relevant anymore for the key partners in the Government.
7. RECOMMENDATIONS

The focus of child care policy on preventive measures and reducing equity gaps for vulnerable children should be increased. The Government should develop more family support services in the country, in terms of variety and geographical coverage and adopt measures aiming to ensure that social work practice is reoriented on outreach service or develop robust referral mechanism based on social workers and other community workers. However, in Georgia it will be very difficult to mobilize professional social workers especially in the regions as the supply of professionals from academia is limited. In this context, it seems that developing the position of social work assistants who could conduct some tasks such as outreach, if properly trained at least at the level of vocational education or equivalent, could be a response to this need. It should be noted that in such setting the proper connection between these two levels – social work assistant and social worker – should be ensured.

In addition, social workers activity need to be reoriented from practicing a status quo maintenance practice to more active involvement, from individualization of problems to advocate for pro-active and preventive measures, from personalization of causes to leading clients’ way through structural barriers. In order to address this need, increasing number of social workers is important, but also the development of the professional supervision system of the social workers (which has been established, but is barely functional) could be done. The Government should also undertake more concentrated and systematic efforts in order to strengthen the capacity and working conditions of statutory social workers. There is a need to learn lessons from the challenges of introducing case management as a key element of the reform. UNICEF CO may consider supporting a specific exercise of national dialogue to building on the emerging case management practice in Georgia and on how could this be improved (e.g. clearer procedures and protocols, higher flexibility of care services available, a better connection between state and non-state care providers etc.).

A prevention-focused child care strategy will have to change the current tendency of placing children in alternative care preferred to putting more effort and time into ensuring better support to the families by expanding the scope of existing family strengthening programs and developing new ones. The Government should adopt measures to restore the transitional function of alternative care while not by limiting the family strengthening policy to monetary assistance or crisis intervention but by adopting supportive (consultative or/and rehabilitative) and empowerment programs aiming at increasing self-resilience of the disadvantaged families. UNICEF CO may consider commissioning a study on revealing the importance of investing in family strengthening both as preventative measure or supportive one aiming at family consolidation for cases of children already in the care system. Based on such solid evidence UNICEF CO may initiate a roundtable meeting with the Government and other stakeholders to discuss the importance of investing in family strengthening services.

Socio-economic problems of children and families should be addressed by the Government from the perspective of social cohesion and not limited to cash benefits or service models that widen the gaps between children and families. The Government needs to consider service access barriers and revisit decision about the level of allowance for vulnerable families with children.

The existing social assistance system discourages beneficiaries to move into the job market because of losing the assistance once they get a job which may be either poorly paid or unstable. Re-entering social assistance system is obliging them to go through the whole time consuming application procedure again. The Government should develop an effective “welfare to work” scheme for families with children.

75 Transition from the welfare scheme to the employment market
In line with the European trends\textsuperscript{76} of connecting more closely the child care policies with labour market policies, UNICEF CO may bring upfront on the Government's and other stakeholders’ agenda the issue of a more effective entrance of TSA beneficiaries on the job market, a smooth transition from welfare to work and an increase of families’ capacity and resources to provide better care for their children.

The institutional arrangements of the child care system suffered several changes which generated delays and bottlenecks, while the a fully functional governance of child care system require clear mandates and responsibilities with stable relationships among different levels of the system (central and local, state and non-state). The Government should set-up a lead agency to steer the child care reform and develop a clear over-arching vision document together with yearly up-dated business plan\textsuperscript{77}, while UNICEF CO may advocate together with a coalition for change in child care reform for both these two measures to be adopted and implemented in an effective and sustainable manner.

The lack of strong leadership and strategic vision on the change for children was combined with inaccurate evidence from the grassroots level. Clear policy objectives would allow for setting clear indicators and more accurate and valid data collection from the bottom-up. In order to increase the impact of child care reform it is recommended the Government and State Statistical office to improve data collection on key aspects of child protection. This, combined with considerably more disaggregated data, would allow for clear baselines and future reform targets to be set. In addition to stock and flow data on children in care, there is a need for meaningful care career data which follows children over their entire childhood, and gives a clear picture of rates of deinstitutionalisation, numbers of placements during childhood, services use, etc.

Government’s allocation efforts increasingly directed to alternative care seem not to have turned automatically into better outcomes for children. The Government should increase its efforts for adapting Public Finance Management including fiscal flows and costs of services in relation to the objectives of the child care reform. This requires a change in the balance of expenditure towards preventive services and community-based services solidly supported by evidence on the needs at the grassroots level (provided that this is supported by the implementation of previous recommendations on governance and evidence-based policy making). UNICEF CO should peer with other international agencies present in the country and with the national coalition for change in child care to redouble the efforts to engage in meaningful interventions in the area of Public Finance Management in order to influence all stages of the budgetary planning process, at national and local levels, including a commitment to Multi-annual Budgeting and programme-based budgetary planning, to ensure improved outcomes for children.

In order to increase the efficiency of its’ support for the progress of child care reform in Georgia, UNICEF CO should consider moving gradually from investing in enabling environment-related actions and roles (except those meant to change social norms and attitudes which need further strengthening) towards a more balanced focus also including demand and quality of services related actions and interventions. The recommendations above are de facto suggesting such a shift UNICEF’s child care approach in the country.

UNICEF may also consider increase leveraging resources (both knowledge and financial), particularly in relation to improved leverage in relation with the EU. There should be noted that even the EU assistance to the country includes very limited child care-specific interventions\textsuperscript{78}, there are other projects

\textsuperscript{76} See European Platform for Investing in Children: Practices that work (e.g. Fostering Family-Friendly Workplaces and Promoting Families’ Financial Wellbeing) http://europa.eu/epic/practices-that-work/practice-user-registry/index-category_en.htm#topic_08012624863d6c8


\textsuperscript{78} Currently the EU supports a project aimed at establishing sustainable state financed, community-based mechanisms for the harmonious development and social integration of highly vulnerable children (children living
which have components with high relevance for the child care reform in the country (e.g. public finance management, democratization and civil society etc.) which might be influenced towards better effects on child care reform. In terms of knowledge, EU investing in children policy may represent a wealth of knowledge and very well documented practices especially for an inter-sectoral approach of child care system/reform development in Georgia.

In order to increase the relevance of its' interventions in the country and ensuring sustainability of the efforts invested so far in the progress of child care reform in Georgia and closely connected with the above, UNICEF CO should explore focusing on the development and sustaining of a critical mass/coalition for change in the domain of child care and should support and sustain strong coalitions and networks of NGOs. This may include increasing support to make the voice of children in public care and their parents’ heard much more clearly and should support active organised groups of children and parents interested in undertaking grassroots actions to improve the situation of children, especially the most vulnerable ones, in the country. Also, UNICEF CO should consider strengthening of coordination between Ombudsman and NGO sector as they have the declared mutual understanding about child well being and consider the gaps of the reform.

In the reference period UNICEF CO has invested considerably in piloting innovative interventions which were only partially brought to national scale. Other stakeholders (especially INGOs) also invested in piloting child care interventions and recognized UNICEF’s added value in taking the smaller scale models to a more strategic level considering the whole system. However, there is a need for learning more from the models of interventions implemented so far and for a more strategic dissemination of the documented good practices at the national level with a more effective contribution of the Government. UNICEF CO should join efforts with other stakeholders to advocate with the Government to ensure that the public authorities take over and replicate the NGO supported projects and successful initiatives. In addition to all that has been recommended, the Government and other stakeholders should increase their efforts to develop public awareness campaigns on child care/child well being related issues.

and/or working in the streets). Small grant projects also have been available for the non-state actors for contributing to improving vulnerable children’s life in the country.
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