STUDY FOR THE MID-TERM REVIEW OF THE STATE PROGRAM ON DEINSTITUTIONALIZATION AND ALTERNATIVE CARE IN AZERBAIJAN

Final Report, November 2011

Country: Azerbaijan
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### List of Abbreviations

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<th>Full Form</th>
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<tr>
<td>ExCom</td>
<td>Executive Committee</td>
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<tr>
<td>IDP</td>
<td>Internally Displaced Person</td>
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<td>MoE</td>
<td>Ministry of Education</td>
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<td>MoH</td>
<td>Ministry of Health</td>
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<td>MoI</td>
<td>Ministry of Interior</td>
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<td>MoJ</td>
<td>Ministry of Justice</td>
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<td>MoLSPP</td>
<td>Ministry of Labor and Social Protection of the Population</td>
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<td>NGO</td>
<td>Non-governmental organization</td>
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<td>NPA</td>
<td>National Plan of Action</td>
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<td>SPDIAC</td>
<td>State Program on Deinstitutionalization and Alternative Care</td>
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<td>SCFWCA</td>
<td>State Committee on Family, Women and Children’s Affairs</td>
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<td>UNCRC</td>
<td>Convention on the Rights of the Child</td>
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<td>UNHCR</td>
<td>United Nations High Commissioner for Refugees</td>
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<td>CEE</td>
<td>Central &amp; Eastern Europe</td>
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<td>CIS</td>
<td>Commonwealth of Independent States</td>
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<td>CPD</td>
<td>Department on Deinstitutionalization and Child Protection</td>
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<td>CPC</td>
<td>Civil Procedural Code</td>
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<td>CRC</td>
<td>Convention on the Rights of the Child</td>
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<tr>
<td>SCFWCA</td>
<td>State Committee for Family, Women and Children’s Affairs</td>
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<td>CBS</td>
<td>Community Based Services</td>
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<td>FC</td>
<td>Foster Care</td>
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<tr>
<td>MPT</td>
<td>Master plan for transformation of residential institutions and development of alternative care services</td>
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<tr>
<td>Kap</td>
<td>Knowledge, attitudes and practices</td>
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<tr>
<td>TNS</td>
<td>TNS Azerbaijan (custom market research company)</td>
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<td>UAFA</td>
<td>United aid for Azerbaijan</td>
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<td>MHI</td>
<td>Mental Health Initiative</td>
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EXECUTIVE SUMMARY

1. The context and the overview of the evaluation object
In March 2006 the President of the Azerbaijani Republic endorsed the State Program on Deinstitutionalization and Alternative Care (SPDIAC) for 2006-2015. The major focus of the State Program has been on prevention family separation, reduction of entries and acceleration of exits from residential institutions, downsizing and/or transforming and/or closing down residential institutions and provision of alternative care for at risk children and families.

The year of 2011 was the momentum for conducting a mid-year review of the SPDIAC. The mid term review is the most appropriate label for this study since its emphasis has to include to considerable extent revision of plans and timetables expected to be accomplished beyond the year 2011.

Considerable amount of work has been carried out since the adoption of the State Program including establishment of the specialized Department on Deinstitutionalization and Child Protection under the Ministry of Education.

In spite of the above, there were delays in carrying out the State Program in terms of consolidating the new coordination structures as well as due to gaps in enactment of secondary legislation indispensable for legitimization of new practices, beyond the pilot districts. During the program implementation overlapping among different mandates of State organs and unclear division of labor among national, regional and local organs have persisted.

2. The evaluation objectives and the intended audience
The purpose of this study is two fold: evaluative and projective. The objectives and dimensions of the evaluative part of the study have to do with relevance, effectiveness, efficiency, impact and sustainability of government's regulation and action for the implementation of the institutional transformation and corresponding child care polices and programs.

Projective part of the study is centered on the development of inputs for continuation of deinstitutionalization and child care reform in Azerbaijan, beyond the year 2011.

The study object is composed of four components, which required different levels and methods of enquiry:

- Institutions in transformation, their staff and children who are deinstitutionalized
- Coordination structures, gate keeping structures and mechanisms for reduction of entries and acceleration of exits to residential institutions
- Community based and family substitute services for children at risk of institutionalization and for after care of deinstitutionalized children
- Legal and other regulation preventing institutionalization and facilitating deinstitutionalization

The immediate results of the above study will provide the basis for revision and amendments to the State Program on Deinstitutionalization and Alternative Care for 2006-2015 and for Master Plan of Transformation of Child Care Residential Institutions.

The longer-term relevance of the above study is linked to future State action in the reform of child protection, inclusive education and health system.

Thus, the key recipients of the study (as drivers of change) are the Cabinet of Ministers, the Ministries and State organs at the district level in charge of social protection, health and education, in accordance with their mandate in the above fields as well as UNICEF.

The study results will be shared with other stakeholders from civil society whose role in the deinstitutionalization and child care reform has been important and whose inputs in this study were significant.

3. Methodology used in the study
In addition to the use of previous studies conducted by UNICEF and others, the data for this study was collected through questionnaire surveys and structured interviews. Also secondary data from the database of the Ministry of Education was used for the purposes of this study.

Given the nature of the study object and its temporal dimension (i.e. the examined State Program is expected to continue until the year 2015), the study "repertoire" of methods of communication with key stakeholders included workshops about functioning of the present system and of challenges and possible future decision making options. These exchanges of information and proposals have given an additional opportunity for stakeholders to communicate their opinions and visions in a less structured way than the ones conditioned by research instruments.
Questionnaires and surveys: four specific questionnaires for different stakeholders; reunified children's, institutional staff, NGOs and for Commissions on Minors were developed. After translation of questionnaires into Azerbaijani they were tested and adjusted accordingly. 37 children, 8 directors and deputies of residential institutions, 7 managers or specialists from NGOs involved in deinstitutionalization programs and several government functionaries performing gatekeeping, management and/or information gathering functions took part in the formal part of the study while 15 government and NGO representatives participated in the workshops reflecting on future challenges.

The study Report also describes the reasons for inconsistencies between the study design and its implementation, as well as the way in which the study team operationalized the gender and ethical concerns.

4. Most important findings and conclusions

4.1. Relevance of deinstitutionalization as a response to the rights of Children in State care

The relevance of this study is found in its potential contribution to the accomplishment of child rights to live in a family environment and to receive State support which responds to their needs. Therefore the characteristics of residential institutions and the causes of placements were studied and the main findings are the following:

- The profile of institutions and their users in Azerbaijan are not congruent with the principle of institution as a measure of "last resort" and as a place where children stay overnight
- The causes of child placement in institutions can be tackled by other than institutional placements as the measures undertaken in the sphere of family income are demonstrating Gatekeeping is not yet organized in an adequate way and community based and family substitute services are still a domain of NGOs

4.2. Effectiveness of planned and implemented measures and activities

In the chapter referring to effectiveness the study is providing analysis to what extent the State program and the Master Plan were adequately defined and how were they implemented. A detailed content analysis of these documents lead the study team to the conclusion that:

- The State program, the Master plan and numerous other plans and regulations were covering important program components but did not include realistic deadlines and above all, sanctions for omissions and non-participation
- The plans and programs had gaps that created constraints for their implementation
- The structure and the mandate of the Department of deinstitutionalization and child protection (CPD) under the Ministry of Education has proved to be decisive in carrying out the State program
- The directors and the management staff in residential institutions expressed understanding of the planning documents and guidelines but reported that it is too early to expect results due to delays in other spheres of decision making

4.3. Efficiency and lack of it in the management of the State program

- The study Report is giving a high recognition for establishment, functioning and usefulness of the information system established by CPD and covering the institutions in all sectors
- Lack of efficiency is being observed in terms of formal recognition of day care facilities as specific services within many residential institutions
- Lack of efficiency in the process of institutional transformation and child reunification has been attributed to the early stage of the program, but the lack of accountability has been also occurring in one studied institution in recent time, where in spite of plans and formal agreements and availability of external technical assistance the rules of the game were not followed. (MHI supported project)

4.4. Impact on responsible stakeholders, children and parents

The impact of the program is referred in terms of attitudes and opinions of stakeholders, new developed and implemented professional practices and outcomes in the conditions of children who were either reunited with their parents or prevented from entering institutions.

- 43% of stakeholders considered deinstitutionalization process should continue because of advocacy of child protection professionals regarding harmful effects of family separation and 28% thought the program is the government priority therefore should not stop
- Deinstitutionalization process impacted at different level the work of different government entities. According to study responses the Guardianship/Minor’s Commissions and social protection departments received the second strong positive influence (57%) from the process.
- NGOs working with at risk children and families experienced the strongest positive influence (71%) from the deinstitutionalization process.
Parents and their children using services of the community based service centers changed their practices, following change in knowledge and attitude. While these were the results of the use of services, TNS evaluation (2010) of the communication campaigns is revealing that well designed communication messages motivated persons to reflect on the reforms in child care and raised their awareness of the relationship between child rights concepts and their own upbringing practices.

However, other studies report that vast majority of stakeholders in the country lack information and competencies on child rights and that they still do not have strong stimuli and means to engage in the direction of prevention of family separation and improvement of the conditions of children at risk.

Child centered assessments and follow up of deinstitutionalized children are practices applied in all cases where CPD supervises the process as well as in NGO projects.

Among transferred children with disabilities 80% counted with an assessment of needs and individual plan, and only 6% have participated in decision-making.

All children participating in the study are satisfied about their new care setting, since they are with their families and with the people they love.

4.5. Sustainability and recommendations to achieve it in a long run

Sustainability

Sustainability is seen by study team as a two fold. The first pillar of sustainability is related to the components of the State program which are either considered efficient and/or have had a positive impact on stakeholders. Among efficient management and professional practices are the activities of CPD and the methods and tools being introduced for child assessment, individual planning, district level planning of services, collaboration with NGOs and replication of in-service training packages. Positive attitudes and opinions of the most active professional workers and decision makers who believe and are committed to continuation of the deinstitutionalization process is also an asset for it sustainability.

The second dimension of sustainability, in the long run, will depend on clarification of mandates of different stakeholders and on corresponding financial engineering, management and allocations needed are innovations in regulation of multisectoral concerns, law enforcement and accountability of civil servants as well as stronger and more informed social demand for change. Several reported lessons learned are all pointing towards the need for sharpening accountability of all stakeholders whose inputs are decisive for achievement of goals and for introduction of modern management and planning methods which should replace fragmentation in decision making and inadequate use of available resources.

Specific Recommendations

Apart from the Recommendations regarding improvements in the implementation of the main components of the State program, recommended are elaboration of special Amendments to the State program (2006 to 2015) (or new intersectoral agreements) to be developed in the year 2012. These should contain strategic goals and courses of action confirmed by intersectoral protocols with functions and performance indicators for each involved sector other duty bearers and NGOs. These Amendments should refer to 1. Protection of mothers at risk and children in the age group from 0 to 3 years and 2. Protection of Children with disabilities.

The first topic is considered urgent in the view of evidence that deinstitutionalization targets for children in the most vulnerable group, i.e. the youngest ages, have not been achieved and that advancements in adoption, foster care and prevention of child abandonment have to be linked with transformation of health institutions for these groups of women and children.

The second should be linked with recent government deliberations regarding inclusive education, which should be complemented with changes in social protection, rehabilitation and financial entitlements for children with disabilities.

The third set of Recommendations are the ones linked with financial engineering, management and allocations within education sector and in the overall sphere of child care services and entitlements.

And finally, the study Recommendation is that apart from internal strengthening of monitoring and performance of civil servants and more effective appeal mechanisms for service users, Inspection and other accountability mechanisms be carried out by external bodies such as Ombudsman, Human Rights Organizations or State Commission with members representing civil society.

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The survey on children has focused on reunified children.

There are less than 10,000 children placed in residential institutions but only 38% of them stay permanently in the institution. The above fact shows a very important feature of the Azerbaijan situation in child care where the placement in institutions do not only reveal the legacy of the past system but to a large extent illustrate lack and/or malfunctioning of other service and benefits which could support families in their role of child upbringing. At present the residential care is not only replacing other types of substitute family.
arrangements such as foster care and (poorly supported) kinship and guardianship care but is also serving as day care and education services for children who are not separated from their families, but have no access (or consider institutional services more attractive to regular day care and/or community schools).

According to the study of 56 Child Residential Institutions in Azerbaijan conducted by The Ministry of Education (2009), financial position of families, causing placement in 47.1% of the cases, is equally present for children who are permanently in institution and the ones who use services only during the day. Other factors such as disability is the cause of placement in 37.7% of the cases.

Factors not necessarily associated with material deprivations reside in the fact that children with disabilities have lesser opportunities for education and specialized services at local level, while other children as well enter institutions because the parents or guardians see institution as a provider of education, after school organized activities as well as with nutrition and school utensils which would otherwise depend on family spending.

To address financial hardship of the families Government of Azerbaijan introduced Targeted Social Assistance (TSA) to the vulnerable families and individuals. Although as a part of family system children are benefiting from this support, Feltham A. (2009) and NGO studies reported in NGO Alternative Report to the CRC (2010) suggest that TSA still needs stronger child-focus. Related to this issue is increasing burden on family income from formal and informal practices of patients' participation in costs of health services and medicines. The study is giving evidence that TSA is contributing to the prevention of institutionalization, as is any other improvement in financial position of the families. However, this is also enhanced in the cases where local authorities and some NGOs show flexibility in granting financial support in the form of one-time grants or in kind, to meet the very specific needs of families to keep the children in the family.

Parents often place children directly to child residential institutions and numerous children in residential care who are “de facto” abandoned do not have clarified parental status and/or have entered institutions without an appointed guardian. Also, there has not been consistent development of community services providing support to families where children are at risk of abuse or separation. These normative and functional deficiencies are also linked to the gap of statistical data on community based services. The rough estimates of the overall number of children in “de facto” day care facilities (in residential institutions) and in community based services run by NGOs is approximately 9.000 children, while the number of children in residential care is lesser then 4.000. These are estimates suggested by the authors of the study of alternative services in Azerbaijan. Info (to be updated !!!~!)

The regulatory measures refer to legal framework, to functions of gate keeping, to establishment of an information system, to admission policies and functioning of residential institutions, to establishment of family support and family substitute services and to wide range of preventive State functions including poverty reduction. According to the concept of deinstitutionalization as a result of system's changes that will prevent family separation and provide alternatives to residential institutions, the State Program has touched upon all substantive aspects of the reforms in child protection and all the levels of governance.

Master plan and the plans for individual institutions were not preceded by detailed analysis of existing resource use; of post-transformation needs of each institution; by the identification of transitional costs; and the need for new money, if required. This analysis should have also taken in account needs for retraining and redeployment of personnel, done only in “sample” case of some institutions but not replicated to those institutions that will remain schools and those that will change their use.

From the very beginning the CPD developed methods of work that facilitate wide mobilization of different stakeholders in carrying out the complex mission of deinstitutionalization and corresponding child care reform. Apart from the work within the structures of the Ministry of Education, CPD initiated the establishment of Coordination Councils in each region and pilot projects in 2 districts and technical support and action projects with several NGOs.

In most institutions directors consider that they partially achieved results according to the Master Plan since the staff is being trained, the work with parents is being intensified and preparatory work is being done for prospective child candidates for deinstitutionalization. Awareness is also being raised and action undertaken on property rights of the children since their future outside the institution is also a matter of concern. But they are also aware that there are delays in this process and suggest that it is too early for evaluations since the process is to be continued and intensified in the future.

However, the above is also coupled with acceptance of new cases in spite of the moratorium on new entries which is not being enforced as long as the installed capacity of the institution suggests that: a) more children can be placed, and that: b) the budgetary allocations will be available for new cases.

Furthermore, the system of records established for regular reporting is also functioning as expedient block of activities assuring better performance. However, not all records from different Ministries are equally participating in the implementation of the State Program. Lack of sanctions for non compliance to some extent illustrates difficulties in enforcement of accountability over state organs which are not formally under jurisdiction of MOE. The study is also calling attention to the emergence of an overall information system on children at risk and in State care and the challenge to integrate the two.

The study report is illustrating deeper structural problems for reorganization of residential institutions and standardization of day care as a specific service, either within education sector or within social protection.

However, 27% of stakeholders considered the deinstitutionalization practice should be postponed, as there are not enough alternative services available. Even this statement, rather then refusal of the need for deinstitutionalization, shows that key stakeholders understand the complexity of the process of deinstitutionalization.

They started to work with their children at home, sending children to schools, supporting each other, demanding their rights, etc.

While the study by NGO Alliance conducted between 2006 and 2009 has shown that children and parents in many rural areas have still none or very limited knowledge and understanding of the UN Convention of the Rights of the Child and national laws, the Alternative Report to CRC (2011) recognizes the extensive government efforts, mainly Ministry of Education and a number of NGOs and international organizations, in the last couple of years, to disseminate the above Convention. However the same document also states that the compliance with international standards should be updated in many existing laws and that the lack of competencies and non compliance with child rights is widely spread in dealing with children in conflict with law, child exploitation and abuse, child disability and children without parental care, i.e. According to the Alternative CRC Report (2011) “the judges have always been referring to legal difficulty and absence of direct guidelines in applying and in referring the international treaties”. However, Azerbaijan legal system allows justice professionals to apply self-executing provisions of the Convention in practice We assume that other law enforcement officials and helping professions may also have difficulties in applying the principles and the spirit of child rights and that their behavior often rely on common sense and/or values embodied in the inherited, often repressive, institutional culture.
Draft Final Report

1. The study context, its object and the study design

1.1. The context of the study

In March 2006 the President of the Azerbaijani Republic endorsed the State Program on Deinstitutionalization and Alternative Care for 2006-2015 aimed at reintegration of children residing currently in various state institutions with biological or foster families and at creation of alternative care services to support the deinstitutionalization process. The major focus of the State Program has been prevention of family separation, reduction of entries and acceleration of exits from residential institutions, downsizing and/or transforming and/or closing down residential institutions and provision of alternative care for at risk children and families.

The rationale for launching of the State Program for Deinstitutionalization and Alternative Care in Azerbaijan has been founded on the government political commitment to implement the Convention on the Rights of the child and other Human Rights Treaties, relevant for the increase of the quality of life of children and families in Azerbaijan.

From the outset UNICEF has been supporting the implementation of the SPDIAC mainly through providing technical expertise concerning all key activities. In accordance with the Rolling Work Plan for 2011-2012 signed between UNICEF, the Ministry of Education and the Ministry of Labor and Social Protection of Population UNICEF is also extending its assistance involving an international expert for conducting the mid term review and recommending further steps.

The above State Program is in the fifth year of its implementation and this Report is an input for the midterm Review of its accomplishments. The year of 2011 was the momentum for conducting a mid-year review of the SPDIAC. The mid term review is the most appropriate label for this study since its emphasis has to include to considerable extent revision of plans and timetables expected to be accomplished beyond the year 2011.

The message and the action that was conveyed by the State program could be summarized as the following:

The residential institutions which were the only pillar of care for children at risk in Soviet times should be replaced with community based services and cash assistance to families, in order that children’s rights be fully respected by the State and society.

Residential institutions should become the “last resort” for placement of children at risk and the resources that the State guaranteed for their maintenance should be redirected towards alternative services.

Considerable amount of work has been carried out since the adoption of the State Program including establishment of the specialized Department on Deinstitutionalization and Child Protection under the Ministry of Education, adoption of the Master Plan of Transformation of Child Care Residential Institutions, cost comparison analysis of state child care services vs. alternative ones, study of legislation on child protection and development of tools for program implementation with the

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1 Since the late 90-ies the government, UNICEF, Save the Children, World Vision United Aid for Azerbaijan and other local and international organizations started to investigate the general conditions of children's institutions and the situation of children being educated there. The Recommendations from the UN Committee on the Rights of the Child also greatly enhanced the government commitment to adopt the State Program for Deinstitutionalization and Alternative care (2006-2015), signed by the President of the Republic of Azerbaijan in March 2006.

2 The different studies carried out since the start of the State Program, on organizational legal, financial and other issues, among others, remark the absence of an overarching system for the protection and care of children and, the looseness, randomness and lack of coordination within the mechanisms which determine the future of children in difficulty, which also predisposes toward the easy admission of children into residential care institutions. They also remark the absence of regulation, the lack of a mechanism for assessing children’s needs and the absence of care planning and case management systems. (D. Larther 2009)
intention to create inputs for new bylaws, establishment of an information system on children in residential institutions etc.

In spite of the above, there were delays in carrying out the State Program in terms of putting in place and consolidating the new coordination structures as well as due to gaps in enactment of secondary legislation indispensable for legitimization of new practices, beyond the pilot districts.

The later is still lagging behind and this was the reason for Ministry of Education's establishment of transitory solutions in order to enhance carrying out new practices in gate keeping and development of community based services (district level pilot projects, specific agreements with district level Executive Committees, projects with NGOs, employment of social workers and awareness rising and (re)training of its own human resources etc.)

During the program implementation overlapping among different mandates of State organs and unclear division of labor among national, regional and local organs have persisted.

1.2. The study purpose, its components and the users of the study

The purpose of the study

The purpose of the study is twofold: evaluative and projective. Evaluation will be carried out on deinstitutionalization practice and its results in selected institutions and for children reunited with their families, Other lessons learned from pilot projects and NGOs in reforming services for children at risk will be assessed and presented in the form of references for their future use on larger scale. Projective part of the study will concentrate on development of inputs for continuation of deinstitutionalization and child care reform in Azerbaijan, beyond the year 2011.

The study components

The study object is composed of four components, which required different levels and methods of enquiry:

1. Institutions in transformation, their staff and children who are deinstitutionalized

2. Coordination structures, gate keeping structures and mechanisms for reduction of entries and acceleration of exits to residential institutions

3. Community based and family substitute services for children at risk of institutionalization and for after care of deinstitutionalized children

4. Legal and other regulation preventing institutionalization and facilitating deinstitutionalization

The system's approach to the object of the evaluation and corresponding results chain are described in the footnote.³

³ The study team sees the results chain in the following way:

- The State program and plans are considered inputs relevant for determining the courses of action and behavior of the stakeholders, 
- Practices of key stakeholders, resources being used and procedures established for carrying out the program are considered the system's outputs based on interactions among the above program components.
- Opinions and attitudes of service providers and results achieved for children who were either reintegrated with their families or were prevented to enter institutions are considered as the outcomes of the earlier mentioned deliberate actions. However these outcomes as well depend on the other intervening factors from the system's environment.

The study's references to the system's environment, i.e. relationship between the economic, legal and cultural environment and the evaluation object are to a large extent limited to the descriptions of these environmental factors and their relevance for children and families at risk as presented in the government documents and research, carried out before this study took place.

And finally, considerable time and effort are devoted to analysis of gaps in current legislation and established practices within government and non government entities involved in the implementation of the State program as well as to the entities which are, in spite of their obligations stemming from the State program, still out of reach of its main activities.

³ The projective part of the study is being done in order to assist the decision makers with options for further regulation of the reform processes and for updating of the plans beyond the year 2011.
The users of the study

The immediate results of the above study will provide the basis for revision and amendments to the State Program on Deinstitutionalization and Alternative Care for 2006-2015 and for Master Plan of Transformation of Child Care Residential Institutions. 

The longer-term relevance of the above study is linked to future State action in the reform of child protection, including social protection, inclusive education and health system.

Thus, the key recipients of the study (as drivers of change) are the Cabinet of Ministers, the Ministries and State organs in charge of social protection, health and education and the regional and local authorities, in accordance with their mandate in the above fields as well as UNICEF.

It is also expected that the study results be shared with other stakeholders from civil society whose inputs were important for the study and who might use some of the findings and recommendations of the study for the continuation of their advocacy and direct action in favor of children and families at risk.

1.3. The Study Report’s content and its adherence to the study design

Report’s dimensions

This Report is referring to the relevance, effectiveness, efficiency, impact and sustainability of government's regulation and action in the area of child care and child protection that are linked to the objectives and goals of the State program.

The key social, legal, economic and institutional factors which have a direct bearing on the object of this study are described in the chapters on relevance and sustainability and are referring to social and economic causes of child institutionalization, to government measures regarding poverty alleviation, to the content and methods of implementation of the State program, Master plan and district and institutional plans and to the legislative framework and reforms in child care and child protection.

In the chapters on effectiveness, efficiency and impact the emphasis is on evaluative part of this study i.e. opinions and attitudes of main stakeholders, outcomes and outputs for children who have left institutions or have been prevented of entering them, on NGOs experiences and practices and on factors that enhanced, delayed or inhibited processes of implementation.

The main inconsistencies between the study design and its implementation

The study team have found out in the course of selection of institutions and children to be assessed that the delays in implementation, the omissions of some of the stakeholders and other factors (described in the later parts of this Report) hindering the implementation of the State program, present serious obstacles for carrying out the scope and depth of the enquiry, that were designed in the preparatory stage of the study. Therefore, there are differences in what was planned to be carried out in terms of number of institutions and children, which were planned to be assessed in comparison with the study design, questionnaires and other tools presented in the Inception Report (June 2011). The questionnaires for institutional teams in charge of deinstitutionalization could be applied only in institutions that have started to implement the deinstitutionalization strategy (only four of them) and in these institutions the details on activities performed could not be reported because these activities were in initial stage. Hence, the remark of all of them that it is too early to evaluate them…

In regard to children, the ones that were assessed were not selected in full compliance with the predestined selection criteria, because, again, there was not sufficient number of children with these attributes.

The rest of the enquiry based on desk review, interviews and the workshops with stakeholders (centered on challenges for the future of the State program) have been accomplished in accordance with the study design.

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4 Vesna Bosnjak and Tamerlan Rajabov, SSAs for 23 working days by VB and 60 working days by TR.
1.4. Methodology used in the evaluative part of the study

In addition to the use of previous studies conducted by UNICEF and others, the data for this study was collected through questionnaire surveys and structured interviews. Also secondary data from the database of the Ministry of Education was used for the purposes of this study.

**Questionnaire surveys:** four specific questionnaires for different stakeholders; reunified children, institutional staff, NGOs and for Commissions on Minors were developed. After translation of questionnaires into Azerbaijani they were tested and adjusted accordingly. The results of testing showed that except institutional staff on management level, ordinary staff does not have information on MPT. For that reason we have decided to survey only institutional directors, or deputies. Only for NGOs survey was developed by using “survey monkey” online tool.

**Selection of participants:** 37 reunified children (both typical and with disabilities) from pilot districts (Khazar and Surakhani) were assessed in this study. Since CPD holds all information about those children they have assisted in finding 20 typical children and collecting data from them.

Data from 17 children with disabilities was collected from child institution #3 in Shaghan. As the study was more exploratory random sampling was not used, instead convenience sampling has been used.

Directors of four institutions: Auxiliary Boarding School for Mentally and Physically Disabled Children number #7, Special Boarding School for Children with Consequences of Poliomyelitis and Cerebral Palsy #16, Surahani Children’s House #2, and institution for children with severe mental disabilities #3, situated in pilot Khazar and Surakhani rayons were surveyed by using questionnaire for institutional staff. Responsible persons of Commissions on Minors of the same districts were surveyed as well by using different questionnaire.

As survey for NGOs was developed in online form the link of the survey was posted in well-known online groups. All together seven NGOs actively involved in deinstitutionalization process filled the questionnaire.

1.5. Gender concerns

The study team did check the differences in conditions and/or opinions between male and female service users and between children with and without disabilities. There were no differences identified in the study between boys and girls, except in the case of family reintegration of children with disabilities, where cultural stigma of having a girl child with disability was reported as a reason for both, child's institutionalization and parents' reluctance to reintegrate the child in the family. Furthermore, in the course of the desk review, the study team has detected references to girl child in the study on child abuse in the institutional context. The study has claimed that girls report less frequently than boys that they were victims of abuse or other harmful behavior. The opposite is true in regard to the girls among street children. Girls, when occasionally found in this group of children are most frequently reporting treats or abuse within the family or other living environment. However, "the information is scarce and unreliable because in Azerbaijan wives who suffer violence from husbands may refer to authorities, but young girls, who suffer systematic violence from fathers and brothers almost never turn to authorities" (OMCT, report prepared for the 33rd session of the UN Committee on Economic, Social and Cultural Rights).

5 The survey on children has focused on reunified children.
6 To address biasness CPD provided formal letters and documents on the children involved in the study as an evidence of the process leading to their reunification with the family.
7 The reason for selecting Shaghan was that institutional managers reported return of 19 children back to their families within last years.
8 Within the jurisdiction of the Ministry of Health the number of baby homes and the number of children in them are diminishing and new modalities of rehabilitation services are being introduced. Currently there are 144 children in 3 MoH institutions, 2 of which for children from 0 to 3. Out of 144 children, 109 are staying in institutions overnight. The total number of children in baby homes is 51. 35 children are using the day time rehabilitation service in the Psycho-neurological institution for children. Also there is an official data stating that 41 children were adopted and 16 reunited with their biological families in 2010. However, hospitalization of children in
On a more positive tone, we should note the Ministry of Education’s concern for girls (and boys) leaving care and the resulting Heydar Aliyev Foundation’s investment in the facility and program in Baku, for after care for girls leaving care.

1.6. Ethical concerns

Special attention has been attached by the study team to ensure that the evaluation process is ethical and that stakeholders can openly express their opinion.

The information obtained through surveys and interviews was protected and the individual responses and names of respondents were not mentioned in the Report except when they have agreed that their names or responses be disclosed. The workshops with key stakeholders were carried out separately with NGO representatives from the ones carried out on the same topics with government stakeholders in order to create the environment for frank talks and avoid mutual distrust.

1.7. Equity concerns

The children and families at risk are the least protected citizens and their conditions and the level and quality of State protection are at the core of the deinstitutionalization strategy and the evaluation of its results. Thus the study object has a significance in the context of the government efforts to deal with equity concerns which should be most prominent in the field of social protection, a sector of public policies which is being strengthened through the introduction of TSA and a new Law on social services, which is at the time of writing of this Report in the parliamentary procedure.

The study has highlighted inequities in the policy approaches to the children and families at risk and among them to the most vulnerable, either because they are not included in the entitlements already formally available, or because they are not being treated with due priority. The examples of the later are provided in the study and its recommendations regarding the children without both parents, whose number is relatively small (approximately 600) but were not having priority in the provision of family substitute care, legal protection of their properties and support after leaving State institutions. The study recommendations are also pointing out the need for amending the State program with special Master plans for at risk pregnant women and children 0 to 3 years of age, whose stay in institutions and prolonged hospitalization without parental presence, produces the most harmful and irreversible development delays.

The study also points out the differences in the families and children understanding of their rights and in their protection outcomes when living in less developed districts in comparison with the ones where public services function at higher level and where awareness rising about child rights is greater. Also, great differences were reported in the level of public spending for institutionalized children in centrally financed institutions versus the ones that relay on local funding.

The study as well recognizes that the beneficiaries of deinstitutionalization and new services have been so far children and families which were easier to reach, i.e. mainly children without disabilities and the families which were motivated or more capable to collaborate with authorities in charge.9

Regarding children with disabilities the study calls attention to the groups of children with disabilities who do not benefit from social services and, if and when, included in home based education, do not receive sufficient support related to rehabilitation. The concern is also stated regarding disability allowances which are reaching great number of children with disabilities with insignificant amounts of cash assistance, while better targeting of disability allowances towards the children with the highest needs for support in their daily activities, would produce better results for the most needed.

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9 However, the study team considers that as long as the stakeholders of the State program are aware and concerned about it, the above is justifiable for the first stage of the process which did not count on any former experiences and available competences for dealing with the complexities of the State program.
2. Relevance of deinstitutionalization as a response to the rights of children in State care

<table>
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<th>Assessing relevance</th>
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<tbody>
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<td>To what extent and how is the object of the study related to child rights and the key conditions of children and families at risk in Azerbaijan</td>
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<tr>
<td>To what extent is the placement in institutions responding to inability of families to provide food and other amenities as well coop with expenditures for health and education services</td>
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<td>What are the other reasons for child placements in institutions</td>
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<td>What is being done for combating the main causes</td>
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<td>What is the profile of institutions and their users</td>
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<td>How are functioning assessment of needs and decision making on entitlements (i.e. gate keeping)</td>
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2.1. Towards the residential care as a measure of "last resort"

The UN Guidelines on Alternative Care for Children define children without parental care as "all children not in the overnight care of at least one of their parents, for whatever reason and under whatever circumstances". The above definitions as well as the principle that the institutional care should be the measure of "last resort" are the reasons for examining the types of services and profiles of children who are currently placed in the residential institutions in Azerbaijan.

According to Deinstitutionalization and Child Protection Department (CPD) the total number of children using services of residential institutions was 9,776 by November 2011. Of those only 3,750 children were staying permanently in an institution, which makes 38% of total institutionalized children. In total, 6026 children are in institutions in order to receive education and day care. The study findings from institution #16 reveals almost exact percentage of children staying in institution permanently (38%), however for institutions #7 and #2 the percentages are different. 22% of the total number of children in Surakhani institution #7 are staying there permanently and 97% of children in institution #2 in Khazar rayon. The above differences illustrate the differences in profiles of children placed in different institutions and the need for definition of quantitative targets for deinstitutionalization at the level of each institution. It should be taken in account that the institutions under the jurisdiction of the Ministry of Labor and Social Protection and the Ministry of Health are at the beginning of the process of transformation and the recommendation of the study team is that planning at the level of each one of them should be the priority in the next stage of the implementation of the State program. In addition, the concern for children in residential facilities in the age group 0 to 3 years, for foster care and adoption

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10 As suggested in the part of this Report informing about impact of deinstitutionalization strategy, decisive steps are still to be taken in terms of reorganization of residential institutions to assure that day care services and, when applicable, internal school facilities within these institutions record and report children as users of services which are not residential. As the child care reform progresses in Azerbaijan, day care should be standardized and financed as a separate service. And school facilities, when part of residential institutions, should be converted in community schools open for all the children who wish to enroll in them. This is the way forward to regulate de facto situation with formal arrangements, including official statistical reporting on numbers of children in residential care in Azerbaijan.

11 Consequently, thorough examination of both, children family conditions and existence and capacity of family support services in the place of child origin has to be carried out.

12 Within health sector there are residential institutions such as baby homes, emergency unit for abandoned babies, and sanatoriums. However any long hospitalization of young children due to health problems should be also the reason for introduction of family friendly admission policies.

13 Children under three years old should not be placed in residential care without a parent or relative to look after them. Research over the last decade has confirmed earlier findings that institutional care in early life produces irreversible damages to children brain development and neural functioning. Children need emotional attachment and bonding. In the ages from 0 to 3 years children are in the
for this age as well as the prevention measures in regard to unwanted pregnancies and child abandonment, should lead to the development of a specific State Program, under the leadership of the Ministry of Health and the SCWCA.

Profiles of residential institutions in Azerbaijan

The fact that only 38% of children stay in the institution permanently shows a very important feature of the Azerbaijan situation in child care where the placement in institutions do not only reveal the legacy of the past system but to a large extent illustrate lack and/or malfunctioning of other service and benefits which could support families on daily basis in their role of child upbringing.

At present the residential care is not only replacing other types of substitute family arrangements such as foster care and (poorly supported) kinship and guardianship care but is also serving as day care and education services for children who are not separated from their families, but have no access (or consider institutional services superior) to regular day care and/or community schools.

However, the above also means that in Azerbaijan only the children who permanently reside in institutions should be considered as children in residential care. Therefore, corresponding reorganization of services within institutions should be the first step towards the formal recognition of "de facto" situation, which should be also reflected in official statistics (more on the issue is reported in the part of this Report referring to the impact of the deinstitutionalization strategy).

2.2. The main reasons for placements of children in residential institutions

The findings of assessment of 56 Child Residential Institutions in Azerbaijan conducted by The Ministry of Education (2009) showed that the main reason of the placement of children in public institutions is the poor financial position of families (47.1%). MoE also reports (2009) that for children mainly coming from northwest region the major reason for placement is parents' unemployment. The second major reason is the disability of children and special educational needs (37.7%). These findings cannot be compared with the results of an earlier UAFA’s study on “Reasons for institutionalization of the children who reside in child institutions on a permanent basis” (2002) because the methodology of the two studies were different. But UAFA’s findings confirm that poverty is one of the main reasons for child institutionalization.

However, poverty is equally presented as the cause of institutional placements for children who are permanently in institution and the ones who use services only during the day. As shown later, it is because the whole day stay in institution brings more benefits to parents and children then going to regular school. Larther (2010) reminds us that at the system's level the net inflow of children to residential institutions as day pupils will increase the expenditure gap between residential education and community education as well as exacerbate the inefficiencies highlighted by the World Bank.15

most critical and unparalleled period of brain development and separation from the parent(s) is causing physical, intellectual, behavioral, social and emotional skill deficits and delays. Institutional care of young children is extremely harmful to children’s development and should be replaced with family substitute care such as adoption, foster or kinship care. When these types of care are scarce, the absolute priority should be given to this age group.

14 In Larther study (2010) there are proposals for a specific measure that may contribute to the decrease of the demand for residential care through the increase in the amounts of Guardianship Allowance when guardians take care of all child needs and are living with them. "At its present level (AZN 25 per month) it offers little incentive to an extended family to accept and care for one of its children. On the other hand expanding the attractiveness of guardianship can have a direct social and economic benefit, as well as reducing the demand, not only for institutional care but also for other services. The decision of the Cabinet of Ministers of February 1995 determined that the level of the Guardianship Allowance should be that of the National Minimum Wage, which is at present (2009) AZN 75 per month". In further justification of the above proposal Larther states that at present 5,000 children are subject to guardianship and that restoring the link represented by the decision of the Cabinet of Ministers would therefore have a marginal cost of AZN 3,000,000. He also suggests that there are 127 children currently in residential care who are considered to be appropriate for Guardianship. The cost of their guardianship at the proposed accelerated rate would be AZN 127 x 75 x 12 (114300) or AZN900 per child. This later figure compares favorably with the cost of caring for a child in a residential institution . Larther (2010) also states that there are also a small number of children in residential institutions who are under the guardianship care and whose extended families continue to receive the guardianship allowance regardless of the fact that these guardians do not exercise their responsibility.

15 The same author is stating that some rationalization of the community education system could create fiscal space for financing the reform efforts. He also recommends that the decrease in the global budget for residential institutions does not jeopardise the funding
Other factors associated with poverty such as family separation, parentlessness, and parents' disability, irregular living conditions and others are more characteristic of children who are staying permanently in the institution. In the case of children with disabilities factors such as lack of specialized services and child's overwhelming demand for parents' time and effort play equally important role in child institutionalization. It is also important to note that single parents whether having children with or without disability express their inability to take care of the child while working. From the case study of the children in this study we can see that the main arguments of single parents are inability to work while they have children at home. Therefore, they are forced to place children in institution in order to work (see figure 1 in annex 4).

Studies carried out by "Mushvig" and "Independent life" within NGO Alliance project (2009-2010), report findings that focus on the differences in the amount of the minimum salary and living wage at disposition of families with and without family members with disabilities. In addition, there is a significant difference in amounts of minimum living wage among two parents families, divorced families and single families. The level of income of the last ones is almost half of what the two parents families count on. By analyzing the time-budget of family members taking care of the child with disabilities and the costs incurred in spending for medicines and treatment, the study shows that these families are at great disadvantage. Only 1.2 % of the above study respondents reported to be able to meet their consumption needs and the costs for upbringing their children with disabilities.16

Furthermore, while children with disabilities have lesser opportunities for education and specialized services at local level, other children as well enter institutions because the parents or guardians see institution as a provider of education, after school organized activities as well as with nutrition and school utensils which would otherwise depend on family spending.

As already mentioned, According to the MOE 2011) 6026 children out of 9776 of children in institutions are going there only for education and day care Also MOE states that the decrease in number of children (2004-2005) applying to general education boarding schools (see Figure 2 in annex 4) is explained by provision of the new schools in remote rural places and the provision of the secondary schools in regions with needed pedagogical staff.

In addition, MoE report that many children were placed in institutions according to the request of their parents (86%). 7 % of children were placed in boarding schools and child homes at request from public institutions for children (baby homes, kindergartens, child homes) or were moved from one institution to another. Total number of children placed in institutions from streets is 3% children. About 3% children were placed in institutions by the request of their close relatives (extended families) who live in the area of institutions, while 1% children were placed in institutions from maternity homes (MoE, 2009).

As the MoE reported in 2010 17% (696 children) of all institutionalized children never go home and only 34% of them are being visited by their family/relatives. The rest of the children are either declared parentless or the statutory organs did not identify their parental status in spite of very prolonged loss of the contact with parents. Children with disability are more numerous in this group then others.

Maintenance of the contact with parents proved, however, to be crucial for family reintegration. The study shows that all children (both with and without disability) transferred to their family did not lose contact with their families while staying in institution. Study findings show that children without disabilities maintained better contact with their parents compared to children with disability (see possibilities for alternative services. This budget should be protected and ring-fenced to ensure that resources released by the process of deinstitutionalization be redirected to alternative services and not siphoned off elsewhere. This is congruent with the principle that "money follows the client" as, recommended in the UNICEF/World Bank document on "Changing minds, policies and lives", UNICEF, Innocenti, 2003.

16 These observations as well as more profound studies relevant for targeting of different forms of cash assistance to families and children should lead to reduction of disparities in the living conditions of different population groups.
Almost 50% of the children with disability included in our study maintained contact with her/his family “several times a year” within last two years.

2.3. Government responses to risks related to family access to income

In order to address financial hardship of the families Government of Azerbaijan introduced Targeted Social Assistance (TSA) to the vulnerable families and individuals. According to the Minister of Labor and Social Protection of Population (MoLSPP) Fuzuli Alakbarov 131,122 families received targeted social assistance in Azerbaijan by June 1\textsuperscript{st} 2011. Of these families 51,628 receiving social aid have 3 or more children, 195 families are designated guardians, 35 families - the families of martyrs, 558 families have in the war-disabled, 16 339 - Persons with Disabilities, 10,049 families - displaced families, 258 families are composed of persons released from prison. Although as a part of family system children are benefiting from this support, Feltham A. (2009) suggests that TSA still needs stronger child-focus.\textsuperscript{17} Related to this issue is increasing burden on family income from formal and informal practices of patients' participation in costs of health services and medicines. According to the estimates of the Center for Economic Research (2007) 70 to 80 percent of financing in health care is due to unofficial payments of patients. In the Alternative NGO Report to UNCRC (2011) there is a reference from the above study showing ten times increase in diseases during pregnancy, delivery and birth, between 2005 and 2009. This is another indicator of unresolved problems in health sector, which is at the same time counting on budget increases for hospital care.

However, it also seems that the allowances for persons with disabilities are very thinly spread across the population with disabilities and that the amount of this type of cash assistance does not reflect the differences in the level of individual support needs, which call for increased household expenditures. It seems that better targeting would facilitate that the ones with higher support needs receive higher levels of financial support. Furthermore, the future attempts to improve the situation of all families with children with disability, should take in account that community based rehabilitation services can diminish time of family members spent for taking care of a person/child with disability. The same positive impact is expected from increased educational opportunities for children with disabilities.

Certain number of children was diverted from institutional care as a direct result of the introduction of Targeted Social Assistance (TSA) or improvements in family income, but it is difficult to estimate how many parents did not apply for residential care due to improvements in their income and how many were discouraged of doing it, due to active role of gate keeping organs and/or increased number of alternative services. The CPD reports that in the year 2011, 105 children were transferred to their families or relatives following a due process by gatekeeping organs and that 298 children were prevented of entering institutions, through variety of supports to their families and children themselves (i.e. apart from placing some of these children in day care, psychological counseling has been provided in 112 cases all of which was often accompanied with legal counseling for access to TSA). As referred in another part of this Report, several cases of child reunification with parents has occurred when the family financial situation has improved. However, NGOs are also reporting that with their assistance a number of families which were considering child placement in the institution were informed to request the TSA and have succeeded in getting this State support. The combined efforts in gatekeeping, financial and other support and the rationalization of the network of State children's institutions resulted in the reduction of State institutions from 48 to 39.

However, the local authorities and some NGOs have also shown additional flexibility in granting financial support in the form of one-time grants or in kind, to meet the very specific needs of families

\textsuperscript{17} Apart from TSA there are legal basis for additional financial support to families and guardians in order to prevent institutionalization and support family reintegration. In addition to Larther (2010) recommendation to restore the link between the national minimum wage and the Guardianship Allowance as described in the footnote no 4, he is also referring to the Law on the Social Protection of Children having lost or been deprived of Parental Care established by Presidential Decree N° 188 of 30 August 1999 (Amended 2001/2002/2005) which provides wide powers for the assistance of children, including the direct financial support. Responsibility is established at central level. According to the same author, this Law could be adduced to afford the reintegration of children and for preventive family support, although some further amendment to assign powers and executive responsibility to Local Authorities may be necessary.
to keep the children in the family. All these is also proving that the Minors Commissions receiving guidelines and support from the CPD assess the needs of children and families and devise supports which responds to their needs.

Regarding unemployment as contributing factor to parents requests for institutionalization, it is interesting to refer here to the ILO report on Decent Work Country Program (2009) whose “aim was to create 600 000 new job places by 2008”. It reports that 475,000 new jobs have been created (including 50% permanent jobs), with 85% of workplaces in rural areas. The above is referring to economic targets of the State Program on Poverty Reduction and Sustainable Development in the Republic of Azerbaijan (2006-2015). Even though increased employment have influenced income of numerous poor families which tend to look for institutional placements for their children, it is not known whether the decrease in the institutional placements can be also attributed to the above employment opportunities.

And regarding low enrollment of IDPs children in residential institutions, it has been reported that their access to cash assistance and housing (also provided within the above State Program) has prevented institutionalization of children belonging to this population group. According to reports from Aghdam district, no IDP child has been placed in an institution. The support by the community and benefits by the government to families from occupied districts helped to prevent the placement of children in institutions (MoE report, 2009).

2.4. Gatekeeping, community based, family substitute services and adoption

Within this study the above topics were assessed through desk review that included partial access to internal reports submitted to the CPD, interviews with government and NGO representatives, site visits and in the workshops geared towards examination of options which could contribute to the future normative and planning solutions.

Gatekeeping

The overlapping and unclear procedures exist between Minors and Guardianship Commissions whose functions were regulated by different laws. The revision in 2002 referred only to the Minors Commissions whose functions were expanded. Among the children at risk who are entering the system of child protection, decisions regarding children with disabilities still mainly depend on the Medico Pedagogical Psychological Commissions and medical psycho-neurological dispensaries. These are the instances where the needs assessment tend to undermine examination of intensity of child needs for support in their daily functioning and therefore the further decisions are based on obsolete criteria.19

While the practice in community based rehabilitation settings and efforts in inclusive education tend to gradually overcome this and other biases, the financial assistance to families and placements in institutions continue to be inadequate. All these suggest that proper child assessment as part of "gatekeeping" the system's responses to children with disabilities should be upgraded. The biases in the practice of psycho-neurological dispensaries were already revealed by findings presented to the Inter -Ministerial Commission. It has shown that even in the application of conventional diagnosis of

18 As a result of their involvement in the implementation of the State program, Minors Commissions are increasingly concerned with development of family support services and day care for children in conflict with law and for regularization of the ID status of street children and their return to the mainstream education. Active search for partnership with NGOs is being noted as an increasing tendency in the gatekeeping organs in order to expand direct assistance to individual children who have lost or weakened their ties with the family of origin. Also, the Commissions are active in the collaboration with the courts in the cases of child abuse within the family and are aware that the options in the provision of alternatives to biological families are wider then the ones that have been used in the past.

19 This is an important delay in application of WHO standards which have made shifts in diagnostic practice in disabilities, from medical to functional assessments of needs. Such assessments are relevant for access to both, education facilities and home education and the financial or other support to parents upbringing the child with disabilities.
"oligophrenia", there are malpractices which classify children without mental retardation as intellectually delayed in order to facilitate their placement in the institutions.20

The courts are in charge of the majority of cases requiring family separation but there are also exceptions, when due to urgency and potential harm to children, Commissions can decide on temporary placements.

However it is also known that parents often place children directly to child residential institutions and that numerous children in residential care who are "de facto" abandoned do not have clarified parental status and/or have entered institutions without an appointed guardian. Inconvenient practice of appointing directors of institutions as guardians are continued, often at the expense of proper care of child property, no maintenance of contact with relatives and possible violation of child best interests regarding placement in the institution versus family based solutions.

Within Deinstitutionalization strategy the MOE pilot projects at district level have assumed a complex role to:

- Find ways of working on "gate keeping" through the existing channels
- Assist district level authorities in analyzing the supply and demand for services and propose planning targets and to
- Coordinate and enhance development of new community based and family substitute services.

The know-how developed so far in these projects is reported in the chapter on effectiveness and it is expected that all these results will be taken in account in the revision of functions, procedures, methodological approaches and coordination of entities functioning at district level and reporting to central level authorities.

**Community based and family substitute services**

Community based and family substitute services should be the main trust of child protection services because they could timely respond to the risks of children and/or families which in the absence of such services could lead to family separation and child placements in the institutions. Elimination or alleviation of inadequate upbringing practices, support to parents in carrying out their parental roles, assistance to a child whose parents are not complying with their obligations or are violating child rights as well as provision of professional rehabilitation practices which complement family care are all contributing to the prevention of family separation. When the above services are not available and/or are not provided on time, the risks of affected children and/or families may aggravate and lead to family separation and placements in the institutions.

As referred in the Chapter on effectiveness in this Report the services run by NGOs and the residential institutions (accepting children who are staying there only during the day) covers in total approximately 9.000 children which are not accounted for in a systematic way, neither are these services standardized and financed accordingly. The number of children in NGO-run services at community level as well as in day care outside of residential institutions are estimated by local researchers of such services, to be around 3.000.

In general, there has not been consistent development of community services providing support to families where children are at risk of abuse or separation in Azerbaijan. The only nation-wide form of support appears to be pre-school educational facilities. However, the nature or amount of care that is being provided, the age at which the child can access such a facility and the types of families that benefit from it are not covering the type of needs of children and families who are poverty stricken and/or are having difficulties which call for more specific professional supports. This, however, does

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20 The SSI is reporting that in the Inter-Ministerial Commission found out of 93 children diagnosed with oligophrenia (intellectual retardation), only 25 with mild form of intellectual delay. Apart from the above the SSI also analyzed personal files of 177 institutionalized children with official diagnosis related to mental retardation, of which only 30 had intellectual delay. According to SSI the anecdotal evidence from other NGOs indicates that this malpractice is not the case only at institution #7.
not mean that these establishments can not offer social inclusion for children at risk and it could be done in the future in the way as primary education is doing within the strategy of inclusive education.

Save the Children set up eleven community centers in the country, targeted at vulnerable children and their families. Responsibilities of these centers have now passed to the State Committee on Family, Women and Children’s Affairs (SCFWCA). In addition, the MoLSPP provides a Rehabilitation Centre for Children with Disabilities in Baku and is intending to open a further center in Nakhichevan in the near future. There are also signs that SSI community based rehabilitation services may become part of services within social protection. As Musayeva and Huseynli report in the year 2006 and the main findings such as the following are still valid “most of community-based child care centers are in bad need of a larger space, a stable source of funding, equipment and supplies. Most of the centers have an urgent need for child psychologists, speech therapist, occupational therapists, psychiatrists, child and family counselors, etc. Moreover, all the centers need qualified social workers trained in the area of professional social work. Additionally, the centers stated their need for the government’s understanding, support and cooperation”.

The above survey revealed that with the exception of the capital Baku, there are almost no community-based child care services for other groups of children with special needs such as orphans, children without parental care, children at risk of being in conflict with the law, young offenders, and street children. Unfortunately, such services limited to the city of Baku do not meet the demands in other places. (Musayeva Z. & Huseynli A, 2006)

The lack of state-funded community services is partially due to a lack of direction from Central Government. There would appear to be no Ministry, Body or Agency at national level, or indeed at regional level, responsible for the planning, commissioning or delivery of child protection services. In addition, local executive bodies do not review the needs of children in their area and plan for community services to meet these needs. This will be partly resolved with the new Law on Social Services, at least at the level of standardization of such services. However, the questions of day care within residential institutions within MOE and the ways of integration of NGO service providers in the government schemes will have to wait for joint deliberations of different Ministries and State entities, including Ministry of Finance.

Limited number of NGOs has developed community-based services. However, due to the lack of funding sources, these services focus on day care services for children with disabilities, children with special needs and street children, rather than family support services.

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21 The NGOs providing services include:
- Place of Home (Ümid Yeri), a shelter for street children in Baku, also provides day care services for a small number of vulnerable children.
- Clean World offers assistance to victims of trafficking and commercial sexual exploitation in Baku. This includes provision of medical and psychosocial services, as well as lawyers to help defend their rights in court.
- The Ganja Regional Children Foundation has a program for children with special needs to help them improve basic living skills and support their integration into society.
- World Vision Azerbaijan that provides community-based services to children with special needs. Delivered services include social skills development, psychosocial rehabilitation through training, speech therapy, public awareness and consultancy.
- Social Service Initiative that provides outreach services for the children with disabilities through the help of mobile teams that consists occupational therapist, speech therapists, developmental specialist and social worker.
- Yevlakh Child Development Center provides support services for children with special needs and training for members of their families.
- Save the Children’s “Children and Family Support Centers” in Mingachevir, Goranboy and Shuvalan.
- United Aid for Azerbaijan provides children with special needs with community-based services. Provided services include rehabilitation for children with disabilities, support to families, psychosocial rehabilitation, speech therapy and play therapy.
- SOS Children’s Villages – Azerbaijan Association provides apart from residential care services that includes education and training, psychosocial rehabilitation and direct support to families at risk.
- “Mushviiq” Public Union for Support to Disabled Children that provides medical rehabilitation, work rehabilitation, home care services, early intervention community based services for the children with special needs.
- “Rainbow” Rehabilitation Center that provides with rehabilitation services of children with special needs and their integration into society and etc.
The difference is being observed in relation to recent development of pilot project in family substitute services such as foster care and small groups home are being piloted by Hilfswerk (in partnership with CPD) as described in other part of this Report. It is early to report specific achievements, but this experience will bring insights not only in regard to modalities of foster care and small group homes which can be developed in Azerbaijan but as well on needed adjustments in laws and by-laws in order to create sufficient assurances that these pilots will be replicated and financially supported by the government. However, the work on standards already done by CPD and UNICEF, based on good practices within Azerbaijan NGOS will be tested in Hilswerk practice. All of these efforts on procedures for placement of children in families and alternative services and on model Statutes for family substitute services such as foster care and small group homes, will orient forthcoming efforts on standardization of services through by- laws which will be following the enactment of a new Law on Social Protection.

Adoption

Even though changes in the Family Law proposed by Hamilton/Hall study in 2008 were not carried out, both, Ministries of Health and Ministry of Education are reporting improved practices in adoption, guided and followed up by the Unit for Assessment and Preparation of Adopters and Foster Parents, functioning within the CPD. This was accomplished on the basis of the draft proposal of the Rulebook on adoption developed by Ministry of Education with UNICEF technical assistance. The rules are containing not only changes which should be legally enacted but as well practical tools for procedures to be applied by all the involved stakeholders. As Hamilton/Hall's study proposes (and the Rule book operationalize), these criteria and rules for procedures are:

- Making it clear that adoption is a service for children in need of parents, not vice versa. I.e. adoption should be part of an integrated child welfare service and a child should be considered for adoption on the basis of his or her assessed needs and the ability of the parents to meet those needs.

- Specifying the criteria for determining the suitability of adoptive or foster parents.

- Placing a duty on the local child protection body to undertake matching of a child to potential adoptive parents.

- Requiring that prospective adopters receive training and preparation for adoption.

- Requiring that a child be placed with the prospective adopters for a period of six months and an assessment of the progress of the placement undertaken before an application can be made for adoption.

- Making it clear that an adoption order will only be granted where this is in the best interests of the child.

- Requiring the Court to seek the views of all verbal children even if they are under the age of 10.
3. Effectiveness of planned and implemented measures and activities

Assessing effectiveness

To what extent are the State Program and the Master Plan adequately defined and how were they implemented.

Questions to be answered:

- How were different components of the State Program and Master Plan defined in terms of obligations of stakeholders expressed in terms of quantitative targets, and/or deadlines and/or monitoring accomplishments and/or accountability for delays and omissions?
- Which ingredients important for accomplishment of tasks were well defined in programmatic documents and which were missing?
- Which new structures and programs were developed for State program coordination and which partnerships were developed in carrying out the Master plan?
- What were in the opinion of stakeholders the main characteristics of the planning process?
- Which programs have been piloted and normative acts designed in order to achieve the State Program?

3.1. Planning for transformation of residential institutions and corresponding courses of action

As already stated, in March 2006 the President of the Azerbaijan Republic endorsed the State Program on Deinstitutionalization and Alternative Care for 2006-2015 (Presidential Decree N° 1386) The State program is aimed at reintegration of children residing in various state institutions with biological or substitute families and at creation of alternative care services and other entitlements for prevention of family separation and supporting reintegrated children and their families.

In accordance with the concept of deinstitutionalization as a result of system's changes that will prevent family separation and provide alternatives to residential institutions, the State Program has touched upon all substantive aspects of the reforms in child protection and all the levels of governance.

The regulatory measures refer to legal framework, to functions of gate keeping, to establishment of an information system, to admission policies and functioning of residential institutions, to establishment of family support and family substitute services and to wide range of preventive State functions including poverty reduction. While the impact achieved so far is assessed in the other part of this Report, we are here illustrating what the State Program and later, the Master Plan (including 7 plans for individual institutions and 2 district plans) defined and what were the missing ingredients.

Regarding the later we have to agree with Larther (2010) comments that both, Master Plan and the plans for individual institutions were not preceded by "detailed analysis of existing resource use; of post-transformation needs of each institution; by the identification of transitional costs; and the need for new money, if required". He also points out that this analysis should take account of retraining and redeployment of personnel and that the process should be applied equally to those institutions that will remain schools and those that will change their use. The conclusions of this study as well as recommendations for the future refer to the above and other “missing ingredients" either in planning documents or in the methods of their enforcement. However it should be noted that part of the missing studies regarding financial analysis in selected institutions were carried out by CPD in the year 2010, with UNICEF assistance.

3.1.1. The State Program

The State Program did not set explicit national quantitative outcomes in terms of reduction of entries and accelerating the exits of children from residential institutions but is generally stating that there should be an increase in placements of children in kinship and foster care, a decrease in the number of residential institutions and decrease in the existing number of children, including restraint in new placements in such institutions. The increase of other supports to families to prevent entries and accelerate exits is tackled through list of primary objectives of the Program referring, among others, to
financing family based services for children and provision of targeted financial support to families reintegrating their children.

Out of the 23 activities listed in the implementation plan of the State program, Cabinet of Ministers is supposed to be a stakeholder in 13 activities, but there is no clear identification of the manner how will the Cabinet of Ministers, which has the highest level of authority among the entities in charge of implementation of the State program, perform it's leading function. However, there is evidence on numerous normative orders issued by the Cabinet of Ministers but we are referring here to it's supervisory role, as a higher authority intervening when deadlines are not respected or activities of different Ministries conflicting with each other, delayed or not accomplished.

Within State program eight of the 23 activities have deadlines until the year 2008, one has the deadline in 2010 and one in the 2015. All the other activities are labeled as regular activities over the whole period of the State program. When examining the results in the midterm perspective it seems obvious that the time allocated for activities was too short and that what was labeled "regularly" should have been defined in stages.

There were no indications how will the accomplishments of the State Program be followed on yearly basis (although some targets where regularly followed after the establishment of CPD in 2010). During the implementation of the State program the activities within the established deadlines were not re–programmed or revised in a systematic manner.

The State Program defined the roles of different State entities, but was not explicit enough with concrete inputs expected from each one of them, especially when a task was supposed to be carried out by several actors.

According to the State program, in 2007 a special De-I Unit was established within the Ministry of Education. This Unit has been reorganized in a Department on Deinstitutionalization and Child Protection (CDP) since 2009 in order to strengthen and coordinate the implementation of the State Program. Not all the activities listed in the State Program linked to the role of the Cabinet of Ministers could be transferred to the CPD, even though strengthening of capacities of all stakeholders coordination and monitoring where the crucial ones.

3.1.2. The Master Plan

However, the Master plan was a complementary document to the State program. This document has established proposals for transformation (or closure) of each institution in accordance with criteria that served for ranking all institutions in terms of their inbuilt capacity for improvements in provision of services. It also gave weight to the institutional environment such as location and availability of general services and facilities, including the size of population in the area.

From the outset it was clear that the next steps will have to be the plans developed for individual institutions and districts with more detailed assessments of the conditions of children and staff and availability and/or needs for local services that could replace reliance on residential care. These included clarification of feasible quantitative targets per institution and districts as well as for inputs

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22 The following are some of the normative acts issued by Cabinet of Ministers (not mentioned above) and linked to deinstitutionalization strategy:

- Cabinet of Ministries of The Republic of Azerbaijan, Decision № 180, Baku capital, 19 November 2009, on the approval of “Rules of placement and keeping of children in shelters who have fallen victims of human trafficking”.
- Cabinet of Ministries of The Republic of Azerbaijan, Decision № 6, Baku capital, 13 January 2010, approval of the “Program of Activities for Reforms in Secondary Special Education in 2010-2013”
needed in terms of capacity building. Such plans have been developed for 7 institutions and for two districts where these institutions were located.

Furthermore in the course of implementation of the program there were other additional agreements and protocols, which were specifying the roles of different entities at national and sub national levels. Those were initiated, coordinated and followed up by the Ministry of Education.\(^\text{23}\)

The Master Plan of Transformation (MPT) of residential institutions, based on the already mentioned assessment of residential institutions has been developed during the year 2008. This plan was approved by the Deputy Prime Minister (Order of the implementation of dated 23\(^{rd}\) April 2009, under the title Master Plan of the State Program on Deinstitutionalization and Alternative Care). The Decree of the Minister of Education on implementation of the Master Plan for Transformation of Residential Institutions and Development of Alternative Care Services was approved on 18\(^{th}\) August 2009.

Apart from accomplished transformation of 9 boarding schools in general schools the residential care institutions in the jurisdiction of Ministry of Education were planned to be transformed into a mixture of lyceums, gymnasiums, inclusive education schools and service centers. Some of these institutions have received additional technical assistance for development of their own deinstitutionalization plans (as was the case with 7 institutions within the jurisdiction of the Ministry of Education, in the pilot districts supported by UNICEF) For these institutions and districts the plans with quantitative targets and detailed implementation steps were developed in the year 2010.

The footnotes illustrate the impressions about motivation of stakeholders in the districts\(^{24}\) as well as the systematic work on regulating pilot activities with the idea to contribute to future standardization of activities on larger scale\(^{25}\). Regarding the transformation of residential institutions in the jurisdiction of the Ministry of Labor and Social Protection and Ministry of Health, future transformation patterns were not spelled out in detail.

In the opinion of authors of this Report the specific plans for institutions and the corresponding plans for pilot districts are in line with the planning methodology used in some of the CEE/CIS countries that have extended such practice to all the districts in the country and obtained good results in deinstitutionalization and local capacity building (i.e. Serbia). Inclusion of additional analysis that should create the basis for the plans for financial feasibility (as described in the footnote no 3) is as well an important recommendation.

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\(^{23}\) Examples of such additional regulatory acts are:
Memorandum of Understanding on joint co-operation for implementation of the project “Creating the mechanism on deinstitutionalization and alternative care” between the Ministry of Education of the Republic of Azerbaijan, the State Committee for Family, Women and Children Affairs of the Republic of Azerbaijan and the United Nations Children’s Fund (UNICEF). Approved by 926 numbered decree of the President of Azerbaijan Republic on May 24, 2010 (is attached);
Surakhani Rayon Executive Committee Decree on creation of Coordination Committee for implementation of projects “Creating the mechanism on deinstitutionalization and alternative care” and «Creating a model for cooperation between LA and NSA in introducing foster care and family support services» (Decree number 115, July 21, 2010);
Decree on creation of Coordination Committee for implementation of projects “Creating the mechanism on deinstitutionalization and alternative care” and «Creating a model for cooperation between LA and NSA in introducing foster care and family support services» (Order number 20, June 17 2010 Khazar (Azizbayov) Rayon Executive Committee).

\(^{24}\) Malanciuc in her report to UNICEF (2010) states that the pilot regions and institutions were selected in accordance with the Master Plan of Transformation of Residential Institutions and that the consent, positive attitude and openness was manifested from the local administrative authorities towards the reform of the child care system and that of the residential institutions’ staff towards the transformation of the institution. She has also stressed the willingness for collaboration of international, governmental and non-governmental organizations in the given regions.

\(^{25}\) Malanciuc (2010) reports that for piloting the reform the CPD staff and collaborating NGOs are actively involved in providing guidelines and tools for a) case management and procedures for preventing the institutionalization of children and referring the cases to the social services, b) guidance to the community-based social workers (or social workers from the mainstream schools) and c) organization of the community-based Day Care Centers. Also the initial discussions were held on emergency, medium and long-term foster care and family support services.
Example of the initial plan proposal for children, resulting from transformation of one institution

Services for children following the transformation of the Surakhani Children’s House (Surakhani) Rayon Executive Committee:

- 26 children will be reintegrated in their biological families - 4 children who go home twice per week and at the weekend could be reintegrated into their families with additional support; about 25% - 22 children from 87 children who go home on holidays will be possible to be reintegrated in their biological families with additional support;
- 20 children are proposed to be placed into guardianship/kinship families. Additional support to all these children, families and to the schools will be provided.
- 52 children may need placement in 26 foster families or extended family - (47 of these children do not maintain contacts with their family and are younger than 12 years of age. Not more than 2 children should be placed in 1 foster family, the siblings should not be separated;
- 3 small group homes need to be created for 24 children. 16 children who are older than 12 years and could not be reintegrated in their families as well as for 8 children with the aim to prevent their transfer in old-type institutions;

Example of the initial plan proposal for staff resulting from transformation of one institution

Plans for staff following the transformation of the Surakhani Rayon Children’s House:

From the information presented below it is visible that the newly created services will have more staff than currently employed in this institution. This means that staff of residential institutions will not remain without new job opportunities after the institution transformation.

The tentative recommendations for staff future are the following:
A) From all the staff 26 persons are already the candidates to become foster parents
B) For qualified staff currently employed in institutions it is proposed:
  - 1 - to be regularly retired;
  - 2 – to apply the measure of earlier retirement with financial compensations;
  - 29 – to be retrained and deployed to work in the newly created child care services
    - 2 staff members (social workers) in foster care services to monitor foster families;
    - 21 staff members to work in 3 small group homes (3 managers, 3 supervisors, 15 social workers).
C) For auxiliary staff currently employed in institutions (maintenance, care, kitchen) it is proposed:
  - 3 - to be regularly retired;
  - 2 – to apply the measure of earlier retirement with financial compensations;
  - 25 – to be retrained and transfer to work in the newly created social services:
    - Day care centers;
3 staff members could work in 3 small group homes (in the position of cleaning and cooking personnel). The financial compensation for the earlier retirement and the funds for the re-qualification and training of the staff are expected to be available from the support of international donors.

The proposals in the two BOXES above, are only illustrations or samples of how detailed the planning should be if results are to be achieved. However, separate forecasting has to be done for each of the services at district level that should be either newly established or expanded, in order to accommodate children in the communities from where they were placed in residential institutions.

3.2. The structure and the program of the Department of Deinstitutionalization and child protection (CPD) under the Ministry of Education.

From the very beginning the CPD developed methods of work that facilitate wide mobilization of different stakeholders in carrying out the complex mission of deinstitutionalization and corresponding child care reform. Apart from the work within the structures of the Ministry of Education, CPD initiated the establishment of Coordination Councils in each pilot district.

The members of the councils are the stakeholders that directly and indirectly related to children’s issues, from different Commissions described in the previous chapter to all the entities working with
or in favor of children and families. The councils send data collected on the children in risk groups to the MoE; identify necessary services for improvement of children’s welfare and advocate before relevant bodies for their organization; closely participates in the process of supporting children in risk groups and their families; detect main problems causing crisis to children and their families and advocates before local executive authorities for their elimination; regularly conducts monthly meetings and in cases of necessity, convene extraordinary meeting; and submits quarterly progress reports to the MoE and District Executive Committees.

**The main duties of the Department of Deinstitutionalization and Child Protection are:**

- Ensuring coordination between relevant governmental and non-governmental organizations regarding implementation of actions provided for in the State Program;
- Ensuring organizational, pedagogical, educational and methodical management of public residential institutions under the Ministry of Education system and ensuring organization of activities of this type of institutions according to the requirements of the State Program.
- Ensuring transfer of children from residential institutions to their biological or alternative families and regular monitoring of their state conditions (Mardanov M, 2010).

Although the department is relatively young it succeeded to start the following pilot projects:

“Community for all initiative–Azerbaijan”, “Creation of the mechanism of deinstitutionalization of children and their coverage with alternative care” and “Development of a cooperation model between local executive authorities and non-governmental organizations on foster care and family based services”.

The main purpose of the project “Community for all initiative–Azerbaijan”, which is implemented by Social Services Initiative NGO, is to establish alternative services for returning children to biological families and placing in alternative families. As a pilot the institution #7 from Surakhani region was selected and the project is expected to continue till 2012. By 2011 the families and the children were assessed and for revision of children’s diagnosis commission with participation of MoE and MoH was established.

“Creation of the mechanism of deinstitutionalization of children and their coverage with alternative care” project is aimed to return children to their biological families or placing in alternative families and involve them in alternative services. Furthermore, to provide child protection on local level in order to prevent institutionalization of children at risk (Hajiyeva M, 2010).

Finally, “Development of a cooperation model between local executive authorities and non-governmental organizations on foster care and family based services” is a project is implemented with support and cooperation of the European Commission and Hilfsverk International, Austria. The goal of the project is to build the mechanism for creation of Family Foster Care System in Azerbaijan as an alternative trusteeship. The three-year project includes preparation of criteria for selection of foster families and children, as well as mechanisms of financing. During the fulfillment of the project 50 families will be chosen from the list of candidates for the foster family, and will be involved in training courses. According to the project there will be set up small family homes for children, who cannot be placed in foster family and 25 social workers will be trained for monitoring the project course. They have been selected from the contingency of teachers working for state children establishments in the Khazar district’s area (Mardanov M, 2010).

The Department was also very active in briefing, making use of and facilitating the research carried out by UNICEF and other organizations. This was a partnership relationship that improved the design of these studies and served for familiarization of CPD staff with study recommendations relevant for their work and advocacy with other entities. An example, among many, are the results of the TNS
evaluation (2010) of the awareness rising campaign, which gave inputs for further efforts and tools to be used for reaching different audiences.\textsuperscript{26}

\textbf{3.3. Responses related to the planning documents by the directors and deinstitutionalization teams included in the study}

It should be taken in account that even in the institutions and districts that had plans the implementation started only after their plans were endorsed, i.e. in the year 2010. All the above indicates that only these institutions and district authorities had clear guidance on how to proceed and that can also explain why little could be done so far in the rest of institutions and districts.

The following are the results of the study in selected institutions:

According to the responses of the directors in studied institutions they have participated in decisions on the tasks to be accomplished in the institution according to the Master Plan. The information on Master plan and the plan for their institution were disseminated to the staff through informative meetings only, not by sharing ideas, proposals and critical comments from the staff. The work on the institutional plan was organized at the level of the institutions through appointment of the institution’s team for deinstitutionalization.

The staff in the institutions included in the study report that they did not present any objections to the plan's targets. As of July 2011, there is no evidence that they had followed the detailed proposals for children and staff future, for the reorganization of the institution and connection of their plans with district's (rayon's) and regional needs for alternative services as spelled out in the plans for each institution. Yet, the fact is that that the planned processes have been initiated and some of them accomplished as a direct response to the State Program and the Master Plan. And while this does not offer much to be evaluated in terms of quantitative targets in the year 2011 it is promising in medium and long terms.

Not all team members from all institutions received written guidelines for their work. For those who received the guidelines and had additional trainings the topics were mainly about deinstitutionalization and organization of social work. The duration of trainings varied depending on who has been involved in conducting them. If there has been an ongoing multiyear project going on in the institution (such as SSI project in Surakhani) the trainings lasted around 7 months, if not they lasted for one month.

None of the institutions has on its own initiative established a project with outside technical and/or financial support, but they did participate in the projects established by CPD with NGOs and Ex Coms.

According to the directors of the institutions the opinion of the team on the relevance of the decisions about the future of their institution based on the Master Plan is satisfactory. According to Master Plan their institutions should be downsized and transformed in a community level service, however, there were no indications how is this going to be achieved and whether the proposed quantitative targets in the plans are considered feasible, given the fact that facilitation of this process also depends on regulatory norms at national and regional level, whose enactment is beyond the mandate of the directors.

Most of the institutions consider their communication with the CPD, as the organ most involved in the implementation of the Master Plan in their institution – regular and of high quality.

All institutions communicate with local statutory organs that have sent children to these institutions or are aware that the children from their district or region are in a given institution. The institution's staff

\textsuperscript{26} See the results of the TSN evaluation of the communication activities in support to child care reform in the Chapter 5
is stating that these organs have access to some of the child's parents and relatives when they are accessible in terms of willingness to collaborate or in terms of transport conditions.

Some institutions report that they did not have cases of children who were candidates for deinstitutionalization. According to deinstitutionalization targets based on the institution's plan seven children from one institution and twenty children from another were selected for transfer and an NGO (SSI) is implementing the project. The problems encountered are described in the part of this Report dealing with efficiency.

There are differences in quality of work among the institutions that collaborate with the NGOs in deinstitutionalization of children and the ones that do not. In institutions where NGOs are involved the staff is reporting that the following assessment criteria are being used:

- Families desire for reunification
- Families/parents conditions (economic, social, psychological)
- Legal status of the child and/or parents
- Availability of support services and/or other entitlements
- Monitoring and evaluation feasible to be established

In these institutions individual child plans are prepared, child is being familiarized with the new environment and participation of a child in decision making on the options of care is a must. In other cases, institutions did carry out a psychosocial assessment and involved the child in preparation for transfer, while also depending on inputs of local statutory organs, whose level of competence varied.

If there were children and/or parents who were not likely to accept the proposals for transfer institutions involved psychologist and responsible staff and in some cases counted on mediation role of CPD.

In most institutions directors consider that they partially achieved results in accordance with the Master plan since the staff is being trained, the work with parents is being intensified and preparatory work is being done for prospective child candidates for deinstitutionalization. Awareness is also being raised and action undertaken on property rights of the children since their future outside the institution is also a matter of concern. But they are also aware that there are delays in this process and suggest that it is too early for evaluations since the process is to be continued and intensified in the future.

However, the above is also coupled with acceptance of new cases in spite of the moratorium on new entries which is not being enforced as long as the installed capacity of the institution suggests that: a) more children can be placed, and that: b) the budgetary allocations will be available for new cases. There were 84 new cases of children admitted in the 4 institutions during the ISS study.

3.4. Organizational changes in residential institutions regarding children in day care

Until the beginning of the work on deinstitutionalization in Azerbaijan, Ministry of Education has reported the overall number of children in residential institutions regardless whether they have stayed in institutions only during the day or went home in the evening. Introduction of this concern in their follow up of child cases, contributed to the understanding that significant part of child population in institutions are there only to receive services during the day and that this fact should be reflected in the organizational set up of the residential institutions. Apart from the significance of this information for understanding of the causes of child enrollment in institutions (analyzed earlier) this data lead to the proposal that the institutions undergo an organizational restructuring which will permit to treat children who do not receive lodging in institutions, as children in day care.

There are now four pilot projects in four institutions under Ministry of Education were day care centers function as separate units. As reported earlier, rigid division of labor among different sectors of public administration and in allocation of public funds prevented that day care centers be expanded as new services in all residential institutions, where there are children staying only during the day. However, the experience obtained is sufficient for its replication when the questions of the jurisdiction and funding of day care centers will be resolved. At present day care in residential institutions is managed and financed by the Ministry of Education while similar community based services are
either functioning as NGO activities or are being transferred to MoLSPP or The State Committee for Women and Children. (There are announcements of incorporation of SSI rehabilitation services in the MoLSPP and in case of the services developed by Save the Children eleven community centers targeted at vulnerable children and their families, responsibility have been passed to the State Committee on Family, Women and Children’s Affairs (SCFWCA).

Without normative change the day care will remain unrecognized by the system

The formal recognition of all the above services as modalities of community based services would give a different picture about existence of family support services in the country, as well as facilitate that their functioning be adjusted to the same standards and financial regulations within the country.

Above all, the incorporation of the day care provided by residential institutions in official statistics would place Azerbaijan in comparative statistics on both community based services and residential care in far better position, when compared with other countries in CEE/CIS region.

While official statistics on community based services do not exist, the rough estimates of the overall number of children in de facto day care facilities (in residential institutions) and similar community based services is approximately 9,000 children while the children in residential care is lesser then 4,000.

3.5. Capacity development at district level and staff training

The core work on capacity development and training has been carried out in the two pilot districts, however it was as well spilled over to all other districts were CPD maintained intensive presence in order to facilitate the new practices in gate keeping and development of community based and substitute family care. Also staff in residential institutions has been receiving trainings as described below.

Example of in-depth mapping of existing health, education and social services for children and families in Khazar district

With the aim to strengthen the “referral system”, CPD with UNICEF assistance and participation of state and non-state stakeholders in the Khazar and Surakhani districts undertook mapping exercise in order to analyze strengths and weaknesses in education, health and public social protection services in targeted. This has allowed project staff and implementing partners to have better understanding and clear picture on existing gaps and challenges in terms of child protection in the concerned districts. Key findings will be useful for the local authorities of both districts, Ministries of Education, Health and Labor and Social Protection as well as helpful to increase effectiveness of their work in target area and address existing problems.

Services in 9 settlements of the district were assessed during the mapping process. Following institutions were visited during the mapping exercise: ExCom; 9 ExCom representatives; 9 Municipalities; 37 public schools; 25 kindergartens; 9 health institutions; 13 recreation and cultural centers; 2 vocational schools; 8 boarding schools; 7 libraries; 4 music schools; 40 health and 2 social protection institutions.

During the mapping process performance of each single institution, their strengths and weaknesses were evaluated. (Uri Bronfenbrenner’s Ecological Model was used to determine the topics and analyze findings of the mapping.)

3.6. Development of tools for child assessment, for analysis of possibilities for family reintegration and proposals of standards for foster care

In the first months of the implementation of the pilot projects in the 2 districts the "Draft regulation on Social Work with Children and Families" has been developed. Regulation includes goals, objectives and principles of social work with children and families. Also regulation describes responsibilities,

27 Dr. Urie Bronfenbrenner, a child development theorist, developed the ecological model to explain his views on how family, community, and cultural factors influence each child's development.

Also, developed was a draft regulation for work of commission for reintegration of institutionalized children into biological families or to other family substitute services. Regulations include tools for assessing institutionalized child and their families and a specific method for analyzing opportunities for reintegration based on the principles of SWAT analysis.

As reported in the chapter on community based and family substitute services, in the later stage of the capacity building the project produced a proposal for Azerbaijani versions of the child care standards on:

- Foster care regulations
- Foster Care Family Psychosocial assessment
- Foster Care Contract
- Foster Placement Plan

**Staff training**

From the very beginning of the quest for child care reforms and deinstitutionalization UNICEF has supported nationwide trainings on child rights, gate keeping and child care for members of the Commissions for Minors and the heads of residential institutions. These efforts were continuing over the last five years with increasing involvement of NGOs, SCFWCA, Ministry of Justice and other stakeholders.

In terms of preparation of skilled workers for child rights based approach in gatekeeping and deinstitutionalization practices 9 months professional prequalification courses for social workers were established in 2010-2011 academic year within Baku Pedagogical Qualification and Prequalification Institution with the support of Social Services Initiative Organization. 16 people enrolled in course were selected among educators working in the residential institutions.

More recently with the leading role of CPD in service training of more then 100 staff from residential institutions have been trained. These efforts were accompanied with supervision of child care workers and extensive support to ExComs organs in charge of gate keeping. All the above has been done with the collaboration of different organizations and entities.

For example, UAFA had in 2010 positively influenced staff's capacity and knowledge in both Saray and Shaghan institutions According to the staff "the process of deinstitutionalization have improved our skills in working with children and developing them". The staff attributes to this project several results such as the following:

| Changes in mental and physical development and behavior of children | 29 |
| Improved our skills and experience through interesting trainings, and gained new skills in working with and developing children | 28.6 |
| My self-esteem has increased, I began to easily communicate with children and my attention toward children increased | 9.5 |
| Gained a lot of knowledge in children’s rights | 19.0 |
| Working with children became easier | 14.3 |

Before participating in UAFA’s project most surveyed staff considered children with disability “were sick and they need medical treatment” (28.6%), 19% considered “children would receive better care in institution than at home”, and 14.3% “pitied them”. However, after participation in UAFA’s project 50% of those staff changed their attitude.
Training and change in attitudes and behavior of staff is an ongoing preoccupation, which needs systematic attention. Key stakeholders are successfully using the resources and experiences and similar contents of training are being disseminated. For example, in the pilot districts were CPD with UNICEF assistance and active involvement of NGOs carries out planning, training and social mobilization activities the trainings for members of coordination teams were delivered on the following topics:

- Basis of social work
- Recognizing and reporting child abuse and neglect
- Basis of Family Support
- Essential Skills for Working with Families
- Mobilizing Family Strength
- Case Management

In-service training events have been tailored in accordance with earlier presented proposed standardization of practices in gate keeping and work with children and families.

4. Efficiency in the management of different components of the Master Plan

<table>
<thead>
<tr>
<th>Assessing efficiency</th>
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<tbody>
<tr>
<td>To what extent did the persons responsible for the management of the State Program and the Master Plan ensure coordination, timelines, follow up of the operational guidelines, expediency in collection of data or introduced additional measures to assure better performance?</td>
</tr>
<tr>
<td>Which are the examples of the processes and/or components of the State program not functioning efficiently and why?</td>
</tr>
</tbody>
</table>

4.1. Data management

One of the biggest accomplishments in implementation of deinstitutionalization process was development of database of children in residential settings by the CPD in 2008. The main purposes of the database are:

- To unify the needed information about each child;
- To use quarterly updated statistical information;
- To prevent transfer of the children from one institution to another;
- To collect of information on institution graduates.

Initially the collection of the data was realized by the former working group consisted of UNICEF experts, entities responsible in implementation of the State program, and independent experts. However, at present four staff of CPD working in the section on “Organization of Social Work and Statistics” are in charge of data collection and analysis.

The data is collected from institutions that are under the coordination of MoE, MoH, MoLSPP and SOS villages (located in Baku and Ganja cities) in following eight aspects:

1. General information about the institution;
2. Information on children residing in institution;
3. Information on staff working in institution;
4. Institution infrastructure;
5. Services provided in institution;
6. Institution expenditures;
7. Institution accessibility in terms of location and availability of transport;
8. Services infrastructure on the location of the institution

The database covers biographic information on children (name, surname, patronymic, date of birth, etc.), date of placement, education, existed documents when first accepted to institution, place of residence, status, cause of institutionalization, information on family and guardians (home address of
the family and information on siblings), intensity of family visits, health condition (disease or disability), date of leaving the institution, reason for leaving and the final destination.

Furthermore, database covers following information on child’s status:

- Children that lost both parents;
- Single parent children;
- Children going home on holidays or weekends;
- Neglected or abandoned children;
- Children according to age groups and classes;
- Children with disabilities;
- Children that only study in institution;
- Children that have lodging in the institution;
- Children whose parents lost labor capacity;
- Children whose parent(s) have been arrested;
- Children according to the district of origin

Collected data is updated every three months. As the directors and deputies of the institutions were trained on filling the forms, each institution can independently collect their own data. Moreover, in the beginning of each school year institutions are required to send official list of children using institutional services. In order to check the reliability of the provided data CPD randomly chooses five institutions and visits those institutions for monitoring purposes. Collected data is analyzed in statistical package SPSS and MS Excel software.

According to CPD, any governmental, international and non-governmental organization can benefit from the database upon formal request.

### 4.2. Application of the principle "institution as the last resort"

Although institutionalization is expected to be the last resort for children at risk this principle is not widely respected and at times poorly understood. Institutionalization used to be the only solution for a long time. Commissions on Minor’s Affairs and Protection of Child Rights (whose composition and practice should be upgraded or altogether reorganized as suggested in the other part of this Report) are the main entities sending children to the institutions, often without due process of assessment of other options and with no capacity for increasing the competences and supporting parents to avoid family separation. The lack of appropriate community based services is also impeding better results. As mentioned earlier in this Report there are still cases of parents who succeed to directly place their children in institution through negotiation with the institution administration.

Mammadzade (2010) in his MAS thesis states that child care practices in Azerbaijan are influenced by contradictory ideas about childhood, children rights, parental responsibilities as well as state intervention in family life. However, the same author points out that all this influences the interpretation of the principle of "the best interest of the child" and its implications for interventions in "internal" and "private" family business. Other studies in CEE/CIS countries are finding out that child
care practitioners have not yet fully internalized the concept of the child as subject of rights and are generally sharing the stereotypes and discriminatory attitudes that are present in the society at large. Therefore it is no wonder that the principle referring to institution as "the last resort" is not only difficult to implement due to lack of alternative solutions but also because of misinterpretations of child interests on the part of child care workers and parents (who have been also socialized in the culture of State paternalism).

However, establishment of CPD had/has positive influence on mentioned commissions’ practice since each child’s case is thoroughly revised by CPD before institutionalization. This is demanding enormous time and energy but it does have positive effects. As the head of CPD Ms. Hajiyeva reports, all orders on child placement to institutions are reviewed by CPD and CPD staff checks whether the institution was really the last resort. If not CPD rejects the order and asks the Commission to revise the case again and find alternative solutions. In addition, there exist evidence on prevented child institutionalization due to CPD’s efficient work strategy.

However, because of inadequate number of staff and their insufficient training as well as unavailable alternative services, CPD struggles to continue the good practice further. In order to overcome these limitations in two pilot rayons, Surakhani and Khazar, especially trained social workers are involved in the work of Commissions. All the cases coming to the Commission are reviewed together with trained social workers and this increases chances of children at risk to be adequately assessed and placed in care according to their needs.

The above practice is a temporary solution, because it is overly centralized and the issue of gate keeping organs and their linkage with supervisory bodies, apart from EX Coms, should be resolved in the future.

4.3. (Unpredicted) resistance to change and lack of accountability undermine quests for efficiency

In the first stage of the existence of the State program (i.e. until the year 2010) inefficiencies in carrying out the State program can be attributed to lack of guidance and capacity of the stakeholders. However, with the establishment and consolidation of CPD these deficiencies started to be vigorously removed but numerous new impediments have emerged and many of them still persist. The study carried out by Ombudsman apparatus and UNICEF (2008) on the paths of 97 children who were reintegrated to their families after leaving institutions illustrate the problems in the first stage. The whereabouts of most of these children was not known, 27 were not attending school, only families of 9 children were receiving cash assistance, 2 children returned to the institution and 3 of them were recruited for military service. The study concluded that children return to families after spending years in institutions was often unsuccessful and that their integration in the labor and other forms of social integration did not count with the support of State agencies (from NGO Alternative Report to UNCRC, 2011).

Another example is an attempt of UAFA to apply a deinstitutionalization project in Zardabi internat because it reflected one of the most challenging scenarios for community-based care” (2007). The main reasons for selecting Zardabi internat as a model for deinstitutionalization were the following:

Children placed in Zardabi represented different but typical cases of the most disadvantaged children due to family circumstances (single parent families, parents with physical or mental illness, parents with disabilities). Most of the children came from Guba and neighboring regions, which made it easier to find and work with their families. The internat was isolated in a poor, rural community with few basic services and no leisure or other community-based services for children.

The lesson learned from this ambitious attempt to create a “model” was that working with a single institution, without fully developed partnerships with clear commitments of district authorities and the Ministry of Education was not feasible to be sustained in a long run. A well conceived strategy for staff training, including introduction of social work, development of new institutional objectives and staff responsibilities has been jeopardized by resistance of new hired Director of the institution, losing of well trained staff, unavailable community based services, etc. There was evidence that institutional
staff visited reunified families and returned the children to institution and recruited new children to the institution as well.

As referred earlier within the project "Community for all initiative–Azerbaijan" Social Service Initiative (SSI) is working on establishment of alternative services for returning children to biological families and placing in alternative families in pilot institution #7 from Surakhani region. This is a more recent NGO project duly coordinated with the authorities in charge.

Like other institutions in pilot rayons, Surakhani internat also has obligations according to the Master Plan. One of those obligations is to limit the admission of new service users only under certain conditions, which were agreed by MoE and Mental Health Initiative (MHI).

The example of noncompliance of the institution with the obligations stemming from the Master Plan in the years 2010/11

The conditions regarding admission of children in the Surakhani internat were the following:

a) admitted children can only be residents of the Surakhani district;

b) they can be admitted only for special educational purposes i.e. child has a mental or intellectual disability; and

c) they are not supposed to reside in the institution overnight.

However, the results of SSI’s assessment (November 2010 – February 2011) of the children admitted to the Surakhani internat for 2010-2011 academic year revealed the fact of new admission (in September 2010) that did not meet above conditions.

Total number of children admitted as first-graders was 15. However, SSI project team could assess only 12 children since during the period of assessment three children were not available for observation at the institution despite the official records on enrollment “ (the assessment team has several times requested the Institution’s management to help locating these three children for assessment; the institution’s management finally told SSI that they also don’t know about whereabouts of them)” (SSI, 2011).

Furthermore, the assessment conducted by SSI has also revealed that during 2009 and 2010 years the institution has enrolled more than 40 children of the age of eight and above. “The institution’s management ‘interpreted’ the moratorium on new admissions as relevant to the first-grade enrollment only. Thus, the admission of children continued to higher grades during moratorium”.

SSI’s assessment results show that the institution’s administration has not taken the agreed criteria as guiding principles during the children admission in 2010. Additionally, the institution did not follow certain regulatory provisions either, as children’s files are incomplete.

Taking into account that the new enrollment for the 2011-2012 academic year will start soon, SSI strongly recommended that an immediate action should be taken to prevent similar problems in the future. In addition, SSI recommends “establishing a Gate Keeping Committee consisting of MoE and SSI representatives and through this to prevent the cases of unnecessary placement and further institutionalization”.

5. Impact on responsible stakeholders, children and parents

Assessing the impact

- To what extent the government stakeholders attitudes and opinions confirm the commitment to the continuation of the deinstitutionalization process and the child care reform.
- To what extent NGOs endorse the continuation of the deinstitutionalization and reform in child care and continuation of their own efforts in the above direction
- To what extent is verifiable the application of new practices in assessment and individual planning in the condition of children who were reunited with their families or relatives.
5.1. The context

Development and enactment of the State Program on Deinstitutionalization and Alternative Care and the Master Plan of Transformation were the pieces of State regulation with two significant characteristics. As described earlier, they are containing obligations of several duty bearers within the same operational framework and they added to standard government regulation (expressed in the laws and bylaws) the planning components with qualitative and quantitative targets and time frameworks for expected system’s changes.

The evaluation of their impact has revealed that these normative acts, inserted in the inherited fragmented regulation and functioning of sectors policies, as described earlier, did not count on sufficiently strong endorsement mechanisms. Furthermore, delays in implementation should be attributed to short time spans for achievement of results, without due attention to the processes which were needed to set up organizational framework and capacity building for accomplishment of tasks which were not part of the routine of the implementation agencies. The activities carried out by the Ministry of Education were described in the previous two chapters of this Report. The Ministry of Labor and Social Protection was at the same time vigorously pursuing changes in cash entitlements while the organs in charge of social protection at local level as well as community based services in the mandate of the above Ministry were not reorganized and upgraded, since the new Law on Social Services was not yet enacted. According to the study results medico-pedagogical psychological commissions were not influenced by the process at all and 86% of respondents considered deinstitutionalization process did not have effect on health institutions either (see figure 4 in annex 4). The later illustrates the lack of equal participation of all the sectors of public services in the implementation of the State Program and Master plan where their functions were clearly stated.

The researchers have come to the conclusion that in such circumstances the study has to be focused on State institutions that had detailed plans for their transformation and were placed in districts in which projects in gate keeping were supported more intensely then in the rest of the country. In addition to that NGO experiences in deinstitutionalization and development of community based services were examined as well, to find out which is the "critical mass" of experiences which are promising for future practices and legal and other change. Within the same rationale the researchers have obtained the acceptance of UNICEF to spend considerable time on putting together recommendations for updating the plans and courses of action and prioritize the topics for regulation until the year 2015 when the State Program has to be finalized. These priorities are otherwise envisaged in overall reforms in child care but the process of their implementation were delayed and the Government recognized that focusing on the completion of child care system should have precedence over detailed planning in the absence of consolidated institutional framework. The recent enactment of the Law on Social Services and the forthcoming bylaws regulating service standards and the role of non-state service providers should fill the gap, however, if provided with accompanying financial and intersectoral arrangements which can make these normative advancements a reality in practice.
5.2. Exploring the dimensions of impact

<table>
<thead>
<tr>
<th>Impact of overall process of implementation of the State program and Master plan</th>
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<tbody>
<tr>
<td>a. Acceptance of key objectives of the State program and Master plan expressed in opinions, attitudes and behavior of a number of stakeholders at national, regional and local levels.</td>
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<tr>
<td>b. Practice of child centered assessments and follow up of deinstitutionalized children in their new environment.</td>
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<tr>
<td>c. NGO piloting directly connected with State action and use of NGO &quot;know-how&quot; for State regulation.</td>
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For all these impacts were crucial the activities carried out directly or coordinated by the Ministry of Education and a number of NGOs with high level of commitment, competence and advocacy at all levels.

5.2.1. Acceptance of the key objectives of the State Program and Master Plan

The outcome of the conducted surveys, interviews and workshops by review team with the key stakeholders show the general acceptance of the continuation of child care reform. The stakeholders engaged in child protection activities were asked their opinion on continuation of deinstitutionalization process. 43% of stakeholders considered deinstitutionalization process should continue because of advocacy of child protection professionals regarding harmful effects of family separation and 28% thought the program is the government priority therefore should not stop. However, 27% of stakeholders considered the deinstitutionalization program should stop, as there are not enough alternative services available. Even this statement, rather than refusal of the need for deinstitutionalization, shows that key stakeholders understand the complexity of the process of deinstitutionalization.

The study results also show the impact of deinstitutionalization process on the work of different government entities. Guardianship/Minor’s Commissions and social protection departments had the second strong positive influence (57%) from the process.

Consequently, to be successful in deinstitutionalization process the stakeholders consider that the following activities have to be done by the government by priority: First, alternative services have to be available on the local level; second important activity was identified as provision of more support for kinship families and recruitment of foster families; third, strengthening the professional capacities of guardianship/Minor's commissions and awareness raising among population on harmful effects of family separation. For more details, see figure 5 in annex 4.

While our study did not examine changes in parents' knowledge and attitudes, another study carried out by UAFA (2010) provides good evidence on how parents changed their own behavior and perceptions as a result of new practices carried out by service providers.

Parents and their children using services of the centers changed their practices, following change in knowledge and attitude. They have started to work with their children at home, sending their children to schools, supporting each other, demanding their rights, etc. Following are extracts from discussions with parents about how their actions have changed:

- “Before we used just to feed the child and put him aside; after coming to this center we have started to work with our children, even if we cannot come to the center”
- “We take resources from the center to work with our children at home”
- “People coming to this center are extremely close to each other, they understand each other better”
- “We help and support other parents having similar problems who cannot come to the center”

Stakeholders were asked to pick three out of seven most important activities.
Parents also commented on the changes in their children:
- “Child started to talk after he came to this center”
- “Now our children can draw, dance, and communicate with other children”
- “Our children started attending schools”
- “Doctor said ‘child’s brain is too damaged, he shouldn’t walk; what did you do to child that he can walk now?’ and I said I took him to CBRC”.

While it is important not to underestimate the above feedback from the respondents in our study and the above UAFA study, it is also significant to understand that the vast majority of stakeholders in the country lack information and competences on child rights and that they still do not have strong stimuli and means to engage in the direction of prevention of family separation and improvement of the conditions of children at risk. The above is understandable given the legacy of the past and the known tendency of the maintenance the old values and practices, when there is no abundant evidence on the advantages of the change. Yet, in spite of the above, the two most recent studies referred below, give some evidence that change in attitudes may result from good communication strategies for population at large as well as from better informed policy makers and civil servants who are increasingly aware that they should model the attitudes and behavior congruent with child rights.

**The awareness rising for public at large through communication activities**

To assess effectiveness of child care reform program communication activities, events carried out by UNICEF and its partners and to understand perceptions, attitudes and barriers towards the program, UNICEF has commissioned in 2010 TNS Azerbaijan research agency for fulfillment of the above task. TNS has conducted the study in two phases:

**I phase:** Qualitative study through conduction of focus group discussions (FGD) in Baku

**II phase:** Quantitative study through conduction of face-to-face interviews at respondents’ houses in Baku and 13 cities of Azerbaijan among the population of 15-65 years old. The sample size was 1000 interviews.

Overall around 93% of the respondents think that the campaign itself is persuading and believable. Since the major purpose of the campaign was to make the parents to think about own children, this idea was applied by 86.2% of the respondents who agree that campaign makes thinking about own children. 16.3% of the respondents doesn’t apply the idea of “campaign makes thinking about kids in the institutions” to the whole campaign.

Though some of the participants of group discussions thought that this campaign was not enough for raising awareness of population on child care showing children’s feeling, 82.5% of all respondents agree that this campaign is pretty much effective for raising the awareness of parents about feelings of children.

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29 While the study by NGO Alliance conducted between 2006 and 2009 has shown that children and parents in many rural areas have still none or very limited knowledge and understanding of the UN Convention of the Rights of the Child and national laws, the Alternative Report to CRC (2011) recognizes the extensive government efforts, mainly Ministry of Education and a number of NGOs and international organizations, in the last couple of years, to disseminate the above Convention However the same document also states that the compliance with international standards should be updated in many existing laws and that the lack of competencies and non compliance with child rights is widely spread in dealing with children in conflict with law, child exploitation and abuse, child disability and children without parental care. I.e. According to the Alternative CRC Report (2011) “the judges have always been referring to legal difficulty and absence of direct guidelines in applying and in referring the international treaties”. We assume that other law enforcement officials and helping professions may also have difficulties in applying the principles and the spirit of child rights and that their behavior often rely on common sense and/or values embodied in the inherited, often repressive, institutional culture.
While talking about the prevention of institutionalization, 45.5% of the respondents agree that this campaign is not effective for preventing institutionalization, while 52.2% of respondents disagreed that this campaign was just a waste of time and money perceiving the campaign as effective.

It should be noted that, while talking about the dislikes about the campaign, most of the respondents didn’t state any technical matter, instead expressed their feelings about pitying the child in the campaign and feeling bad for him. This means that, the campaign itself could play the role of a reminder for the parents about the feelings of the children who are left alone and while watching either TV copy or billboards some of the respondents started thinking about bad parents. However, the other evaluation results do speak about technical matters and the quality of the campaign design and in that respect provide inputs for further efforts and an example on the main ingredients of a competent evaluation of a communication strategy.

The conclusions on the campaign are the following:

<table>
<thead>
<tr>
<th>Strengths:</th>
<th>Weaknesses:</th>
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<tbody>
<tr>
<td>• Campaign reminds about care and attention for kids</td>
<td>• Campaign is not recalled spontaneously while talking about child care</td>
</tr>
<tr>
<td>• Campaign got emotional influence showing feelings of child</td>
<td>• The idea of “every child needs a family” is not stressed out in the TV copy</td>
</tr>
<tr>
<td>• It makes thinking about own and detached children</td>
<td>• The animation form and white &amp; black color of the TV copy doesn’t attract attention</td>
</tr>
<tr>
<td>• Got emotional manipulation making feel bad for children who are lack of love and care</td>
<td>• The campaign materials are not sticky to get attention from the first time when people see it, only after seeing it a couple of times the idea is understood.</td>
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<tr>
<td>• The phrases used in the campaign reflect the major idea of campaign much better than the illustrations.</td>
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<tr>
<th>Opportunities:</th>
<th>Threats:</th>
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<tbody>
<tr>
<td>• Campaign should be communicated more frequently to play the role of a reminder for parents</td>
<td>• Campaign could be perceived as “care for abandoned kids” rather than care for own kids</td>
</tr>
<tr>
<td>• The format of the campaign could be also changed as talk shows on TV and radio, or conduction of seminars and workshops for younger generation to raise the awareness</td>
<td>• Campaign may be interpreted as “we should adopt detached kids”, but not like “we should not leave our kids in the institutions”</td>
</tr>
<tr>
<td>• There could be also made short movies about real life of abandoned children and their living conditions instead of animations</td>
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The key stakeholders responses in the M. Mammadzade study

Apart from exploring more general questions of how the image of the child affects policies and laws and whether international norms and standards are providing effective framework and informing current development of child care system in Azerbaijan, M. Mammadzade (2010) has surveyed 182 policy and services stakeholders and has obtained their opinions about two, among others, very pragmatic but far reaching questions. The first one is referring to the best environment for the child and the second to the most important caregivers. The vast majority, or 78.6% respondents think that the nuclear/biological family is the best environment while 8.8 % see the State in that role. Also, 121 or 61% of the respondents replied that the best environment for the child, if completely deprived of parents, is adoptive family, while 38 or 20.9 % considered formal residential care as the best
environment for these children. In terms of preferences for care givers, family, relatives and community level services are taking the lead over residential institutions.

Variety of other responses on child care reform reflect participants of this survey understanding of the main barriers and constraints as well as ambiguities in regard to State intervention in the families. We have referred to the later (also based on Mammadzade work), in the part of the Report referring to the practical application of the principle of the "best interest of the child". However, in pragmatic terms, there are, again, two important questions/answers from this survey to be highlighted. To the question whether respondents believe that this reform will improve the life of children in Azerbaijan, 96.47 % responded positively. And on the question on the preferred child care model, 109, or 59.95 % of the respondents suggest the mixed model, i.e. child protection and family strengthening interventions. It is also important to note that among types of support to families development of parental skills features higher (58.8%) then welfare allowances (50.6%).

5.2.2. Child centered assessments and follow up of deinstitutionalized children

The decrease in child population in institutions since the enactment of State program and Master Plan are to a greater extent resulting from decrease in entries then from acceleration of exists from residential institutions. This has to be attributed to improved functioning of those ExCom organs in charge of gate keeping, which have been systematically oriented by CPD and/or supported by NGOs. In more difficult child cases and disputes with the family CPD served as an instance of mediation and conflict resolution and consequently for modeling of good practice.

The majority of cases of children who left institutions and whose paths were examined by the study were leaving institutions in accordance with formal criteria of “graduation” while others were reintegrated to their families upon family request or the initiative of the staff, according to their opinions about the best interest of the child.

Majority of transferred children had standard formal documents needed for acceptance to institution. That includes birth certificate, photo, information on parents (if dead, certificate of death), order of the organ that sent child to institution, court order, etc.

The gender distribution of deinstitutionalized children varies for typical child and child with disability. 45% of deinstitutionalized typical children are girls and 55% are boys. However, for children with disabilities this proportion is different. 18% of deinstitutionalized children with disability are girls and 82% are boys (see figure 6 in annex 4). This disproportion can be due to existing stigma and stereotype in the society. Families are sensitive to let their community know that they have a daughter with disability. When the family places the daughter in an institution they are hiding her from others and this does not lead to family reintegration but to abandonment. Therefore, male children have better chance to reunite with the family than female children.

The study reveals that in almost 75% of the cases mothers came back for their children. The positive factor that was attributed to such decision was related to mothers’ improved life conditions and financial situation. In other cases financial improvements in the conditions of the relatives motivated them to take child from the institution, which is again indicating the relevance of financial factor for child institutionalization.

Regarding children with disabilities the main positive factor attributed to the decision was increased awareness of the families of children with disabilities.

Also in some cases examined in the study, child’s disability was alleviated (after surgery or other intervention) therefore family decided to take child back, in other cases when siblings of the institutionalized child became, with age, less dependent of parental care, parents had more time to devote to the child with disability and took the child home

Almost in 60% of the time child’s parents have requested the child reunification with the family, 26% of the cases were processed with participation of CPD and parents, and in the rest 14 % of cases decision was made by the institution and the child.
The staff of local ExComs, Minor’s Commission and/or CPD checked parent(s)’ living conditions and held meeting with parent(s) to discuss returning child to the family.

In some cases of children with disability whose paths to family reintegration were examined by the study team, the social worker from NGO, the head of district Social Protection Departments and director of institution have participated in decision-making process.

In 75% of the cases child’s mother participated in decision-making, siblings have participated in 19% of the cases and relatives 6% of the times.

Mainly two options of child transfer were examined for both with and without disabilities, child’s own family and kinship. There is evidence that these families received support for inclusion in existing local services and/or have received entitlements. According to the reports of NGOs some families received one time support in kind or cash. Because there were no other options like foster care, small group homes, etc. available, children without parents or relatives who could take good care of the child, remained in the institutions. Adoption was not considered as an option, either because the age of the children or the disability, which are conditions not preferred by prospective adoptive families in Azerbaijan.

In addition, relatives of child with disabilities are less likely to take her/him as s/he needs more care and attention (see figure 7 in annex 4).

Typical children participated in decision-making process regarding their new placement. No other strategies were implemented to prepare these children for transfer (see figure 8 in annex 4). Among transferred children with disabilities 80% counted with an assessment of needs and individual plan, and only 6% have participated in decision-making. However, the staff dealing with deinstitutionalized children is aware that even if the child is not planned for transfer in the near future s/he still needs to be assessed and individual plans should be prepared accordingly. Regarding assessment of the children in new care setting, 70% of the transferred cases of the typical children have some evidence on the latest needs assessment and individual plan for child in new care setting; however this percentage is 94% for children with disability.

Also, more transferred children with disability have been followed-up after transfer than typical children (see figure 9 in annex 4). The fact that most of the children with disabilities assessed and had individual plans can be due to several reasons; first, majority of children with disabilities included in our study were the ones reported by the NGO, which was engaged in preparation of the child with disability for transfer; second, all stakeholders are aware that the child with disability is more sensitive to changes and that s/he should be properly assessed; and finally, family of the child should be thorough fully prepared for taking back the child because in most cases when family places child with disability in institution, they feel like losing that child and after grievance period they emotionally detach from her/him.

In cases where the institution staff proposed the transfer to parents they did not resist the idea except for one case of child with disability.

Regarding outcomes for children the study indicates that almost all transferred children are staying with their biological families, very few with close relatives and all the children were transferred within 2010 and 2011 years.

All children participating in the study are satisfied about their new care setting, since they are with their families and with the people they love.

Children hope not to be separated from their families, to study better at school, to learn some skills and acquire their position in the society.

Children dislike being away from their family, living in institutions. Some children expressed their sadness to have lost their parents.

However, there exists evidence of inadequate practices in the early stage of deinstitutionalization and their negative impact on children. There were also examples of limited success in the
deinstitutionalization efforts regardless of high quality approaches by NGOs. These could be attributed to resistance of staff in the institutions and insufficient support of local and higher authorities. For more information on the above see the part of the report dealing with efficiency in the implementation of deinstitutionalization activities.

5.2.3. NGO-developed "know-how" became recognized as valuable input in government regulations

According to the study results NGOs working with at risk children and families experienced the strongest positive influence (71%) from the deinstitutionalization process. (For comparisons with other entities see figure 10 in annex 4). Their work became more visible and accepted by the government once the government itself enacted the State Program and the Master Plan which called for courses of action already implemented (on a small scale) and widely advocated by several NGOs. However, there are also some NGOs that continue to open new institutions and are refurbishing the State institutions without any concern for the support that these institutions could use for transition costs of a process of transformation (Malanciuc, 2010).

The deinstitutionalization strategy did bring closer the activities of NGOs and the government agency, but the opinion of the NGOs involved in the preparation of Alternative Report to CRC (2011) is that institutions are still "closed spaces" where independent monitoring is not welcome, especially regarding child abuse and exploitation, which is being reported, among others, in the studies by NGO Alliance (2007 /2008). However, when the Children Rights Legal Clinic carried out an independent investigation in 2008, on cases of violence against children in semi-open boarding school in Mardakan settlement in Baku city, Ministry of Education working group on DE-I visited the institution and acknowledged the results of special report submitted to the Ministry. Also, the functioning of a Child Hotline and psychological assistance for all the victims of abuse who are disclosing their identity through this channel (which is otherwise anonymous) is a direct response of the Ministry of Education to the problem. Training of the police force is reported in some districts to proceed with official fact finding on the offenses, when in the best interest of the child.

6. Sustainability of the results and courses of action for continuation of the deinstitutionalization process

### Assessing sustainability

*To what extent are the inputs, and/or outputs and/or outcomes sustainable?*

The questions to be answered are related to:

a) The stakeholders commitments and practices that will be most probably maintained without new program interventions besides the ongoing activities based on the State program, and

b) New courses of action for assurance of legal and financial foundations for long-term sustainability of deinstitutionalization process and child care reforms.

#### 6.1. General comments

The previous chapters of this Report are revealing the fact that in spite of the 5 years time span since the enacting of the State Program of Deinstitutionalization and Alternative care (2006-2015), the scope of action and impact are far below planned outputs and outcomes. Therefore, as reported in the first chapter, the study has focused in its evaluative part only on institutions and children where some components of the program have been either fully implemented or attempted to do so. Furthermore, the actions undertaken by the newly established Department for Deinstitutionalization and Alternative Care were analyzed as well as NGO projects linked with government programs and initiatives. In addition to legal regulations, studies, especially the ones commissioned by UNICEF in support to the process of deinstitutionalization were thoroughly examined and key findings included in this and other parts of this Report.

The study team considers that sustainability can be enhanced by sharing of recognized lessons learned (positive and negative) of these past endeavors with the decision makers and other stakeholders in the child protection reform. This could serve as inputs for major new steps and, at times, shifts in future
courses of action. The above was also a reason for the examination of challenges and options for developments beyond the year 2011 as understood and advocated by different stakeholders.

Therefore, in examining sustainability we are presenting our conclusions on a) what should be expected to continue influencing the processes of deinstitutionalization and child care reforms, without major new initiatives and actions and b) which future normative, financial and organizational changes could assure the sustainability of deinstitutionalization efforts in a long term. The later is the topic of this chapter when referring to the content of future efforts, while the last chapter offers some recommended analytical points of departure which may be useful for finding answers on how to achieve more synchronized systemic change.

6.2. Lessons learned

Lessons learned in the course of this study are referring to the regulation of processes involving several stakeholders and different system's levels and to the specifics of planning as an indispensable part of regulation, providing quantitative targets and their distribution and funding over short, medium and long terms.

Lessons learned are the following:

The first lesson learned is that coordination of functions, when implying different sectors of public administration should be carried out by an organ with higher level of authority then the ones involved in the process. The efficiency and the impact of the work of CPD in Azerbaijan was jeopardized by its inadequate position in the hierarchy of the State organs.

The second lesson is that for achievement of sustainable results in multilevel contexts, bottom up and top down approaches should be combined as learned by experience of the Ministry of Education in developing strong and proactive CPD partnerships with district level authorities.

The third lesson learned is that Government - NGO partnership is the most productive in a long run when based on commonly agreed plans and conditions whose sustainability is guaranteed by the government. Such was the case of some NGO projects within the framework of the State program.

The fourth lesson learned is that planning targets without assured financial sources are not likely to be implemented as learned in the course of implementation of the State program in Azerbaijan.

And the fifth lesson learned is that in spite of many common features in the inherited model of child care in CEE/CIS countries, there are reasons for differentiated approach to the transformation of residential institutions and for setting up priorities. In Azerbaijan such an example is the fact that 60 percent of children in residential institutions are not staying there at night, suggesting that "de facto" situation of these children call for establishment of specific Day care units within the institution or, when in the best interest of the child, for transfer of these children to other day care facilities in their communities.

6.3. Contributing to sustainability-impact and efficiency of some components of the State Program

Regarding the point a), our conclusion is that the positive opinions about the probability of the continuity of the deinstitutionalization and the positive attitudes about reforms in child care expressed by a number of stakeholders at national, regional and local levels will continue to influence the deinstitutionalization process and the child care reform. The stakeholders who were most involved in the deinstitutionalization are also reporting changes in their practices and a great satisfaction with received trainings. These stakeholders are a big asset for the future because major challenges still persist due to the legacy of the past that is deeply rooted in the institutional culture and because system's mechanisms for enforcement of accountability of both, civil servants and professionals providing direct services is not yet fully developed. More numerous inclusions of social workers in State organs and programs are also the reasons for the expectation that these will contribute to sustainability of so far accomplished improvements. It will, however, be enhanced by ever increasing role of NGOs as true partners of the government, as the last few years have demonstrated. And, as described in the chapter dealing with efficiency, the Department for Deinstitutionalization and Child
Rights, which has been consolidated in very short time (since the beginning of the year 2010), is manifesting high level of commitment towards continuation of their work.

6.4. Creating conditions for sustainable continuation of the deinstitutionalization process

Regarding the point b), the domains of financial and legal regulation are fundamental. In our opinion in a medium and long-term perspective these regulatory regimes and their enforcement should be treated as the two main pillars of sustainability.30

The content and the magnitude of changes in the supply of services and other entitlements was defined by the State Program and numerous legal documents but they were not accompanied with provisions on allocation of resources for their enforcement. Also decisions should have been made on how to carry out redistribution of existing funds. There is an overall need for adjustments of criteria for allocation of resources to new priorities in child care, at central and district level. Also, the existing resources have to be used in a more targeted and efficient manner in order to offer greater gains for individuals and social groups at risk. In this Report and the studies preceding it there are also suggestions that certain non targeted benefits be scaled down and that for others, bureaucratic or social barriers be removed for reaching the most needed ones.31

Regarding the legal challenges see the Box below:

<table>
<thead>
<tr>
<th>Need for filling the gaps in legal regulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>(entities in charge of decision-making and service provision, procedures to be followed, new services to be introduced)</td>
</tr>
<tr>
<td>According to legal experts’ opinion, “the laws on child protection and parental rights32 provide a general framework for child protection, but do not contain any detailed provision on how children at risk of abuse, neglect or exploitation are to be identified, referrals investigated, child protection procedures initiated, decisions taken or measures to be applied”. This is aggravated by the fact that the responsibility for child protection is spread across a number of different bodies at national and district levels33 and neither “existing legislation, (nor the new proposed law on social services - our comment) lay down clearly the roles and responsibilities of different bodies which are acting in the child protection at the district level”.34</td>
</tr>
</tbody>
</table>

30 Some of the elaborated analysis on what is missing and what should be done, both in legal and financial regulation can be found in previous studies (Hamilton and Hall, 2008, Larther, 2010 and others).s

31 The introduction of TSA proved to be a step forward, however it is claimed that it could still be improved in favor of the most vulnerable children and families. There are as well other schemes that could greatly contribute to the prevention of family separation, to increase in family reintegration and to the decrease in the demand for institutionalization. Larther (2010) shows the rationale for increase in guardianship allowances as already envisaged by the Cabinet of Ministers in the year 1995, but not implemented. The after care for children leaving institution is another problem, and it has been recognized in the Law on Social Protection of children having lost parents or deprived of parental care since the year 1999 but it seems that it could reach all the ones who need it only if executive responsibilities be transferred to local authorities. There are also problems of disability allowances, which are not only available for the persons with the most intensive care needs but are available to many, and consequently their impact on family income is low. Finally, we are also calling attention to the opportunities for financial redistribution, among others, through reform of the residential care system and school optimization as well as through division of labor instead of duplication of welfare functions by different sectors and outsourcing of services to NGOs and private sector.


33 (At national level these include the Ministry of Health, Ministry of Education, Ministry of Labor and Social Protection of the Population, the Ministry of Interior and the State Committee on Family, Women and Children’s Affairs at national level.) At district level, the Executive Committees responsible for local child protection contain various departments that deal with children’s issues, including the Commission of Minors’ Affairs and Protection of Minors’ Rights, the Commission on Guardianship and Adoption, the Education Department and the Medical Commissions for Disabilities.

34 While it appears that Minors Commissions have expanded their role in dealing with children in conflict with law and prevention of such behavior towards children at risk of abuse and neglect as well as in dealing with proposals for residential placements, Guardianship Departments (and courts, in some matters) are supposed to decide on adoptions, appoint and supervise guardians and foster families, as well follow up children from the district to residential institutions and vice versa. However, more appropriate and detailed definitions of
At district level, apart from mainstream services such as preschool, primary and secondary education as well as health services, there is lack of and nonexistent mandate of any organ to plan, establish and manage services for at risk children and families such as day care with the purpose of socialization and/or, re-socialization and/or rehabilitation, responses to trauma or crisis through counseling and psychosocial treatment of children, as well as development of parental skills and competences and recruiting and supporting foster families and kinship arrangements.

7. Recommendations for continuation of the transformation of residential care and related changes in child care system

7.1. Introduction - Strengthening the basis for stakeholders' participation in the projective part of the study

In agreement with the statement in the UNICEF evaluation guide that "the breadth and degree of stakeholders participation depend in part on the kind of participation achieved in the program being evaluated as well as that evaluation activities could be used to open greater participation", the study team has expanded opportunities for stakeholders' participation in the study.

Given the nature of the study object and its temporal dimension (i.e. the examined State Program is expected to continue until the year 2015), the study "repertoire" of methods of communication with key stakeholders included workshops about functioning of the present system and of challenges and possible future decision making options. These exchanges of information and proposals have given an additional opportunity for stakeholders to communicate their opinions and visions in a less structured way than the ones conditioned by research instruments. The workshops were attended by more than 20 participants who were also confronted with a set of technical proposals prepared by the study team with the intention to serve as inputs for this study's recommendations for the future of the State Program and child care reform. Although the workshops were not resulting in conclusive statements, the present chapter and the one on sustainability contain inputs from the mentioned events with stakeholders.

Furthermore, study team's technical proposals presented in the workshops could be used in the forthcoming decision-making on mandates and management issues in the child care, and in standardization of community based and family substitute services.

7.2. Recommendations on gatekeeping

The materials in the Annex 2 to this Report are presenting attempts to define analytical framework for the analysis of the functioning of gate keeping and proposals on how these issues could be approached in the forthcoming legal action referring to clarification of mandates and coordination of functions of different state and district level authorities and agencies.

Therefore, it is recommended that the first, substantive part of laws that have to be improved and further operationalized with bylaws refer to the gatekeeping i.e. clarifying functions of different organs which are now in charge of decisions on entitlements, as well as on organizational set up and professional composition of these bodies, the number of workers according to the size of the served population, their reporting obligations at local and national level and coordination among different

the functions of the Guardianship Departments should be provided through amendments to Family Law as already recommended in the Legal analysis of the child protection system in Azerbaijan, 2008.

Also, for all the cases of children at risk and/or in contact with law enforcement agencies the decisions provided by Guardianship Departments /Minor Commissions and /or the courts have to assure access to social services and when appropriate to cash assistance, which are in the domain of social protection (services may be regulated by social protection, but outsourced to other entities). The forthcoming Law on Social protection cannot solve the problem of system's fragmentation at national and district level, but being at present in the procedure for enactment it should not avoid to clearly distinguish between its own mandate and the mandates defined by Family Law and other pertinent legislation on children and families.

Annexes to this Report contain the material produced by the study team for these workshops, which did not pretend and did not arrive to unanimous conclusions but facilitated the dialogue and was used for obtaining further feedback from other relevant stakeholders. The minutes from the workshops and the list of participants are also included in the Annexes.
sectors of public polices through procedures and methodologies applied in assessment, decision making and dealing with individual cases.

The debates and preparatory work on the new Law on Social Services should be a good reason for putting on the agenda the issues of child legal protection covered by several laws (in an uncoordinated way) and related to the mandates of Minors Commissions, Guardianship Commissions, Medico-Pedagogical Psychological Commissions and Social Protection Departments, all of which are supposed to function at district level but without clear division of labor and consequently, without mutual reinforcement.

When these statutory functions will be clarified, the norms regarding procedures to be applied in assessment, decision making and monitoring will be easily consolidated and enacted, thanks to the draft standards and guidelines tested in the pilot projects carried out with CPD and UNICEF support in the two pilot districts.

7.3. Recommendations on community-based and family substitute services

Within the materials presented in the Annex 3 are also proposals of the "continuum of services" (composed in three main groups of services) which should be provided by the system for children at risk. The structure proposed for definition of these services contains key ingredients that are needed for establishment of such services, and for estimates of their costs. These could guide the elaboration of standards for services especially at the level of bylaws, which are of fundamental importance for providing guidance for planning and action by government civil servants and other service providers.

The second recommendation is filling the gaps in laws and/or design and enactment of bylaws (standards) referring to the regulation of community based services for children and families at risk as well as of family substitute services such as foster care and small group homes. This includes regulation of the status of government and non-government service providers and the definition of conditions for their licensing and/or accreditation and contractual and other forms of national and local government outsourcing of services.

Also, the NGO-tested tools and standards regarding family support and community based services as well as for foster care and small homes should be used in the design of the bylaws regulating these services.

7.4. Recommended changes linked with resource allocation and financial management in the education sector

The transformation of residential institutions should continue under the regime of an updated Master plan until the balance is achieved between the number and scope of conventional forms of residential care versus the alternatives, which can provide either prevention of family separation or substitute family arrangements.

The following, third set of recommendation refers to the Ministry of Education and it deals with issues in which Ministry of finance should also be involved.

a) Within education sector per se, decisions on organizational, staffing and management issues allowing for separation of day care from residential care as well as for separation of these two services from educational services is long due. The basis for that is, among other measures, to treat separately the costs for educating and the costs for caring for the child in residential settings.

b) The study team is also of the opinion that there will be no further progress in the reform of residential care without deliberate and combined normative and financial regulations that are touching, among others, upon sensitive issue (and a constraint for the above reorganization) such as the considerable differences in remuneration of educators in residential schools from the ones in community schools.
However, the differences and similarities between community based services that will most probably be in jurisdiction of the Ministry of Labor and Social Protection and the day care that is at present provided in residential institutions should also be examined and decision made. If day care could be transformed in an after school service linked to schools and not residential institutions, there would be more probabilities to distinguish this service from social protection services even though there will still remain challenges regarding profiles of children to be admitted in one or the other service, as well as in terms of service standards, service costs, profiles of personnel, etc.

d) The transformation of residential institutions may also require more emphasis on human resource management especially in deployment of personnel either to community schools or to services in social protection. All above are the questions which, in the next stage of the deinstitutionalization, could not be ignored or delayed and which require active involvement of both, Ministry of Education and Ministry of finance. Larther's 2010 study is calling the attention to the above and is also presenting comparative costs for residential child care institutions vs. alternative services provides. His analysis provides numerous illustrations of financial issues which are blocking or at least not enhancing desirable change. The study team is recommending the use of this study for rationalization of the present patterns of the expenditures because fact is that the costs of the reforms are bearable for the system and in a long runt would produce not only better outcomes for children but as well savings for the system.

7.5. Reordering of financial flows should be linked with decisions on changes in mandates and introduction of service standards

Our fourth set of Recommendation gives emphasis on financial engineering connected with work on management, standard setting and division of labor in child care, among different State entities A number of stakeholders included in this study manifested a concern for lack of resources for child care and family support, prescribed by law and/or stipulated by the State program. On the other hand, in the last five years budgetary sources for public services have been on increase, often incomparable with other CEE/CIS countries. As described earlier in this Report one of the reasons is the fact that for transition costs, capacity building, training, awareness raising and other ingredients of the State program the costs for the State were not calculated and guaranteed and this was a gap in the preparatory work done for the State program. Also, lack of quantitative targets for new services and expectations that part of these costs will be covered at district level (often not feasible due to unequal local budgets) contributed to this situation. Recognition of these gaps in the design of the State program lead to UNICEF commissioned study (Larther study 2010), which in terms of analysis partly compensated the mentioned gaps in the State program. However there was no organ or, indeed, a highly expert group that could continue to operationalize the conclusions of the Larther study and add new forecasts and financial operationalization of the State program.

However, it is also true that financial authorities need clear forecasts of the service costs to include them in the budgetary procedures and this is also missing in the system where standards for services from where the costs can be calculated do not exist, (except the inherited patterns of financing residential institutions). Regarding residential institutions the concern should be linked with exploring solutions to the questions such as why are certain institutions financed by central and others by local budgets and why are the service costs per capita so different among institutions with similar profiles of service users.

This is relevant within each sector of public administration as well as among different sectors (Education, Justice, Social Protection and Health). Improved standards for institutional care and per capitalization of its costs should bring balanced solutions to these inherited inequities among residential institutions.
Furthermore, the question that has to be addressed is how to avoid that diminished entries in residential care influence reduction of available budgetary resources, which should be redirected towards services which are replacing institutional care and which are still neither standardized nor systematically financed (i.e. many of them are NGO based and their financing is not assured by the State, because there are unsolved problems of their integration in public policies).

Routine practices in budgetary forecasting and decisions about allocation of funds are short of providing answers to these and numerous new challenges. Thus, the question of unclear gate keeping mandates of different State organs and lack of standards for community based and family substitute services present a serious, but not exclusive missing link for both, forecasting and actual allocation of funds. And all of it is also linked to the need for availability of more sophisticated technical "know how" (including use of experiences from other countries), which should be also included in the transition costs of the next stage of the State Program.

7.6. Combating sectoral fragmentation in responding to the needs of specific groups at risk

The fifth dimension of regulation that is being recommended by the study team is also a complex one and it entails establishment of common grounds among different entities for responding to the rights of specific groups of children at risk. Strategic intersectoral protocols at national and district level, agreed upon and obligatory for sectors involved, should be developed, monitored and inspected for all and each group(s) at risk.

These protocols should contain clear obligations for service providers to either undertake concrete actions in accordance with other sectors or refer clients to them. Since the target groups differ in terms of intensity of support needed from different sectors protocols should be developed for each specific group such as: children living in poverty, children in conflict with law, children in contact with a justice system as witnesses, victims of trafficking etc. children traumatized by violence, neglect or abuse, children from dysfunctional or single families, children without parental care, street children and other at risk children. These methods of regulation should be accompanied with financially stable sources.

The intersectoral "protocols" or indeed, special amendments to the State Program (2006 to 2015), are recommended to be carried out with high priority for Mothers at risk and children in the age group from 0 to 3 years and for Children with disabilities.

First one should refer to the concern for children from the ages 0 to 3 and should be developed as a strategic document covering the child care concerns related to a) prevention of unwanted pregnancies and child abandonment b) deinstitutionalization of children placed in baby homes, sanatoriums and other health institutions, through c) transformation of these institutions in community based facilities.

These community based facilities should consist of clusters of services (including health, legal protection and child's protection) perform a leading role in development of foster care and facilitating adoption(for children in the youngest age), as well as provide family support to mothers at risk in their communities. As suggested in the first part of the Report this strategic plan should be imitated by Ministry of Health and SCFWA.

Regarding Children with disabilities, the issue was already tackled in the year 2011. in the conference held in Baku, and the intersectoral efforts should be linked to the conclusions and commitments already adopted in the conference. In terms of the State program amendment or similar strategic document the study team recommends that apart from inclusive education the question of services and cash allowances be treated as parts of the same inter sectoral strategy. The key stakeholders should be the Ministry of Education, MoLSPP and the NGOs already active in this field.

Also, the study recommendation is that Inspection and other accountability mechanisms be carried out by external bodies such as Ombudsman, Human Rights Organizations or State Commission with members representing civil society.
ANNEX 1

Questionnaires for institutional staff, on children who were either deinstitutionalized or prevented of entries in institutions, and for key stakeholders

Questionnaire for children

1. General data on individual child

1. Child name________________________________________________________

2. How old is the child now?_______________ Gender: 1. Girl 2. Boy

Child past prior to institutionalization (If the documentation exist or persons knowing the child can be contacted, answer the following questions)

2. How old was the child when she/he started to live in out of home care? __________

3. In how many different placements the child lived since she/he was separated from her/his parents? __________________________________________

Information about the child in the institution from where she/her was transferred to new care setting

4. What kind of written evidence on child conditions existed in the institution at the time of her/his transfer as a result of deinstitutionalization? (List the main records, reports, personal correspondence, photos and time of their issue.)

____________________________________________________________________

6. What was the child family status during her/his last institutional placement?

(Encircle one or more answers by order of importance)

1. Parentless

2. Dysfunctional family

3. Single parent

4. Poverty

5. Child disability

6. Other describe

7. Who has placed the child in this institution?

1. Commission or government organ at regional or municipal level

2. Director of the institution accepted the child directly

3. Other way of child entry to institution, describe ____________________________
8. If the child was placed in the institution by government organ in charge (situation 1), did this organ in the meantime maintain the contact with the institution?

9. Did the child maintain the contact with parents or relatives during the last two years in the institution?

   1. Yes  
   2. No

   If yes, how often was it:

   1. Daily,
   2. Weekly,
   3. Once a month,
   4. During vacations,
   5. Several time a year

---

**2. Decision making about options for child transfer**

10. When was the child selected for deinstitutionalization?
    ________________________________________________________________

11. What were the positive factors attributed to such decision? Describe
    ________________________________________________________________

12. Who has participated in the decision making?
    ________________________________________________________________

13. List the occupations and/or role of the adults from the institution and other organs or, who participated in decision making:
    ________________________________________________________________
    ________________________________________________________________
    ________________________________________________________________

14. List the child family members or friends who participated in decision making:
    ________________________________________________________________

15. Which options were examined? (Encircle only the options which were examined and do it in the order of preference of the decision makers.)

   1. Her/his own family
   2. Kinship family
   3. Foster care
   4. New small institution or group home
      4.1. In the region of origin
4.2. Elsewhere

5. Starting independent life

6. Transfer to another residential institution in the region of origin

7. Transfer to another residential institution outside of the region of origin

16. Which was the final decision on child placement in a new care setting (encircle the chosen decision):

1. her /his own family
2. Kinship family
3. Foster care
4. New small institution or group home
   4.1. in the region of origin
   4.2. Elsewhere

5. Starting independent life (describe) _____________________

6. Transfer to another residential institution in the region of origin

7. Transfer to another residential institution outside of the region of origin

3. Preparatory process and transfer of the child

17. How has the child been prepared for transfer/resettlement? (Encircle one or more applied procedures.)

1. Assessment of needs and individual planning
2. Familiarization with new environment
3. Participation of a child in decision making on the option of care
4. Other type of work (describe)

18. Did the preparatory work present reasons for reluctance regarding the potential benefits of transfer of this particular child?

1. Yes  2. No

If yes

Did the child resist accepting the idea of leaving the institution?
1. Yes 2. No

If yes

1. state the child reasons ________________________________
2. the way how the staff dealt with it ____________________

19. Did the parents resist to the idea of the child leaving institution?

1. Yes 2. No

If yes describe:

1. parents reasons ________________________________
2. how the staff dealt with it ________________________

20. Parents were not contacted.

Describe why? ________________________________

21. There were formal constraints for decision making on child transfer.

Describe the constraints and the way of overcoming them __________________

Describe the other reasons for reluctance and reiterated search for better options ________________

4. Child present situation

22. Where is the child now?

Type of placement ________________________________

Since when ________________________________

23. What are the child personal feelings about the new care setting?

1. What he likes ________________________________

2. What he hopes that will improve or change ________________________________

3. What he dislikes all together ________________________________
24. Is there written evidence on the latest needs assessment and individual plan for the child in new care setting?

1. Yes  
2. No

25. How is child adaptation to new care setting monitored?

Describe the frequency and means of contacting the child until now and by whom
____________________________________________________________________

26. Which organ is in charge of monitoring this child in the future?
____________________________________________________________________

27. Is there a formal decision or legal mandate of the above organ to monitor the child?

1. Yes  
2. No

28. How is the child present situation scored by monitoring organ?

1. Negative result (*explanation should be given indicating a negative result such as return to the institution, flight from institution or repeated new placement*)

2. Poor

3. Satisfactory

4. Very Good

5. Excellent

29. How is the child present situation scored by the care takers in new placement?

1. Negative result (*explanation should be given indicating a negative result such as return to the institution, flight from institution or repeated new placement*)

2. Poor

3. Satisfactory

4. Very Good

5. Excellent
Questions to the person interviewing the child

30. Do you think this child is better off with this transfer?  
1. Yes  
2. No

31. Do you think the best interest of this particular child could have been better served, in case of availability of additional support from the system of child protection?  
1. Yes  
2. No

If yes what was missing for more adequate support in this, particular case? Please describe.
___________________________________________________________________________

What can still be done to improve the child condition now? Please describe. __________
___________________________________________________________________________
Questionnaire for the teams in charge of deinstitutionalization in selected institutions

This questionnaire is meant to be responded by at least three members of the team working on deinstitutionalization. When not unanimous in answering, there should be a possibility to note descent or differences in preferred answer, without stating the names of the respondents.

The questions should be answered by circling the number preceding the answer on which respondents agrees. The date of the completion of answers and the signatures of the respondents should be stated at the end of the questionnaire.

General information

1. The institution's name: ___________________
2. School___________________________
3. The Ministry in charge: _______________________________________________________
4. The region and location (address): _______________________________________________
5. The name and addresses of the director; __________________________________________
6. The name of the team leader (from the institution): _________________________________
7. The name of the team’s leader supervisor _________________________________________
8. Number of service users /beneficiaries __________________________________________
9. How many service users are staying in the institution permanently, day and night _________
10. How many service users are going home regularly over the week end ________________
11. How many service users are staying in the institution only during the day ______________
12. How many service users are spending summer vacations with their family _______________
    The rest of the children from the total amount are not attending school regularly or are at school very rarely
12. The number of staff ______________
    1. How many of them are educators ______________
    2. How many are health workers __________________
    3. How many are rehabilitation workers _________________
    4. How many are administrative and maintenance workers _________
13. Formal education level of the staff
    1. How many are with university level ____________
    2. How many are with secondary school level__________
3. How many are with elementary school or less _________

14. Is there other health, educational or other establishments providing specific services for service users within the institution?
   1. Yes  2. No

15. If yes, which: other

<table>
<thead>
<tr>
<th>Establishment</th>
<th>Which services</th>
<th>Number of users from the institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

16. How many inhabitants live in the place where institution is located: _________________________

17. How many inhabitants live in the wider geographic area accessible from the location by public transport: ____________________________________________

2. Master plan and the decisions at institution level for its implementation

18. Is the institution according to the Master plan ordered to:
   1. Downsize  1. Yes  2. No
   2. Transform in a community level service 1. Yes  2. No
   3. Close down 1. Yes  2. No

19. Did anybody from the institution participate in decisions on the tasks to be accomplished in the institution according to the Master plan:
   1. Yes  2. No

If yes, who did participate?
   1. Director: 1. Yes  2. No
   2. Professional staff: 1. Yes  2. No

If yes how many staff members _______________________

   3. Others (child parents or guardians, members of the Institution’s Board, representatives of local community)
   1. Yes  2. No
If yes, describe how the above person’s participated ____________________________________________________________________

20. How was the information on Master plan disseminated to the staff?

1. Through informative meetings
2. Through meetings which called for ideas, proposals and critical comments from the staff

21. Did the institution present any objections to the Master plan targets?

1. Yes  2. No

If yes, describe the feedback from central level and adjustments in the institution's activities for implementation of the Master plan

______________________________________________________________________________
______________________________________________________________________________

22. How was the work on the Master plan organized at the level of the institution? N/A

1. Through election of the institutions team for deinstitutionalization,
2. Through appointment of the institutions team for deinstitutionalization

If elected, who elected the team: __________________________________________________

If appointed, who appointed the team: _____________________________________

23. Did the team members receive written guidelines for their work?

1. Yes  2. No

24. Did the team members receive other then written guidelines for their work?

1. Yes  2. No

If yes, in what form

1. Through training events

   Which topics: ________________________________________________________________
   How many persons were involved: ____________________________________________
   Duration of the training: _________________________________________________

2. Study visits:

   1. Yes  2. No
How many persons were involved ________________________

Where was the visit taking place ________________________________

25. Did the team prepare specific institution's plan for implementation of the Master plan:
   1. Yes  2. No

26. Who has endorsed this plan?
   1. Director of the institution
   2. The central government body in charge of residential institutions
   3. Anybody else (circle more answers if appropriate) ________________________

27. Did the institution establish a project with outside technical and/or financial support?
   1. Yes  2. No

   The duration of the project: ________________________________

   Type of external support and: ______________________________

   Financial contribution: ________________________________

28. What is the opinion of the team on the relevance of the decisions about the future of your institution based on the Master Plan?
   1. Not relevant (could even indicate a negative result if further explanation is given)
   2. Poor
   3. Satisfactory
   4. Very Good
   5. Excellent

3. Master plan implementation

29. How do you assess the communication with the State organ most involved in the implementation of the Master plan in your institution?
   1. regular and high quality
   2. at the request from the team and of high quality
   3. at the request of the team but not of high quality
   4. rare and bad
   5. there was no communication
6. other stakeholders were more supportive

7. list who

30. Did you count on sufficient inputs to carry out the implementation of the Master plan in terms of:

1. Technical assistance and normative guidelines : 1. Yes 2. No
2. Funding: 1. Yes 2. No
3. Time 1. Yes 2. No

31. Did you communicate with local statutory organs who have sent or known that the children from their region are in your institution:

1. Yes 2. No

32. Did these organs have access to child parents and relatives?

1. Yes all of them
2. Some of them
3. None of them

33. Did they contacted child parents and relatives?

1. Yes all of them
2. Some of them
3. None of them

34. Were they able to propose and implement new solutions for deinstitutionalized child?

1. Yes all of them
2. Some of them
3. None of them

35. In the cases of children who were candidates for deinstitutionalization for whom local statutory organs did not collaborate with the institution who contacted the parents and relatives or other potential care takers (i.e. institutions, foster families etc. please describe how did you proceed in such cases? __________________________________________________________
   __________________________________________________________

4. Specific accomplishments, obstacles and concerns regarding service users

36. How many service users have been preparing for exit from the institution during 2010 and 2011?
1. according to regular plan (in terms of school termination, age limit, parents request etc.)

2. according to deinstitutionalization targets based on the Master plan

37. List and describe the criteria for selection of children for deinstitutionalization?

1.______________________________________________________________
2.______________________________________________________________
3.______________________________________________________________

38. What was done to prepare the children for exit from the institution? (will be done)

1. individual planning
2. familiarization with new environment
3. participation of a child in decision making on the option of care

39. Describe how the staff was dealing with children and / or parents who were not likely to accept the decision

____________________________________________________________________
____________________________________________________________________

40. How many service users (from the overall number of service users in the years 2010 and 2011 targeted for
deinstitutionalization left the institution in 2010 /2011 _left the institution in total:

____________________________________________________________________

41. Where they went and how many?

1. Their own families or kinship __________
2. Foster care ______________
3. New small institution or group home in the region of origin____________
4. Started independent life: __________
5. Transferred to another institution in the region of origin____________
6. Transferred to another residential institution outside of the region of origin________

42. In how many deinstitutionalization cases the results were negative _____________________

Please describe the reasons __________________________________________

____________________________________________________________________

5. Results and sustainability

43. Do you think that the implementation of the Master plan in your institution achieved expected results?
1. Yes List the main results_____________________________________________

2. Partly List the partly achieved results:______________________________________

3. No List other effects, positive and/or negative _____________________________

44. Do you think the deinstitutionalization in your institution will continue?
   1. Yes, for sure
   2. We believe it will
   3. We are not sure
   4. We do not believe that there will be enough alternative services for deinstitutionalized children
   5. The commitment among staff is not strong enough

44. Did the institution receive new service users in 2010 and 2011?
   1. Yes 2. No

45. How many new service users did they received: ___________________________

   If your new service users differ from the previous ones, please describe in what do they differ
   _______________________________________________________________________

46. What effects did the strategy of deinstitutionalization have on the following

<table>
<thead>
<tr>
<th>Stakeholders</th>
<th>Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Positive</td>
</tr>
<tr>
<td>Children transferred from institutions to families / relatives</td>
<td></td>
</tr>
<tr>
<td>Children prevented of entering institutions through provision of other supports/services to them or their families</td>
<td></td>
</tr>
<tr>
<td>Staff in the institutions</td>
<td></td>
</tr>
</tbody>
</table>

47. Did the process of deinstitutionalization influence the work of the following entities?

<table>
<thead>
<tr>
<th>Entities</th>
<th>Positive</th>
<th>Negative</th>
<th>No effect</th>
<th>Why?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guardianship/Minor’s commission</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>---------------------------------</td>
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<tr>
<td>Social services department</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medico-pedagogical psychological commissions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health institutions</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>NGOs working with at risk children and families</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Questionnaire for the stakeholders

1. Do you think the deinstitutionalization in the country will continue?
   a. Yes
      i. Because this is government priority
      ii. Because of international pressure
      iii. Because of advocacy of child protection professionals regarding harmful effects of family separation
      iv. Other

   b. No
      i. Because there are not enough alternative services
      ii. Because resistance among institutional staff will not stop
      iii. Because there are not enough resources to spend for it anymore
      iv. Other

2. What has to be done by government in order to be successful in deinstitutionalization process Three the most important
   1. Train and retrain professionals who work with children and families at risk
   2. Strengthening the professional capacities of guardianship/Minor's commissions
   3. Assure that alternative services be available at local level
   4. Provide more support for kinship families and recruit foster families
   5. Provide training and coaching for parents who lack parental skills and competences
   6. Provide more physical infrastructure for child services
   7. Awareness raising among population on harmful effect of family separation
   8. Reorder budgetary allocations in favor of services which are alternative to institutions
   9. Other

3. What effects did the strategy of deinstitutionalization have on the following?

<table>
<thead>
<tr>
<th>Stakeholders</th>
<th>Effects</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>Children prevented of entering institutions</td>
<td></td>
</tr>
<tr>
<td>Provision of child and family support services</td>
<td></td>
</tr>
<tr>
<td>Staff in the institutions</td>
<td></td>
</tr>
</tbody>
</table>
4. Did the process of deinstitutionalization influence the work of the following entities?

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<th>Negative</th>
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</tr>
</tbody>
</table>

5. (for NGOs) Which of the services you are providing have contributed to the implementation of deinstitutionalization state program? *Three the most important*

1. Daycare center
2. Community based services
3. At home services (outreach)
4. Rehabilitation services for children with disabilities
5. Information and referral
6. Development of assessment and monitoring tools
7. Preparation of foster families
8. Counseling services
9. Suggestions on legislative changes
10. Other _____________________________________________________________________
ANNEX 2

Materials prepared by the researchers for discussions in the workshops

Reminder on types of procedures and services relevant for the process of deinstitutionalization

TOPIC 1 - Gatekeeping

The emphasis is on children without parental care and from dysfunctional families as well as all children separated from their parents.

Relevant questions regarding normative framework are:

- Which organs (including courts) under which Ministry and/or regional/or local authority assess and decide on the legal status of the child and parents, appoint guardians, propose and/or decide on parental rights, assess and/or decide on adoption and assess and/or decide on action to avoid family separation or propose and/or decide on family substitute arrangements (foster care, institutions);
- Do these organs deal with family violence and abuse and children in conflict with law and what is (if any) their role in these matters;
- Do these organs rely on other expertise when dealing with families or children with disabilities;
- Are the above functions of the authorities in charge appropriately defined legally and are there enforcement mechanisms and other obligations to put in practice the law, (i.e. profiles of workers in these organs, number of workers per number of population, financial sources, are there time limits appropriate to assure their timely interventions, to whom are the authorities in charge accountable and what are the obligations of health, education social protection and others to provide information or act in accordance with the decisions of these authorities etc.

What is the situation in practice?

- How different are the situations in different types of municipalities and regions;
- Which innovations have been introduced in the functioning of the above organs, where they function properly, how should the good practices become part of the system;
- How were these organs inserted in multidisciplinary bodies for gate keeping in the regions where such organizational arrangements have been introduced.

Objective related to topic 1 is to provide answers to the following:

What are the key changes needed to improve functioning of gate keeping organs on the issues pertinent to family law and social protection laws?

TOPIC 2 - Community based services for children and families at risk

The emphasis is on at risk children living in their families and having access to day care, parental and child counseling, home outreach services, personal assistants to children for
attending inclusive education and/or any other services with the purpose to support child at risk living in his/her family.

**Relevant questions regarding normative framework are:**

- Which services are recognized by government as part of the system, to which sectors of public administration each of these services belong and how are they financed (from national and/or regional and/or local sources);
- Which services are standardized, are their costs defined per capita and their sources of financing assured even in the least developed localities;
- Are some of community-based services carried out by residential institutions as a result of their transformation and how common is this practice;
- Which service providers are licensed and/or outsourced through NGOs and private sector and what is the magnitude of such arrangement between NGOs and the government (and at what government level is it carried out).

**What is the situation in practice?**

- How are other NGO services for children and families at risk spread in the country and are there initiatives for their inclusion in public policies;
- Would the reintegration of children who are in the process of deinstitutionalization be facilitated if community based services would receive financial incentives to work on the alternative individual plans for children who were sent to institutions from the localities they work in;
- What is the approximate ratio between number of children separated from parents and number of children at risk receiving social protection and inclusive educational local level? What should be the above ratio in the future?

**Objective related to topic 2 is to provide answers to the following:**

*What are the key changes needed for balancing the demand and supply of community based services in the country and which kind of incentives are needed for increased relevance of these services for the process of deinstitutionalization (including transitional and long term financial reordering)?*

**TOPIC 3 - Family substitute services as alternatives for residential institutions**

The emphasis is on foster care, kinship care and guardians living with the child as well as shelters, group homes and/or supported housing for persons with disabilities.

**Relevant questions regarding normative framework are:**

- The differences and similarities in regulation of foster care, kinship care and support to guardians who live with a child under guardianship;
- Which organs recruit, train, follow up and support the above care providers and what are the standards and guidelines for these practices. Are there rules about the number of workers in charge of these activities, what are their professional profiles and expected performance criteria;
- Are there specific regulations or guidelines as well financial incentives regarding placement of children with disability, behavior problems and HIV/AIDS in the above forms of care. Are there intentions to do it;
- The regulation of residential facilities such as shelters, group homes and/or supported housing for persons with disabilities - what are the admission criteria, number of
placements per unit, duration of stay, and quality standards such as staff/child ratio etc, for their functioning;

- What is known about the number of children in these services and what should be their growth rate if the entries in the traditional institutions should be stopped and exits from them accelerated.

**What is the situation in practice?**

- What are the gaps or inhibiting factors in regulation, management capacity and financial flows which cause malfunctioning in practice;

- Are there problems in collaboration among health, education, social protection and legal protection services (including vested interests of certain actors), which create distortions in admission policies to the above services.

**Objective related to topic 3 is to provide answers to the following:**

*What are the key challenges regarding increase and functioning of the above services and how can lessons learned be recognized and included in the system's reforms.*
Rayon level decision-making on legal status, services and cash assistance for children and families at risk

Assessment, individual planning, decision making, referral, and follow up

ExCom

Guardianship

Social protection

Community based services (including NGOs)

MLSPoP

Out of home care

ExCom

Risks

Child abandonment
Undefined child status
Parental awareness
Child abuse, maltreatment, exploitation within, or outside of the family
Children separated from parents
Children in conflict with law
Children out of school, working children, street children

Some outsource to NGOs

Court

Penal institutions for minors

Education

Health

Employment, housing, etc.

Risks

Low income
Specific support needs to facilitate social inclusion and prevent family separation
Rayon level assessment, decision-making, and provision of services for children with disabilities
Rayon level assessment, decision-making, legal intervention and provision of services for children at risk of abandonment

- Unwanted pregnancies
- Mothers of unknown identity and/or irregular behaviour towards the child
- Under-aged mothers
- Unemployed mothers deprived of other existential means
- Children left in maternity wards or hospitals
- Children with disabilities or diseases

- Outreach workers from the department of social protection and guardianship

- Assessment and decisions on legal status, adoption, foster care, guardianship, and placement in baby-homes

- Prenatal care, Maternity wards, Postnatal care, Emergency units, and Field doctors

- Detection, information and reporting to and collaborating with organs in charge regarding risks of child abandonment

- Assessment and decisions on placement of children with disabilities in sanatoriums and medical rehabilitation

- Pediatric services and psycho-neurological disp

- Assessment and decisions on cash assistance and access to community-based services

Guardianship Social protection disp.
ANNEX 3

Materials prepared by the researchers on community based services

Services and service users

1. Day care 2. Advisory and counseling services 3. At home care

1. Day Care

1.1. Activities and staff:
Socialization, rehabilitation, resocialization of children at risk

Staff:
Educators, logopeds, physiotherapists, psychologists, care takers and other staff depending on the profile and age of children who are service users

All staff employed in day care is working in the day care premises and is expected to take part in its outreach services to children and families at home, when they are not able to reach day care premises on permanent basis.

The internal regulations of service providers carrying out day care include (among other issues such as job descriptions, performance criteria and accountabilities) conditions for recruitment and definition of tasks and reporting obligations of voluntary workers.

1.2. Service users:

• At risk children attending school (risks are related to family conditions, educational attainment, disability etc)
• Children with disabilities not attending school
• Children with behavioral problems attending or not attending school

1.3. Frequency and duration of service

Depending on the needs of service users i.e. the ones who attend school versus the ones who do not, or the need for 1 or more rehabilitation or resocialization sessions a week)

• One or more days a week 2 to 8 hours a day
• Working days, every day 4 to 8 hours a day
• Working days and weekends 4 to 8 hours a day

1.4. Admission policies

Service users are referred to day care by Guardianship/Minors Commissions or Social service departments or other organs or entities that are covering the service costs. Service users are entering the service with an individual plan describing expected outcomes for the child, activities, duration and frequency of the service and modality of implementation (i.e. within the premises of the service provider or at home of the service user.)

Service users who pay the services by themselves are admitted by the provider of day care who develops for him/her an individual plan
1.5. Costing of services

The cost of a service is composed of number of service hours provided to the service user during the month. The cost per hour may differ due to different type of professional inputs for different service users (i.e. an hour of a caretaker is less costly than an hour of a logoped). To the above are added all other indirect costs of the service provider.

The organ that is in charge of standardization of services and costs should define the range of acceptable costs for a service and the criteria that should be used to calculate them.

1.6. Who are the service providers

The above services can be carried out by:

- Establishments with specific purpose to provide such services formed by the government
- Establishments which are adding these services to their principal activity in order to prevent institutionalization and deploy institutional staff in new services (residential institutions in health, education and social protection) and schools with already existing and sub utilized infrastructure and/or staff with adequate professional background or capacity to be retrained. Day care services become a separate unit of such establishments and their budget is managed separately from other services.
- Entities accredited by the government organ for provision of these services (the later are NGOs, religious organizations, private sector establishments etc
- . The entities which obtain accreditation form organ is charge will enter in contractual relationships with rayon level gatekeeping organs (Guardianship/Minor or Social Protection Departments) and will have reporting obligations regarding service quality and expenditures as other service providers

2. Advisory and counseling services

2.1. Activities and staff

2.1.1 Individual psychological advice and counseling
2.1.2. Hotline information and advice for young people, children and parents facing crisis or abuse
2.1.3. Acquisition of parental skills by parents or guardians (individual coaching, group training and self support groups)
2.1.4. Advice to parents and caretakers on dealing with children with disabilities and children with behavior problems (individual and self support groups)
2.1.5. Legal advice and legal representation

Staff

Depending of the above types of services and profiles of service users the staff should consist of:
- Psychologists and/or other helping professions (social workers, health workers) trained for treatment of trauma, crisis situations, victims of abuse and/or addiction
- Lawyers and/or helping professions trained in child rights and family law
- Educators trained in adult education and/or work with teenagers and/or work with parents or caretakers of persons with disabilities
- Volunteer workers trained for hotline and other tasks
2.2. Service users

Children, youth and parents facing crisis and/or trauma and/or abuse and/or addictions
Parents or guardians with insufficient skills and competencies for performance of parental roles and/or household management
Parents or guardians of children with disability without skills and competencies for dealing with children with disabilities, especially in their ages between 0 and 3 years
Children, youth and parents needing legal support in dealing with accomplishment of their rights

2.3. Frequency, duration of and costs of services

Individual psychological advice and counseling can be measured and remunerated per hour and will depend on the personal characteristics and intensity of the problem of the client, however the organs referring the cases should have possibility to define minimum duration and frequency of initial service and prolong it or close the case (in accordance with reported improvements) These decision making organs may change the decision about the intervention or referral (some cases may need hospitalization or outpatient psychiatric treatment provided in another establishment).

The proposal for establishment of costs for initial psychological counseling is defined as 10 hours for initial treatment, per case.
For hot line information and advice for young people, children and parents facing crisis or abuse the costs should be calculated as 10 hours of daily availability of the service, attended by professional and volunteers in charge.
For acquisition of parental skills by parents or guardians (individual coaching, group training and self support groups) the costs would include per hour fee of the professional working with the individual and/or carrying out group training or assisting self support groups.

For advice to parents and care takers on dealing with children with disabilities and children with behavior problems the cost for individual advice would be calculated in hours per case and the same cost per hour will be prorated among the number of participants in the group when the professional would work with the group. The proposal is that the work with individual parents be carried out 2 hours a week and with groups once a week.

However the need for this type of service will depend on child age, parents’ information and involvement of the child in other type of services such as day care, school and/or specialized rehabilitation or health services.
Legal advice and legal representation should be carried out and charged per hour and should not at average be extended to more then 10 hours per case.
To all the above direct costs are added all other indirect costs of the service provider. The organ that is in charge of standardization of services and costs should define the range of acceptable costs for a service and the criteria that should be used to calculate them.

2.4. Admission policies

Hotline services, legal advice and services related to the management of self-support groups should directly admit service users. Other service users are in principle referred to advisory and counseling services by Guardianship/Minors Commissions or Social service departments or other organs or entities which are covering the service costs. Service users are entering the psychological counseling service with an individual assessment and a request for activities, duration and frequency that can be paid to service provider for initial stage of work.

Parental education, coaching and self support groups are especially relevant for children from dysfunctional families and the ones where parents may be considered for deprivation of parental rights. Both Guardianship depts./Minors Commissions and Social protection departments at rayon
level should have a mandatory obligation to refer such families to the above described services, in
order to prevent family separation and institutionalization.
Service users who pay the services by themselves are admitted by the provider of service who
develops for him/her an individual plan

2.5. Who are the service providers
The above services can be carried out by:

- The Committee for Women's and Children Affairs in partnership with EXCOMs.

- Establishments which are adding these services to their principal activity in order to prevent
institutionalization and deploy institutional staff in new services (residential institutions in
health, education and social protection) and schools with already existing and sub utilized
infrastructure and /or staff with adequate professional background or capacity to be
retrained. These services are added to the unit for day care in such establishments and their
costs are paid to and managed through the budget of such units.

- Entities accredited by the government organ for provision of these services (the later are
NGOs, religious organizations, private sector establishments etc. The entities which obtain
accreditation from the organ is charge will enter in contractual relationships with rayon
level gatekeeping organs (Guardianship/Minor or Social Protection Departments) and will
have reporting obligations regarding service quality and expenditures as other service
providers)

3. At home care

3.1. Activities and staff
3.1.1. Rehabilitation services involving disability specialists such as physiotherapists, logopeds and
others who otherwise provide these services in day care facilities
3.1.2. Education services involving specialized teachers and other staff who provide otherwise
education to persons with disabilities in special schools, inclusive schools and residential institutions
and specialized health services
3.1.3. Assistance services for persons with the highest intensity of support needs through personal
assistants and /or other care takers in the maintenance of personal hygiene, food consumption, out of
home visits and attendance of education or other events as well as carrying out other daily activities
of the persons with disability
3.1.4. Carrying out domestic work such as cooking, cleaning and other household help as well as
providing basic support to person with disabilities or children (which can not reach or be placed in
kindergarten or day care) in single parent families or were parents or care takers are temporarily
unable to carry out above tasks

3.2. Service users
Persons with disabilities and children at risk of family neglect due to absence or incapacity of parents
and family members to assist them and /or
Persons with high intensity support needs and /or low level of cognitive capacities not able to reach
(or not admitted to) day care and educational establishments.

3.3. Frequency, duration and costs of services
For rehabilitation and educational outreach (points 3.1.1.and 3.1.2. costs the services should e carried
out 2 to 3 times a week and they should, apart of the costs of outreach staff include travel costs and
other indirect costs of the service establishment (i.e. day care in case of rehabilitation outreach and schools in case of education services). If members of these families receive other services the decision making organ will, in partnership with the service users, decide which mix of services or single service is fitting most appropriately family needs. I.e. for families with children with disabilities in the age group 0 to 3 years of age capacity building of parents for early child development interventions should be accompanied with rehabilitation specialists' direct work with the child.

3.3. Admission policies
For activities under 3.1.1. and 3.1.2. admission criteria for day care and access to school apply while for 313 and 314. The service users should be decided upon by Guardianship/Minors organs and/or Social Protection departments. In both cases these decisions are meant to alleviate family burden and prevent family separation.

3.4. Who can be service providers
Service providers for 3.1. could be all establishments and entities which can provide day care activities and for 3.2. all the establishments in charge of education for children with disabilities and for inclusive education. Services under 3.1.3. and 3.1.4. should be provided by Social protection departments or service providers outsourced by these organs.
Services & service users
The components of services standardization

Day Care
- Activities & Staff
- Services users
  - Admission policies
  - Frequency & duration of services
  - Service providers
  - Costing of services

Advisory and counseling services
- Activities & Staff
- Services users
  - Admission policies
  - Frequency & duration of services
  - Service providers
  - Costing of services

At home care
- Activities & Staff
- Services users
  - Admission policies
  - Frequency & duration of services
  - Service providers
  - Costing of services
### Services & service users - Day care

<table>
<thead>
<tr>
<th>Provision of one or more of the following activities</th>
<th>Staff (depending on type of provided activities)</th>
<th>Services users (depending on type of their needs for socialization, resocialization or rehabilitation)</th>
<th>Frequency and duration of services</th>
<th>Admission Policies</th>
<th>Costing of services</th>
<th>Services Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Socialization</td>
<td>Educators</td>
<td>Children from families at risk (poverty, parents incompetence and/or dysfunctional family relationships) - this service does not exclude direct services to parents Children with behavioral problems attending or not attending school Children with disabilities not attending school or attending school but needing additional support</td>
<td>One or more days a week – 4 to 8 hours a day depending on other structured activities (i.e. school attendance implies lesser frequency of this service) Working days, every day 4 to 8 hours a day (in addition to the criteria of school attendance, family problems or child difficulties may be the reason for every day service) Working days and weekends 4 to 8 hours a day (family problems may be the reason to provide this service on a permanent basis, but does not exclude other services directed to parents)</td>
<td>Service provided upon the decision of Guardianship/Minors Com or Social Service Dept. in accordance with their mandates prescribed by law If there are vacancies, service can be provided to persons able to pay a fee or persons whose costs are paid by other governmental entities or donors</td>
<td>Per capita costs are established in accordance with the type of service and its duration</td>
<td>Services can be founded by entities stipulated by law and through accreditation by the Ministry of Labor and Social Protection (NGOs, religious organizations, private sector) Residential institutions in education, health and social protection should be allowed and encouraged to provide non-residential services under the same conditions (standards, costs, staff etc.) as other entities</td>
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Notes from the workshops on gatekeeping and community-based services with governmental representatives and NGOs

Workshop with the representatives from governmental bodies on gatekeeping
Date: June 24
Participants:
1. Shafayat Shafali, Division on D-I and Child Protection
2. Gunay Manafova, Division on D-I and Child Protection
3. Minnavar Asrafova, Division on D-I and Child Protection
4. Sabahat Humbatova, Sabunchi Local Authorities
5. Hijran Xalilova, Sabail Local Authorities
6. Nigar Gamzayeva, Division on D-I and Child Protection
7. Anar Khalafov (UNICEF consultant)

Outcomes:
- In order to implement MPT and SPDIAC there is a need to establish decision-making body at the district level.
- Existing gaps are: gate-keeping mechanism, lack of foster care, lack of community based services, lack of financial support to community based services and foster care.
- Gate keeping should be the state function, which cannot be delegated.
- Staff working for the Guardianship body should be composed of civil servants.
- Local COMs should be involved in more planning, strategizing, assessing and monitoring functions, than dealing with concrete cases, which is necessitated by the lack of direct services for children and families.
- Case managers involved in gatekeeping process should follow the child from the moment of entry till the moment of exit, including further monitoring.
- Staff of the Commission is budgeted by the state against local budget irrespective purpose. It is suggested to define a number of staff based on the number of population.
- It is recommended to reconsider a provision, based on which director of an institution is a guardian of a child, as the current state of affairs may conflict with the best interest of the child. There was a discussion on potential problems related to a child’s property. Governmental representatives stated that there is a provision in the law saying that property is attached to the child. On the other hand district authority is officially informed about child’s property and should not authorize any transactions related to it.
• Not all groups of risks should be dealt with the ExCom. For instance children facing risks due to economic reasons are more reasonable to go through the social protection departments. Still the two structures should be linked.

• Meeting participants raised a concern linked to lack of allowances for guardians

• It was stressed that services for children should be established in a particular district based on the needs of this district

• With regard to the children with disabilities receiving their education at home, it is sufficient to have a teacher visiting them 3 times a week

• All children with disabilities should be assessed based on a single methodological framework defining not only problems, but also potential of a child and the parents. Meanwhile the assessment has mostly medical emphasis.

• It is recommended to strengthen the work with health facilities, where children get institutionalized between 0-3. Trainings for staff in maternity ward are essential. It would be beneficial to consider Ukraine’s experience where social workers are attached to maternities and working with medical staff in the area of child rights.

**Workshop with NGO representatives on gatekeeping**

Date: June 24

Participants:

1. Gwen Burchell, UAFA
2. Anar Khalafov, UNICEF consultant
3. Gulnara Pnahova, UAFA
4. Farida Abbasova, SSI
5. Rafig, NGO Alliance, Children’s Legal Clinic
6. Sahib, Save the Children
7. Vusala, Dan

Outcomes:

• New ready community based services to be established for enabling guardianship body to refer a child.

• It is suggested to review the lines of responsibility shifting them to the Cabinet of Ministers level for easier inter-ministerial coordination

• It is recommended to reconsider the process of assessment for children with disabilities, according to which children have to stay in a health facility for 6 months to get the final assessment. Also there are no assessment mechanisms for a number of illnesses, i.e. autism, etc
The issue of introducing universal cash assistance for children at the age of 0-3 was discussed. It was stressed that it makes more sense to keep targeted child allowance rather than paying every family at a low rate.

While applying child allowance mechanism it is recommended to keep “money follow the child” principle

It is recommended to place SCFWCA in the scheme for preventing baby abandonment

Workshop with the representatives from the government bodies on community-based services
Date: June 27  
Participants:
1. Malahat Hajiyeva, Division on D-I and Child Protection
2. Qurban Amirov, Cabinet of Ministers
3. Musa, Ministry of Labor and Social Protection of Population

Outcomes:
- It is recommended to separate statistical data and financial means for children in daycare from those institutionalized through partial reallocation of budget for institutions to daycare.
- It is recommended to establish separate services for children in families at risk from children out of families (street children, living in shelter, etc)
- While discussing recommended separation of community based services into day-care, counseling and rehabilitation, it was stressed that the current draft law on social services includes all of the above plus psycho-medical support.
- The issue of accreditation of NGOs as direct service providers by the Ministry of Labor and Social Protection of Population was discussed
- The issue of transforming some institutions into the centers for training and initial selection of foster families in addition to transforming majority of them to the CBSs was discussed
- The issue of accepting children to foster families from institutions and community based services based on the decision of ExCom was discussed
- While establishing CBS and FC the context and size of local population, as well as child population to be considered
- It was recommended to establish services first at the local level based on needs and then raise it the issue at the national level
- It would have been beneficial to work for several years on strengthen local governances and develop the regions in social aspect
Workshop with NGO representatives on community-based services

Date: June 27

Participants:
1. Aydin Khalilov, “Independent Life” development and support centre
2. Mushviq NGO
3. Zukeykha, UAFA

Outcomes:
- Decision-making body should make the assessment and develop general individual plan
- Current assessment of children with disability does not include psychological issues
- Assessment should be implemented at all stages starting from women consultation, maternity ward, and further stages
- Social workers and lawyers to be involved during the assessment
- Low ability of the Division on D-I and Child Protection to intervene in other Ministries’ decisions was mentioned as a challenge
ANNEX 4

Selected quantitative data from surveys carried out on children and with key stakeholders

Figure 1: Child’s family status during her/his last institutional placement

![Child's family status during her/his last institutional placement](image)

Figure 2: Placement of children in institutions

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Figure 3: Child’s contact with parents or relatives during the last two years in the institution

Figure 4: Did the process of deinstitutionalization influence the work of the following entities?
Figure 5: What has to be done by government in order to be successful in deinstitutionalization process?
Figure 6: Deinstitutionalized child’s gender

![Deinstitutionalized children’s gender (%)](image)

Figure 7: Deinstitutionalization options examined
Figure 8: How has the child been prepared for transfer?

Figure 9: Written evidence on the latest needs assessment and individual plan for the child in new care setting
Figure 10: Did the process of deinstitutionalization influence the work of the following entities?
Reference

- Mammadzade M, "The State, the family and the child: Child-care reform in CIS countries - Example of Azerbaijan"
- UAFA, The reasons of institutionalization for the children who reside in child institutions on a permanent basis