



CHILDREN AND WAR IN UKRAINE

State and Needs of Children in Baby Homes

Analytical Report No.3

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The analytical report was developed by the experts of Partnership for Every Child in the framework of Children in Alternative Care Monitoring and Support Project.

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Introduction

This analytical report is the result of the first stage of monitoring carried out within the framework of the United Nations Children's Fund (UNICEF) project "Children in Alternative Care Monitoring and Support Project" (hereinafter – the Project). The project is implemented by the International Charity Partnership for Every Child in cooperation with the Ministry of Health of Ukraine, the Ministry of Social Policy of Ukraine, the National Social Service of Ukraine, Child Protection Services, and Health Departments of regional military administrations.

The Monitoring Report No.1 already presented data on the location and safety of children in baby homes (under the management of the Ministry of Health of Ukraine) during the martial law in Ukraine.

The target group of this monitoring study are children raised in baby homes on the territory of Ukraine during the martial law, including orphans and children deprived of parental care, children with disabilities or at risk of acquiring disabilities, children from families in difficult life circumstances.

The monitoring object is the state of security, the level of satisfaction of the basic needs of the target group during martial law, in particular their right to grow up in a favourable family environment.

This report presents the results of the study on the observance of the rights of the child; the level of satisfaction of their needs; risk factors that may hinder the realization of the child's right to safety, development, health, and family.

To collect and analyse information about children in baby homes during martial law, the experts of the Project developed and agreed monitoring forms and instructions for filling them out with the Ministry of Health and the National Social Service of Ukraine and held seminars for experts and staff of Child Protection Services, directors of baby, who directly participated in the study.

The analyzed indicators included: the status of the child, age, length of stay in the institution, family ties, presence or absence of siblings, health condition, disability and need for palliative care, needs of the child, staffing of the baby homes.

The experts have also analyzed the influence of these indicators, both individual and in their aggregation, on the realization of the child's right to grow up in a family.

The monitoring report contains both generalized information on the condition and needs of children raised in baby homes and specific data on each of the institutions operating on the territory of Ukraine during martial law, with a special focus on institutions which were relocated to other regions of Ukraine.

The period of the conducted monitoring is February – October 2022 and is based on the initial data available on 24th of February 2022, that is, the start of the martial law in Ukraine. Basic information on the individual needs of children is provided based on the personalized analysis of children's cases performed in July 2022.

Summary of Findings

The issue of the need to reform baby homes has been repeatedly raised at the state level. In particular, with the aim of changing the existing system of institutional care and childcare, which does not meet the real needs of children, and creating conditions for full-fledged childcare and development of a child in the family, the order of the Cabinet of Ministers of Ukraine No. 526-r issued on 9 August 2017 approved the National Strategy of Reforming the System of Institutional Care and Childcare for 2017-2026, which, in particular, declared the introduction of a moratorium on placing children into institutional care facilities and caring for children under the age of three there.

Monitoring by the Commissioner for Human Rights of the Verkhovna Rada of Ukraine in 2021 revealed violations of the right of children under the age of three to be brought up in a family, limited access to social and rehabilitation services due to the lack of services development and family care in territorial communities. As a result, children continued to be institutionalized.

The military aggression of the Russian Federation against Ukraine in 2022 exacerbated these problems and brought to the fore the issue of children's safety, preservation of their lives and health, at the same time, it suspended or slowed down adoption processes; and for many children with disabilities, early intervention, rehabilitation, and palliative care services became

unavailable, the conditions of care and upbringing of children, and their medical care deteriorated significantly.

According to the Ministry of Health of Ukraine as at 24 of February 2022, there were 37 baby homes that provided care, including palliative care, education, and rehabilitation of young children. In total, there were 2,294 children in baby homes, of whom: 1,325 (57.7%) were orphans and children deprived of parental care, and 518 children with disabilities (22.6%).

In connection with the increasing threats of the war to the life and health of children, starting from the first days of the war and until September 2022, measures were taken to evacuate them to safer regions of Ukraine or abroad. In December 2022, children from 22 baby homes are in evacuation: of them, 492 children from 11 baby homes were within Ukraine and 549 children from 13 baby homes were abroad (children from two baby homes were partially evacuated within Ukraine and abroad, so they are shown twice in the table). 15 baby homes continue to function at the place of their permanent location. The occupiers, unlawfully deported children from Kherson baby home being under occupation for a long time, to the Russian Federation in October last year.

Table 1 contains quantitative indicators of baby homes and their location at the beginning and during martial law (24.02.2022; 01.07.2022; 01.10.2022, and in December 2022).

Table 1. Quantitative indicators regarding the residents of baby homes and their location at the beginning and during martial law

	On 24.02.2022	On 01.07.2022	On 01.10.2022	On 01.12.2022 ¹
The total number of institutions	37	37	37	37
The number of children in them	2294	2085	2026	2272
The number of institutions operating at a permanent location	37	18	15	15
The number of children in them	2294	1056	924	1231
Including institutions and children in the occupied territory	-	1/ approximately 56 children	1/ approximately 56 children	Children moved to the Russian Federation
The number of institutions relocated within Ukraine	-	11	11	11
The number of children in them	-	539	553	492
The number of institutions which were relocated abroad	-	10	13	13
The number of children in them	-	431	549	549

¹ According to operational data of the project "Support to Ukraine's Reforms for Governance" (SURGe) and the National Social Service.

The specified figures indicate the stability in the number of children over the summer and early autumn of 2022 and a significant increase in the number of children in baby homes in the autumn-winter period. These trends are fully justified, considering the intensification of Russia's military aggression against the civilian population and energy facilities, significant problems with energy supply and heating, which creates additional risks for children, especially those forcibly displaced, brought up in families in difficult life circumstances or those who lost their housing and property.

Over the summer of 2022, within the framework of the Project, personalized monitoring of the services for children raised in baby homes on the territory of Ukraine was carried out, the main characteristics of children were clarified, the state of meeting their needs, the factors and circumstances that affect the realization of their rights, in particular the rights to upbringing in a favourable family environment.

Monitoring showed that 49.9% of children in baby homes are orphans or children deprived of parental care, only half of them are registered as children who can be adopted; 58.6% of children are siblings. At the same time, in most baby homes covered by monitoring, there is no information about children's parents or their relatives, contacts with the child are not recorded, which in turn does not contribute to maintaining family ties or does not provide sufficient grounds for giving the child corresponding status, thus it leads to social orphanhood.

30% of children in baby homes have the status of a child with disability or a child at risk of becoming disabled, the vast majority have mental and behavioural disorders, congenital malformations, and 37% of children need palliative care. In the course of the monitoring, a discrepancy was established in the number of children with disabilities, as well as facts when, according to the available documents, there are no grounds for establishing a disability, and vice versa.

There is a tendency to increase the length of stay of children in baby homes. 32.6% of children stay in an institution for more than 4 years, which negatively affects their development and institutionalization-related diseases. Cases of children raised in the institution from the age of 4 to the age of 10 (68 children) and over 10 years of age (13 children) were identified.

More than 44% of orphans and children deprived of parental care have 4 to 5 risk factors that make it difficult for them to be adopted or placed in family care. These are, in particular: the age of the child is 4 and older; the child has siblings; the period of stay in

the institution is more than 4 years; disability of one or more children from one family; the need for palliative care.

Special support is needed for children from evacuated baby homes who are temporarily placed in healthcare facilities, the premises of which are not adapted for the stay of children, and the staff does not have experience in caring for and providing services to such a category of children.

During the monitoring, the state of care and satisfaction of children's needs in food, drinking water, vaccination, medicines, hygiene products, and consumables for care were also investigated. Among the main needs, it is worth mentioning provision of baby food, especially for children who need enteral nutrition; anticonvulsants, medical items for ART therapy of HIV-infected children, diapers, and consumables. The majority of the displaced baby homes indicated the need for vaccination.

Significant improvement in staffing of baby homes is necessary, in particular with specialists such as occupational therapists, medical and social rehabilitation specialists, trauma therapists, psychologists for children and adults who suffered because of hostilities and armed conflicts.

During the monitoring, the needs of the baby homes staff to increase their professional competence in the sphere of care, rehabilitation, social and legal protection of children, team interaction, etc. were identified.

Immediate attention should be paid to the establishment of intersectoral cooperation in the best interests of the child between the specialists of the baby home and the guardianship and care authority that sent the child to the baby home, and the introduction of an interdisciplinary approach in managing the case of every child.

All these factors, both individually and collectively, affect the state of implementation of the rights of children in baby homes. First, these are the right to upbringing in a family environment, the right to education, development, and proper social protection.

However, the main risk factor that prevents foster children from baby homes from being reintegrated into their families, adopted, or placed in the family care, from receiving the necessary rehabilitation, educational and social services is Russia's military aggression. This is especially felt by children in baby homes forcibly relocated within Ukraine.

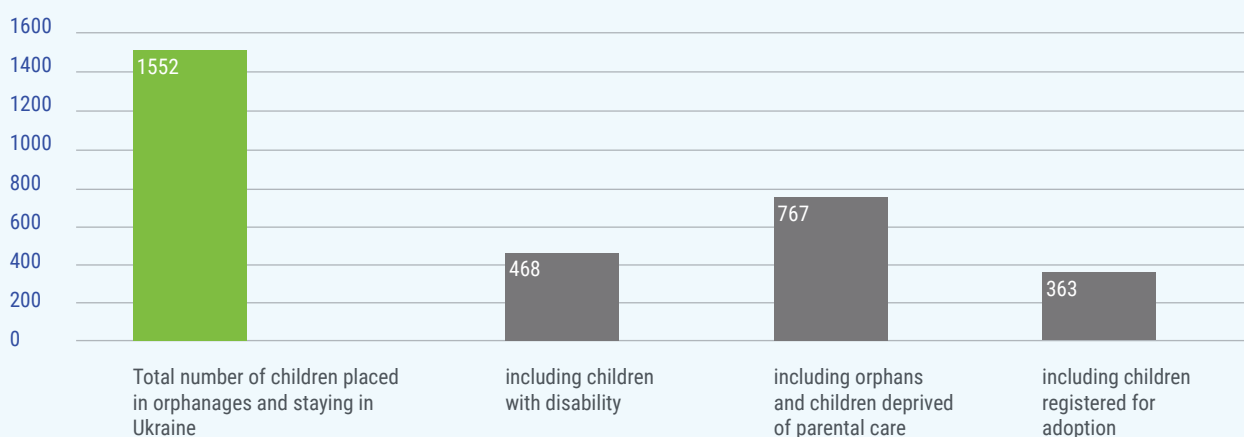


1

General information on the number of children in baby homes, in relation to whom personalized monitoring was carried out and whose needs were determined during the martial law

According to the personalized monitoring of children in baby homes, as at July 2022, there were 2,085 residents, of whom: 1,552 children are located within the territory of Ukraine, including 468 (30%) children

with disabilities; 767 (49.9%) orphans and children deprived of parental care, of whom 363 children are registered for adoption. The specified data displayed in [Chart 1](#).

Chart 1. Data on children in baby homes, except for those relocated abroad

The first stage of monitoring showed that the processes of moving, placing, and removing children during the martial law in Ukraine are very dynamic and variable. They may include several stages of relocation, enrollment of children in another institution, including an evacuated one, placement of children of one institution in several locations, including abroad, as well as the return of institutions to their permanent place of functioning (as an example, the Zhytomyr Regional Baby home) etc.

As at 1 of July 2022, all 37 institutions continued to function. However, only 18 of them were in the territory of their permanent location. In addition, one of these baby homes was in the territory temporarily occupied by the Russian Federation. In connection with the growing threat to children's lives and health, 19 institutions were moved to safer areas within Ukraine and abroad (children from two institutions are partly in Ukraine, partly abroad).

11 baby homes were moved within Ukraine, in particular: five institutions (45.5%) were moved to baby homes in Zakarpattia, Lviv, Ternopil, Khmelnytskyi, and Chernivtsi Regions; children of five institutions (45.5%) are placed in health care institutions of various types, and one is in the Charitable Foundation Misto Dobra («City of Goodness») of the Chernivtsi Region.

The situation is problematic regarding the availability and quality of services needed by children from evacuated baby homes, in healthcare institutions that had not previously had experience in long-term care and education of young children without parents, provision of care and rehabilitation services for children with disabilities and children in need of palliative care.

In particular, this concerns the children of three baby homes in the Kharkiv Region, who are currently in the Ivano-Frankivsk Regional Sanatorium of the Ivano-Frankivsk Regional Council «Smerichka» CTS.

The children of the Zaporizhzhia Regional Specialized Baby home «Sonechko» of the Zaporizhzhia Regional Council, who are placed in three healthcare institutions of the Lviv Region, also need appropriate attention. However, two institutions are not adapted to provide services to such children, in particular, the MI «Striy City Children's Hospital» and the MI «Zhuravnsky Boarding House of Supported Living of the Psychoneurological Type» of the Lviv Regional Council.

The Misto Dobra («City of Goodness») Charitable Foundation in the Chernivtsi Region hosted children from the MI «Mykolaiv Regional Baby home of the Mykolaiv Regional Council». At the same time, during the evacuation, only 15 staff members were moved along with 61 children.

It should be noted that three institutions (MI «Luhansk Regional Baby home No. 2» of the Luhansk Regional Council, MI Zaporizhzhia Regional Specialized Baby home «Sonechko» of the Zaporizhzhia Regional Council, MI «Kramatorsk Baby home «Antoshka» of the Donetsk Regional Council») are in the territory of active hostilities. In the near future, the probability of children's return to the place of permanent location (legal address) is extremely low.

A more detailed analysis of the location of baby homes during martial law is provided in report No. 1.

2

Age characteristics of children in baby homes

In July 2022, in baby homes located on the territory of Ukraine, including those evacuated within Ukraine, there were 1,552 children², of whom 846 children (54.5%) were young children (up to 3 years old) and 702 children (45.5%) were children older than 4 years of age.

The ratio of orphans and children deprived of parental care is almost the same: 366 children of early age,

which is 47.7%, and 401 children older than 4 years, which is 52.3%.

The data on the age of children by administrative territory, including orphans and children deprived of parental care, can be found in [Table 1](#).

Table 2. The ratio of young children and children older than 4 years of age placed in baby homes within the territory of Ukraine (by place of permanent functioning)

Administration	The total number of children	Including orphans and children deprived of parental care	Age of children			
			young children (up to 3 years old)	Including orphans and children deprived of parental care	Above 4 years	Including orphans and children deprived of parental care
Ukraine	1552	767	846	366	702	401
Vynnytsia	131	46	51	11	75	35
Donetsk	76	63	32	25	45	38
Zhytomyr	65	36	29	11	36	25
Zakarpattia	64	37	36	19	28	18
Zaporizhzhia	175	53	79	19	99	34
Ivano-Frankivsk	34	15	14	4	20	11
Kyiv (Bila Tserkva)	32	27	9	7	25	20
Luhansk	18	9	17	9	0	0
Lviv	85	15	47	9	38	6
Mykolaiv	58	26	38	16	20	10
Odessa	278	167	170	89	106	78
Poltava	70	41	44	22	26	19
Rivne	31	18	26	12	2	6
Sumy			0	0		0
Ternopil	29	7	13	4	16	3
Kharkiv (Zelenyi Hai, No. 3, No. 2)	70	23	40	14	30	9
Kherson	The facility is in a temporarily occupied territory					
Khmenlytsky	86	49	35	11	51	38
Cherkasy	54	41	40	28	14	13
Chenivtsi	21	15	17	11	4	4
Chernihiv	83	41	48	20	35	21
Kyiv	93	38	61	25	32	13

Source: P4EC/UNICEF data, 2022

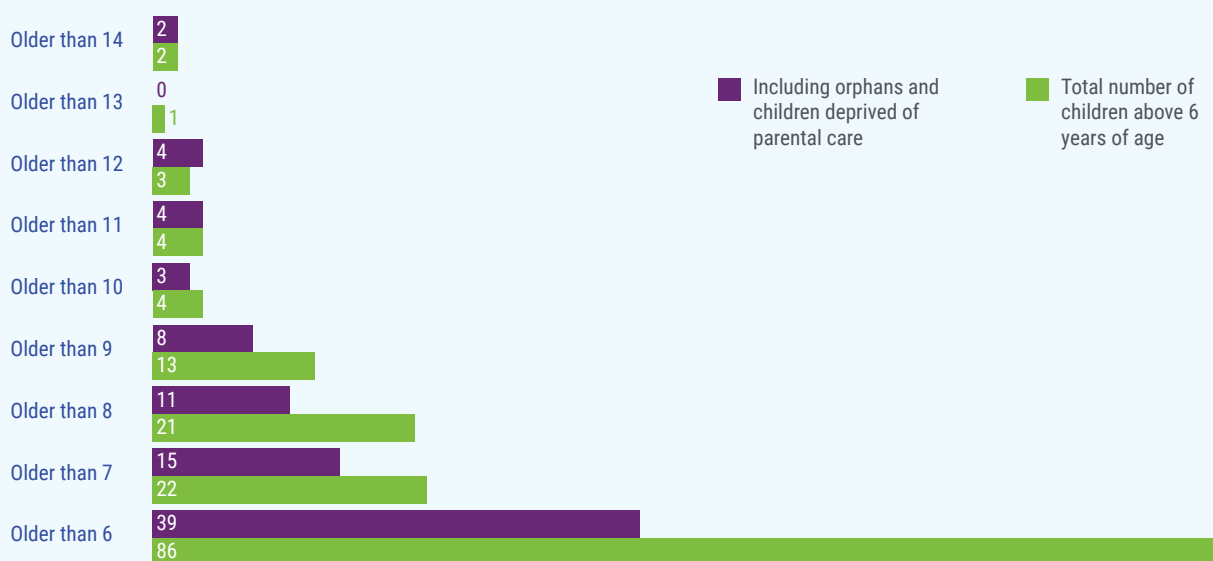
2 No data on the age of 4 children

The obtained information indicates that in 8 regions (Vinnytsia, Donetsk, Zhytomyr, Zaporizhzhia, Ivano-Frankivsk, Kyiv, Ternopil, Khmelnytskyi) there is an increase in the share of children older than 4 years in baby homes, compared to share of children of early age. This happens since most baby homes, in accordance with their statutory activities, have increased the age limit for children who can currently be accommodated, up to 6 years of age. However, such a situation negatively affects the needs satisfaction of each child development and preschool education, placement or return to the family, etc.

In addition, because of the conducted monitoring, 162 children over 6 years of age were identified, of whom 89 (54.9%) were orphans or children deprived of parental care.

A detailed age analysis of children older than 6 years of age in baby homes in Ukraine is presented in the administrative territories section in [Annex 1](#) and in [Chart 2](#).

Chart 2. Data on children in baby homes, except for those relocated abroad



Source: as of P4EC/UNICEF, 2022

Conclusion

The increase in the age limits from 4 to 6 years old in the statutory documents of baby homes does not correspond to the best interests of children and gives reasons for the heads of baby homes and relevant

services for children not to take timely and active measures to return children to their families or search for alternative care, which leads to violation of children’s rights to family, education, development, etc.



3

Data on the family ties of children in baby homes

During monitoring, data on the existence of parents, relatives, including siblings and their contact with the child was analysed.

The results of the conducted monitoring indicate that in most cases such information is not available in the baby homes. Thus, in the personal files of only 331 children (21% of the total number of children monitored), there is information about the presence or absence of parents and/or close relatives.

At the same time, 77.7% of children's personal files contain information about the presence or absence of siblings. There is information that 707 children (58.6% of the total number of children monitored) have a brother or sister or brothers and sisters.

As for orphans and children deprived of parental care, 308 children (55.4%) in this category have a sibling.

More detailed information on the family ties of children in baby homes who remained or were evacuated within Ukraine, disaggregated by administrative territories, is provided in [Annex 2](#).

When drawing up an individual plan for accompanying a child placed in any institution, it is important to assess their needs comprehensively, which employees of baby homes, children's services, and social work specialists should carry out jointly. A comprehensive assessment of the child's needs, based on which an individual plan for the protection of the child/social support of the family/individual rehabilitation program are formed, affects the observance of the rights and interests of children, ensuring their needs.

During the monitoring, it was found that most baby homes did not indicate information about the comprehensive assessment of children's needs completed or the need to review it. The failure to perform this is one of the reasons leading to an increase in the duration of children's stay in the institution and, ultimately, the impossibility of placing them in family care.

According to summarized data, 148 children need such a comprehensive assessment (9.5% of the total number of children placed in baby homes and are in Ukraine). Of them, the largest number is in the Odesa Region – 81 children. Such a situation may be the result of improper interaction and lack of cooperation of baby homes with children's services, social service centres of territorial communities in the region.

Currently, the children's services of 15 territories do not have any data on the existence of family ties and information on the children's parents or next of kin.

Conclusion

The lack of information about the child's family ties exerts a negative impact on the possibility of returning the child to the biological family, the timeliness of granting the status to the child and, and, as a result, placement in family care, considering the siblings in order to prevent their separation. The situation requires intensifying cooperation between the administration of baby homes and children's services.

4

Data on the duration of children's stay in baby homes

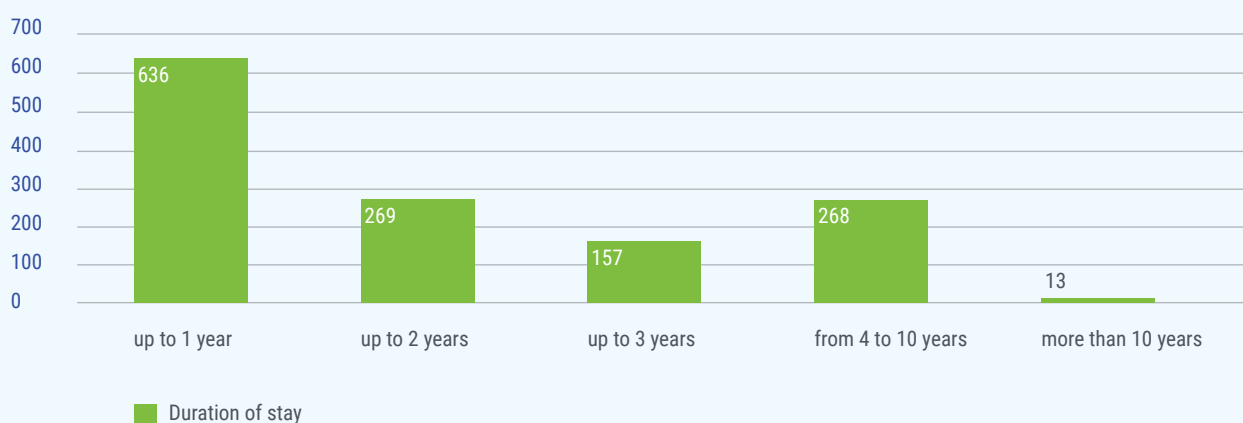
Due to monitoring results, it was established that in the personal files of 1,343 children, comprising 87% of children placed in baby homes in Ukraine in July 2022, there is information about the terms of their placement, including that before relocating within Ukraine. In particular:

- 636 children (47%) had resided in the institution for less than 1 year,

- 269 children (20%) – for 2 years;
- 157 children (12%) – for 3 years;
- 268 children (20%) from 4 to 10 years;
- 13 children (1%) over 10 years.

Mentioned data can be found in Chart 3.

Chart 3. The disaggregated ratio of children by the length of stay in baby homes



At the same time, there is no information regarding children relocated from baby homes from the Rivne and Luhansk Regions and the city of Kyiv.

A more detailed analysis is presented in [Annex 3](#) and in the Reasons for the long-term stay of young children in baby homes section.

In addition, the data that 281 children had been in baby homes for more than 4 years is alarming. This issue requires urgent intervention of children's services. After all, the long stay of children in institutions deprives them of their right to upbringing in the family and does not allow them to realize other rights, in particular to education.

5

Some quantitative and qualitative indicators regarding the health condition and disability among the residents of baby homes

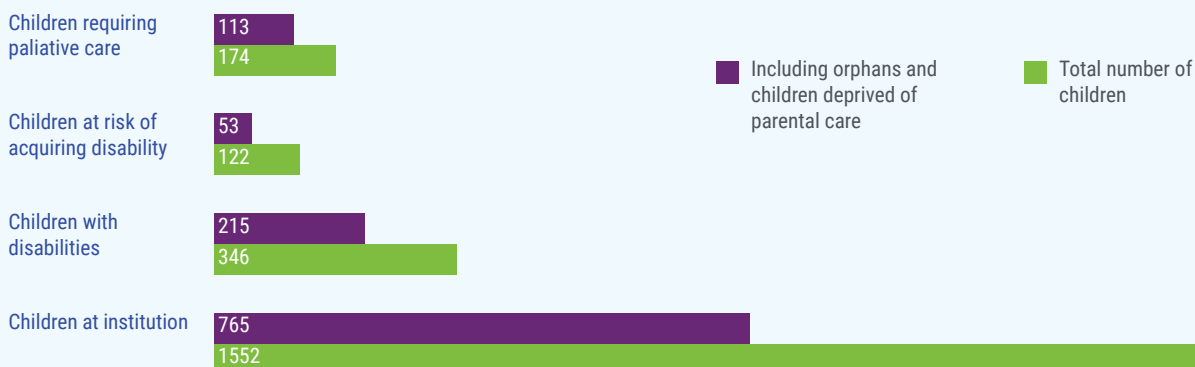
One of the goals of the conducted monitoring was to determine the causes of the child's disability, the risks of the child acquiring a disability, the actions of the heads of institutions to ensure the rights of children with disabilities to rehabilitation, social, educational services, etc.

In the course of monitoring, it was established that among the 1,552 children of the target group in July 2022, a third of the children, which in absolute terms

amounts to **468 children (30%)**, have the status of a child with a disability or a child at risk of acquiring a disability, including **268 children – orphans and children deprived of parental care**, which is 57% of the total number of children with a disability or a high risk of its acquisition.

Out of the total number of children with disabilities, **174 children (37%) need palliative care**, depicted in [Chart 4](#).

Chart 4. Data on children with disabilities, including orphans, children deprived of parental care



Source: As of P4EC/UNICEF, 2022

The largest number of children requiring palliative care and the status of a child with a disability is observed in the Donetsk, Zakarpattia, Odesa, Rivne and Khmelnytskyi Regions.

Based on the obtained data, the ratio of children with disabilities, at high risk of acquiring it, and the number of children with developmental and health disorders was studied.

In accordance with the legislation, children fostered in baby homes must undergo a medical examination twice

a year in health care institutions, based on the results of which a medical conclusion is made regarding the child's health. Based on the results of the examination, a diagnosis is established, including ones included into the list of conditions and diseases that give the right to establish disability, or those that may lead to its acquisition.

A child who has the right to establishing a disability in the future receives state-guaranteed assistance and benefits. These are additional financial guarantees, the right to rehabilitation, the right to education considering special educational needs, etc.



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In the course of monitoring, a disproportion in the number of children with disabilities was revealed, as well as facts when, according to the available documents, the child does not need to be diagnosed with a disability, and vice versa. A sufficiently high discrepancy between these indicators was established, in particular in the Donetsk, Mykolaiv, Khmelnytskyi, Cherkasy and Chernihiv regions.

Part of children in baby homes have grounds for disability. Among them, the largest number with behavioural and mental disorders, congenital anomalies (developmental defects), deformation and chromosomal anomalies hitting second, and diseases of the central nervous system (epilepsy, spinal muscular atrophy, muscular dystrophies and others myopathy, infantile cerebral palsy) coming third.

More detailed information on indicators of disability and needs for palliative care is provided in [Annex 4](#).

Along with the generalization of data on health condition, the presence of disabilities, and the need

for palliative care, the issue of interaction with the Inclusive Resource Centre (hereinafter referred to as the IRC) was studied in conducting a comprehensive assessment and providing systematic qualified support for children with special educational needs.

According to the results of the analysis, it was established that 342 children (26.4%) out of 1,294 children who have either an established disability or are at high risk of its acquisition, or it is indicated that they have signs of impaired psychophysical development, will need a comprehensive assessment of the IRC and qualified support of specialists. Such a low percentage may indicate a violation of the child's right to education due to low cooperation with the IRC, education departments, etc. Heads of baby homes should review each child's case, establish cooperation with the IRC and conduct a comprehensive assessment with the development of an individual rehabilitation program for the child and an individual plan for the child's social protection.

6

Reasons for long-term stay of young children in baby homes

The basis of the analysis of the probable reasons for the long-term stay of children in baby homes was the assumption that the realization of the child's right to upbringing in the family is negatively affected by a combination of several factors (indicators), namely: the age of the child (4 and older), the presence of siblings, a long stay of a young child in an institution, as well as disability and the need for palliative care.

The above-mentioned indicators were studied for each child placed in one or other baby home that remained in Ukraine. The greatest attention was paid to children older than 4 years and those residing in the institution for more than 4 years. A detailed analysis of each baby home is provided in [Annex 5](#).

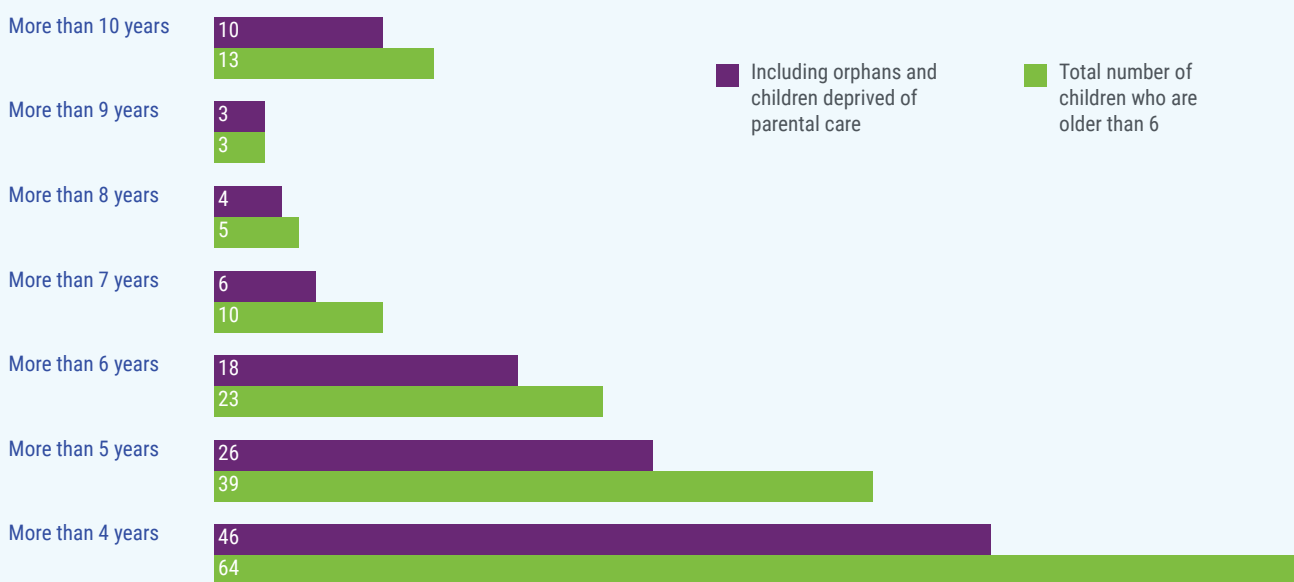
The experts analysed each indicator separately, as well as their aggregate, which made it possible to single

out the main risk factors that slow down or make the realization of the child's right to family upbringing impossible.

Such emphasis in the conduct of the study was necessary taking into account the additional risks of institutionalizing children caused by the war.

According to the mentioned indicators analysis, it was established that the number of children staying in baby homes for more than 4 years is 21% of the total number of children residing there during the monitoring period and ranges from 0 (Luhansk Regional Baby home No. 2) up to 22.1% (Khmelnyskyi Regional Specialized Baby home).

Chart 5. Analysis of the long-term stay of children in baby homes operating during the war in Ukraine



The largest number of children with a stay of more than 4 years in the Vinnytsia, Zhytomyr, Kyiv, Odesa and Khmelnytskyi Regions.

For the return of the child to the family or the placement of an orphan child, a child deprived of parental care into a family environment, the period of their stay in the

institution is a vulnerability factor. It is known that the longer a child is in an institution, the more negatively it affects their physiological and psychological development, creates pathological attachment to staff, leads to lack of skills in routine daily activities, etc.

According to the monitoring results, it was found that



281 children (18.1%) resided in baby homes from 4 to 17 years. Orphans and children deprived of parental care demonstrate somewhat higher length of stay – 113 children, or 14.7% of the total number of orphans and children deprived of parental care are placed in baby homes in Ukraine. In addition, this makes up 71.9% of the total number of foster children in baby homes, whose term of stay in the institution exceeds 4 years. These indicators are the highest in Vinnytsia and Khmelnytskyi regional baby homes.

A more in-depth study of the causes of this phenomenon revealed the coincidence of several risk factors for the long-term stay of children in the institution: the presence of siblings; a disability, or impairment, in particular, those related to severe congenital malformations, consequences and complications of childhood cerebral palsy, etc.; the child's need for palliative care. The coincidence of such circumstances reduces the child's chance of being adopted or placed into alternative care. Such children need significant financial resources of the family, continuity in the provision of appropriate services, which in most cases are not available at the family's place of residence.

The conclusion of the in-depth analysis is the fact that more than 44% of orphans and children deprived of parental care have from 4 to 5 risk factors that affect the possibility of being adopted. These include:

- the child's age is 4 years old and older;
- presence of siblings;
- the term of stay in the institution is more than 4 years;
- disability of one or more children in the family group;
- the need for palliative care.

The largest combination of factors among orphans and children deprived of parental care was identified in baby homes in the Vinnytsia and Khmelnytskyi Regions, which ranges around 65%. Conversely, this indicator is the lowest among baby homes in the Zakarpattia and Cherkasy Regions, where it does not exceed 16%.

During the analysis of the data indicated in the monitoring forms, the experts drew attention to the structure of disability, which varies in nature, but is stable.

A feature of some baby homes is a significant number of children with congenital malformations associated with parental abuse of alcohol and chemical substances. Most of such children are in baby homes in the Zhytomyr, Mykolaiv, and Khmelnytskyi Regions, which indicates insufficient preventive work of the primary medical and sanitary chain, as well as specialists in social work, and children's services in territorial communities.

Also, a significant number of children have the diagnosis with code G93.8, which may be the result of overdiagnosing. This is observed in children of baby homes of the Lviv Region, Ismail baby home of the Odesa Region.

An equally important factor when deciding on adoption, placement of a child in alternative care or return to the family is the child's need for palliative care.

It was found that 174 children with disabilities need palliative care services, including 113 orphans and children deprived of parental care in baby homes.

According to the Ministry of Health of Ukraine, by the beginning of 2022, only 4 institutions had created conditions for providing such services (baby homes in the Cherkasy, Ivano-Frankivsk Regions, and the City of Kyiv, as well as the Kharkiv Baby home "Hippocrates", which was evacuated abroad).

Nonetheless, the main risk factor preventing foster children from baby homes from being reintegrated into their families, adopted, or placed into alternative care is Russia's military aggression. This is especially felt by children evacuated abroad or relocated within Ukraine.

The preparation of documents and decision-making about granting an appropriate status to children, their adoption or placement in alternative care should be carried out by the guardianship and custody bodies that decide to place the child, relevant cases should be considered in courts. However, some of them have suspended their activities due to occupation or active hostilities, some operate remotely and are unable to ensure that decisions are made in accordance with the law and considering the best interests of the child.

In matters of implementing a child's right to family upbringing, it is important to strengthen cooperation between services for children, social services, and healthcare institutions of the territories from which the children were evacuated and the territories to which they were relocated. Such cooperation, on the one hand, will make it possible not to lose contact with the families of those children who have family ties, on the other hand, to get more information about the reasons for placement, developmental features, needs of each evacuee, availability of documents, potential candidates for placement into alternative or family care, etc.

The monitoring demonstrated that such information about children is not available in the reports provided by the MI "Rivne Regional Specialized Baby home with a Centre for the Rehabilitation of Children with Organic CNS Damage and Mental Disorders and Palliative Care for Children of the Rivne Regional Council", the MI "Luhansk Regional Baby home No. 2" of the Luhansk Regional Council, MI "Kyiv City Baby home 'Berizka'", MI "Kyiv City Baby home named after Horodetskyi", MI "Zaporizhzhia Regional Specialized Baby home 'Sonechko'" of the Zaporizhzhia Regional Council, MI "Kramatorsk Baby home 'Antoshka'" of the Donetsk Regional Council.

The lack of documents and information about foster children in baby homes complicates the realization of children's right to family care. Therefore, it is necessary to strengthen interdepartmental interaction between baby homes, children's services, and other relevant structures.

In addition, to ensure the rights and best interests of every evacuated child, it is necessary to increase the number of staff working with children. This, in turn, requires funds and technical support, in particular, equipping the facilities in which the evacuees are accommodated with means for rehabilitation, computer equipment, furniture, etc.



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7

The state of basic needs provision to children in baby homes

During the monitoring, meeting the needs of children placed in baby homes (functioning both at permanent location or relocated to safer areas within Ukraine) in food, drinking water, medicines and hygiene products, consumables for care (beds, bedding, underwear, seasonal clothes), availability of rehabilitation services, etc. was investigated.

7.1. Food.

According to the chief doctors of the baby homes, it was established that 14 institutions are fully equipped with special food for young children, which indicates the effective measures taken by the heads of the institutions to provide children with food products and special baby food (infant formulas, etc.).

The need for additional provision of special children's nutrition, especially for children who need enteral nutrition, was noted in 11 baby homes: Zaporizhzhia, Lviv, Poltava, Khmelnytskyi, Zakarpattia, Odesa Regional Baby home No. 1 and 'Sonechko', Kharkiv Baby home 'Zeleny Hai', Kyiv City Baby home 'Berizka' and Baby home named after Horodetskyi, Donetsk Regional Baby home 'Antoshka'.

During July-August 2022, the need for children's food was formed in those institutions where evacuated children were accommodated.

7.2. Drinking water

Considering the increasing nature of hostilities throughout the territory of Ukraine, and the associated risk of interruptions in the availability of clean drinking water, which is a basic need of children not only for cooking, but also to observe the hydration regime, the experts drew the attention of the heads of baby homes to the urgent need to create supplies of drinking water for at least 1 month. Thus, according to the results of summarizing the monitoring data, 24 institutions reported the absence of additional need to provide drinking water, 4 institutions provided information about the need to create reserves of it: Odesa Region (2 institutions), Chernihiv Region (1 institution, Pryluky Baby home), Zhytomyr Region (1 institution, Zhytomyr Baby home).



7.3. Medicines

The chief doctors of 18 baby homes noted the absence of a need for additional supply of medicines, 8 institutions, on the contrary, indicated the need for additional supply of medicines. Among the list of medicines that baby homes need, anticonvulsants take the first place, and medicines for ART therapy for HIV-infected children are second. It should be noted that the managers and specialists of the baby homes responsibly determined the need for medicines and identified the risks that may arise in the event of a lack of uninterrupted supply and purchase of the latter.

The situation is similar in determining the additional need for consumables and hygiene products (diapers). All institutions clearly identified the need for hygiene products (diapers), and 5 baby homes indicated the need for additional supplies of consumables: Khmelnytskyi Baby home, two baby homes in the Odesa Region, 'Zelenyi Hai' Baby home in Kharkiv Region, and 'Berizka' Baby home (Kyiv).

7.4. Immunization.

The military aggression of the Russian Federation in Ukraine affected almost all spheres of children's lives. Yet, the vaccination level of children has decreased significantly. At the same time, large crowds of people,

lack of access to clean water and conditions for personal hygiene are observed during evacuation. Such a situation only contributes to the spread of infectious diseases.

Unfortunately, even in peacetime, the level of vaccination coverage in Ukraine was insufficient to protect children and adults from infectious diseases reliably.

According to the order No. 595 of the Ministry of Health of Ukraine dated September 16, 2011 «On the Procedure for Preventive Immunization in Ukraine», 10 infections against which vaccination is mandatory in Ukraine are currently defined, namely as: tuberculosis, hepatitis B, diphtheria, pertussis, tetanus, measles, mumps, rubella, poliomyelitis and haemophilic infection.

Since baby homes are institutions of a large concentration of children who stay there full time, an important factor in preventing the outbreaks of infections and diseases is preventive vaccinations. In view of this, during the monitoring, special attention was paid and focused on compliance with the deadlines for vaccinations, their frequency in accordance with the approved vaccination calendar. Thus, based on the results of summarizing data, 10 institutions located in Ukraine provided information

on the need for vaccinations. In particular, these are institutions in the Zakarpattia, Zaporizhzhia, Mykolaiv, Odesa (Sonechko), and Kharkiv Regions. Given that most of the listed institutions have relocated to safer areas within Ukraine, it is necessary to provide them with a sufficient supply of vaccines to meet the vaccination needs of children.

7.5. Palliative care and rehabilitation

A significant number of children in baby homes have disabilities and need palliative care. Therefore, it is necessary to ensure the availability of appropriate services.

According to the results of the monitoring and analysis of statistical information of the Ministry of Health of Ukraine, it was found that the following were created in baby homes:

- 66 palliative beds (15 in each baby home in the Ivano-Frankivsk and Kharkiv Regions, 6 in the Rivne Region, 20 in baby homes in Kyiv, 10 in Kramatorsk baby home in the Donetsk Region);
- 591 rehabilitation beds, of which 271 are inpatient, 320 are outpatient. The largest number of rehabilitation beds were created in baby homes in the Zhytomyr (65, of which 10 are inpatient), Mykolaiv (52 inpatient), Rivne (64, 44 are outpatient), Ternopil (35 outpatient), Chernivtsi (35 beds, 25 are outpatient), Cherkasy (30, 20 are inpatient) Regions and the City of Kyiv (50 outpatient beds).

During the monitoring, the data on the need of baby home residents in rehabilitation services was summarized, and it was established that 425 residents (27.4%) need rehabilitation services (medical, psychological, social, and household, etc.). The largest number of children in need of such services are children of baby homes in the Odesa, Khmelnytskyi, and Chernihiv Regions. At the same time, the leadership of the Pryluky Regional Baby home 'Nadiia' of the Chernihiv Regional Council, MI 'Kharkiv Regional Children's Home No. 2 of the Kharkiv Regional Council' noted the need for rehabilitation services for all children of baby homes, which requires additional clarification, since there are children in these institutions, who do not have significant health problems.

The rehabilitation service cannot be of high quality without appropriately trained personnel and the presence of developed physical facilities. Since baby homes in previous years performed exclusively the function of care, their physical facilities do not meet the urgent needs of children, which was also confirmed during the monitoring.

The development of rehabilitation services, primarily psychological and physical ones, is urgent. The number of families that suffer injuries, loss of homes, and forced displacement, disability is increasing because of military actions in Ukraine. The development of PTSD in such families will increase exponentially. Therefore, the availability of suitable physical facilities and a sufficient number of trained personnel is a guarantee of accessibility of such services to children and their families.

The need for the development of services is also justified by the fact that the institutions of the healthcare system, in particular, providing medical assistance to children, have fallen under a heavy burden in connection with the increase in the number of children injured in war, as well as the destruction of a significant number of medical and rehabilitation facilities in active hostilities zones.

For the introduction and provision of high-quality rehabilitation services in baby homes, appropriate equipment and physical facilities are equally important. Generalized information on the need to update or upgrade the physical facilities of baby homes showed that 13 out of 28 institutions (46.4%), which remained at the permanent location or were relocated to safer places within Ukraine, need to improve the physical facilities. Among requests for rehabilitation equipment, verticalizers, walkers of various types and sizes, wheelchairs, special shoes, orthoses, etc. are in the greatest demand. Zhytomyr, Zakarpattia Regional Baby homes, Odesa City Baby home No. 3 'Sonechko' noted the greatest need.

None of the institutions provided information about the need for remedial and developmental materials and resources that are extremely necessary for children with disabilities or at high risk of acquiring them, standardized screening materials for determining the needs of children, resources for alternative additional communication of children with speech disorders, etc.

At the same time, the structure of disability among the children in baby homes indicates that the vast majority of children have mental and behavioural disorders, congenital malformations. Instead, the need is identified only for rehabilitation equipment specifically for children with musculoskeletal disorders.

Such a situation may indicate insufficient knowledge of employees responsible for the implementation of high-quality rehabilitation and palliative services. It is appropriate to develop and recommend a typical list of physical facilities for baby homes within the framework of the project to provide high-quality services of early intervention, rehabilitation and palliative care.



8

Staffing of baby homes

The presence of trained staff is equally important for meeting the needs and realizing the rights of foster children in baby homes, particularly in war.

According to the Ministry of Health of Ukraine, at the beginning of hostilities in baby homes, the full-time staffing was 91.04% of the total number of positions:

- 82.9% of doctors (326 positions occupied out of 393 available);
- 91.7% of medical personnel (care personnel) (2,097 positions occupied out of 2,285 available);
- 91.1% of junior medical staff (care staff) (1,644 positions occupied out of 1,804 available);
- 87.8% of teaching staff (757 positions occupied out of 862 available).

The ratio of professionals who must directly provide services to nursing staff is 1:3. This situation is unsatisfactory, because this ratio directly affects the availability and quality of services, including early intervention, rehabilitation, and palliative care.

This situation also causes concern because the results of an in-depth analysis showed that every third child in institutions has a disability. In addition, the number of children affected by war is increasing.

Additionally, during the monitoring, it was established that 95% of children from evacuated institutions were relocated to safer regions of Ukraine with a minimum

number of staff. Specialists of host institutions provide care and services for displaced children, accordingly, the load on them has increased significantly.

It is worth noting that part of the staff of both evacuated and non-evacuated institutions in connection with the aggression of the Russian Federation moved to safe places or abroad for the sake of the safety of their families. Thus, the staffing level in baby homes has decreased.

The consequence of this is an increase in the workload for the staff, which affects the quality of services both for children in the host institution and for evacuated children.

However, during the study, the heads of institutions that hosted evacuated children did not indicate the need for additional staffing, which may indicate an underestimation of risks of professional burnout, and, as a result, the risk of staff turnover.

Currently, there is a great demand in the labour market for healthcare specialists in numerous facilities, including baby homes with focus on providing rehabilitation services, early intervention services, and psychological assistance due to injuries related to hostilities.

Such a situation with a shortage of personnel within the country can lead to an extremely low capacity of baby homes to supplement the institutions with professional personnel for the provision of services.

It is worth noting that the institutions that were evacuated within Ukraine, in accordance with the decisions made by the founders, do not work, and a layoff for the staff has been declared. This situation is critical because, on the one hand, the workload of the

staff in institutions that housed evacuated children has increased, on the other hand, the personnel capacity of institutions that have suspended work is being lost, and their specialists are not involved in providing relevant services.

In addition, the staff of the evacuated baby homes also suffered psychological trauma, since the majority were evacuated from the zone of active hostilities (Donetsk, Luhansk, Zaporizhzhia, Mykolaiv Regions, and Kyiv). Some of them have lost contact with their families, their homes have been destroyed, etc. The burden of staying with evacuated children full time without rotation also negatively affects the morale and psychological condition of the evacuated staff. All these factors affect the quality of services for foster children.

During August 2022, the experts studied the need for training and improving the professional capacity of the staff of baby homes and formed the need to develop a training program in the following areas in accordance with their urgency and demand:

- I module – early intervention program;
- II module – care for children who need palliative care;
- III module – rehabilitation technologies, including occupational therapy for children from 0 to 4 years old;
- IV module – therapy for mental and behavioural disorders;
- V module – international classification of functioning.

Heads of baby homes in the Kropyvnytskyi, Mykolaiv, Volyn, Ivano-Frankivsk, Zhytomyr, Khmelnytskyi, Odesa and Kyiv Regions demonstrated the greatest interest during the study of needs.

9

General conclusions based on the results of the data analysis regarding the residents of the baby homes which remained in Ukraine or were evacuated within its territory

1 The ratio of children between the ages of 0 and 4 and children older than 4 years old placed in baby homes is almost the same.

In particular, 846 children (54.5%) from 0 to 4 years old, including 366 (47.7%) orphans and children deprived of parental care;

702 children (45.5%) are older than 4 years, including 401 (52.3%) orphans and children deprived of parental care.

2 The age of children placed in baby homes is different.

In particular, this is explained by the statutory activity of baby homes. In the vast majority, the age of children is from 0 to 6 years old. However, there are institutions where the age of children reaches 10 and even 17 years old.

3 The average length of stay in the institution of 32.6% of children exceeds 4 years.

In particular, facts of children staying in baby homes for more than 10 years have been revealed.

4 Every third child placed in an baby home has a disability or a high risk of its acquisition.

It is necessary to highlight that every third child additionally needs palliative care; every second child among orphans and children deprived of parental care has a disability or a high risk of its acquisition.

5 Every second child placed in an baby home has sibling/siblings.

It is necessary to highlight that every third orphan and child deprived of parental care has sibling/siblings.

6 More than 44% of orphans and children deprived of parental care have from 4 to 5 risk factors that make it difficult for them to be adopted or placed in family care;

In particular, the age of the child is 4 years old and older; presence of siblings; the period of stay in the institution is more than 4 years; disability of one or more children from one family group; the need for palliative care.

7 A discrepancy in the number of children with disabilities was established, as well as facts when, according to the available documents, there are no grounds for establishing a child's disability, and vice versa.

8 There is a lack of cooperation between baby homes and IRC in the implementation of systematic qualified support for children with special educational needs.

It is necessary to highlight that this leads to a violation of the right to education of children with disabilities.

9 The majority of workers in baby homes are care staff.

It is necessary to highlight that the ratio of professionals who provide direct services to children to care staff is 1:3.

10 54.5% of residents of baby homes, displaced within Ukraine, are placed in healthcare institutions that did not have experience in caring for and providing services to such a category of children.

It is necessary to highlight that:

- the number of personnel displaced together with children is insufficient;

- the staff of baby homes, who were declared redundant due to the inability to ensure the operation of the institution, lose their professionalism;
- high risk of professional burnout, deprivation, emergence of PTSD in personnel who were evacuated together with children.

11 The main risk factor that prevents children from baby homesto be reintegrated into their families, adopted, or placed in family care, to receive appropriate services is russia's military aggression.

This is especially felt by children of baby homeswho have been displaced within Ukraine.

It is necessary to highlight that the preparation of documents and decision-making about granting an appropriate status to children, their adoption or placement in family care should be carried out by the guardianship and custody bodies that made the decision to place the child and be considered in the courts. However, some of them have suspended their activities due to occupation or active hostilities, some operate remotely and are unable to ensure that decisions are made in accordance with the law and considering the best interests of the child.

Recommendations

- To take measures to reorganize baby homesby transforming them into rehabilitation centres and providers of early intervention and palliative care services.
- Introduce social services oriented to the family care of the child.
- To develop and implement a system of support for families with children who have a disability or are at risk of acquiring it to prevent children from entering institutional facilities.
- To improve the physical facilities and develop motivational incentives for institutions that house evacuated children, in particular those that are not adapted to provide rehabilitation, palliative care and early intervention services.
- To develop a typical list of equipment of baby homesto provide high-quality services of early intervention, rehabilitation and palliative care.
- To recommend postgraduate education faculties to increase the number of free places for post-graduate training of specialists (occupational specialists, social pedagogues, psychologists, specialists in physical and rehabilitation medicine, etc.), to improve staff qualifications.
- To develop and implement training programs to improve the professional capacity of the staff of baby homes, as well as their retraining.
- To develop and implement a system of psychological support and relief for evacuated personnel, especially those from active combat zones.
- To implement a training program for specialists on the skills of first socio-psychological aid and crisis interventions.
- To conduct systematic trainings on establishing interdepartmental cooperation in the best interests of the child between the specialists of the baby home and the body of guardianship and custody, to introduce an interdisciplinary approach in managing the case of each child.
- To create prerequisites for the development of a system of family-oriented approach for orphans, children deprived of parental care, children in difficult life circumstances, children with special needs.
- To strengthen the cooperation of specialists of baby homeswith specialists of primary healthcare, inclusive resource centres, children's services, social services.
- To provide a system to monitor the observance of children's rights in baby homes, or for children at risk of instiutalization.
- To improve the provisions of legal acts on the delegation of decision-making powers regarding granting a status, family placement of children left without parental care, orphans and children deprived of parental care displaced due to the war to other regions to the relevant bodies of the executive authorities, judicial authorities at the child's place of stay for 3 months or longer.

Annex 1. Age analysis of children residing in baby homes operating on the territory of Ukraine during the martial law, including those relocated to other regions


Territories	Total number of children	Young children (below the age of 3)	Children above 3 years of age	Above 6	Above 7	Above 8	Above 9	Above 10	Above 11	Above 12	Above 13	Above 14	Above 15	Above 16
	Absolute numbers	Absolute numbers	Absolute numbers											
Ukraine	1552		719	88	23	25	12	5	3	5	1	2	3	2
Crimea	-													
Vinnitsia	131	56	75	8	5	4	4	3	2	3	1	2	3	2
Volyn	0 (evacuated)													
Dnipropetrovsk	0 (evacuated)													
Donetsk	76	31	45	1	0	0	0	0	0	0	0	0	0	0
Zhytomyr	65	29	36	9	0	2	0	0	0	0	0	0	0	0
Zakarpattia	64	36	28	2	0	0	0	0	0	0	0	0	0	0
Zaporizhzhia	175	79	96	12	2	0	0	0	0	0	0	0	0	0
Ivano-Frankivsk	34	14	20	5	0	0	0	0	0	0	0	0	0	0
Kyiv (Bila Tserkva)	32	8	24	4	3	2	0	0	0	0	0	0	0	0
Kyiv (Boiarka)	0 (evacuated)													
Kirovohrad	0 (evacuated)													
Luhansk	18	18	0	0	0	0	0	0	0	0	0	0	0	0
Lviv	85	47	38	8	1	0	0	0	0	0	0	0	0	0
Mykolaiv	58	38	20	0	0	0	0	0	0	0	0	0	0	0
Odesa	278	172	106	4	5	5	7	0	1	2	0	0	0	0
Poltava	70	44	26	0	1	0	0	0	0	0	0	0	0	0
Rivne	31	8	23	4	1	4	0	0	0	0	0	0	0	0
Sumy	0 (evacuated)													
Ternopil	29	13	16	1	0	0	1	0	0	0	0	0	0	0
Kharkiv (Zelenyi Hai, No. 3, No. 2)	70	40	30	9	0	0	0	0	0	0	0	0	0	0
Kharkiv (Hippocrates)	0 (evacuated)													
Kherson	Moved to rf	0												
Khmelnytskyi	86	35	51	9	5	7	0	1	0	0	0	0	0	0
Cherkasy	54	40	14	0	0	0	0	0	0	0	0	0	0	0
Chernivtsi	21	17	4	0	0	0	0	0	0	0	0	0	0	0
Chernihiv	83	48	35	7	0	0	0	0	0	0	0	0	0	0
Kyiv	93	61	32	5	0	1	0	1	0	0	0	0	0	0

Annex 2. Information on family ties of children residing in baby homes operating on the territory of Ukraine during martial law, including those relocated to other regions

Territories	Total number of children	of them orphans and children deprived of parental care	Siblings				Information about family ties			
			yes	of them orphans and children deprived of parental care	no	of them orphans and children deprived of parental care	yes	of them orphans and children deprived of parental care	no	of them orphans and children deprived of parental care
Ukraine	1552	765	707	308	499	247	227	92		50
Vinnitsia	131	46	87	34	15	5	no data	-	no data	-
Volyn	The institution has been relocated abroad									
Dnipropetrovsk	The institutions have been relocated abroad									
Donetsk	76	63	no data	-	no data	-	no data	-	no data	-
Zhytomyr	65	36	50	14	15	8	51	25	13	1
Zakarpattia	64	37	39	20	21	15	6	6	33	25
Zaporizhzhia	175	53	84	27	64	13	no data		no data	
Ivano-Frankivsk	33	12	25	9	7	2	no data	-	no data	-
Kyiv (Bila Tserkva)	32	27	18	-	no data	-	17	-	15	-
Kyiv (Boiarka)	The institution has been relocated abroad									
Kirovohrad	The institution has been relocated abroad									
Luhansk	18	9	2	2	no data	-	10	9	8	-
Lviv	85	15	15	3	29	9	no data	-	no data	-
Mykolaiv	58	26	19	5	39	21	no data	-	no data	-
Odesa	278	167	124	78	133	72	no data	-	no data	-
Poltava	70	41	45	27	25	14	48	20	no data	-
Rivne	31	18	no data	-	no data	-	no data	-	no data	-
Sumy	The institution has been relocated abroad									
Ternopil	29	7	25	5	4	2	27	5	2	2
Kharkiv (Zelenyi Hai, No. 3, No. 2)	70	23	13	-	no data	-	26	3	7	4
Kharkiv (Hippocrates)	The institution has been relocated abroad									
Kherson	The institution is located in temporary occupied territory									
Khmelnitskyi	86	49	45	25	41	24	no data	-	no data	-
Cherkasy	54	41	36	26	16	13	no data	-	no data	-
Chernivtsi	21	15	5	2	15	13	1	1	14	14
Chernihiv	83	41	53	27	7	1	9	9	no data	-
Kyiv	93	39	22	4	68	35	32	14	12	4

Annex 3. Information on the duration of stay of children residing in baby homes operating on the territory of Ukraine during the martial law, including those relocated to other regions

Territories	Total number of children	of them orphans and children deprived of parental care	Duration of stay at the institution				Including			
			up to 1 year	24 months	36 months	48 months	more than 4 years	of them orphans and children deprived of parental care	more than 5 years	of them orphans and children deprived of parental care
Ukraine	1552	765	636	269	157	124	64	46	39	26
Vinnytsia	131	46	52	24	13	8	4	2	7	3
Volyn	The institution has been relocated abroad									
Dnipropetrovsk	The institutions have been relocated abroad									
Donetsk	76	63	19	11	20	18	6	6	1	1
Zhytomyr	65	36	30	1	5	6	9	5	8	6
Zakarpattia	64	37	36	9	14	4	3	2	0	
Zaporizhzhia	175	53	91	35	11	8	4	2	0	
Ivano-Frankivsk	33	12	13	6	8	1	2	1	0	0
Kyiv (Bila Tserkva)	32	27	8	7	7	3	6	5	1	1
Kyiv (Boiarka)	The institution has been relocated abroad									
Kirovohrad	The institution has been relocated abroad									
Luhansk	18	9	no data							
Lviv	85	15	40	16	13	8	3	1	4	0
Mykolaiv	58	26	34	7	9	5	1	1	0	0
Odesa	278	167	122	76	18	30	7	6	7	7
Poltava	70	41	26	13	9	5	5	4	0	0
Rivne	31	18	no data							
Sumy	The institution has been relocated abroad									
Ternopil	29	7	13	5	3	3	0	0	0	0
Kharkiv (Zelenyi Hai, No. 3, No. 2)	70	23	41	8	8	4	3	1	0	0
Kharkiv (Hippocrates)	The institution has been relocated abroad									
Kherson	The institution is located in temporary occupied territory									
Khmelnytskyi	86	49	34	15	3	9	8	8	7	6
Cherkasy	54	41	22	18	4	7	1	1	0	0
Chernivtsi	21	15	16	0	4	1	0	0	0	0
Chernihiv	83	41	39	18	8	4	2	1	4	2
Kyiv	93	39	no data							



Territories	Including									
	more than 6 years	of them orphans and children deprived of parental care	more than 7 years	of them orphans and children deprived of parental care	more than 8 years	of them orphans and children deprived of parental care	more than 9 years	of them orphans and children deprived of parental care	more than 10 years	of them orphans and children deprived of parental care
Ukraine	23	18	10	6	5	4	3	3	13	10
Vinnytsia	5	4	3	2	1	1	1	1	10	7
Volyn	The institution has been relocated abroad									
Dnipropetrovsk	The institutions have been relocated abroad									
Donetsk	0	0	0	0	0	0	0	0	0	0
Zhytomyr	2	2	1		1	0	0	0	0	0
Zakarpattia	0	0	0	0	0	0	0	0	0	0
Zaporizhzhia	0	0	0	0	0	0	0	0	0	0
Ivano-Frankivsk	3	2	0	0	0	0	0	0	0	0
Kyiv (Bila Tserkva)	0	0	0	0	1	1	0	0	0	0
Kyiv (Boiarka)	The institution has been relocated abroad									
Kirovohrad	The institution has been relocated abroad									
Luhansk	no data									
Lviv	0	0	1	0	0	0	0	0	0	0
Mykolaiv	0	0	0	0	0	0	0	0	0	0
Odesa	7	6	2	2	2	2	1	1	3	3
Poltava	0	0	0	0	0	0	0	0	0	0
Rivne	no data									
Sumy	The institution has been relocated abroad									
Ternopil	0	0	0	0	0	0	0	0	0	0
Kharkiv (Zelenyi Hai, No. 3, No. 2)	0	0	0	0	0	0	0	0	0	0
Kharkiv (Hippocrates)	The institution has been relocated abroad									
Kherson	The institution is located in temporary occupied territory									
Khmelnyskyi	6	4	3	2	0	0	1	1	0	0
Cherkasy	0	0	0	0	0	0	0	0	0	0
Chernivtsi	0	0	0	0	0	0	0	0	0	0
Chernihiv	0	0	0	0	0	0	0	0	0	0
Kyiv	no data									

Annex 4. Information on children with disabilities or psychophysical development disorders, residing in baby homes operating on the territory of Ukraine during the martial law, including those relocated to other regions (disaggregated by territory as at 1 of July 2022)

Territory	Total number of children in baby homes	Health condition				
		Disabled children	of them requiring palliative care	Children at risk of acquiring a disability	Children with impaired psychophysical development	Children requiring palliative care
Ukraine	1553	456	145	122	716	152
Vinnytsia	131	55	13	8	57	13
Volyn	The institution has been relocated abroad					
Dnipropetrovsk	The institutions have been relocated abroad					
Donetsk	76	19	11	0	76	11
Zhytomyr	65	23	8	12	28	10
Zakarpattia	64	10	10	13	13	11
Zaporizhzhia	175	6	0	1	2	1
Ivano-Frankivsk	34	7	3	0	2	3
Kyiv (Bila Tserkva)	32	11	6	0	11	6
Kyiv (Boiarka)	The institution has been relocated abroad					
Kirovohrad	The institution has been relocated abroad					
Luhansk	18	3	0	15	0	0
Lviv	85	19	7	22	14	7
Mykolaiv	58	15	6	0	52	6
Odesa	278	65	26	15	221	26
Poltava	70	6	3	3	25	3
Rivne	31	4	4	0	18	4
Sumy	The institution has been relocated abroad					
Ternopil	29	4	0	0	4	0
Kharkiv (Zelenyi Hai, No. 3, No. 2)	70	7	0	25	7	2
Kharkiv (Hippocrates)	The institution has been relocated abroad					
Kherson	Institution is located in temporary occupied territory					
Khmelnyskyi	86	27	22	0	31	22
Cherkasy	54	10	1	1	53	2
Chernivtsi	21	2	0	0	0	0
Chernihiv	83	25	15	7	80	15
Kyiv	93	28	10	0	22	10

Annex 5. A brief overview of the condition of children in baby homes, their access to services during the martial law (for each institution operating during the war in the territory of Ukraine)

Introduction

This analytical report is the result of the tasks of the first stage of the monitoring, which was carried out by the International Charitable Organization Partnership for Every Child within the framework of the UN Children's Fund UNICEF project "Monitoring the Needs and Support of Children in War Setting".

This report presents information based on the results of monitoring the needs of orphans and children deprived of parental care, who stay in full-time institutional care, concerning their relocation (evacuation) during the martial law in Ukraine to safe territories, as well as concerning their needs.

The monitoring was carried out from April to June 2022 and is based on the initial data as at 24.02.2022, that is the beginning of the war in Ukraine treacherously unleashed by Russia, and as at 01.07.2022.

As at the beginning of the war, there were 37 baby homes in Ukraine with 2,723 beds, of which 2,523 were specialized and 200 were of a general type, in which 2,294 children were staying full-time.

After 24 of February 2022, due to the threat to the lives and health of children because of the war started by

the Russian Federation, 970 (42.3% of the total number) children were relocated (evacuated) to safer areas of Ukraine and abroad.

It was necessary to find places to accommodate children in new places, take care of satisfying their basic needs in food, a sufficient amount of drinking water, hygiene products, medicines, etc., and provide the children with the necessary medical, rehabilitation, social services, etc.

However, the conducted monitoring showed that 57.7%, 1,552 children raised in baby homes, remained at their permanent place of residence, including the temporarily occupied territories or war zones, and they also need assistance and support.

The data about children in full-time institutional care was clarified, lists and basic needs of children relocated within Ukraine, as well as children who remained at the place of the institution's main location were made.



1

MI “Vinnytsia Regional Baby home”



The institution is located at the place of establishment

As at 1 July 2022, 80 children aged 0 to 16 were enrolled in the institution, of which 38 are orphans and children deprived of parental care, including 50 children (31 orphans and children deprived of parental care) with disability or at high risk of acquiring it, 30 of them (21 orphans and children deprived of parental care) **need palliative care**.

49 children had resided in the institution for a period from 1 month to 4 years, 31 children (of whom 21 are orphans or children deprived of parental care, 19 of them have disabilities, including 15 in need of palliative care) **are in the institution for the period from 4 to 15 years**.

10 out of 38 orphans and children deprived of parental care have sibling/siblings, 5 of them have siblings in the same institution, 1 child has a brother in a foster family, 4 children have siblings whose location is unknown.

19 orphans and children deprived of parental care have 4 risk factors (status, length of stay in an institution for more than 4 years, disability, need for palliative care), **which can become an obstacle when searching for alternative care**.

There are no prerequisites for providing palliative care service, in particular in terms of available trained personnel, as well as a specially created place for providing proper quality service.

2

MI “Tulchyn Regional Specialized Baby home for Children with Central Nervous System Damage” of the Vinnytsia Regional Council



The institution is located at the place of establishment

As at 1 July 2022, the institution enrolled 51 children aged 0 to 10, of which 8 (15.6%) were orphans and children deprived of parental care, 19 (37.25%) children (3 (37.5%) orphans and children deprived of parental care) have a disability or a high risk of its acquisition, of them 7 (14.2%) (2 (66.6%) orphans and children deprived of parental care) need palliative care.

44 (86.3%) children are in the institution for a period from 1 month to 4 years, 7 children (including 2 children orphans and children deprived of parental care, 6 of them have disabilities, including 3 need palliative care) stays in the institution for a period of 4 to 7 years.

38 (88.4%) of 43 children who do not have the status are in the institution from 1 month to 4 years, of them 9 (23.7%) have a disability or are at high risk of its acquisition, including 2 (22.2%) who need palliative care. 5 children who do not have the status had been in the institution from 4 to 5 years, 4 of them with disabilities, including 2 in need of palliative care.

5 out of 8 orphans and children deprived of parental care have siblings, 3 of them have siblings in the same institution, 2 children were reunited with biological family.

2 (25%) orphans and children deprived of parental care have 4 risk factors (status, length of stay in an institution for more than 4 years, disability, need for palliative care), 1 (12.5%) child from among orphans and children deprived of parental care has 3 risk factors (status, disability and need of palliative care), 3 (37.5%) children have 2 factors (status, siblings), 2 (25%) children have 1 factor (status) that can become an obstacle when searching for alternative care.

Among children who do not have the status, 2 (4.6%) children have 5 risk factors (age, siblings, length of stay in an institution, a disability and need for palliative care), 3 (7%) children have 4 risk factors (age, siblings, length of stay in an institution, a disability and need for palliative care), 6 children have 3 risk factors (age, siblings, a disability), 4 children have 2 factors, 1 child has 1 factor. That is, 11 children out of 43 (25.6%) have a high risk of staying in the institution and losing family ties and family care.

As for the causes of disability, congenital malformations, behavioural and mental disorders come first and second respectively, and central nervous system comes third. As far as the structure of diseases in children who need palliative care is concerned, diseases of the central nervous system (CNS) take the leading place, second are congenital malformations, third are metabolic disorders (phenylketonuria, adrenogenital syndrome).

The experts are concerned about the presence of 2 children with disabilities associated with phenylketonuria, including those who need palliative care. The very combination of disability and palliative state in such children is probably related, on the one hand, to untimely medical and genetic neonatal (at birth) screening, and on the other hand, to untimely prescribed and initiated correction with special nutrition and medicines.

There are no prerequisites for providing palliative care service, in particular in terms of available trained personnel, as well as a specially created place for providing proper quality service.

3

MI “Kramatorsk Baby home ‘Antoshka’”, the Donetsk Region



The institution was relocated to the Chernivtsi Region to the State Rehabilitation Institution All-Ukrainian Centre for Comprehensive Rehabilitation for Persons with Disabilities “Vira, Nadiia, Liubov’ (“Faith, Hope, Love”).

As at 1 July 2022, 76 children aged 0 to 7 were enrolled in the institution, of whom 63 (82.9%) were orphans and children deprived of parental care, including 19 (25%) children (17 (15.8%) orphans and children deprived of parental care) with disability or at high risk of its acquisition, 7 (41.2%) of them (7 orphans and children deprived of parental care) need palliative care.

58 (76.3%) of 76 children are in the institution for a period from 1 month to 4 years (of whom 44 (75.8%) are orphans and children deprived of parental care, of whom 9 (20.5%) have a disability, including 3 (33.3%) in need palliative care).

18 children (23.7%) (of whom 18 (100%) are orphans and children deprived of parental care, of whom 8 (44.4%) have disabilities, including 4 (50%) in **need of palliative care**) had been in the institution for a period from 4 to 6 years.

14 (22.2%) of 63 orphans and children deprived of parental care have 3 risk factors (age, status, length of stay in an institution, disability, etc.), 6 (9.5%) children have 4 risk factors (age, status, length of stay in an institution, disability, need palliative care), 4 (6.3%) children have 5 risk factors (age, status, length of stay at an institution, disability, need palliative care). That is, 38% of children from

all orphans and children deprived of parental care have from 3 to 5 risk factors that can become an obstacle when looking for alternative care.

At the same time, there is no information regarding siblings of orphans and children deprived of parental care. The lack of this data makes it impossible to assess the risk of this factor.

Regarding the structure of disability among orphans and children deprived of parental care: conditions associated with congenital malformations hit first with 9 (52.9%) cases, mental and behavioural disorders come second with 5 (29.4%) cases, and there are 3 (17.6%) cases of diseases of the central nervous system, making the third place.

Diseases in children who need palliative care were found in 2 children with diseases of the central nervous system, behavioural and mental disorders, and congenital malformations.

There are no prerequisites for providing palliative care service, in particular in terms of available trained personnel, as well as a specially created place for providing proper quality service.

4

MI “Zhytomyr Regional Specialized Baby home for Orphans and Children Left Without Parental Care” of the Zhytomyr Regional Council



The institution is located at the place of establishment

As at 1 July 2022, 55 children aged 0 to 7 years were enrolled in the institution, of whom 29 (52.7%) were orphans and children deprived of parental care, including 29 (52.7%) children (22 (75.8%) orphans and children deprived of parental care) with a disability or a high risk of its acquisition, of them 8 (27.6%) (7 (87.5%) orphans and children deprived of parental care) need palliative care.

39 (70.9%) of 55 children had been in the institution for a period from 1 month to 4 years (of which 16 (41%) are orphans and children deprived of parental care, 10 (62.5%) of them have disability, including 2 (20%) who need palliative care).

16 children (29%) (of whom 13 (81.3%) are orphans and children deprived of parental care, of whom 12 (92.3%) have disabilities, including 2 (16.6%) in need of palliative care) had stayed in the institution for a period from 4 to 7 years.

21 (72.4%) orphans and children deprived of parental care have a sibling, 6 of them have siblings in the same baby home, 11 (37.9%) have siblings in other institutions, 3 (10.3%) children have siblings in alternative care, 3 (10.3%) children have siblings with another relative, location for siblings of 2 children cannot be specified.

23 (79.3%) of 29 orphans and children deprived of parental care have from 3 to 6 risk factors, of whom 10 children (43.5%) have 3 risk factors (age, status, siblings, length of stay in the institution, disability, etc.), 4 (17.4%) children have 4 risk factors (age, status, siblings, length of stay in the institution, disability, need palliative care), 6 (26%) of children have 5 risk factors (age, status, siblings, length of stay in an institution, disability, need palliative care), 3 children (13%) have 6 risk factors (age, status, siblings, length of stay in the institution, disability, need palliative care). That is, 79.3% of

all orphans and children deprived of parental care have from 3 to 6 risk factors that can become an obstacle when searching for alternative care.

It should also be noted that among children who do not have the status, 2 children have 4-5 risk factors (age, siblings, duration of stay in the institution, disability and need for palliative care), and therefore there is a high probability of their long stay in the institution as there is a lack of trained parents or developed services in the community.

Regarding the structure of disability among orphans and children deprived of parental care: conditions associated with fetal alcohol syndrome (dysmorphia) come first with 8 cases (36.4%), diseases of the central nervous system come second with 3 cases (13.6%), other conditions come third.

Concern should be expressed about the significant number of children with fetal alcohol syndrome (dysmorphia) in the institution, such a situation may be the result of insufficient work of the primary link regarding responsible parenting and prevention of alcohol abuse in future parents, and the birth of children with fetal alcohol syndrome as a result. Fetal alcohol syndrome with dysmorphia is characterized by facial dysmorphology (smoothed nasolabial groove, flat upper lip, shortening of the eye socket); retardation; functional disorders of the nervous system (global cognitive deficit, fine motor dysfunction, attention deficit hyperactivity disorder, sensory disorders, memory deficit, social adaptation problems); structural disorders of the nervous system (microcephaly) or clinically significant brain abnormalities on neuroimaging). For the most part, these children need lifelong special assistance.

The structure of diseases in children who need palliative care was distributed as follows: 3 children with diseases of the central nervous system, 2 children with congenital heart defects, 1 child with fetal alcohol syndrome, 1 child with classic phenylketonuria.

It is necessary to attention to the child with a disability who needs palliative care associated with classical phenylketonuria, which may indicate untimely medical and genetic diagnosis at birth and delayed start of replacement therapy.

There are no prerequisites for providing palliative care service, in particular in terms of available trained personnel, as well as a specially created place for providing proper quality service.

5

MI “Regional Specialized Baby home” of the Zhytomyr Regional Council (Novohrad-Volynsky community)



The institution is located at the place of establishment

As at 1 July 2022, 10 children between the ages of 5 and 9 were enrolled in the institution, of whom 6 (60%) were orphans and children deprived of parental care, including 5 (50%) (3 (50%) orphans and children deprived of parental care) of those who have a disability or a high risk of its acquisition, of them 2 (40%) (0 (0%) orphans and children deprived of parental care) need palliative care.

All 10 children had been in the institution for more than 4 years, and all 10 children have sibling/siblings, though their place of residence is not indicated.

3 (50%) out of 6 orphans and children deprived of parental care have 4 risk factors (age, status, siblings, length of stay in the institution), 3 out of 6 (50%) have 5 risk factors (age, status, siblings, length of stay in the institution, disability), that is, 100% of all orphans and children deprived of parental care have 4 to 5 risk factors that can become obstacles when searching for alternative care.

It should be noted that 2 children who do not have status have 5 risk factors (age, status, siblings, length of stay in the institution, disability, need for palliative care).

Regarding the structure of disability, the experts are concerned about the presence of 2 children with congenital heart defects (pulmonary atresia). Over the past 10 years, cardiosurgical care has developed tremendously. Therefore, we can assume the fact that cardiosurgical services, early intervention services, rehabilitation, etc. are not available for these children. It is necessary to pay attention to the appearance of a child with a disability who needs palliative care associated with classic phenylketonuria, which may indicate untimely medical and genetic diagnosis under time of birth and delayed start of replacement therapy.

There are no prerequisites for providing palliative care service, in particular in terms of available trained personnel, as well as a specially created place for providing proper quality service.

6

MI "Regional Baby home" of the Zakarpattia Regional Council



The institution is located at the place of establishment

As at 1 July 2022, 64 children aged 0 to 7 were enrolled in the institution, of which 35 (54.7%) were orphans and children deprived of parental care, including 21 (32.8%) (14 (66.6%) orphans and children deprived of parental care) with a disability or a high risk of its acquisition, of them 11 (52.4%) (8 (72.7%) orphans and children deprived of parental care) need palliative care.

53 (82.8%) of 64 children had been in the institution for a period from 1 month to 4 years (of whom 29 (54.7%) are orphans and children deprived of parental care, of whom 11 (61.1%) have a disability, including 5 (45.5%) of those who need palliative care).

7 children (11%) (of whom 5 (71.4%) are orphans and children deprived of parental care, and 3 (60%) have disabilities, including 3 (100%) in need of palliative care) had been in institution for a period of 4 to 5 years.

19 (54.3%) children out of 35 orphans and children deprived of parental care have a sibling/siblings, 6 (31.6%) of them have siblings in the same baby home, 9 (47.4%) children have siblings in other institutions.

8 (22.8%) out of 35 orphans and children deprived of parental care have from 3 to 5 risk factors, of whom 6 children (75%) have 3 risk factors (age, status, siblings, length of stay in the institution, disability, etc.), 1 (12.5%) child has 4 risk factors (age, status, siblings, length of stay in the institution, disability, need palliative care), 1 (12.5%) child has 5 risk factors (age, status, siblings, length of stay in the institution, disability, needing palliative care). That is, 22.8% of all orphans and children deprived of parental care have from 3 to 5 risk factors that can become an obstacle when searching for alternative care.

It should also be noted that among the children who do not have the status, 3 children have 3 risk factors (age, siblings, length of stay in the institution, disability and need for palliative care), and

therefore there is a high probability of their delayed stay in the institution in the absence of trained parents or developed services in the community.

Regarding the structure of disability among children, diseases of the central nervous system are first, congenital malformations are second, and other conditions are third.

Concern should be expressed about the significant number of children with fetal alcohol syndrome (dysmorphia) in the institution, such a situation may be the result of insufficient work of the primary link regarding responsible parenting and prevention of alcohol abuse in future parents, and the birth of children with fetal alcohol syndrome as a result. Fetal alcohol syndrome with dysmorphia is characterized by: facial dysmorphology (smoothed nasolabial groove, flat upper lip, shortening of the eye socket); retardation; functional disorders of the nervous system (global cognitive deficit, fine motor dysfunction, attention deficit hyperactivity disorder, sensory disorders, memory deficit, and social adaptation problems); structural disorders of the nervous system (microcephaly) or clinically significant brain abnormalities on neuroimaging). For the most part, these children need lifelong special assistance.

The structure of diseases in children who need palliative care was distributed as follows: 6 (54.5) children out of 11 – with diseases of the central nervous system, 5 (45.5) children with congenital malformations.

There are no prerequisites for providing palliative care service, in particular in terms of available trained personnel, as well as a specially created place for providing proper quality service.

7

MI “Zaporizhzhia Regional Specialized Baby home ‘Sonechko’” of the Zaporizhzhia Regional Council



The institution was relocated to the Lviv Region

The institution was relocated to the Lviv Region, in particular, 24 children (from 0 to 3 years old) were placed in “Baby home No. 2 of the Lviv Regional Council for children with the central nervous system damage and mental disorders”, 96 children (from 3 to 8 years old) were placed in the “Zhuravne Centre of Psychoneurological Supported Living” of the Lviv Regional Council, 55 children (from 0 to 8 years old) were placed in MI “Stryi City Children’s Hospital”.

As at 1 July 2022, 165 children aged 0 to 8 were enrolled in the institution, of whom 49 (29.7%) were orphans and children deprived of parental care, including 7 (4.2%) – the smallest number among all children – (5 (10%) orphans and children deprived of parental care) children with a disability or a high risk of acquiring it, of whom 1 (20%) orphan or child deprived of parental care) need palliative care.

139 (84.2%) out of 165 children had been in the institution for a period from 1 month to 4 years (of whom 32 (65.3%) are orphans and children deprived of parental care, of whom 3 (10%) have a disability, including 1 (33.3%) in need of palliative care).

26 children (15.8%) out of 165 had been in the institution for 4 to 5 years, including 10 (20.3%) orphans and children deprived of parental care, of whom 6 (60%) have disabilities, including 1 child (16.6%) in need of palliative care.

84 children (51%) out of 165 have a sibling, 57 of whom (67.8%) are in the same institution, including 27 (55.1%) out of 49 children among orphans and children deprived of parental care have a sibling, including 16 (59.3%) in the same institution. It should be noted that the siblings of 7 children are in one of the institutions where they are placed as a result of the relocation, in this case, the brothers or sisters of 7 children who are placed in the Stryi City Children's Hospital are placed in the Zhuravne Centre of supported living. 18 children have three or more siblings.

24 (48.9%) out of 49 orphans and children deprived of parental care have from 3 to 5 risk factors, of whom 16 children (66.6%) have 3 risk factors (age, status, siblings, length of stay in the institution, disability, etc.), 7 (29.2%) children have 4 risk factors (age, status, siblings, length of stay in the institution, disability, need palliative care), 1 (4.2%) child has 5 risk factors (age, status, siblings, length of stay in the institution, disability, need for palliative care). That is, 48.9% of all orphans and children deprived of parental care have from 3 to 5 risk factors that can become an obstacle when searching for alternative care.

It should also be noted that among the children who do not have the status, 3 children have 3 risk factors (age, siblings, length of stay in the institution, disability and need for palliative care), and therefore there is a high probability of their longer stay in the institution as there is a lack of trained parents or developed services in the community.

Regarding the structure of disability among children, the first place is occupied by diseases of the central nervous system, congenital malformations, the second place is taken by behavioural and mental disorders, the third place is taken by HIV.

8

MI “Ivano-Frankivsk Regional Specialized Baby home” of the Ivano-Frankivsk Regional Council



The institution is located at the place of establishment

As at 1 July 2022, 33 children aged 0 to 7 were enrolled in the institution, of whom 12 (36.4%) were orphans and children deprived of parental care, including 7 (21.2%) children (5 (41.6%) orphans and children deprived of parental care) who have a disability or a high risk of its acquisition, of them 3 (42.8%) (2 (66.6%) orphans and children deprived of parental care) need palliative care.

27 (81.8%) of 33 children had been in the institution for the period from 1 month to 4 years (of whom 8 (66.6%) are orphans and children deprived of parental care, of whom 2 (25%) have disability, including 1 (50%) child in need of palliative care).

6 children (18.2%) out of 32 (of which 4 (66.6%) are orphans and children deprived of parental care, of whom 4 (75%) have disabilities, including 1 (25%) in need of palliative care) had stayed in the institution for the period of 4 to 7 years.

25 (75.8%) children out of 33, including 9 (75%) out of 12 children of orphans and children deprived of parental care, have a sibling, of them 4 (44.4%) of children's siblings are in the same baby home, in 5 (55.6%) cases, the location of siblings is not specified.

Out of 12 orphans and children deprived of parental care, 6 children (50%) have from 4 to 6 risk factors, of whom 3 children (50%) have 4 risk factors (age, status, siblings, length of stay in the institution, disability, etc.), 2 (33.3%) children have 5 risk factors (age, status, siblings, length of stay in the institution, disability, need palliative care), 1 (16, 7%) child has 6 risk factors (age, status, siblings, length of stay in the institution, disability, need palliative care), 3 children (11.1%) have 6 risk

factors (age, status, presence of brothers or sisters, length of stay in the institution, disability, need palliative care). That is, 50% of all orphans and children deprived of parental care have from 4 to 6 risk factors that can become an obstacle when searching for alternative care.

Regarding children who do not have the status, only 8 children (38%) out of 21 have 2 risk factors – age, disability, siblings in the same institution and length of stay, which can be potentially threatening and requires the development of detailed support plans for such children.

The structure of disability among children was distributed as follows: the first place was held by congenital malformations in 5 out of 7 children with disabilities, the second was held by the diseases of the central nervous system and mental and behavioural disorders – 1 child each.

Among the children in the institution, 3 children (42.8%) need palliative care, including 2 orphans and children deprived of parental care due to severe congenital malformations. In case of finding alternative care for such children, potential candidates must be trained on the development and care of such children and have a fairly extensive network of services in the community, primarily day care.

There are no prerequisites for providing palliative care service, in particular in terms of available trained personnel, as well as a specially created place for providing proper quality service.

9

MI “Specialized Regional Baby home of Bila Tserkva”, of the Kyiv Regional Council



The institution was moved to Zakarpattia Region to MI “Regional Baby home” of the Zakarpattia Regional Council

As at 1 July 2022, 32 children aged 0 to 9 were enrolled in the institution, of whom 27 (84.4%) orphans and children deprived of parental care, including 11 (34.3%) children (11 (100%) orphans and children deprived of parental care) who have a disability or a high risk of its acquisition, of them 8 (72.7%) (8 (100%) orphans and children deprived of parental care) need palliative care.

21 (65.6%) of 32 children had been in the institution for the period from 1 month to 4 years (of whom 17 (80.9%) are orphans and children deprived of parental care, of whom 5 (29.4%) have a disability, including 2 (40%) in need of palliative care).

11 children (32.4%) out of 32 (of which 10 (90.9%) are orphans and children deprived of parental care, of which 6 (66.6%) have disabilities, including 6 (100%) need palliative care) stay in the institution for 4 to 9 years.

17 (53.1%) children out of 32 orphans and children deprived of parental care have a sibling, 9 (52.9%) of them have siblings in the same baby home, for 8 (47.1%) children, the location of siblings is not specified.

Of the 27 orphans and children deprived of parental care, 18 (66.6%) have from 3 to 6 risk factors, of which 6 children (22.2%) have 3 risk factors (age, status, siblings, length of stay in the institution, disability, etc.), 7 (25.9%) children have 4 risk factors (age, status, siblings, length of stay in the institution, disability, need palliative care), 2 (7.4%) children have 5 risk factors (age, status, siblings, length of stay in the institution, disability, need palliative care), 3 children (11.1%) have 6 risk factors (age, status, presence brothers or sisters, length of stay in the institution, disability, need palliative care). That is, 66.6% of all orphans and children deprived of parental care have from 3 to 6 risk factors that can become an obstacle when searching for alternative care.

As for children without the status, 1 child has 2 risk factors – over 6 years of age and stay in the institution for 4 years.

The structure of disability among children was distributed as follows: the first are congenital malformations and HIV infection – 3 children each, the second are diseases of the central nervous system and behavioural and mental disorders – 2 children each, the third is 1 child with fetal alcohol syndrome (dysmorphia). All these conditions are difficult, require trained personnel on the one hand, and well-developed rehabilitation, and care services on the other.

Among the children of the institution, only 1 child needs palliative care due to the consequences of HIV infection.

There are no prerequisites for providing palliative care service, in particular in terms of available trained personnel, as well as a specially created place for providing proper quality service.

10

MI “Ivano-Frankivsk Regional Specialized Baby home” of the Ivano-Frankivsk Regional Council



The institution was relocated to the Chernivtsi Region to the MI “Regional Specialized Baby home” of the Chernivtsi Regional Council

As at 1 July 2022, 49 children aged 0 to 7 were enrolled in the institution, of whom 15 (30.6%) orphans and children deprived of parental care, including 10 (20.4%) children (5 (33.3%) orphans and children deprived of parental care) who have a disability or a high risk of its acquisition, of them 1 (10%) (0 orphans and children deprived of parental care) needs palliative care.

Unfortunately, due to the lack of information, it is impossible to analyse the length of stay of children in the institution at the time of filling out the monitoring form.

15 out of 49 (30.6%) children have a sibling, including 1 (6%) out of 15 orphans and children deprived of parental care, 13 (92.8%) children (0 orphans), have siblings in the same institution.

6 (40%) of 15 orphans and children deprived of parental care have 2 to 3 risk factors, which may hinder their return to the biological family or the search for alternative care.

Causes of disability among orphans and children deprived of parental care: 4 children (80%) out of 5 have a disability associated with severe developmental disabilities, and 1 child (20%) has a disability caused by cerebral palsy. In case of finding alternative care for such children, potential candidates must be trained on the development and care of such children and have a fairly extensive network of services in the community, primarily day care.

Orphans and children deprived of parental care do not need palliative care due to severe congenital malformations.

There are no prerequisites for providing palliative care service, in particular in terms of available trained personnel, as well as a specially created place for providing proper quality service.

11

MI Kyiv City Baby home “Berizka”



The facility was moved to the Ternopil Regional Rehabilitation and Child Development Centre of the Ternopil Regional Council

As at 1 July 2022, 44 children aged 0 to 11 were enrolled in the institution, of whom 23 (52.3%) orphans and children deprived of parental care, including 12 (27.3%) children (9 (39.2%) orphans and children deprived of parental care) who have a disability or a high risk of its acquisition, of whom 8 (66.6%) (6 (50%) orphans and children deprived of parental care) need palliative care.

Unfortunately, due to the lack of information, it is impossible to analyse the length of stay of children in the institution at the time of filling out the monitoring form.

7 out of 44 (15.9%) children have a sibling, including 3 (13%) out of 23 orphans and children deprived of parental care, 4 (100%) children (0 orphans) have siblings in the same institution.

9 (39.2%) out of 23 orphans and children deprived of parental care have 3 to 4 risk factors, 3 children (33.3%) have 3 risk factors (age, status, siblings, disability), 6 (66.6%) children have 4 risk factors (age, status, siblings, length of stay in the institution, disability and need for palliative care).

Causes of disability among orphans and children deprived of parental care are: in 7 (36.8%) children out of 9 the disability is associated with severe developmental disabilities, in 1 child – with severe behavioural and mental disorders, in 1 child – with severe metabolic disorders.

7 out of 23 orphans and children deprived of parental care need palliative care due to severe congenital malformations. In case of finding alternative care for such children, potential candidates must be trained on the development and care of such children and have a fairly extensive network of services in the community, primarily day care.

There are 20 palliative beds in the institution.

12

MI “Luhansk Regional Baby home No. 2” of the Luhansk Regional Council

The facility was evacuated to Lviv Region to “Children's Home No. 2 for Children with Central Nervous System Damage and Mental Disorders” of the Lviv Regional Council and some of the children were evacuated to Slovenia.

As at 1 July 2022, 40 children between the ages of 0 and 6 were enrolled in the institution, but 22 children were temporarily evacuated abroad, 18 children were placed in the “Children's Home No. 1 for Children with Central Nervous System Damage and Mental Disorders” of the Lviv Regional Council, of whom 10 (55.6%) orphans and children deprived of parental care, including 3 (16.7%) children (3 (100%) orphans and children deprived of parental care) have disabilities or a high risk of acquiring it, of whom 1 child (7.1%) (0 orphans) needs palliative care.

All children evacuated from Luhansk Baby home No. 2 to in Lviv Regional Baby home No. 1 are between 0 to 3 years of age.

It has been established that there is no information on the date of enrolment of children in Luhansk Regional Baby home No. 2, therefore it is impossible to investigate the length of stay as at the moment of evacuation. A similar situation applies to siblings.

Instead, 15 out of 18 children were diagnosed with brain damage of unspecified etiology, which may be due to overdiagnosis. A similar situation is observed for children of Lviv Regional Baby home No. 1.

Among the orphans and children deprived of parental care, 3 children are disabled due to HIV and will need life-long replacement therapy.

There are no prerequisites for providing palliative care service, in particular in terms of available trained personnel, as well as a specially created place for providing proper quality service.

13

MI “Baby home No. 1 for Children with Central Nervous System Damage and Mental Disorders” of the Lviv Regional Council



The institution is located at the place of establishment

As at 1 July 2022, 42 children aged 0 to 7 were enrolled in the institution, including 4 (9.5%) orphans and children deprived of parental care, including 27 (64.3%) children (4 (100%) orphans and children deprived of parental care) who have a disability or a high risk of its acquisition, of them 6 (22.2%) (2 (50%) orphans and children deprived of parental care) need palliative care.

34 (80.9%) of 42 children had been in the institution from 0 to 4 years, of whom 4 (100%) are orphans and children deprived of parental care. All 4 orphans and children deprived of parental care have disabilities, including 2 (50%) in need of palliative care.

It should be noted that due to the features of the statutory activity, the institution also enrolls children who receive rehabilitation services, the term of their stay is marked as 0, i.e. children are enrolled in the institution but receive services on an outpatient basis.

The presence of children without the status for more than 4 years causes concern, 8 (19%) of such children were identified, 6 of whom have a sibling in the same institution, only 1 (12.5%) child needs palliative care and has a disability.

In 21 (50%) of the 42 children, including 4 (100%), risk factors were identified that could become an obstacle in the search for alternative care or return to the biological family. It should be noted that the institution specializes in the care and education of children with damage to the central nervous system and behavioural and mental disorders, so the structure of disability is almost 100% made up of diseases of the nervous system and behavioural and mental disorders. However, the experts are concerned about the large number of children (21 (50%)) with a diagnosis of brain injury of unspecified etiology, this may be due to overdiagnosis or targeted referral of such children to this institution by health care institutions.

Among the children in the institution, 6 (14.3%) children need palliative care, including 4 (100%) orphans and children deprived of parental care, due to severe congenital malformations. In case of finding alternative care for such children, potential candidates must be trained on the development and care of such children and have a fairly extensive network of services in the community, primarily day care.

There are no prerequisites for providing palliative care service, in particular in terms of available trained personnel, as well as a specially created place for providing proper quality service.

14

MI “Baby home No. 2 for children with Central Nervous System Damage and Mental Disorders” of the Lviv Regional Council



The institution is located at the place of establishment

As at 1 July 2022, 43 children aged 0 to 5 years were enrolled in the institution, of whom 13 (30.2%) were orphans and children deprived of parental care, including 14 (32.5%) children (3 (21.4%) orphans and children deprived of parental care) who have a disability or a high risk of its acquisition, of whom 1 child (7.1%) (0 orphans and children deprived of parental care) in need of palliative care.

35 (81.4%) out of 43 children had been in the institution from 0 to 4 years (of whom 11 (84.6%) are orphans and children deprived of parental care, of whom 2 (20%) have disabilities).

7 children, including 2 (15.4%) orphans and children deprived of parental care, had been in the institution for 4 to 5 years.

15 (34.9%) of 43 children, including 2 (15.4) orphans and children deprived of parental care, have siblings, 11 of whom are in the same institution.

It was established that 14 (32.5%) of 43 children have risk factors related to length of stay, status, siblings, disability, etc., including 8 (61.5%) orphans and children deprived of parental care, 2 (25%) children have 4 risk factors (age, status, siblings, disability, etc.), 3 children (37.5) have 3 risk factors (age, status, siblings, length of stay).

The structure of disability among children is as follows: congenital malformations in 7 children come first, including 3 orphans and children deprived of parental care, diseases of the nervous system in 3 children come second, eye and ear diseases, which are probably associated with low birth weight or severe condition at birth, come third.

Among the children of the institution, 6 (14.3%) children need palliative care, including 4 (100%) orphans and children deprived of parental care due to severe congenital malformations. In case of finding alternative care for such children, potential candidates must be trained on the development and care of such children and have a fairly extensive network of services in the community, primarily day care.

There are no prerequisites for providing palliative care service, in particular in terms of available trained personnel, as well as a specially created place for providing proper quality service.

15

MI "Mykolaiv Regional Baby home" of the Mykolaiv Regional Council



The institution was relocated to the Chernivtsi Region to “Misto Dobra” CF.

As at 1 July 2022, 58 children aged 0 to 6 were enrolled in the institution, of whom 27 (46.5%) were orphans and children deprived of parental care, including 15 (25.8%) children (13 (48.2%) orphans and children deprived of parental care) with a disability or a high risk of its acquisition, of whom 5 (38.4%) orphans and children deprived of parental care) need palliative care.

53 children (91.4%) out of 58 had been in the institution from 0 to 4 years, including 22 (81.5%) children out of 27 from the number of orphans and children deprived of parental care.

5 (8.6%) out of 58 children, including 5 (18.5%) out of 27 orphans and children deprived of parental care, had been in the institution from 4 to 5 years, including 4 (80%) with disabilities, 1 of them (25%) needs palliative care.

19 out of 58 (32.7%) children have a sibling, including 5 (18.5%) out of 27 orphans and children deprived of parental care. Similarly, 18 (94.7%) out of 19 have siblings in the same institution.

In 13 (22.4%) children out of 58, including 12 (44.4%) out of 27 children with the status, risk factors were identified that could become an obstacle in the search for alternative care or return to biological family. Thus, in 4 (14.8%) orphans and children deprived of parental care 3 risk factors were identified (age, status, siblings, disability), in 6 (22.2%) orphans and children deprived of parental 4 risk factors (age, status, siblings, length of stay in the institution, a disability and need for palliative care), 2 (7.4%) children have 5 risk factors (age, status, siblings, length of stay in institution, a disability and need for palliative care).

The structure (causes) of disability among orphans and children deprived of parental care is as follows: the first are 9 (69.2%) children with congenital developmental disabilities, second are 2 children (7.7%) with diseases of the central nervous system (complicated cerebral palsy), and HIV infection.

Among the children, 5 children need palliative care, including 5 (38.5%) orphans and children deprived of parental care. This is due to severe congenital malformations complicated by cerebral palsy. In case of finding alternative care for such children, potential candidates must be trained on the development and care of such children and have a fairly extensive network of services in the community, primarily day care.

There are no prerequisites for providing palliative care service, in particular in terms of available trained personnel, as well as a specially created place for providing proper quality service.

16

MI “Specialized Baby home No. 1” of the Odesa City Council



The institution is located at the place of establishment

As at 1 July 2022, 91 children aged 0 to 13 were enrolled in the institution, of whom 59 (64.8%) were orphans and children deprived of parental care, including 38 (41.75%) children (32 (54.2%) orphans and children deprived of parental care) with a disability or a high risk of its acquisition, of whom 15 (46.8%) orphans and children deprived of parental care) in need of palliative care.

65 (71.4%) out of 91 children had resided in the institution from 0 to 4 years, including 34 (57.6%) children out of 59 orphans and children deprived of parental care.

26 (28.6%) of 91 children, including 25 (42.4%) of 59 orphans and children deprived of parental care, had been in the institution from 4 to 12 years old, including 24 (96%) of children with disabilities, 12 of them (50%) need palliative care.

46 out of 91 (50.5%) children have a sibling, including 33 (55.9%) out of 59 orphans and children deprived of parental care. At the same time, 16 (34.8%) of 46 siblings are in the same institution, including 8 (24.3%) orphans and children deprived of parental care.

In 34 (37.4%) children out of 91, including 32 (54.3%) children with the status, risk factors have been identified that may hinder the search for alternative care or return to the biological family. Thus, in 4 (6.7%) orphans and children deprived of parental care, 3 risk factors were identified (age, status, siblings, disability), in 7 (11.8%) – 4 risk factors (age, status, siblings, length of stay in the institution, a disability and need for palliative care), 19 (32.2%) children have 5 risk factors (age, status, siblings, length of stay in institution, a disability and need for palliative care), 2 children have 6 risk factors (3.4%) (age, status, siblings, length of stay in the institution, a disability and need for palliative care).

The structure (causes) of disability among orphans and children deprived of parental care looks as follows: first are 11 (34.3%) children with congenital developmental disabilities, second are 8 (25%) children with diseases of the central nervous system (complicated cerebral palsy), third are 5 (15.6%) children with disability related to HIV infection.

In case of finding alternative care for such children, potential candidates must be trained on the development and care of such children and have a fairly extensive network of services in the community, primarily day care.

There are no prerequisites for providing palliative care service, in particular in terms of available trained personnel, as well as a specially created place for providing proper quality service.

17

MI “Specialized Baby home No. 3 ‘Sonechko’” of the Odesa City Council



The institution is located at the place of establishment

As at 1 July 2022, 96 children aged 0 to 10 were enrolled in the institution, of whom 63 (65.6%) were orphans and children deprived of parental care, including 28 (29.2%) children (20 (31.7%) orphans and children deprived of parental care) with a disability or a high risk of its acquisition, of whom 7 (11.1%) orphans and children deprived of parental care) in need of palliative care.

79 (82.3%) out of 96 children had been in the institution from 0 to 4 years, including 48 (76.2%) children out of 63 orphans and children deprived of parental care, 7 of whom have disabilities including 4 in need of palliative care.

17 (17.7%) out of 96 children, including 15 (23.8%) out of 63 orphans and children deprived of parental care, had been in the institution from 4 to 8 years old, including 13 (86.6 %) children with disabilities, 5 of them (38.5%) need palliative care.

47 (48.9%) of 96 children have a sibling, including 32 (50.8%) of 63 orphans and children deprived of parental care. At the same time, 14 (43.7%) out of 32 orphans and children deprived of parental care have sibling/siblings in this institution.

In 39 (40.6%) children out of 96, including 31 (49.2%) children with the status, risk factors have been identified that can become an obstacle in the search for alternative care or return to biological family. Thus, in 10 (15.8%) orphans and children deprived of parental care 3 risk factors were identified (age, status, siblings, disability), in 11 (17.5%) – 4 risk factors (age, status, siblings, length of stay in the institution, a disability), 5 risk factors are present in 3 (4.7%) children (age, status, siblings, length of stay in the institution, a disability), 4 children have 6 risk factors (6.3%) (age, status, siblings, length of stay in the institution, a disability and need for palliative care).

The structure (causes) of disability among orphans and children deprived of parental care looks as follows: the first are 8 (40%) children with disability related to HIV infection, second are 5 (25%)

children with diseases of the central nervous system (complicated cerebral palsy) with congenital malformations, and the third are 4 (20%) children with diseases of the central nervous system (complicated cerebral palsy).

Among the children of the institution, 11 children need palliative care, including 7 (11.1%) orphans and children deprived of parental care (caused by complicated cerebral palsy). In case of finding alternative care for such children, potential candidates must be trained on the development and care of such children and have a fairly extensive network of services in the community, primarily day care.

There are no prerequisites for providing palliative care service, in particular in terms of available trained personnel, as well as a specially created place for providing proper quality service.

18

MI “Ismail Specialized Baby home” of the Odesa Regional Council



The institution is located at the place of establishment

As at 1 July 2022, 91 children aged 0 to 6 were enrolled in the institution, of whom 44 (48.35%) were orphans and children deprived of parental care, including 14 (15.4%) children (10 (27.7%) orphans and children deprived of parental care) with a disability or a high risk of acquiring it, none of them required palliative care.

76 (83.5%) out of 91 children had been in the institution from 0 to 4 years, including 34 (72.3%) children out of 44 orphans and children deprived of parental care, 6 of whom have disabilities.

15 (16.5%) of 91 children, including 10 (22.7%) of 44 orphans and children deprived of parental care, had been in the institution for 4 to 5 years, including 4 (40%) with a disability

31 (34%) of 91 children have a sibling, including 15 (34%) out of 44 orphans and children deprived of parental care. 13 (86.6%) out of 15 orphans and children deprived of parental care have a sibling/siblings.

In 14 (31.8%) children out of 44 with status, risk factors have been identified that can become an obstacle in finding alternative care or returning to the biological family. Thus, in 8 (18.2%) orphans and children deprived of parental care 3 risk factors were identified (age, status, siblings, disability), in 3 children (6.8%) – 4 risk factors (age, status, siblings, length of stay in an institution, a disability), 5 risk factors are present in 2 (4.5%) children (age, status, siblings, length of stay in an institution, a disability).

The structure (causes) of disability among orphans and children deprived of parental care is as follows: in the first place are 6 (60%) children with congenital developmental disabilities, in the second place – with central nervous system diseases system (complicated cerebral palsy) and HIV infection, 2 children each (25%).

Among the children of the institution, no child needs palliative care.

There are no prerequisites for providing palliative care service, in particular in terms of available trained personnel, as well as a specially created place for providing proper quality service.

19

MI “Kremenchuk Regional Specialized Baby home” of the Poltava Regional Council



The institution is located at the place of establishment

As at 1 July 2022, 70 children aged 0 to 7 were enrolled in the institution, of whom 41 (58.6%) orphans and children deprived of parental care, including 9 (12.8%) children (6 (14.6%) orphans and children deprived of parental care) have a disability or a high risk of its acquisition, of whom 3 children (33.3%) (2 (33.3%) orphans and children deprived of parental care) need palliative care.

62 (88.6%) of 70 children had been in the institution from 0 to 4 years, including 33 (80.5%) children from among orphans and children deprived of parental care, of them 6 (18.2 %) have a disability, including 2 (33.3%) in need of palliative care.

8 (11.4) children out of 70 had been in the institution from 4 to 5 years old, including 7 (90%) orphans and children deprived of parental care, of whom 3 (42.9%) are disabled, including 1 (33.3%) child who needs palliative care.

45 out of 70 (64.3%) children have a brother or sister, including 27 (65.8%) 41 orphans and children deprived of parental care, 11 (40.7%) of their brothers and sisters or a brother and sister are in the same institution, in other cases the location of the siblings is not indicated.

It was established that 22 (48.8%) children out of 45, including 11 (40.7%) orphans and children deprived of parental care, have 3 or more brothers and sisters, which can also become an obstacle when searching for alternative care and returning to the biological family.

In 23 (32.8%) children out of 70, including 17 (41.5%) children, risk factors have been identified that may hinder the search for alternative care or return to the biological family. Thus, in 11 (64.7%) orphans and children deprived of parental care 3 risk factors were identified (age, status, siblings, disability), in 2 (11.8%) – 4 risk factors (age, status, siblings, length of stay in the institution, a disability and need for palliative care), 4 (23.5%) children have 5 risk factors (age, status, siblings, term stay in an institution, a disability and need for palliative care).

The structure (causes) of disability among orphans and children deprived of parental care looks as follows: the first place 3 (50%) children with congenital heart defects, the second place – 2 (33.3%) children with diseases of the central of the nervous system (complicated cerebral palsy), including 1 child in need of palliative care, the third place – 1 child (16.6%) with consequences of a fracture of the skull and facial bones, including in need of palliative care.

Among the children in the institution, 2 children need palliative care, including 2 (100%) from the number of orphans and children deprived of parental care (due to severe congenital malformations, complicated by cerebral palsy). In case of finding alternative care for such children, potential candidates must be trained on the development and care of such children and have a fairly extensive network of services in the community, primarily day care.

There are no prerequisites for providing palliative care service, in particular in terms of available trained personnel, as well as a specially created place for providing proper quality service.

20

MI “Rivne Regional Specialized Baby home with a Rehabilitation Centre for Children with Organic CNS Damage and Mental Disorders and Palliative Care for Children” of Rivne Regional Council



The institution was relocated to Khmelnytskyi region to the MI “Khmelnytskyi Regional Specialized Baby home”

As at 1 July 2022, 31 children aged 0 to 7 were enrolled in the institution, of which 15 (48.4%) were orphans and children deprived of parental care, including 4 (12.9%) children (3 (75%) orphans and children deprived of parental care) with a disability or a high risk of its acquisition, of which 4 (100%) (3 (75%) orphans and children deprived of parental care) need palliative care.

Due to the lack of data, it was not possible to conduct an analysis regarding the length of stay and the presence of siblings.

At the same time, in 7 out of 31 (22.6%) children, including 5 (41.5%) orphans and children deprived of parental care, risk factors were identified that could become an obstacle in the search for alternative care or return to the biological family (age, status, a disability and need for palliative care).

The structure of disability: the first are severe congenital malformations (2 children (50%), including 2 orphans and children deprived of parental care), second are with complicated cerebral palsy (1 child) and consequences of trauma skull and facial bones.

There are prerequisites for the provision of palliative care services, however, the facility was relocated to Khmelnytskyi Regional Specialized Baby home.

21

MI “Ternopil Regional Child Rehabilitation and Development Centre” of the Ternopil Regional Council



The institution is located at the place of establishment

As at 1 July 2022, 21 children aged 0 to 5 were enrolled in the institution, of whom 15 (71.4%) were orphans and children deprived of parental care, including 2 (9.5%) children (2 (100%) orphans and children deprived of parental care) with a disability or a high risk of its acquisition, no child needs palliative care.

20 children (95.2%) out of 21 had been in the institution from 0 to 4 years, including 14 (93.3%) orphans and children deprived of parental care, of them 2 (14.3%) with disabilities, none needs palliative care.

1 (4.8) child out of 21 had been in the institution from 4 to 5 years, has the status of an orphan child deprived of parental care.

5 children (23.8%) have a sibling, including 3 (20%) of 15 orphans and children deprived of parental care, there is no information on their location.

In 5 (23.8%) orphans and children deprived of parental care, risk factors have been identified that may hinder the search for alternative care or return to biological family. Thus, in 4 (80%) children among orphans and children deprived of parental care 3 risk factors were identified (age, status, siblings, length of stay in the institution, a disability), in 1 (20%) child – 4 risk factors (age, status, siblings, length of stay in the institution).

The cause of disability among orphans and children deprived of parental care are congenital malformations.

Among the children of the institution, not a single child needs palliative care.

There are no prerequisites for providing palliative care service, in particular in terms of available trained personnel, as well as a specially created place for providing proper quality service.

22

MI “Kharkiv Regional Baby home “Zelenyi Hai” of Kharkiv Regional Council”



The institution was relocated to the MI “Ivano-Frankivsk Regional Sanatorium “Smerichka” of the Ivano-Frankivsk Regional Council

As at 1 July 2022, 26 children aged 0 to 9 were enrolled in the institution, including 7 (26.9%) orphans and children deprived of parental care, including 11 (42.3%) children (5 (71.4%) orphans and children deprived of parental care) with a disability or a high risk of acquiring it, of whom 2 (28.6%) orphans and children deprived of parental care need palliative care.

Due to the lack of information, it is impossible to analyse the duration of children's stay in the institution, as well as the cause of disability at the time of filling out the monitoring form.

8 (52.6%) children have a sibling, while no status child has siblings, 4 (50%) children have a sibling/siblings in the same institution.

Of the orphans and children deprived of parental care, 4 (57.2%) out of 7 had 3 to 5 risk factors.

Children without the status but with risk factors will also need to be studied in detail.

There are no prerequisites for providing palliative care service, in particular in terms of available trained personnel, as well as a specially created place for providing proper quality service.

23

MI “Kharkiv Regional Baby home No. 2” of the Kharkiv Regional Council



The institution was relocated to the MI “Ivano-Frankivsk Regional Sanatorium ‘Smerichka’” of the Ivano-Frankivsk Regional Council

As at 1 July 2022, 38 children aged 0 to 9 were enrolled in the institution, of whom 15 (39.5%) were orphans and children deprived of parental care, including 13 (34.2%) children (6 (40%) orphans and children deprived of parental care) with a disability or a high risk of its acquisition, of whom 2 (28.6%) orphans and children deprived of parental care need palliative care.

Due to the lack of complete information about the children, it is impossible to conduct an analysis regarding the presence of siblings, as well as the reasons for the high risk of acquiring a disability at the time of filling out the monitoring form.

36 children out of 38 (94.7%) had been in the institution for no more than 4 years. This is the highest indicator of all institutions.

Of the orphans and children deprived of parental care, 3 (20%) out of 15 had 3 to 4 risk factors.

There are children who do not have the status and should not be in the institution due to their age. 10 such children also need detailed study.

There are no prerequisites for providing palliative care service, in particular in terms of available trained personnel, as well as a specially created place for providing proper quality service.

24

MI “Kharkiv Regional Baby home No. 3” of the Kharkiv Regional Council



The institution was relocated to the MI “Ivano-Frankivsk Regional Sanatorium ‘Smerichka’” of the Ivano-Frankivsk Regional Council

As at 1 July 2022, there were 6 children aged 0 to 7 in the institution, 1 child with the status, 2 children without the status, and 3 children whose status had not been established. All 6 children have a disability or a high risk of it.

Causes of disability in 2 children – HIV infection, in 1 child – a complicated case of cerebral palsy.

There is no information about the presence of siblings and the length of stay in the institution before evacuation.

No child needs palliative care.

There are no prerequisites for providing a palliative care service, in particular in terms of available trained personnel, as well as a specially created place for providing a quality service.

25

MI “Khmelnyskyi Regional Specialized Baby home”



The institution is located at the place of establishment

As at 1 July 2022, 86 children aged 0 to 10 were enrolled in the institution, of whom 47 (54.6%) were orphans and children deprived of parental care, including 27 (31.4%) children (21 (42.8%) orphans and children deprived of parental care with a disability or a high risk of its acquisition, of whom 18 (38.3%) orphans and children deprived of parental care who need palliative care.

54 (62.8%) out of 86 children had been in the institution from 0 to 4 years, including 22 (46.8%) children out of 47 orphans and children deprived of parental care, 6 of whom (27.3%) have a disability, including 5 (83.3%) who additionally need palliative care.

19 (22.1%) of 86 children, including 15 (31.9%) of 47 orphans and children deprived of parental care, had resided in the institution from 4 to 10 years, including 15 (100%) with disabilities, 13 of them (76.9%) additionally need palliative care.

54 out of 86 (62.8%) children have a sibling/siblings including 18 (38.3%) out of 47 orphans and children deprived of parental care. At the same time, 8 (14.8%) of 54 are in the same institution, including 6 (33.3%) orphans and children deprived of parental care.

In 41 (47.6%) children out of 86, including 33 (70.2%) out of 47 children with the status, risk factors were identified that could become an obstacle in the search for alternative care or return to biological family. Thus, in 7 (14.9%) children, from among orphans and children deprived of parental care, 3 risk factors were identified (age, status, siblings, disability), in 9 (19.2%) – 4 risk factors (age, status, siblings, length of stay in the institution, a disability and need for palliative care), 11 (23.4%) children have 5 risk factors (age, status, siblings, length of stay in an institution, a disability and need for palliative care), 6 children have 6 risk factors (12.7%) (age, status, siblings, length of stay in an institution, a disability and need for palliative care). That is, 26 out of 47 children (55.3%) of children with the status have a chance to be returned to their biological family, to find a new family, or to be placed in alternative care. In order for these children to be able to be brought up in a family at the community level, as well as potential candidates, they must have the skills to care for such children and have an extensive network of providers of relevant services.

The structure (causes) of disability among orphans and children deprived of parental care looks as follows: the first are 13 (61.9%) children with congenital developmental defects, including due to alcohol consumption, second are 4 (19%) children who have external causes (as a result of injuries to the skull, as well as the entry of a foreign body through external openings), third are 2 children (9.5%) with diseases of the central nervous system (complicated cerebral palsy). There is a significant number of children whose disabilities are associated with fetal alcohol.

There are no prerequisites for providing a palliative care service, in particular in terms of available trained personnel, as well as a specially created place for providing a quality service.

26

MI “Cherkasy Regional Specialized Baby home” of the Cherkasy Regional Council



The institution is located at the place of establishment

As at 1 July 2022, 54 children aged 0 to 6 years were enrolled in the institution, of whom 41 children (75.9%) were orphans and children deprived of parental care, including 11 (20.3%) children (10 (24.4%) orphans and children deprived of parental care who have a disability or a high risk of its acquisition, of whom 3 (18.5%) (3 (7.3%) orphans and children deprived of parental care) need palliative care.

47 (87%) of 54 children had been in the institution for the period of 0 to 4 years, including 34 (82.9%) orphans and children deprived of parental care, 7 (17%) of them have a disability, including 1 child who needs palliative care.

7 (12.96%) children out of 54 had been in the institution from 4 to 5 years old, including 7 (17%) orphans and children deprived of parental care, including 3 (7.3%) with disabilities, including 1 (33.3%) child in need of palliative care. In orphans and children deprived of parental care, who have a disability and had been in an institution for more than 4 years, the disability is associated with HIV infection, severe cerebral palsy, severe behavioural and mental disorders. These factors (disability, length of stay, status) reduce the likelihood of placing the children in a family environment or alternative care.

36 out of 54 (66.6%) children have a sibling/siblings, including 26 (63.4%) out of 41 orphans and children deprived of parental care, 17 (47, 2%) children (13 (50%) orphans) have siblings in the same institution, in other cases the location of siblings is not indicated.

The experts established that 9 (25%) children out of 36, including 5 (29.4%) orphans and children deprived of parental care, have 3 or more siblings, which can also become a hindrance during the search for alternative care and return to biological family.

In 18 (33.3%) of 54 children, including 17 (41.5%), risk factors were identified that could become an obstacle in the search for alternative care or return to the biological family. Thus, 8 (47%) orphans and children deprived of parental care have 3 risk factors (age, status, siblings, disability), 5 (29.4%) – 4 risk factors (age, status, siblings, length of stay in the institution, a disability and need for palliative care), 2 (11.7%) children have 5 risk factors (age, status, siblings, length of stay in an institution, a disability and need for palliative care), 1 (5.8%) child has 6 risk factors (age, status, siblings, length of stay in an institution, disability and need for palliative care), whose disability is associated with a complicated case of cerebral palsy.

The structure (causes) of disability among orphans and children deprived of parental care looks as follows: the first are 6 (54.5%) children with congenital developmental disabilities, the second are 2 children with behavioural and mental disorders (18.2%), the third are children with cerebral palsy and HIV infection.

Among the children in the institution, 2 children need palliative care, including 2 (100%) orphans and children deprived of parental care (caused by severe congenital malformations, complicated by cerebral palsy). In case of finding alternative care for such children, potential candidates must be trained on the development and care of such children and have a fairly extensive network of services in the community, primarily day care.

There are prerequisites for the provision of palliative care services.

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MI “Chernivtsi Regional Specialized Baby home”



The institution is located at the place of establishment

As at 1 July 2022, 21 children aged 0 to 5 were enrolled in the institution, of whom 15 (71.4%) were orphans and children deprived of parental care, including 2 children (9.5 %) out of 21 (2 (13.3%) out of 15 orphans and children deprived of parental care) with a disability or a high risk of its acquisition.

21 children (100%) out of 21 had been in the institution for the period from 1 month to 4 years (of whom 15 (71.4%) are orphans and children deprived of parental care, of whom 2 (13.3 %) have a disability.

5 (23.8%) of 21 children, including 2 (13.3%) of 15 orphans and children deprived of parental care, have a sibling/siblings. There is no information about the location of the siblings.

5 children (33.3%) out of 15 orphans and children deprived of parental care had 3 to 5 risk factors, of whom 3 risk factors were found in 1 (20%) child (age, status, duration of stay), 3 children (60%) have 4 risk factors (age, status, siblings, length of stay in the institution, disability, etc.), 1 (20%) child has 5 risk factors (age, status, presence of brothers or nurses, length of stay in the institution, disability). That is, 33.3% of all orphans and children deprived of parental care have from 3 to 5 risk factors that can become an obstacle when searching for alternative care. In case of finding alternative care for such children, potential candidates must be trained on the development and care of such children and have a fairly extensive network of services in the community, primarily day care.

The structure of disability among children was distributed as follows: 2 children have a disability related to congenital complex developmental defects.

Among the children at the institution, not a single child needs palliative care.

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MI “Pryluky Regional Baby home ‘Nadiia’” of the Chernihiv Regional Council



The institution is located at the place of establishment

As at 1 July 2022, 83 children aged 0 to 6 were enrolled in the institution, of whom 41 (49.4%) were orphans and children deprived of parental care, including 29 (34.9%) children (19 (46.4%) orphans and children deprived of parental care) with a disability or a high risk of its acquisition, of whom 15 (51.7%) (9 (47.4%) orphans and children deprived of parental care) need palliative care.

71 (85.5%) of 83 children had been in the institution from 0 to 4 years, including 34 (82.9%) orphans and children deprived of parental care, of whom 22 (31 %) (15 (44.1%) children with the status) have a disability, including 11 (50%) (7 (44.6%) children with the status) need palliative care).

12 (14.5%) children out of 83 had resided in the institution from 4 to 5 years, including 7 (17%) from the number of orphans and children deprived of parental care, of whom 4 (57.2%) have disability, and 2 (50%) children need palliative care. In orphans and children deprived of parental care with disabilities, who had been in the institution for more than 4 years, the disability is related to congenital malformations.

55 out of 83 (66.3%) children have a sibling/siblings, including 27 (65.9%) out of 41 orphans and children deprived of parental care, 21 (38, 2%) (15 (55.5%) orphans) of them have siblings in the same institution.

The experts established that 13 (23.6%) children out of 55, including 11 (40.7%) orphans and children deprived of parental care, have 3 or more siblings, which can also become an obstacle during the search for alternative care and return to biological family.

In 35 (45.2%) of 83 children, including 29 (70.1%) of 41 children with the status, risk factors were identified that could become an obstacle in the search for alternative care or return to biological family. Among orphans and children deprived of parental care, 16 (55.2%) had 3 risk factors (age, status, presence of siblings, disability), 8 (27.6%) had 4 risk factors (age, status, siblings, length of stay in the institution, a disability and need for palliative care), 4 (13.8%) children had 5 risk factors (age, status, siblings, length of stay in an institution, a disability and need for palliative care), 1 (3.4%) child had 6 risk factors (age, status, siblings, length of stay in the institution, a disability and need for palliative care). From 3 to 5 risk factors in 6 children without status also cause concern, which can also lead to the prolonged stay of such children in the institution in case of lack of necessary services in the communities where the children live.

The structure (causes) of disability among orphans and children deprived of parental care is as follows: the first are 9 (47.4%) children with conditions that can lead to a disability, the second are 7 (36.8%) children with congenital malformations, the third are 3 children (15.8%) with diseases of the central nervous system (complicated cases of cerebral palsy).

Among the children of the institution, 15 (12%) out of 83 children need palliative care, including 9 (21.9%) orphans and children deprived of parental care (caused by severe congenital malformations, complicated by cerebral palsy). In case of finding alternative care for such children, potential candidates must be trained on the development and care of such children and have a fairly extensive network of services in the community, primarily day care.

There are no prerequisites for providing palliative care service, in particular in terms of available trained personnel, as well as a specially created place for providing proper quality service.



