

EVALUATION REPORT

Formative and Summative Evaluation of the Childcare and Deinstitutionalisation Reforms in Georgia 2009 – 2022



Title	Formative and Summative Evaluation of the Childcare and Deinstitutionalisation Reforms in seven countries in Europe and Central Asia 2009 - 2022
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List of acronyms

CEDAW	Convention on the Elimination of all forms of Discrimination against Women
CPD	Country Programme Document
CRC	UN Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
CWD	Children with disabilities
DI	Deinstitutionalisation
EC FSP	European Commission's Food Security Programme
ECARO	Europe and Central Asia Region Office
FBO	Faith-based organisation
FGD	Focus group discussions
GoG	Government of Georgia
KII	Key informant interviews
MoES	Ministry of Education and Science
MoIDPOTHLSA	Ministry of Internally Displaced Persons from the Occupied Territories, Health, Labour and Social Affairs
OSF	Open Society Foundation
RI	Residential institutions
SCA	Agency for State Care and Assistance for the (Statutory) Victims of Human Trafficking
SEN	Special educational needs
SPCSR	State Programme for Childcare and Social Rehabilitation
SSA	Social Services Agency
TACIS	Technical Assistance to the Commonwealth of Independent States Programme
TOC	Theory of Change
TSA	Targeted Social Assistance

EXECUTIVE SUMMARY

This report presents the main findings, conclusions, and recommendations of an evaluation of the childcare and deinstitutionalisation reforms in Georgia for the period of 2009-2022. The evaluation was commissioned by the United Nations Children's Fund (UNICEF) Europe and Central Asia Region Office (ECARO), as part of its multi-country evaluation of the impact of national child care reforms across seven countries in Europe and Central Asia and conducted by Coram International.

Object, Purpose, Objectives and Users

The object of this evaluation is the national child care reforms undertaken in Georgia between 2009 and the end of 2022, with a focus on deinstitutionalisation (DI), while the purpose is to provide a rigorous assessment of the results of the reforms, with a particular focus on children with disabilities and children for whom it is often difficult to find a durable family-based placement (referred to as 'hard to place' children). The evaluation covers childcare and DI reforms implemented in the territory of Georgia, excluding the Abkhazia and '/South Ossetia regions, due to the political and physical barriers to implementing and evaluating reforms in that region.

The objectives of the evaluation as stated in the TOR, are to:

- Assess the impact of government child care policies and understand what worked and what did not in the deinstitutionalisation of children, in particular CWD and other 'difficult to place' children, how and why;
- Determine the effectiveness, impact, coherence, relevance and efficiency of national childcare reforms;
- Assess the actual and potential contribution of UNICEF's work to national progress (including the outcomes and impacts of programming) in deinstitutionalisation childcare reforms, including CWD and other 'difficult to place children';
- Identify lessons and provide recommendations for refinement and potential scaling up of good practices to further support national governments in strengthening child protection systems.

The intended audience of the Evaluation include the Government of Georgia, relevant ministries, particularly the Ministry of Internally Displaced Persons from the Occupied Territories, Health, Labour and Social Affairs (MoIDPOTHLA), the Ministry of Education and Science (MoES) , and MoF as well as municipalities.

Methodology and limitations

The Organisation for Economic Co-operation and Development (OECD)/Development Assistance Committee (DAC) criteria of relevance, coherence, effectiveness/impact, efficiency and sustainability forms the basis of this evaluation framework. In addition, the evaluation methodology was developed according to the UNEG Norms and Standards for Evaluation (2016) and incorporates UNICEF's guiding principles on gender equality, equity, and human rights.

The evaluation adopts a theory-based approach to determine whether and how childcare reform initiatives have led to the changes set out in the country's theory of change (ToC). The evaluation employed a mixed-methods approach, drawing from the strengths of both qualitative and quantitative data and to improve the validity of results through triangulation. The evaluation draws on a desk review of programming documents, administrative data and secondary sources, as well as qualitative data collection in Tbilisi, Batumi, Kutaisi and Telavi. This included key informant interviews with 83 key stakeholders and programme implementers (Government, NGO, UN and donors), and focus group discussions with 16 rights-holders and eight local service providers. All qualitative data was coded to identify key themes, patterns, and relationships relevant to the research question, and quantitative data was analysed using Excel software. Strict ethical guidelines were followed at all stages of the data collection and analysis.

The Evaluation Reference Group provided oversight at strategic points in the evaluation process. This included undertaking an evaluability assessment of the evaluation questions and matrix, consultations during the inception phase and a validation workshop.

The main limitation was the comprehensive scope of childcare and deinstitutionalisation reforms which made it challenging to conduct a nationwide assessment that accurately represented the entire target population. Additionally, the sensitive nature of the subject matter, involving child protection reforms and DI introduced the possibility of reporting bias, as respondents might be reluctant to share personal information due to concerns about

negative repercussions. The complex nature of the Child Protection Programme posed difficulties in measuring the impact of UNICEF's programming on childcare reforms.

Key findings

Relevance

The child care and DI reforms have been highly relevant to the deinstitutionalisation of children in residential care. A system of alternative care has been established, and services providing for the diverse needs of institutionalized children and children at risk of institutionalization have been developed. Although the reforms have been rather slower for children with disabilities and those who are considered 'hard to place', all groups of children have benefitted and none have been left behind.

The reforms prioritised the closure of the large-scale State residential institutions and the reintegration of children, but also took a holistic approach to child care reform. Activities within the reforms included the development of policies, strategies and action plans; drafting and passing new legislation to underpin the reforms; changes to the governance and delivery framework for the delivery of child care and DI at both national and sub-national levels; the development and expansion of kinship care and foster care; the creation of small group homes, the establishment of child protection standards, quality assurance, and capacity building for professionals in child protection; the development of preventive measures and family support and community based services, as well as inclusive education. Targeted social assistance programmes and the Special State Programme for Child Care and Social Rehabilitation (SPCSR) have also been relevant to preventing the separation of children from families.

The latest and current policy on child care reform and DI is to be found in the National Strategy for the Protection of Human Rights of Georgia 2022-2030, adopted by Parliament in 2023. This latest Strategy is also highly relevant in that it continues the process of reform and addresses challenges to progress that have arisen over the period of reform.

Effectiveness

The child care and DI reforms have been effective and good progress was made in reaching the stated aims and goals of the child care and DI programme. The good working relationship between the Government, UNICEF, donors and the social services workforce, and the holistic nature of the reforms all contributed to effectiveness. Over the course of the evaluation period, all 25 large-scale residential institutions open in 2009 had closed by the end of 2022: a considerable achievement.

All groups of children, including children with disabilities and hard to place children have benefitted from the reforms. The number of children with disabilities under the age of eight in residential care has dropped significantly, and the number of children with disabilities placed in kinship care and foster care has increased. However, there has been a sharp drop in the number of adolescent children with disabilities in kinship care and foster care, with the number accommodated in small group homes showing an increase in 2022.

By 2020 at least 37 day care services had been established for vulnerable children and children with disabilities, but services have not been established in some areas of the country and waiting lists are long. Children with special educational needs are, however, increasingly included in mainstream education, rising from 5,267 in 2015 to 11,351 in 2022, reducing the risk of separation of children from families.

There are a number of remaining challenges to effectiveness. Although the social services workforce has increased in size, it remains difficult to recruit staff, especially in rural areas. It is also difficult to retain staff due to conditions, high workload and low pay. This impacts on the effectiveness of services offered to children, especially in terms of family support and successful reintegration of children, and on the building up of skill and experience in the municipal child protection and support units. Resources for data collection and monitoring also remain limited, and there is insufficient capacity to utilise and analyse the information effectively. The lack of detailed data continues to hinder effective, evidence-based policy making to guide the reforms. A further challenge is the continued operation of faith-based, unlicensed residential institutions, which have fallen outside the scope of the reforms.

Efficiency

The difficulty in recruiting and retaining a social services workforce, and particularly well-trained specialists at both the national and local levels has arguably, reduced the efficiency of the reforms.

As part of the inclusive education reforms, most of the special schools have transitioned into resource centres, able to provide support to children and schools, and guidance and training to public school staff to ensure the smooth transition of children with disabilities into the public education system.¹

Financial resource allocation for child care and DI reforms have increased but the ‘voucher’ system used by Government to pay for community-based services is inadequate to meet the costs of provision, resulting in services having to raise funding and rely on unqualified staff to reduce cost.

Decentralization for the child care reforms has led to unequal investment in childcare reforms and a disparity in the amount and quality of services provided in different municipalities.

Coherence

The child care and DI reforms have been coherent and there has been good alignment between the Government and UNICEF relating to the reforms. Implementation of the reforms, though, has not always been aligned or well-coordinated, a challenge that has continued through most of the evaluation period. This has been recognised and addressed by the Code on the Rights of the Child and a number of new coordination bodies established.

Sustainability

UNICEF as well as partners (e.g., EU, USAID, SIDA, Norwegian Aid etc.) have all influenced and continue to influence the reforms, performance and sustainability. The desire on the part of the Georgian Government to become a member of the EU and the requirements of membership have been key and are likely to have a continuing significant impact on the implementation and sustainability of the reforms.

UNICEF has played a key leadership role in bringing about fundamental, structural and legal reforms to the child care system over the last 15 years. UNICEF has played a leading advocacy role; worked with Government to develop the manner and nature of the reforms and has taken a leading role in supporting the development of national legislation and policy, helping to create a coherent and defined legal framework against which actors can be held accountable to in both the short and long term. UNICEF has also contributed to sustainability through supporting changes in practice and by undertaking research and evaluations which have analysed the implemented reforms and addressed the challenges to change.

Conclusion

The reconstructed ToC for the child care and DI reforms prepared in 2021 set out three outcomes for the reforms: (i) that all children live in the community and not in residential care; (ii) that all families with children receive support to prevent separation; and (iii) all children in formal care receive family-based quality care. The strategies, action plans, new legislation and the implementation of a broad programme of reform, encompassing social support, community services, closure of the residential institutions, expansion of family-based alternative care and the development of small group homes, together with the development of community-based services, especially the day care and rehabilitation centres for children with disabilities and improved access to quality inclusive education all introduced as a result of the programme have meant that while the outcomes have yet to be completely achieved, Georgia is able to show very significant progress in meeting them over the period from 2009 to the end of 2022.

There remain a number of barriers that stand in the way of full achievement of the three outcomes. These relate mainly to financial resources and human capacity. There is a need for more certain, long-term funding for community-based services, and sufficient services to meet the needs of those entitled to them. There is also a need to recruit and retain more social workers which poses a financial challenge to the MoIDPOTHLSA. In addition, there is a need to improve data management to enable evidence-based planning for services and provision of social work staff.

The few remaining children in residential care are accommodated in faith-based residential institutions. The providers of the homes and the children resident within them need to be fully regulated and brought within the reform programme to ensure that all children live in the community and not in residential care.

The long-term commitment of the Government, UNICEF and funding partners has allowed the reforms to progress at a measured speed. That commitment continues to exist and can be seen in the National Human Rights Strategy 2023-2030 and the UNICEF Country Programme 2021 – 2025. The comprehensive nature of the reforms, as well as careful

¹ KII, Deputy head of pre-school and general education, Ministry of Education and Science of Georgia, 13 July 2023; KII, Deputy, Office of Resource Officers of educational institutions, Virtual, 26 July 2023.

planning and staging of reforms, especially in the earlier phases, also contributed to success of the reforms and the notable achievements.

Lessons learned

1. The availability of disaggregated data on children in the formal care system, whether in residential care or alternative care is vital for planning. Data needs to be disaggregated by age, gender, disability, special educational needs and geographic location and to be analysed on a regular basis to ensure that provision of services continue to meet the needs of all children in the care system.
2. In developing a new law relating to children, it is essential to prepare accompanying documents at the same time. These should include necessary secondary legislation to operationalise the law; a cost analysis for implementation of the law and details of required funding; an implementation plan, which should include the provision of training in the new law for all those responsible for its implementation and details of when and how funding will be released for new structures, services and operational procedures.
3. Recruiting and retaining qualified social workers within the statutory services requires careful planning. Increasing the number of social work graduates is unlikely on its own to result in greater recruitment and retention unless it is accompanied by better recognition of social workers' professional status, provision of career progression opportunities and commensurate reward. Failure to address these issues is likely to reduce the impact of the reforms and lead to a loss of effective and efficient child protection services.
4. As reforms progress, careful consideration needs to be given to the next steps. Services need to review their programmes and ensure that they are meeting the needs of children in their area. For instance, as inclusive education increases, day-care services need to consider whether they adapt and change from an alternative to placement in a school, to supporting children in school and supporting children in the family.

Recommendations

	Recommendation	Duty bearer	Timing
Policy and Legal reform	Complete and publish the Action Plan for implementation of the provisions of the Human Rights Strategy relating to the child care and DI reforms;	MOLDPOTHLSA and MoJ	One year
	Complete the DI Strategy and Action Plan (which will provide detail to the more general provisions in the Human Rights Strategy Action Plan). This should include the prevention of institutionalisation through the effective targeting of preventive services at children most at risk of harm and separation, closure of remaining institutions, enhancement of the alternative care system and reintegration of children.	Commission on Child Rights, MOLDPOTHLSA, MoES, MoJ, municipalities and the judiciary, with Parliamentary council as an oversight body. UNICEF to continue to provide advocacy and provision of policy advise and technical assistance	One year
	Implement the provisions in the Code on the Rights of the Child relating to child protection, including through the development of secondary legislation, guidelines and standards to operationalise the Code.	MOLDPOTHLSA to set up a Working Group to draft instruments with participation from MoES, MoJ, Parliament; UNICEF to support with advocacy and technical assistance	Two years
	Pass legislation / amend existing law to enable deinstitutionalisation of residential care managed by faith-based groups	MOLDPOTHLSA to set up a Working Group to draft instruments with participation from MoES, MoJ, Parliament and religious bodies. UNICEF to support with advocacy and technical assistance	Two years

Deinstitutionalisation	Deinstitutionalise children in residential care managed by faith-based groups through individual assessment and reintegration or placement of children in alternative care Close all unlicensed residential care.	MoIDPOTHLSA to take the lead in consultation with, municipalities and religious bodies.	Two years
Day care centres	Review the full costs of day care centres and their sustainability under current funding arrangements. The review should also consider <ul style="list-style-type: none"> • The costs of new roles for day care centres including the organisation and provision of respite care for children with disabilities and the provision of support to children with special educational needs attending school; • How to ensure equitable geographical availability; and the efficacy of locating day care services at or near schools 	MoIDPOTHLSA, Ministry of Finance and municipalities UNICEF to support and provide technical assistance.	Within three years
	Carry out inspection and monitoring services on an annual basis to ensure day care services fully implement the Day Care Standards.	MoIDPOTHLSA and municipalities	Within two years
Alternative family-based care	Review and analyse the reasons for the fall in the number of adolescents placed in kinship care and foster care with a view to enhancing the provision of alternative family-based care.	MoIDPOTHLSA with technical support and assistance of UNICEF	Within one year
Support for small group homes	Review the costs and current funding of small group homes, the need for such homes and plan for their sustainability if need exists.	MoIDPOTHLSA, MoF and small group home service providers	Within three years
Children leaving care	Develop and implement plans for support of children leaving formal care to cover reintegration (if appropriate) accommodation, employment, education and social work support	MoIDPOTHLSA and municipal councils with technical assistance from UNICEF	Within three years
Build capacity and skill in the social services workforce	Develop a Social Services Workforce Recruitment and Retention Strategy including a review of the current workforce and its skills; assessing the current gap in workforce; identifying future workforce needs and developing a recruitment plan to address the needs. In terms of retention, the Strategy should focus on leadership and management, good practices to ensure retention; offering regular training and support through supervision; promoting career and pay progression, promotion of staff well-being and recognition of skill and experience.	MoIDPOTHLSA and municipal councils with technical assistance from UNICEF	Within 2 years
Monitoring and coordination	Support and build the capacity of the Standing Parliamentary Council and the Inter-Agency Commission responsible for the implementation of the CRC.	UNICEF	Ongoing

1. INTRODUCTION

The preamble to the UN Convention on the Rights of the Child (CRC) recognises that the child, for the full and harmonious development of his or her personality should grow up in a family environment, in an atmosphere of happiness, love and understanding. However, in those cases where it is not possible for parents to fulfil this role, the child is entitled to special protection from the State.²

In the twentieth century, the USSR, for the majority of which Georgia formed a part, developed large-scale residential institutions for children, primarily to provide care for children orphaned as a result of World War II, famine and political oppression.³ Their development was underpinned by a belief that social care was better than parental care, and especially so for children with mental, intellectual and physical disabilities, children regarded as anti-social and children whose parents were regarded as poor parents and unsuitable to care for children.

The view that placing children in institutions was better than remaining with the family prevailed for many years, only starting to change with the collapse of the USSR in 1991, the independence of Georgia and the ratification of the CRC. With the beginning of the twenty-first century the Government of Georgia recognised the damage caused to children by large scale institutions and the need to provide alternatives: including the need for support to be provided to families to prevent separation and the importance of providing family-based care for children in need of alternative care. In Georgia the process of 'deinstitutionalisation' began in 2006 and continues up to the present time, with the introduction of family support, community based services (especially for children with disabilities), the introduction and increase of inclusive education, family based alternative care and small group homes country-wide.

In 2022, UNICEF Europe and Central Asia Region Office (ECARO) engaged Coram International to conduct a formative and summative multi-country evaluation of the impact of national child care reforms across seven countries in Europe and Central Asia, of which Georgia is one, with a strong focus on deinstitutionalisation (DI) including, in particular, for children with disabilities and other 'hard- to-place' children.

1.1 Purpose of the evaluation

The purpose of the evaluation was to provide a rigorous assessment of the results (outcome and impact level) achieved by the Government of Georgia and the support provided by UNICEF, with a particular focus on children with disabilities and other highly marginalised and vulnerable children. The evaluation covers childcare and DI reforms targeting all children (i.e., persons under the age of 18 years), who are rights holders and potential beneficiaries of the interventions. The evaluation focuses on identifying how multi-faceted interventions and policies contributed to deinstitutionalisation and other relevant reforms and is both summative and formative. It identifies lessons and good practices that emerge from Georgia's childcare reform experience, and can serve as a learning opportunity to inform UNICEF and government partners' future work.

1.2 Object of the Evaluation

The object of this evaluation is the national child care reforms undertaken in Georgia between 2009 and the end of 2022, with a focus on deinstitutionalisation (DI). For the purposes of the evaluation:

- 'Childcare reforms' refer to reforms to support families to care for their children, prevention of family separation, and reforms made to the system of providing care for children whose parents or guardians are unwilling or unable to provide the child with adequate care and protection.
- 'Deinstitutionalisation' is defined as "the full process of planning transformation, downsizing and/or closure of residential institutions, while establishing a diversity of other childcare services regulated by rights-based and outcomes-oriented standards."⁴ It consists of four elements: (i) the prevention of placing children in

² UN Convention on the Rights of the Child, Article 20.

³ Ismayilova L., Ssewamala F., Huseynli A., *Reforming child institutional care in the Post-Soviet bloc: The potential role of family-based empowerment strategies* Children and Youth Services review, Vol. 47, Part II, December 2014, pp 136-148.

⁴ Common European Guidelines on the Transition from Institutional to Community-Based Care, © European Expert Group on the Transition from Institutional to Community-based Care, November 2012. See also Care in Action., Website. Available: <https://care-in-action.org/en/events/volunteer-training-on-reforms-to-institutional-care-in-ukraine>, accessed 28 September 2022.

residential institutions (RIs), (ii) the reintegration of children in RIs back with their families; (iii) developing alternative family-based care; and (iv) transition of children out of the childcare system.⁵

The evaluation covers child care and DI reforms targeting *all* children (i.e. person under the age of 18 years), who are **rights holders** and **potential beneficiaries** of the interventions (see **Error! Reference source not found.**). The most **immediate beneficiaries** of the childcare reforms are those at risk of separation and children already separated and in institutional care. The evaluation pays special attention to the following groups of rights holders and beneficiaries”

- Children with disabilities, including girls and boys with long-term physical, mental (psycho-social), intellectual (cognitive) or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others;⁶ and
- ‘Hard to place’ children, namely, children for whom it is often difficult to find a durable family-based placement. In the context of Georgia, this includes street children (the majority of whom are Roma),⁷ children with behavioural difficulties, children whose parents suffer from mental health difficulties or substance abuse and older children.

Rights holders for this evaluation do not include children in conflict with the law who are remanded into custodial residential care by a court or given a custodial measure post-conviction.

In terms of the implementation status of the object of the evaluation, the child care and DI reforms in Georgia between 2009-2022 straddle several UNICEF-government country programmes, including the ongoing UNICEF programme 2021-2025. This evaluation, therefore, focuses on the reforms which have already been implemented. However, given that this is a formative evaluation, it is also necessary to consider the government’s planned approach to childcare and DI reforms in Georgia. During consultations during the evaluability assessment and inception phase, stakeholders confirmed that their planned approach to child care and DI should be a continuation of that taken in the last country programme.

Financial data on the total cost of, or budget for, the object of the evaluation are incomplete, with the most detailed and relevant financial data listed in UNICEF’s country programme document. However, a limitation to this data is that childcare and DI components are subsumed within broader child protection or social protection programming, without any official breakdowns of the amounts allocated towards the childcare and DI components. A summary of the EU and UNICEF budget and costs allocated and spent on country programme components including childcare and DI reforms, based on the data available, is set out in Table 1 below. The EU has been the largest provider of financial assistance to the reform programme, starting in 2005, before the period of this evaluation. Georgia State budget allocations do not include a dedicated line item specifically earmarked for child care reforms. As a result, it was not possible to determine government spending on child care reform and DI. Further, the State Programme on Childcare and Social Rehabilitation (SPCSR) budget, which serves as the financial source for a variety of services and initiatives aimed at benefiting children does not disaggregate spending on children from spending on adults and thus is not included in Table 1 below. It should be noted however, that in 2023 the State budget for protection of families and children has risen from \$415,513.70 to \$511,241.64. For more details on funding for the childcare and DI reforms see **Section 8.3**.

Table 1: UNICEF country programmes and budget

CPD	Total budget ⁸	Desired outcome	Budget (USD)	% of total budget
2006-2010	Not possible to obtain data		Not possible to obtain data	

⁵ Based on the definition set out in the Common European Guidelines on the Transition from Institutional to Community-Based Care, © European Expert Group on the Transition from Institutional to Community-based Care, November 2012.

⁶ Convention on the Rights of Persons with Disabilities, Article 1.

⁷ UNICEF Georgia, Children Living and/or Working in the Streets of Georgia, 2018.

⁸ The budget is made up of sums in US Dollars and Euros. Where the sum was paid in Euros, this has been converted into US dollars. It needs to be remembered that the exchange rate changes from day to day, and thus the amounts should be regarded as indicative of the rate on 30th January 2024.

2011-2015	\$29,050,000	Integrated and Inclusive Systems for Children (one goal of which is that 70% of children at risk of institutionalization instead receive alternative services)	\$21,400,000	73.66%
2016-2021	\$27,708,000/ \$30,160,011	By 2020, vulnerable children benefit from a proactive, child-sensitive social protection system that promotes social inclusion and the right to supportive and caring family environment	\$11,748,000	42.39%
EU/UNICEF 2020-2023	€2,000,000/ \$2,177,226	Project on Strengthening Systems and Services for Child Protection in Georgia. Aim is to strengthen legislation and policies to support closure or restructuring of specialized institutions and move children from these institutions to a family environment. It will also strengthen social services workforce at central and municipal levels to support and protect children and families;	Other tasks are included, not clear what proportion of the budget will go to this particular element of the project	
2021-2025	\$29,010,000	By 2025, children and adolescents, especially the most vulnerable and marginalized, have increased access to inclusive social protection, policies and programmes that focus specifically on enhanced realization of the rights of all children and which are monitored through a robust child rights mechanism.	\$4,470,000	69.32%
		By 2025, national legislative and implementation systems increasingly provide for a protective and caring family environment that enables families and children to demand and benefit from enhanced access to and use of community-based child and family services, quality alternative care, the justice system and protection systems against violence in all environments.	\$7,820,000	
		By 2025, children, especially those who are vulnerable, at risk and/or with disabilities, participate in educational programmes that meet national quality and inclusiveness standards.	\$7,820,000	

1.3 Rights holders and duty bearers

Rights holders and primary duty bearers are set out in Table 2 below together with an explanation of their role. The lack of data on children who are vulnerable, with disabilities or hard to place means it is not possible to determine the number of right holders, but potentially it could include all children under the age of 18.

Table 2: Rights holders and duty bearers

Rights holders / duty bearers	Relevance in the reforms	Role
Rights holders / beneficiaries	All children under 18 in need of support; at risk of separation from their families; living in residential institutions and children leaving care, especially children with disabilities and hard to place children. Rights holders for this evaluation do not include children in conflict with the law who are remanded into custodial residential care by a court or given a custodial measure post-conviction. Parents/caregivers of children in need of support are also beneficiaries.	The number of child beneficiaries reached overall is difficult to determine due to a lack of data. However, children benefitting from services and DI are set out in the Findings, Section 7.5, 7.6.

Key stakeholders	<p>National level: Parliament, government institutions: the Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health, and Social Affairs (MoIDPOTLHSA), the Agency for State Care and Assistance for the (Statutory) Victims of Human Trafficking (SCA), the Ministry of Education and Science, the Ministry of Infrastructure and Regional Development and the Judiciary.</p> <p>Sub-national level: local self-government; service providers, schools, health care facilities, residential institutions for children; licensed NGOs and CSOs as well as parents, kinship carers, foster carers and adopters.</p>	<p>These bodies are all duty bearers - implement and monitor laws, policies, programmes and services that promote family and community-based care, prevent institutionalization, and ensure deinstitutionalisation in accordance with international standards. Identify the progress, gaps, and windows for opportunity through monitoring of the situation of children and reform implementation.</p> <p>For more detail on role see Findings section.</p>
	UNICEF	Partner, vision and leadership; advocacy for reform; provision of technical assistance and support; liaison with government, development partners, CSOs and beneficiaries; leveraging partnership and resources; funder of programmes; capacity building; policy design and legal reform formulation with government
	Ombudsman	Duty to report on violations of children's rights, including in children's residential institutions
Stakeholders / secondary users	European Union	Development partner and donor, encouragement of reform, initially through a Partnership and Cooperation agreement and, from 2014, under an Association Agreement.
	Other donors (e.g. UN Agencies, World Bank, USAID, SIDA and the Norwegian Government)	Development partners and donors. Norwegian government: support to Government for inclusive education USAID World Bank SIDA
	NGOs, CSOs, FBOs	Provide child care services, including the provision of small group homes, day care centres, rehabilitation services and other community-based support services. These bodies work together with duty bearers and other partners to advocate for policy changes and reforms that prioritize children's rights, family-based care, and deinstitutionalisation, and the implementation of child care and DI reform standards. Engage in the design of laws, policies, and services, monitor government performance, etc.
	UNICEF Europe and Central Asia Regional Office and UNICEF HQ.	Formulator of UNICEF policy and advisor to UNICEF Country Offices.

2. BACKGROUND

2.1 Context

Georgia became an independent country in 1991, with the fall of the Union of Soviet Socialist Republics. It has a population of 3,736,400, of which 60 per cent live in urban areas and 40 per cent in rural areas.⁹ Nearly one-third of the total population live in Tbilisi. In January 2023, there were approximately 900,792 children, forming 24 per cent of the total population, 52.03 per cent of whom are male and 47.96 per cent female.¹⁰

Georgia has had a relatively stable economic growth between 2009 and 2023 (other than a dip in 2020 during the COVID-19 pandemic),¹¹ transitioning from a lower-middle income country to an upper-middle income country in 2018.¹² Poverty declined rapidly between 2010 and 2015, but since 2016 the progress of poverty reduction has stagnated.¹³ Poverty is a particular issue for children, with an estimated 20.4% of children living under the absolute poverty line in 2022, compared to 15.6% of the population as a whole. This is, however, a 2.3% reduction from the year prior and a 6% reduction from 2020, indicating a positive trend in the reduction of child poverty in Georgia.¹⁴

There is limited data available on religious and ethnic demographics. According to the 2014 census, 86.83 per cent of the population identify as ethnically Georgian, followed by Azeri (6.27 per cent), Armenian (4.53 per cent), Russian (0.71 per cent), Ossetian (0.39 per cent), and other (1.24 per cent).¹⁵ These demographics are likely to have changed since 2014 due to conflict and difficult economic conditions in the region causing population shifts. Georgia is overwhelmingly Orthodox (83.41 per cent), with a small population identifying as Muslim (10.74 per cent), and Armenian Apostolic (2.94 per cent).¹⁶ Towards the end of 2021, Georgia had around 300,000 IDPs and refugees, including from Ukraine, the Russian Federation, Iraq and Iran.

There is no recent data on the numbers of children with a disability in Georgia. In the most recent dataset from 2014 there were 8,192 children aged 0-19 years old with at least one type of functional disability,¹⁷ the majority of whom were male (57.48 per cent). In 2021, the TransMonEE recorded that 12,889 children received disability cash benefits (social package) of whom 61.33 of whom were male.¹⁸ There is no explanation available for the gender imbalance.

Political context

Politically, Georgia is governed by a multi-party parliamentary democracy, but the country has faced a number of serious challenges including the protracted conflicts in the Abkhazia and Tskhinvali/South Ossetia regions. Georgia signed a partnership and cooperation agreement with the EU in 1996 which came into force in 1999. A further agreement, an Association Agreement was signed with the EU in 2014 and came into force in 2016. The agreement requires Georgia to align with EU standards. The goal, which is enshrined in the Constitution, is for Georgia to integrate fully into the EU. To this end, Georgia applied for EU membership in March 2022. In June 2022, the European Council discussed the application and stated its readiness to grant Georgia EU candidate status once the priorities set out in

⁹ Government of Georgia, National Statistics Office, Population as of 1 January by regions and urban-rural settlements, www.geostat.ge/en/modules/categories/41/population, accessed 22 August 2023.

¹⁰ Government of Georgia, National Statistics Office, Population as of 1 January by age and sex, [https://www.geostat.ge/en/modules/categories/41/population](http://www.geostat.ge/en/modules/categories/41/population), accessed 22 August 2023

¹¹ There was a considerable dip in GDP in 2020 as a result of COVID-19 but the economy has recovered since that date, <https://data.worldbank.org/indicator/NY.GDP.MKTP.KD.ZG?locations=GE>

¹² World Bank, Available at: <https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups>, accessed 28 September 2022.

¹³https://databankfiles.worldbank.org/public/ddpext_download/poverty/987B9C90-CB9F-4D93-AE8C-750588BF00QA/current/Global_POVEQ_GEO.pdf. See also <https://georgiatoday.ge/poverty-in-georgia-2010-2020/>

¹⁴ Government of Georgia, National Statistics Office, [https://www.geostat.ge/en/modules/categories/192/living-conditions](http://www.geostat.ge/en/modules/categories/192/living-conditions), accessed December 4, 2023.

¹⁵ UNFPA, 2014 General Population Census in Georgia, <https://georgia.unfpa.org/sites/default/files/pub-pdf/Census%202014%20ENG.pdf>, accessed 22 August 2023.

¹⁶ UNFPA, 2014 General Population Census in Georgia, <https://georgia.unfpa.org/sites/default/files/pub-pdf/Census%202014%20ENG.pdf>, accessed 22 August 2023.

¹⁷UNICEF, Women and children with disabilities in Georgia: an overview of the data, 2021, www.unicef.org/georgia/media/7706/file/Women%20and%20Children%20with%20Disabilities%20in%20Georgia:%20An%20Overview%20of%20Data.pdf.

¹⁸ TransMonEE Database, 2023.

the European Commission's opinion on its EU membership application are addressed (none of which relate specifically to children).¹⁹

The country consists of sixty-four municipalities within nine regions, five of which are self-governing cities, including the capital city Tbilisi.

Legal context

Georgia is a constitutional democracy. The supreme law in Georgia is the Constitution, with the text explicitly stating that the rights of children should be protected by the law.²⁰ Georgia has acceded to various international and regional human rights treaties, the most relevant of which for this evaluation is the UN Convention on the Rights of the Child (CRC), ratified in 1994 and the Convention on the Rights of Persons with Disabilities (CRPD) ratified in 2014. The contents of these instruments are treated as an integral part of domestic law and have supremacy over national legislation where there is a conflict.

Georgia has a cross-cutting legislative framework that promotes the rights of children and youth. The Code on the Rights of the Child, adopted in 2019, was considered a "*landmark achievement which fundamentally changes how Georgian law treats children and issues concerning children and ensures the welfare and protection of all children.*"²¹ The Code incorporates the principles enshrined in the CRC into national law. Chapter III of the Code details the child's right to a family environment and provides for the right of a child to live and be raised in a family. It also places an obligation on the State to take appropriate measures to prevent abandonment and separation of the child from his or her family;²² and to pay particular attention to the effective and continuous accessibility of children with disabilities to education, including vocational education, healthcare and rehabilitation services, in order to promote the child's full individual development and social inclusion of the child.²³ It addition, the Law provides that when providing support to a child in his or her family, special attention is to be paid to a vulnerable child,²⁴ defined as "a child under the influence of factors hindering his/her ability to understand, resist and cope with various challenges and to regain resources without appropriate support, including such factors as addiction to drugs, alcohol and/or gambling, the deprivation of child parental care in childhood, conflict with the law, violence, and other similar factual circumstances."²⁵

Children have the right to social protection and social services in accordance with need, and the State is under a duty to take all administrative, social and educational measures to protect children with disabilities from concealment, abandonment and segregation.²⁶

In terms of prevention of separation, the Code sets out the duty on the State to set up family support programmes aimed at strengthening the child and family through the sustainable securing of their individual needs. Family support programmes include, information, counselling and education programmes; targeted material and non-material support; courses to strengthen positive parenting and childcare skills; mediation for family disputes and divorce; supplementary social services (e.g. day-centres) and programmes for early childhood development and adolescent support.²⁷ The content, form and duration of family support programmes is to be determined for each individual child on the basis of assessment of the best interests of the child and the status of the child's family. The Code provides that targeted social support shall not be one-off support but shall include stable provision of a complex of education, healthcare and rehabilitation and social integration related to the individual needs of the child.²⁸

¹⁹ Communication for the Commission to the European Parliament, the European Council and the Council: Commission Opinion on Georgia's application for membership of the European Union, COM (2022)405 final, Brussels, 17.6.2022.

²⁰ Article 30, Constitution of Georgia.

²¹ UNICEF Georgia, Country Office Annual Report 2020.

²² Code on the Rights of the Child, Article 27(1).

²³ Code on the Rights of the Child, Article 27(3).

²⁴ Code on the Rights of the Child, Article 27(4).

²⁵ Code on the Rights of the Child, Article 3(p).

²⁶ Code on the Rights of the Child Article 46(3)

²⁷ Code on the Rights of the Child, Article 28(5).

²⁸ Code on the Rights of the Child, article 46(5).

With regard to response, the Code places a duty on the State to ensure that all forms of alternative care conform to international and Georgian standards and that placement of a child in alternative care shall be on the basis of the assessment and recommendation of a multi-disciplinary group composed of professionals and in accordance with the best interests of the child,²⁹ who must submit the application for separation of the child from the parents to a judge.³⁰ The multi-disciplinary group must approve the child's development plan, while the authorised administrative body is responsible for monitoring the placement of the child.³¹ The main goal of placement in alternative care is to promote the return of the child to his or her family environment and, if return is not possible, to provide continuous care, in particular to ensure adoption of the child. If adoption is not in the best interests of the child to ensure their placement in foster care.³² All children placed in alternative care, including children with disabilities, are to be fully integrated into the unified State education, healthcare and social protection systems.³³

A number of agencies are provided for and their roles defined under the Code, the most prominent being the Standing Parliamentary Council for the protection of the rights of the child,³⁴ and the Inter-Agency Commission on the Implementation of the CRC and Child Rights,³⁵ as well as the Child Units established at the municipal level.³⁶ The Code also mandates the creation of a comprehensive data collection system, to generate an evidence base that can be utilised for future policy planning.³⁷

In addition to the Code on the Rights of the Child, there is a range of other legislation relating to child care and DI, the most prominent of which have been summarised in the table below. These are still very important as, despite notable progress made subsequent to the Code's adoption, significant challenges persist in the implementation of various provisions of the Code. As of the time of writing of this evaluation, the Parliament has not as yet adopted an implementation plan for the Code.

Table 3: Child care and DI-related legislation

Legislation	Content
Law on the Rights of Persons with Disability (2020)	The Law promotes the rights of persons with disability in line with the CRPD and CRC. It places a duty on the State to take all necessary measures to ensure a child with disabilities is able to live with their family, including the provision of relevant services and assistance to both the child and their family. If a family cannot care for a child with disabilities, the State is obliged to provide alternative care within a wider family circle, and failing that, a family-like environment.
Law on Social Work (2018)	The Law introduced strengthened regulations concerning the social work profession, and facilitated better planning, development and support for social workers as key professionals. Article 16 details the specific functions of social workers in relation to cases concerning children, family care and guardianship/custodianship support. The law also provides for the appointment of social workers at the municipal level and in the education, health and justice sectors.
Licensing of Child Care Services Law (2018)	The Law provides licensing regulations for all 24-hour childcare institutions, with the exception of boarding schools, medical facilities and foster-care. The law requires childcare institutions to meet benchmarks relating to staffing numbers and qualifications, infrastructure and material resources, as well as the Government Decree on Child Care Standards. ³⁸
Law on Adoption and Foster care (2009) (Amended in 2015)	The Law outlines the obligations of foster families and the Guardianship and Custodianship Authority. The law outlines specific principles that must be observed when placing a child, including: placing a child in a similar ethnic, religious and cultural

²⁹ Code on the Rights of the Child, Article 29 (3).

³⁰ Code on the Rights of the Child, Article 26(3).

³¹ Code on the Rights of the Child, Article 29(4).

³² Code on the Rights of the Child, Article 29(6).

³³ Code on the Rights of the Child, Article 29(8).

³⁴ Code on the Rights of the Child, Article 89(3).

³⁵ Code on the Rights of the Child, Article 90(3).

³⁶ Code on the Rights of the Child, Article 87.

³⁷ Code on the Rights of the Child, Article 84.

³⁸ UNICEF Georgia, Children Living and/or Working in the Streets of Georgia, July 2018, p. 63.

	environment; placing siblings together; obtaining the consent of the child 10 years old or above etc. ³⁹ With regard to adoption, both the Law on Adoption and Foster Care and the Civil Code state that a decision on adoption must be made by the Court based on the opinion of the Guardianship and Custodianship Authority. The biological parents of the child must consent to the placement of the child unless consent is dispensed with under the law. Similar criteria to foster care must be satisfied when making a match, and the law provides further detail on the obligations and duties of adoptive parents and the Guardianship Authority.
Law on Domestic Violence and support of victims of Domestic Violence 2017	Article 14(1) states that in the case of violence against a child, the child must be separated from the abusive parent or any other abuser on the basis of a restraining order issued by police or a decision made by a social worker.

Over the period of reform, the Government of Georgia (GoG) has developed a number of Strategies with Action Plans on child care reform. These include the Government of Georgia Action Plan on Child Protection and Deinstitutionalization 2005-2007; the National Child Action Plan 2008-2011,⁴⁰ and 2011-2012; the Child Welfare and Protection Action Plan 2012-2015; the Unified Strategy for Education and Science 2017-2021 and Action Plan and the Unified National Strategy of Education and Science 2022-2030; the National Strategy for the Protection of Human Rights 2014-2020 with the National Human Rights Action Plan (2008-2011, 2011-2012, 2014 – 2016 and 2016-2017, 2018-2020) and the second National Human Rights Action Plan (2022-2030).

Article 99 of the Code on the Rights of the Child placed the Government of Georgia under a statutory duty to draft and approve a unified national strategy and action plan on de-institutionalisation before 1st March 2020. Despite this requirement, a strategy has not at the time of writing been developed. However, the Government has recently adopted an integrated approach including child care reform and DI within the framework of National Strategies for Human Rights, the most recent of which is the National Strategy for the Protection of Human Rights 2023 – 2030. While this is to be welcomed, a specific Action Plan for the new Human Rights Strategy has yet to be developed.

2.2 Linkages with the sustainable development goals

The programme is in line with the SDG targets adjusted to the context of Georgia. It mainly contributes to the SDGs and targets presented below:

Table 4: Relevant SDGs and its targets and related indicators to the evaluation

Goal 1: No Poverty
Target 1.3: Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable
Goal 4: Quality Education
Target 4.1: By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes
Goal 5: Achieve gender equality and empower all women and girls
Target 5.1 End all forms of discrimination against all women and girls everywhere
Goal 10: Reduce inequality within and among countries
Target 10.2 By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status
Target 10.3 Ensure equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard
Goal 16 Promote just, peaceful and inclusive societies
Target 16.1 Protect children from abuse, exploitation, trafficking and violence

³⁹ Article 31

⁴⁰ Decree No 869 on the Approval of the 2008-2011 Government Action Plan for Children's Welfare, December 10, 2008.

Target: 16.6 Develop effective, accountable and transparent institutions at all levels

2.3 Status and needs of the beneficiaries

The most immediate beneficiaries of the childcare reforms are those at risk of separation or already separated and in institutional care, whether as a result of abandonment, abuse, neglect, violence or exploitation, having a disability or for any other reason. Their needs are for social work support to promote safe and stable upbringing by their parents or family, or where this is not feasible or is not in the best interests of the child, alternative care in a family-based setting. For children with disabilities and hard-to-place children their needs are also for social inclusion, both within the education system and the community.

2.4 Implementing bodies

The reforms have been implemented by The Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs (MoIDPOTLHSA) with technical support of UNICEF Georgia and in close collaboration with other Georgian and international organisations. The understanding of the evaluation team is that the following bodies have the described roles and responsibilities:

MoIDPOTLHSA is the main duty bearer and, at the same time, the key implementing partner and central level beneficiary: leading the decision-making processes concerning the implementation of the reforms; ensuring that all reform activities are in line with national policies and international commitments of Georgia. It is responsible for child protection, social welfare and health.

Ministry of Education and Sciences (MoES) is a duty bearer: responsible for overseeing the educational system and ensuring access to quality education for all children. The ministry develops and implements educational policies, curriculum standards, teacher training and student support services. The MoES is the main body responsible for the implementation of inclusive education reforms, in particular the DI of specialised and religious boarding schools.

Public Defender of Georgia: duty bearer with responsibility for monitoring compliance with the Code on the Rights of the Child, the CRC and other relevant international legal acts; the identification, investigation and response to violations of the rights of the child and review and response to complaints about violations of the rights of the child.

Standing Parliamentary Council for the Protection of the Rights of the Child: Duty bearer with responsibility to provide parliamentary oversight of the implementation of the Code on Child Rights.

Inter-Agency Council of Human Rights: duty bearer with responsibility for developing and implementing unified State policy within Georgia in the field of human rights, including in the field of child rights.

Interagency Committee for the Implementation of the Rights of Persons with Disabilities is a duty bearer with responsibility for determining State policy, the development of appropriate legislation, and ensuring systematic and coordinated work during budgeting and Parliamentary control.⁴¹

State Care Agency (national and regional level) is a duty bearer. It sits under the MoIDPOTLHSA and is carries out a range of functions, including child protection and social services. It oversees programmes relating to foster care and adoption. It is the main guardianship and care body.

Social Service agency is responsible for disbursement of allowances to beneficiaries, including the child benefit package, the 'social package' which includes universal survivor's benefits and disability payments, and targeted social assistance.

Guardianship Board: The Boards are duty bearers and are responsible for appointing legal guardians for children whose parents are unable to care for them. The Board, which consist of childcare and child protection professionals, assess a child's situation, considers potential care options, and decides on a child's placement in line with the child's best interests. The Board also oversees guardianship arrangements.

⁴¹ Child Rights Code, Article 89(2)

Municipal Child Units: These Units are new bodies (and duty bearers) introduced under the Code on the Rights of the Child. The Unit nominally carries out prevention work in relation to child protection; they are duty bearers with responsibility for preventing child abuse, supporting families in crises and facilitating safe and appropriate conditions for children in vulnerable positions and unsound living conditions.

Small Group Homes / Specialised Family-Type Services: and in the case of specialised family-type services, for children with severe disabilities.

District Courts; duty bearers hold a significant role in matters relating to child protection and childcare. This includes handling child protection cases such as child abuse, neglect or endangerment; issuing protective orders to remove a child from an unsafe environment if deemed necessary. It also oversees appointments of guardianship where necessary and oversees the legal process for adoption.

Service providers, including NGOs, FBOs and private providers: The State Care Agency outsources child care service delivery, including children's residential care homes and some community services to NGOs, FBOs and private providers including the provision of small group homes, day care centres, rehabilitation services, amongst many more.

Kinship carers and non-relative foster carers who provide family-based alternative care to children in the community.

UNICEF Georgia has had an ongoing role throughout the evaluation period: it has engaged in advocacy to ensure political support; ensured the technical and financial management of the child care reforms and deinstitutionalisation and provided appropriate expert technical expertise and policy advocacy leverage for the attainment of envisaged outcomes, in line with international standards. Based on its inter-sectoral partnership with key national stakeholders, UNICEF facilitated the dialogue on how legislation, policies, practices and training programmes for professionals could best meet the needs of vulnerable children and families.

The role of the EU was to encourage reform, initially through a Partnership and Cooperation agreement and from 2014 under an Association Agreement. The EU has also provided significant funding for the child care and DI reforms.

3. EVALUATION PURPOSE AND USERS

3.1 Purpose of the evaluation:

The purpose of the evaluation is to provide a rigorous assessment of the results (outcome and impact level) of the child care and DI reforms implemented by the Georgian Government with the support of UNICEF with a particular focus on children with disabilities and other highly marginalized and vulnerable children. The evaluation is intended to provide an objective assessment of the strengths and weaknesses in the approach taken by Georgia as well as insights on how to address possible system level bottlenecks. The evaluative focus is on the contribution of multi-faceted interventions and policies to the observed outcomes and impacts. The evaluation is formative and forward looking, and an important learning opportunity, both for UNICEF and its partners, especially the Government of Georgia in deriving lessons from the experience and existing evidence that can bring attention to the policies and good practices and inform further UNICEF programming. The evaluation aims to:

- Explore the extent to which national child care and DI reforms succeeded or not in addressing bottlenecks and why;
- Better understand the added value and comparative advantage of UNICEF within the country context in order to sharpen UNICEF's approach in supporting national governments' DI reforms;
- Generate findings for learning and advocacy purposes;
- Strengthen the accountability of UNICEF by evaluating UNICEF's contribution to the results (outcome and impact), if any; and
- Learn about how UNICEF's change strategies are operating in Georgia, while considering current circumstances.

3.2 Use and primary users:

The Government of Georgia, relevant ministries, municipalities, UNICEF Georgia and UNICEF ECARO, implementing partners and donors constitute the primary audience. The evaluation will allow the Government and UNICEF to identify the progress, gaps, and windows of opportunity for further reform and ensure that human rights recommendations

are fulfilled in accordance with international standards. The findings and lessons of the evaluation are expected to be relevant across all UNICEF COs teams that work on child care reform and social service reforms, as well as government and non-governmental stakeholders from education, health and social protection responsible for inclusive reforms in their respective sectors. The EU will be an important high-level secondary audience as the EU agenda and related agreements are the key national priorities. UNICEF HQ CP section and Evaluation Office will be a secondary audience.

3.3 Objectives of the evaluation

The objectives of the evaluation were first developed by UNICEF ECARO. They were the subject of an evaluability assessment in Georgia, in 2021. The objectives which apply to all countries are set out in the terms of reference for this evaluation (ToR), enclosed in Annex A and are set out below.

Objective 1: To assess the impact of government child care policies and understand what worked and what did not in the deinstitutionalisation of children and, in particular in the case of children with disabilities and other 'difficult to place' children, how and why;

- To determine the extent to which actual results for children were achieved, to what extent, if any, how? And why?
- Are there children who were not reached by DI, who are they and what are the factors that contributed for that?
- To verify original assumptions and investigate what factors (or combination of factors) are necessary and / or sufficient for the DI reforms to produce results in certain contexts
- To generate synthesis of lessons to learn from successful and unsuccessful cases
- To identify and explain unintended changes and consequences, both positive and negative, for different groups (parents/ caregivers, children, professionals, other sectors and systems)
- To obtain insights about how DI changed the behaviour, attitudes and perceptions of stakeholders

Objective 2. To determine the effectiveness, impact, coherence, relevance and efficiency of national child care reforms.

Objective 3. To assess the actual and potential contribution of UNICEF's work to the national progress (outcome and impact) in deinstitutionalisation childcare reforms for children in residential care, including for children with disabilities and other 'difficult to place children;'

- To determine the extent to which UNICEF has met its objectives;
- To determine the impact and effectiveness of UNICEF contribution as well as the extent to which it has incorporated gender, human rights-based and equity-focused approaches;
- To assess UNICEF's added value and comparative advantage in Georgia (in comparison to other stakeholders); and
- To explore the trigger effect, if any, of UN guidelines on alternative care for children, EU guidelines and policies, Council of Europe strategies and recommendations, the CRC and CPRD on the national DI reforms.

Objective 4. To draw lessons and provide recommendations for the refinement and potential scaling up of good practices to further support national governments in their efforts of strengthening child protection systems.

3.4 Scope of the evaluation

Thematic scope

In line with the ToR, the evaluation covered childcare reform initiatives nationally across Georgia with a strong focus on deinstitutionalization including prevention and gatekeeping, provision for children with disabilities and other 'hard-to-place' children, planning for change, executing transformation, including redirecting resources from institutional care to extended family and community-based services, overall implementation frameworks and monitoring.

As stated in the ToR, given the resources available for this evaluation, the object of the evaluation does not include programming in the following sectors:

- ⇒ Education sector: the development of inclusive education as a key, linked component to a national or sub-national DI agenda;
- ⇒ Health sector: the early detection and intervention in cases of disability, as a key factor to enable early intervention and prevention of secondary disabilities, and the provision of specialized services and additional family support services, rather than a rehabilitative, institutional approach to family support.
- ⇒ Social Protection: increasing the coverage of children with cash transfers; universal and targeted services, especially for children with disabilities; reforming disability assessment towards a human rights-based approach to disability inclusion.

Instead, the evaluation aimed to identify any barriers or bottlenecks in the child protection system to children accessing inclusive education, early detection and intervention services and social protection programmes, with a focus on children with disability.

Some changes were made to the questions to be addressed in the evaluation, set out in the ToR. The changes can be seen in Annex C and in the Inception Report produced for this evaluation.

Geographic and Chronological Scope

The evaluation covers childcare and DI reforms implemented in the territory of Georgia, excluding Abkhazia and Tskinvali/South Ossetia regions, due to the political and physical barriers to implementing and evaluating reforms in those regions.

The evaluation covers the interventions implemented from 2009 until the end of 2022. However, to inform the historical foundations of the childcare and DI reforms and to understand planned future approaches, the evaluation may refer to reforms that were/will be implemented outside of the delineated period. These will be referred to briefly, in so far as they relate to interventions implemented within the given period of 2009-2022.

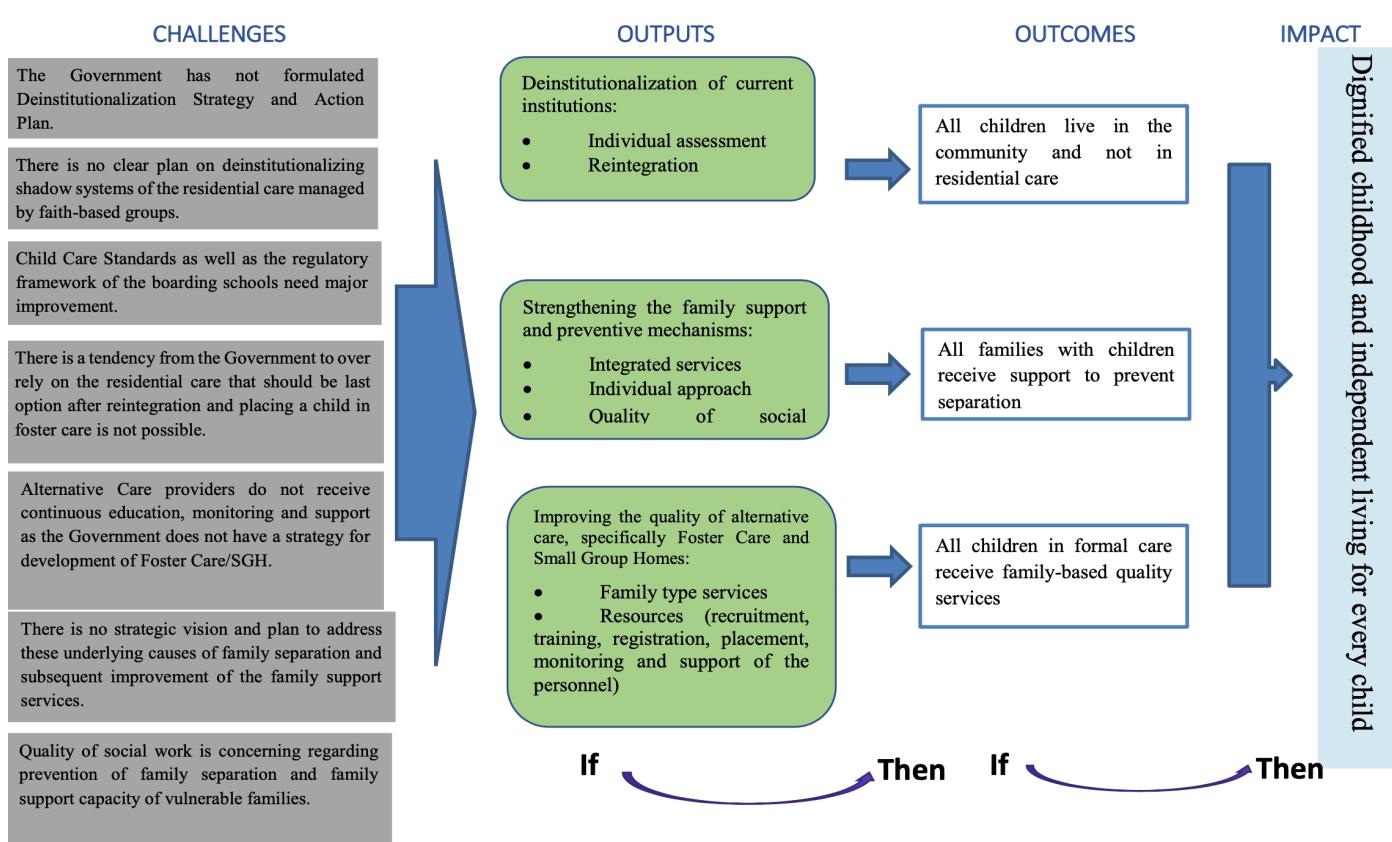
4. THEORY OF CHANGE

It was not possible to find a ToC relating to the Government's child care reform process. However, during an evaluation design workshop undertaken as part of an evaluability assessment (before the evaluators were appointed), State stakeholders⁴² participated in reconstructing a ToC for the government programme for the period 2012 – 2021, (before the evaluation consultancy started).⁴³ Figure 1 provides a visualisation of the reconstructed TOC agreed during the evaluability workshop.

Figure 1: Reconstructed Theory of Change

⁴² The full list of participants is contained in UNICEF Evaluability Assessment of National child care reform initiatives with a strong focus on deinstitutionalization (DI) including in particular for children with disabilities, Country brief, Georgia, 2021, Section 5.2.

⁴³ The TOC was reconstructed with stakeholders with an external consultant, but not by the consultants undertaking this evaluation.



The vision (or impact) of the reconstructed ToC is that all children enjoy a dignified life in the community and will not need to rely on institutional care. The underlying logic is that, *if* there is DI of institutions with each child the subject of an individual assessment and reintegration where possible; and *if* family support and prevention mechanisms are developed including establishment of integrated services and gatekeeping; and *if* there is provision of alternative care, specifically foster care and small group homes with resources, *then* the outcomes (all children live in the community and not residential care; families with children receive support to prevent separation and children in formal care receive family-based quality services) *then* the outcomes would be achieved would be achieved. *If* the outcomes are achieved then, in turn, the vision (or impact) of the ToC will be met.

While there is a clear causal link between what are termed 'outputs' and 'outcomes' the outputs are conflated with what would generally be termed 'activities'. For instance, recruitment, training, registration, placement monitoring and support of personnel should be viewed as activities which would in turn lead to the output: improving the quality of alternative care, which would in turn lead to the outcome. In addition, it should be noted that a typing error in the reconstructed TOC does not allow the reader to understand the last bullet of the output 'strengthening the family support and preventive mechanisms' through "*quality of social services*", but to enable the evaluation this is taken to read '*quality of social services improved and enhanced*'. One notable omission in the ToC is an output for the promotion of inclusive education, though it may be that this was assumed to fall within 'integrated services' and an 'individual approach'. A further omission is a specific reference to children with disabilities and hard to place children in the challenges, as these groups of children were both over-represented in institutional care and have not benefited equally across the evaluation period from DI.⁴⁴

The reconstructed ToC contains a clear description of the challenges that faced the reform process. However, the risks are not so clearly articulated. The recognised risk is specified in the evaluability assessment narrative: that the lack of a strategic policy document that unifies the efforts of all stakeholders might hinder the further process towards completion of the deinstitutionalisation process. There are, however, other risks that need to be taken into account:

⁴⁴ SOS and GASW, Child Rights Situation Analysis of Children at Risk of Losing Parental Care and Children who have lost Parental Care 2012 and UNICEF, Evaluation of Results achieved through child care system reform 2005-2012 in Georgia.

especially the risk of lack of political support to the ongoing reforms, or an inadequate fiscal space post-COVID-19 to progress the reforms, social norms, including discrimination against children with disabilities that impede efforts to place children in family based care and, more importantly, the need to ensure the human resources are in place to implement the reform. In addition, there is a risk within the ToC that insufficient attention will be paid to children with disabilities. The assumptions and risks are not contained within the ToC diagram.

The evaluability assessment acknowledges certain shortcomings with the reconstructed ToC, most notably the failure to include the need to develop services along all continuum of needs for children with disabilities, such as rehabilitation, day care and psychological support. The ToC also fails to consider as outputs the need to develop social policy to provide targeted support to children with disabilities; greater community awareness and the need to introduce integrated services such as preschool support and integration at community and school level. There is also no explicit reference to those who have 'aged out of care' and the outputs and outcomes that should be achieved in relation to this group.

As the ToC was completed by State stakeholders it was decided not to amend it, but to bear in mind the shortcomings.

UNICEF TOCs are not available for programmes covering the period 2009 – 2020 but a TOC was prepared for the 2021-2025 Country Programme, for the **UNICEF programme** going forward. It has three outcomes to illustrate the contribution and range of UNICEF activities relating to childcare and DI reform during 2021-2025. The envisaged outcomes include inclusive education, an outcome covering social protection for children living in poverty and also children with disabilities, and an outcome relating to child protection more specifically. While none of the three outcomes deal directly with DI, Outcome 4 has, as one of its implementation activities, further support to end the use of institutional care including in unregulated (i.e. private and religious foundation) homes.

Table 5: Relevant Outcomes and Outputs of the UNICEF Country Programme 2021-2025

Outcome	Outputs	Implementation (activities)
Outcome 2: By 2025, girls and boys, especially those who are vulnerable and/or at risk and/or with disabilities are actively engaged in age-appropriate learning programmes that meet national quality and inclusiveness standards.	By 2025, the Government has the capacity to develop and implement inclusive, student-centred and skills/competency based general education policies, national curricula, and scale up of successful programmes, including for out-of-school children and children with disabilities, and train teachers and school administrators, including from national minorities.	<p>⇒ Provide policy advice and technical assistance in developing education policy models, programmes and resources on inclusion of excluded and at-risk children including children with disabilities and children of national minorities. Facilitate existence and use of the evidence and data for policy making and support monitoring of students' participation in quality learning. Provide policy and technical assistance in improving Information management systems for preschool and general education</p> <p>⇒ Strengthen capacities of relevant central and municipal government agencies to implement the EPEC law and national standards, including a special focus on inclusive education. Further support inclusion of excluded and out of school children into mainstream education covering preschool and general education C4D for addressing stigma towards inclusive education</p> <p>⇒ Support state universities in implementation of quality pre-service programs (BA and MA levels) for prospective preschool and school teachers</p>
Outcome 3: By 2025, children and adolescents, especially the most vulnerable and	By 2025 national authorities have the capacity to develop child-and gender-sensitive evidence-based social policies and budgets	<p>⇒ Provide policy advise and technical assistance to:</p> <ul style="list-style-type: none"> - rethink entitlements for children with disabilities based on the new disability assessment and status determination system based on social model - develop Information management systems for the

<p>marginalized, have increased access to inclusive social protection, policies and programmes that focus specifically on enhanced realization of the rights of all children which are monitored through a robust child rights mechanism.</p>	<p>By 2025 selected national agencies and municipalities have improved capacities for planning, public finance for children (PF4C), and implementing and monitoring the effectiveness of social protection programmes.</p> <p>By 2025 relevant health and social service structures in selected regions of Georgia have the capacity to identify and grant disability status and provide assistance (cash and services) in line with an adapted entitlement scheme based on the social model of disability</p> <p>By 2025 national human rights monitoring mechanisms are reinforced to monitor child rights through effective and timely collection and analysis of data and evidence on children and adolescents.</p>	<p>social services</p> <ul style="list-style-type: none"> - introduce national and local planning of social programmes - de-centralization process and social services - institutionalization of the new disability status determination system - strengthen national coordination of child rights policies - implementation of international obligations related to children - development of a minimum package of social services for children and families - public finance <p>⇒ Support establishment and strengthening of adolescent and child sensitive data collection and analyses mechanisms on local and central government levels</p> <p>⇒ Facilitate existence and use of the evidence and data for policy making and support monitoring of performance of Social Protection programme effectiveness for children</p> <p>⇒ C4D for addressing stigma towards disability</p> <p>⇒ Modelling and capacity building for disability assessment and status determination based on social model in selected regions of Georgia</p> <p>⇒ Technical support for establishment and implementation of Common Assessment framework for social services and benefits</p> <p>⇒ Capacity building for adolescent and child sensitive data collection and analyses mechanisms</p> <p>⇒ Capacity building for improved child rights monitoring;</p> <p>⇒ Capacity building for local authorities and social service providers.</p>
<p>Outcome 4: By 2025, national legislative and implementation systems increasingly provide for a protective and caring family environment that enables families and children to demand and benefit from enhanced access to and use of community-based child and family services, quality alternative care,</p>	<p>By 2025, the child protection system and social services have improved capacities to develop and deliver evidence-based programmes that provide a more protective environment for children</p> <p>By 2025, relevant institutions have increased capacity to implement the legislation on social work, including strengthening pre- and in-service training and on-going support to social service workforce staff</p>	<p>⇒ Provide policy advice and technical assistance for:</p> <ul style="list-style-type: none"> - alignment of legislation with the Child Rights Code - Improved data collection on child victims of violence - Improved coordination between child care, justice, social protection, education and health sectors - Improved competencies of professionals - Strengthening /establishment of internal quality assurance and monitoring mechanisms in the child protection system <p>⇒ Further strengthen the alternative care system, including enhancing qualification of caregivers, service monitoring and on-going support;</p>

justice system, and protection systems against violence in all environments		<ul style="list-style-type: none"> ⇒ Modelling community-based support services for vulnerable children and families. ⇒ Further support ending the use of institutional care, including unregulated institutions.
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The UNICEF ToC has a number of assumptions and risks which are not contained in the reconstructed ToC but which can be considered valid for the Government's child care and DI reform programme as well as that of UNICEF. The assumptions are that:

- ⇒ The decentralisation strategy is adopted and effectively implemented;
- ⇒ Central and local governments have the understanding, will and financial resources as well as a clearly defined mandate for prioritising child rights in the policies and budgets;
- ⇒ The Government remains committed to the CRPD;
- ⇒ The Government advances implementation of the 2030 Agenda, the Concluding Observations of the CRC Committee, other international instruments and national child rights legislation, especially the new Code.

The UNICEF ToC also sets out the risks in greater detail than in the reconstructed ToC. These too, can be regarded as relevant both to the Government programme and the UNICEF Country Programme.

- ⇒ Low priority and insufficient government resources dedicated to social inclusion;
- ⇒ Brain drain from governance structures, especially from those responsible for designing and implementing laws, policies, and provision of services affecting children;
- ⇒ Low accountability of decision makers at central and local level.

The full version of the UNICEF CP 2021-2025 ToC and diagrams for the separate ToCs for outcomes 2, 3 and 4 can be found in Annex B.

The UNICEF ToC is useful in indicating the way forward for the reforms, while the reconstructed ToC focuses on the period 2012-2021. To that extent, as this evaluation is both formative and summative, the UNICEF ToC will be referred to in the evaluation where relevant.

5. METHODOLOGY

5.1 Overall methodological approach

The methodology is framed around the evaluation criteria of the Organisation for Economic Co-operation and Development / Development Assistance Committee (OECD/DAC), namely relevance, effectiveness, efficiency, sustainability, and coherence. The evaluation methodology has been developed according to the UNEG Norms and Standards for Evaluation (2016) and also incorporates UNICEF's guiding principles on gender equality, equity, and human rights, which will guide the evaluation process. **Our approach is equity and rights-based**, addresses child rights and is rooted in the UN Convention on the Rights of the Child (UNCRC), the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW), the Convention on the Rights of People with Disabilities (CRPD), the UN Disability Inclusion Strategy (as appropriate) and other key international standards. In order to ensure no child is left behind, the evaluation paid special attention to vulnerable or 'at risk' groups of children (many of whom are likely to be regarded as 'hard to place'), particularly children with disabilities, girls and children from ethnic minorities, to ensure their particular needs were identified, represented and addressed through our data collection and sampling techniques, analysis and recommendations.

A **theory-based evaluation approach** was applied to determine whether and how childcare reform initiatives have led to the changes set out in the country's theory of change (ToC), and why this may (or may not be) the case. This approach allowed the team to analyse the mechanisms, assumptions, risks, and contextual changes that either facilitated or impeded progress. Recognizing the intricate and multifaceted nature of the reforms, which involved various stakeholders and sectors such as education, healthcare, and social protection, the decision to employ a theory-based approach was deemed appropriate.

The evaluation applied a **mixed-methods approach** to data collection and analysis, incorporating both quantitative and qualitative methods and drawing on the strengths of both to gather data that is rich and explanatory, as well as accurate and measurable. It took a **consultative and participatory approach** with UNICEF, stakeholders and beneficiaries in order to ensure that the findings were context-appropriate and high-quality and that stakeholders had overall ownership of the process and outputs. In undertaking the evaluation, a **gender-responsiveness methodology** was employed throughout the methods and tools and data analysis techniques.

5.2 Evaluation Matrix

Based on the evaluation questions an evaluation matrix was developed (Annex C) which contains the evaluation questions and sub-questions, and sets out corresponding key indicators, data collection methods, and means of verification. The evaluation matrix informed the development of the methodology for the evaluation and guided the analysis.

Specifically, the evaluation matrix contains:

- The research questions and sub-questions the evaluation will attempt to answer (across the evaluation criteria of relevance, coherence, effectiveness, efficiency, impact, and sustainability)
- Qualitative and quantitative indicators which emerge from / relate to the evaluation questions;
- Data sources for answering research questions and measuring indicators; and
- Any limitations in data or the ability of researchers to analyse it.

5.3 Evaluation questions

An evaluation design workshop was held for key national stakeholders who were provided with a list of questions relating to the research questions set out in the TOR and, following the OECD-DAC criteria, were asked to rate their level of interest in the answers to these questions. The purpose of this process was to engage stakeholders from the beginning of the evaluation and to gain a better understanding of their perspectives and increase the ownership of the evaluation outcomes.

Following the evalubility workshop and consultation with UNICEF country offices, UNICEF ECARO and the Evaluation Reference Group, some amendments were made to the questions chosen by stakeholders, some questions deleted and some added. The amendments were made to enable a comparison to be made across the seven countries of the evaluation, to fulfil the overall objectives of the evaluation, and to allow for better comparison with the earlier evaluation conducted in 2013. The original questions chosen by stakeholders at the evalubility workshop and the amendments made to the questions post the evalubility workshop can be found in Annex C.

Table 6: Evaluation questions and sub-questions

Key Evaluation Questions	Sub-questions
Relevance	
1.To what extent have the childcare reforms been relevant to the deinstitutionalisation of children in residential care?	<p>1.1 To what extent have reforms to childcare policy and the legal framework been relevant to the deinstitutionalisation of children in residential care?</p> <p>1.2 To what extent have services introduced under the childcare reforms been relevant to the deinstitutionalisation of children in residential care?</p>
2.To what extent have the childcare and deinstitutionalisation reforms been aligned with States' obligations under the UN Convention on the Rights of the Child, the UN Guidelines for the Alternative Care of Children, EU Guidelines and the	<p>2.1 To what extent have the childcare and deinstitutionalisation reforms been aligned with States' obligations under the UN Convention on the Rights of the Child?</p> <p>2.2 To what extent have the childcare and deinstitutionalisation reforms been aligned with States' obligations under the UN Guidelines for the Alternative Care of Children?</p>

UN Convention on the Rights of Persons with Disabilities?	2.3 To what extent have the childcare and deinstitutionalisation reforms been aligned with States' obligations under the relevant EU Guidelines? 2.4 To what extent have the childcare and deinstitutionalisation reforms been aligned with States' obligations under the UN Convention on the Rights of Persons with Disabilities?
3. To what extent, if any, have UN guidelines on alternative care for children, EU guidelines and policies, CRC and CRPD on the national DI reforms acted as a trigger for national reform?	3.1 To what extent have the UN guidelines on alternative care for children acted as a trigger for reform? 3.2 To what extent have, EU guidelines and policies acted as a trigger for reform? 3.3 To what extent has the CRC acted as a trigger for reform? 3.4 To what extent has the CRPD acted as a trigger for reform?
4. How relevant have the childcare and deinstitutionalisation reforms been to the needs of children with disabilities and hard to place children?	4.1 How relevant have the childcare and deinstitutionalisation reforms been to the needs of children with disabilities? 4.2 How relevant have the childcare and deinstitutionalisation reforms been to the needs of hard to place children?
5. How relevant has UNICEF's input been to national childcare and deinstitutionalisation reforms?	
Effectiveness/Impact	
6. How did the DI reforms (and other external factors) contribute to the desired outcomes?	6.1 Which elements of the DI reform generated the desired outcome(s)? 6.2 How much of the observed outcome(s) can be attributed to the DI reforms? 6.3 What was the impact of other external factors on childcare and deinstitutionalisation reforms?
7. Under what circumstances, and why did the DI reforms generate the desired outcome(s)?	7.1 Under what circumstances did these deinstitutionalisation reforms generate the desired outcomes? 7.2 Why did the childcare and deinstitutionalisation reforms generate the desired outcomes? 7.3 What changes, if any, did the DI reforms have on the behaviour, attitudes, thinking and reasoning of stakeholders?
8. Has sufficient attention been given to measuring, monitoring and reporting results including results of DI reform related to gender equality? How effectively has evidence been used to inform changes and adjustments to the DI reforms?	8.1 Has sufficient attention been given to measuring, monitoring and reporting results? 8.2 Has sufficient attention been given to measuring, monitoring and reporting results specifically related to gender equality? 8.3 How effectively has evidence been used to inform changes and adjustments to the DI reforms?
9. Were there any unintended consequences which resulted from the childcare and deinstitutionalisation reforms?	
10. Have all groups of children targeted by the DI reforms actually been reached (i.e. has anyone been excluded)?	10.1 To what extent have disabled children targeted by the DI reforms actually been reached? 10.2 To what extent have hard to place children targeted by the DI reforms actually been reached? 10.3 Have any groups of children not benefited from the childcare and deinstitutionalisation programme?

11. What difference did the DI reforms make to the children in alternative care at the time of the reform, and under what circumstances? Since the reforms have taken place, what has been the impact on children passing through the new services? What challenges remain?	11.1 What has been the impact of DI reforms on the number and profile of children in alternative care? 11.2 What has been the impact of the new services on the use of institutionalisation? 11.3 What challenges remain?
12. What was the impact of DI reforms on strengthening the social service workforce, in particular the social work profession?	12.1 What was the impact of DI reforms on strengthening the social service workforce? 12.2 What was the impact of DI reforms on strengthening the social work profession?
13. What impact has the Covid-19 pandemic, conflict and economic downturn had on the effectiveness of DI reforms?	
Efficiency	
14. How has the Government used its resources – human, technical and financial – to support DI reforms? To what extent has this allocation of resources been effective in supporting DI reform efforts?	14.1 How has the Government used its human resources to support DI reforms? 14.2 How has the Government used its technical resources to support DI reforms? 14.3 How has the Government used its financial resources to support DI reforms? 14.4 To what extent has this allocation of resources been effective in supporting DI reform efforts
15. Does the efficiency of the DI reforms vary across contexts or subgroups of children? If so, by how much and for which groups of children?	
16. Retrospectively: What resources (national, EU, other donors) were available to carry out DI?	16.1 What have been the transition costs, covered by whom and for how long? 16.2 How, what and how much of the resources have been ring-fenced and reallocated/ transferred from closing down institutions (system) to a system based on diversified family and community-based services and inclusive education, including between sectors?
Coherence	
17. To what extent did various Government (e.g. social services, health and education) and non-government actors work together to achieve DI reform? Was there alignment between the aims and strategies of these actors?	17.1 What coordination mechanisms exist to ensure a comprehensive approach, especially in relation to children leaving / transitioning from institutions?
Sustainability	
18. Which key reform partners influenced / continue to influence the DI reforms implementation, performance and sustainability?	
19. What is UNICEF's role in the sustainability of the DI reforms?	

5.4 Data sources, collection methods and sampling

A range of qualitative and quantitative methods were used to collect data to answer the evaluation questions.

Desk review

The evaluation team reviewed a large number of documents provided by UNICEF and obtained from desk-based research. These documents included situation analysis reports; evaluations; country programme documents; programme strategy notes; annual management plans; programmatic reviews; progress reports; mid-year and end-year reviews and annual reports; third party monitoring reports from Government, the UN and NGOs; and research studies. The desk review also included a review of key government documents (laws and policies, strategies and action plans) and key sectoral and thematic action plans relating to child care and DI reforms and key articles. The list of consulted documents is contained in Annex D.

Key informant interviews

Key informant interviews (KIIs) were conducted to obtain detailed information from experts or key informants who have in-depth knowledge and experience related to childcare reforms and DI. Interviews were guided by a standardised set of questions, but allowed for a response-directed interaction. 38 KIIs were conducted at national and sub-national level. The list of participants and their organisation is contained in Annex E.

Individual/group interviews, and focus group discussions with children and adolescence

Although the TOR did not envisage the engagement of children or other vulnerable / hard to place groups, it was agreed that children and adolescents should participate directly in the evaluation. As a result, 10 focus groups and 16 in-depth interviews were held with children and adolescents placed in residential institutions, family-based alternative care, and children who had received community-based services developed as part of the deinstitutionalisation reform process. A particular focus was placed on children with disabilities and other difficult to place children.⁴⁵ The purpose of the interviews was to ensure a rounded view of children's experiences of the child care. As with KIIs, these interviews and focus groups discussions were guided by a standardised set of questions to capture information about the different stages of the child protection response and the child's experiences, while also allowing for the researcher to probe for more detail on aspects of particular interest.

Focus group discussions and group interviews with key stakeholders, parents/caregivers, and service providers

Focus group discussions (FGDs) were held with civil society organizations, service providers and staff workers in residential institutions to gather their perspectives on different aspects of the care reform process, to understand how reforms have translated into changes in the provision of services on the ground, and to identify the enabling factors and barriers which have shaped these changes. This enabled the evaluation to assess the nature of services provided, their quality and appropriateness and the capacity of service providers to address child protection issues in line with best practice. Group interviews were also held with parents/caregivers to understand their point of view and how reforms have impacted them and their children.

The FGD tool incorporated an interactive element involving participatory systems mapping. During this exercise, workers were prompted to identify individuals or entities that, based on their understanding, played a role in generating the distinct inputs, outputs, outcomes, and impacts, as articulated in the ToC.

All interviews were undertaken in July and August 2023.

5.5 Sampling

Selection of research locations

Data collection was carried out at the national level, with national level stakeholders, and at sub-national level in Tbilisi, Batumi, Kutaisi and Telavi. The research locations were selected in consultation with the UNICEF CO and the Evaluation Reference Group. The selection was based on the geographical coverage of the east, west, and central parts of Georgia, as well as the variety of social services offered, including local municipal programmes, residential institutions, family-type alternative services (foster and small groups), and various types of social services for vulnerable families with children.

⁴⁵ NB., the focus group interviews were held with children who could communicate either verbally or through sign language. Interviews were not conducted with children who were not able to communicate through one or other of these means. This may result in a degree of bias.

Selection of respondents

Given the qualitative nature of the data collection methods, the sampling strategy for the selection of participants was primarily purposive and non-random. Purposive sampling prioritised diversity to ensure respondents of diverse backgrounds and with diverse perspectives are included in the evaluation.

The sampling strategy for key informants was purposive and included key stakeholders at both national and sub-national level who have particular knowledge, expertise and accurate information in relation to childcare and deinstitutionalisation reforms, including stakeholders in relevant government agencies, UN agencies and international and national NGO partners. The purpose of this selection was to obtain particular knowledge, expertise and accurate information in relation to indicators in the evaluation framework from stakeholders.

The sampling for focus group discussions with local service providers and staff in residential institutions was purposive as well to include the perspectives of NGOs, local service providers and residential institutions. The sampling strategy for interviewing care-users (children, adolescence, and adults) aimed to ensure representation across different disabilities. The identification of the sample relied on organizations that were involved in KIIs and FGDs, utilizing a snowball sampling method.

5.6 Analysis Methods

Qualitative data analysis

All qualitative interviews were transcribed, uploaded into MAXQDA software and coded to identify key themes, patterns and relationships relevant to the research questions. The utilization of an innovative tool such as MAXQDA was to enhance the efficiency and accuracy of data collection and management, contributing to more robust and insightful results.

A realist evaluation approach was employed for data analysis, aiming to extract specific themes pertaining to "what had worked, for whom, under which circumstances, how, and why?" This analytical approach played a pivotal role in addressing research inquiries about the underlying mechanisms connecting childcare and deinstitutionalization reforms with resultant outcomes and impacts. The objective was to unravel the causal connections between deinstitutionalization reforms and their effects.

Expanding on this methodology, the exploration of "how and why" was enhanced by integrating participatory systems mapping and agent-based modelling into the analysis. These tools were utilized to gain insights into the key stakeholders within deinstitutionalization reforms and to discern the varying contributions of different actors, including entities like UNICEF. Additionally, these tools helped shed light on the intricate interactions among different agents involved in the process.

Quantitative data analysis

Administrative data was analysed using Excel software. Preliminary quantitative data analysis involved assessing the extent and randomness of missing data, which was found to be minimal. Initial analysis produced descriptive statistics on the composition of the sample and the overall results, disaggregated by factors of interest including intervention or comparison area. The sample and the overall results, disaggregated by factors of interest including intervention or comparison area.

Data triangulation

Different types of data and different data sources were triangulated with one another in order to identify any inconsistencies in information. Furthermore, considering the varying array of stakeholders situated at different 'levels' within the system—comprising children, parents, frontline workers, NGOs, government stakeholders, and decision-makers—data triangulation was employed across all participants. This approach facilitated a comprehensive portrayal of DI reform aspects, spanning inputs, outputs, outcomes, and impact across the entire system. This methodology effectively encompassed the viewpoints of a diverse assortment of stakeholders, thereby capturing insights from all key players. Triangulation helped to ensure the accuracy of findings, analysis and interpretation: drawing on different methods helped evaluators overcome any biases or weaknesses associated with a particular method.

It should be noted that ToR of the evaluation did not include a requirement to undertake a cost analysis, nor an analysis of the validity of the ToC constructed before the evaluation began. As a result, neither are incorporated into the methodological approach. Further, the methodology did not employ primary quantitative data collection methods. Rather, administrative data was requested and relied upon to assess implementation of outputs and achieved outcomes for the duration of the reform period, and the quantitative analysis was dependent upon the availability of this data

5.7 Limitations

Table 7: Limitations and mitigation measures

Limitations and Constraints of the Evaluation	Mitigation strategies
Sampling bias - The complex nature of childcare and deinstitutionalization (DI) reforms presented a challenge in conducting a nationwide evaluation that represents the entire target population.	The sampling plan was crafted through a series of consultations during the inception phase and a dedicated workshop involving the Evaluation Reference Group (ERG). The ERG workshop played a pivotal role in determining the participants and research locations, benefiting from the valuable insights and suggestions of the participants who possess expert knowledge in the field. Their involvement ensured that the chosen locations align with a well-rounded representation, enhancing the credibility and comprehensiveness of the research outcomes.
Reporting bias - Given the sensitive nature of the evaluation subject matter (which deals with child protection reforms and deinstitutionalization of children), it is likely that the evidence gathered is affected by reporting bias. Respondents may be reluctant or unwilling to share sensitive and personal information about traumatic and deeply personal events in their lives (children and adults). Further, respondents may be resistant to engaging critically on aspects of their professional experiences, which they may fear will reflect badly on themselves, government agencies, UNICEF, or other partners/stakeholders.	To mitigate against reporting bias, evaluators took care to carefully explain to all respondents that the evaluation was learning oriented. Evaluators also emphasized that anonymity would be protected, and that no negative personal or professional consequences would result from sharing open and honest information. Questions were asked sensitively, and interactions will be flexible and participatory, to allow for the most authentic, spontaneous and participant-led exchange.
Limited data - The limitations of existing data and the diffusive nature of the Child Protection Programme have presented a challenge in measuring the contribution of the childcare reforms to changes in outcomes	The evaluators' triangulated data from several sources when analysing differences between intervention and comparison districts, in order to better link any differences identified to elements of UNICEF's programme.
Availability of disaggregated data - quantitative data disaggregated by gender and vulnerable groups was limited. This lack of disaggregated data hindered the research team's ability to fully assess the impact of reforms and UNICEF's programming.	The reliance on qualitative data collected from stakeholders assumed greater significance. The qualitative information served as a valuable alternative, enabling the research team to glean insightful perspectives and augment the understanding of the reform's impact and UNICEF's contributions.

5.8 Validation and oversight

The ERG provided oversight at strategic points in the evaluation process. This included undertaking an evaluability assessment of the evaluation questions and matrix, as well as consultations during the inception phase and a dedicated Zoom workshop on 31st January 2023. The inception report was shared with the ERG and feedback elicited from and incorporated into this Evaluation report. A further ERG was held on 14th February to review the final report, its findings, conclusions and recommendations.

5.9 Ethics

All research was carried out in full accordance with the UNEG Ethical Guidelines and Coram International's own Ethical Protocol (Annex F) and Ethical Guidelines for Field Research (Annex G) as well as UNICEF's Ethical Standards in Research, Evaluation Data Collection and Analysis.

Independence, impartiality, and integrity: The absence of conflict of interest was duly checked prior to the start of the evaluation. Reasons for evaluative judgments and acceptance or rejection of comments on evaluation products were provided in written comment trails for each version of evaluation deliverables. All findings were triangulated. The data analysis and interpretation were conducted objectively, with evaluators carefully avoiding any preconceived notions that could sway the assessment's outcome.

Credibility, completeness and accountability: The evaluation ensured that all evidence was tracked from its source to its use and interpretation. All evaluation questions were answered through triangulation of data from multiple sources and processed using multiple analytical tools. All findings and conclusions are explicitly justified and substantiated, and the recommendations are based on findings and not bias.

Consent, confidentiality and respect of rights: Rights-holders and stakeholders consulted were duly informed about the purpose of the evaluation, the criteria applied and the intended use of findings. The evaluation was conducted in full respect of the participants' right to provide information in confidence through an information and consent form, where possible and where this was appropriate and not intimidating for young people. Researchers explained to participants in clear, age-appropriate language that participants were not required to participate and that they were able to stop participating at any time without negative consequences. All information was used and represented only to the extent agreed to by its contributor.

Data collection with children: Individual interviews were conducted with children (12–18 years) who were connected to the child protection reform system following a do-no-harm approach. During these interviews, the UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis (2015) involving children was followed. The children were asked to participate on a voluntary basis and their participation was strictly confidential. Where possible, parental / carer consent was obtained for all children aged under 13 years. For children aged over 13, the decision on whether consent from parents / carers is needed was made on a case-by-case basis, depending on the nature and context of the research and the age and capacity of participants. Special care was taken to ensure that especially vulnerable children gave informed consent.

The evaluation underwent an ethical review process conducted by the HML Institutional Review Board (IRB) which comprehensively assessed the research protocol / methodology, data collection methods and plan and ethical protocol and tools, along with the data collection tools (attached at Annex H).

EVALUATION FINDINGS

6. Relevance

The relevance of the reform programme was assessed using available data, facts and statistics for the years 2009 - 2022 as well as relevant laws, ratified international instruments, strategies, policies, and action plans. Interviews with key stakeholders were also used to triangulate findings.

As noted in the previous section deinstitutionalisation consists of four elements: (i) the prevention of placing children in residential institutions (RIs), (ii) the reintegration of children in RIs back with their families; (iii) developing alternative family-based care; and (iv) transition of children out of the childcare system.⁴⁶ The Evaluation addressed the first three elements, but not (iv). It should be noted that (iv) is not a core component of the ToC. In addition, it should be noted that the ToR did not include a cost analysis of the reforms.

The evaluation found that overall, the outputs of the child care and DI reforms have been highly relevant in progressing towards the desired outcomes of the programme as set out in the reconstructed ToC. They have been relevant to the deinstitutionalisation of children in residential care, to strengthening the family support and preventive mechanisms through the development of services providing for the diverse needs of institutionalized children and children at risk of institutionalized and improving the quality of alternative care. Although the reforms have been rather slower for children with disabilities and those who are considered 'hard to place', all groups of children have benefitted and none have been left behind.

Summary of findings on relevance

- Georgia has published a number of highly relevant strategies and action plans. The strategies and action plans have been consistent in the approach to change: away from the use of institutions to a system that supports families; the development of inclusive education and community based services; and, where alternative care is required, promotion of family-based kinship and foster care;
- A Government finding that the widespread use of educational institutions with large-scale dormitories was harmful to child development was instrumental in the reforms;
- the Human Rights Strategy 2014-2020 specifically addressed equity gaps and children left behind by the earlier phases of the reform;
- Four new legislative instruments all highly relevant to child care reform and DI have been passed over the course of the evaluation period;
- Targeted social assistance programmes and the Special State Programme for Child Care and Social Rehabilitation (SPCSR) have been relevant to preventing the separation of children from families;
- The support for children with disabilities offered under the reforms, including for instance, inclusive education, resource centres, rehabilitation and day care services have been highly relevant.

6.1 To what extent have the childcare reforms been relevant to the deinstitutionalisation of children in residential care (Question 1)?

As with other countries that had been part of the USSR, Georgia relied on large scale residential institutions for children in need of care. Following independence in 1991, Georgia embarked on what has been a long-term reform. The initial efforts of the reform were focused on improving the conditions for children placed in residential care rather than on deinstitutionalisation. It was not until 2001 that an initial National Strategy for Family Based Child Welfare in Georgia was developed with deinstitutionalisation as a focus. The second phase of the reforms started in 2004, following the Rose Revolution. During this phase (2004-2009) the Government undertook an extensive restructuring of the bodies responsible for child welfare, including the establishment of a Governmental Commission for Child Protection and Deinstitutionalisation.⁴⁷ The reforms of this period were affected by a number of external

⁴⁶ Based on the definition set out in the Common European Guidelines on the Transition from Institutional to Community-Based Care, © European Expert Group on the Transition from Institutional to Community-based Care, November 2012.

⁴⁷ Resolution 75, April 21, 2005, About the Approval of the Governmental Action Plan for Child Protection and Deinstitutionalisation

consequences, including a rapidly changing political landscape, with frequent changes in ministerial posts, conflict with Russia in 2008 over the Tskhinvali/South Ossetia region, and the global financial crisis of 2008.

The point reached in the reforms by 2009, the starting date for this evaluation, was summed up by a UNICEF assessment of the Child Welfare Reform Process.⁴⁸

- ⇒ Child welfare issues did not form part of the general discourse on social protection in Georgia;
- ⇒ The establishment of Guardianship and Care Panels to assign guardians and foster carers to children (i.e. gate-keeping) on the basis of information shared by social workers, was regarded as one of the major improvements of the previous 10 years. But there was not full coverage across the country and they did not cover entry into institutions run by authorities other than the Ministry of Labour, Health and Social Affairs (MoLHSA, as it was then);
- ⇒ Standards for child care services were piloted by 45 non-government service providers. The standards were regarded as controversial by some due to the unfeasible targets perceived relative unimportance of a number of the standards and were not approved by Government;
- ⇒ The Law on the State Budget provided for family support services in the form of cash assistance and the Law on Social Assistance provided for psychological and social support to be made available by social workers;
- ⇒ The law allowed for the establishment of alternative support services but there were few resources to allow this to happen;
- ⇒ Main areas of policy development were increasing awareness of alternatives to institutional care. Foster care was an accepted concept within policy but was slow to take off. Social workers remained concerned about the motivation of some foster carers and there was a general distrust of foster care on the part of parents. Children could only be placed in foster care with the agreement of the parents and very little emergency foster care was available;
- ⇒ Strategic aims for residential institutions were closure or transformation into alternative support services and / or improvement of standards. Standards for institutions were approved in 2007 but there was a lack of commitment to implementation because of practical obstacles and the difficulty in setting a ceiling on the number of children in institutions where there were insufficient alternatives;
- ⇒ Increase in social workers from 18 in 2000 to 160 by 2009. Establishment of social work degree course and social work certification course (110 certificated by 2009);
- ⇒ Absence of procedures for licensing, standard-setting, accreditation and inspection had resulted in an unsystematic development of facilities of variable quality throughout Georgia. There were no regular inspections of services and no agreement about how an inspection process should operate;
- ⇒ The State continued to offer more traditional services, such as residential care and support for the development of the social work profession, while non-State bodies provided the greater share of community-based services;
- ⇒ Very little monitoring or effective data collection of the child care system partly due to a lack of resources and /or expertise in monitoring;
- ⇒ Approval of the Children's Action Plan 2008 -2011 (December 2008).

The 2008-2011 Government Action Plan on Children's Welfare, and a further Plan of Action covering the years 2011 – 2012 were highly relevant. It provided for the closure of large institutions by 2012 and the development of alternative care services as well as the creation of individualised community-based services at local level to meet the needs of children. The relevance of the Action Plan to DI can be demonstrated by the fact that in January 2009 there were 25 large residential institutions for children which had reduced to five by 2012, with 23 institutions closed during 2011 and 2012. In addition, alternative care services were developed, including an increase in the number of day care centres for children with disabilities; development of child care standards, a child protection referral system, operational Child Care and Guardianship Councils and an increasing number of social workers in the system.⁴⁹ These outputs all contributed towards the outcomes of the ToC.

⁴⁸ UNICEF, Assessment of the Child Welfare Reform Process in Georgia 2009

⁴⁹ SOS and GASW, Child Rights Situation Analysis of Children at Risk of Losing Parental Care and Children who have lost Parental Care 2012.

While relevant, the reforms at this period of time did not, however, reach all children. Boarding schools for children with disabilities were not, for instance, included within the deinstitutionalisation programme, though the numbers boarding at these schools reduced.

In January 2009, responsibility for child welfare moved from the MOES to MOLHSA (now the Ministry of Internally Displaced Persons from the Occupied Territories, Health, Labour and Social Affairs (MoIDPOTHLSA)), and at local level from the Education Resource Centres to the Social Service Agency (SSA), a subordinate agency of the MOLHSA. Delivery of most State-run child care services, excluding services in residential institutions became the responsibility of the SSA, who contracted with social workers to deliver child deinstitutionalisation, prevention of child abandonment, adoption, guardianship and foster care.

An evaluation of the reforms between 2005 (when Georgia instituted a moratorium on children being placed in large scale institutions)⁵⁰ and 2012⁵¹ found that the reforms under the 2008-2011 Government Action Plan had achieved a number of its targets: deinstitutionalisation of children from large-scale institutions; development of alternative care services, including day care centres for children with disabilities; development of child care standards, a child protection referral system, operational Child Care and Guardianship Councils and an increasing number of social workers in the system. At the same time, however, the evaluation found that the reform was unbalanced in its policy towards different target groups of children and that child welfare services remained under-developed in terms of balanced responsiveness towards various target groups of children, geographic coverage and quality.⁵²

The 2012 evaluation found that although equity gaps had been reduced during the evaluation period, there was still a need for the development of services for children with disabilities, who were 'left behind' by the reforms, as were children of minority groups, street children and children leaving care.⁵³ At this point, the evaluation found that '*[t]he political commitment to the child care reform was considerable in the reference period, but currently is less acknowledged by many stakeholders. A weak preventive policy and overreliance on models of small group homes' is considered to be important risks to the long-term impact of the reform on children.*'⁵⁴ A further issue was that boarding schools for children with disabilities remained under the MoES and were not included within the deinstitutionalisation programme.

With the ending of the 2011-2012 Action Plan, no further child-specific action plans have been adopted. Rather, action to promote child care reform and DI was subsumed into the Human Rights Strategy 2014-2020. Chapter 13 of the Strategy provided for improved child protection and assistance systems; development of social services; reduction of poverty and access to quality education for all children. The tasks to realise the goals of the Strategy were relevant to continuing the child care reform and DI. These included the development of the children's social service system; the implementation of effective measures to ensure rehabilitation and social integration of vulnerable children of different social categories; and support to children and families to prevent separation and the promotion of kinship care (relevant to the outputs and outcomes of the ToC). The tasks were detailed further in the Human Rights Action Plan 2014-2016 were all highly relevant and included:

- ⇒ the Establishment of a working group dedicated to the monitoring and coordination of child rights under the Office of the Prime Minister;
- ⇒ Improvement of the legislative base through development of a regulatory normative base for foster care and reintegration, to decrease the number of children entering State care;
- ⇒ Harmonising the exchange of information and methodologies, between various child care institutions;
- ⇒ Strengthening human resources and institutional competencies of the child protection system through training;
- ⇒ Creation of mechanisms for child assessments and referrals for social service agencies;
- ⇒ Improvement of services for vulnerable children, including improvement of early learning and day care centre services and home care services for children with disabilities;

⁵⁰ See Ulybina O., Transnational agency and domestic policies: the case of childcare deinstitutionalisation in Georgia, *Global Social Policy* 2020, Vol. 20(3) 333–351.

⁵¹ SOS and GASW, *Child Rights Situation Analysis of Children at Risk of Losing Parental Care and Children who have lost Parental Care* 2012.

⁵² UNICEF, *Evaluation of Results achieved through child care system reform 2005-2012 in Georgia*.

⁵³ UNICEF, *Evaluation of Results achieved through child care system reform 2005-2012 in Georgia*.

⁵⁴ UNICEF, *Evaluation of Results achieved through child care system reform 2005-2012 in Georgia*. P.8.

- ⇒ Improvement of information management systems;
- ⇒ Raising of public awareness, especially in relation to children with disabilities;
- ⇒ Improvement of the social security system for children.

The Human Rights Action Plan 2014-2016 was followed by the Human Rights Action Plan for 2016-2017 – and a further plan for 2018-2020. All three Action Plans for implementation of the 2014-2020 Strategy are highly relevant in that they emphasise the need to continue the DI process; develop and strengthen preventative and family-support mechanisms; and develop the social welfare system, and inclusive education opportunities.⁵⁵

The 2018-2020 Plan had as its goal the strengthening of the preventive and family supporting mechanism.⁵⁶ A wide range of objectives fell under this goal, again all highly relevant to the child care and DI reforms, including:

- ⇒ Elaboration and implementation of a coordinative mechanism for vulnerable children with disabilities, from ethnic and religious minorities, children at risk of violence and children out of school through a system of early identification and referral;
- ⇒ Establishment of task workers (to be piloted in at least one municipality);
- ⇒ Ensuring access to appropriate financial and non-financial services for vulnerable children and their families;
- ⇒ Enhancement of accessibility to family support services for children with disabilities (day centres, home visits, early development / rehabilitation services)
- ⇒ Strengthening day care services especially for those at risk of separation and improvement of preventive mechanisms (i.e. gatekeeping)
- ⇒ Strengthening of the Social Work Institute;
- ⇒ Deinstitutionalisation of large child care establishments for children with disabilities and special needs and children only to be admitted to residential care after every preventive mechanism has been tried.
- ⇒ Further development and improvement of family-based alternative care services.
- ⇒ Strengthening inter-agency cooperation on child protection issues, including the creation of an integrated State data base on children.
- ⇒ Improvement of monitoring mechanisms.

The latest and current policy on child care reform and DI is to be found in the National Strategy for the Protection of Human Rights of Georgia 2023-2030, adopted by Parliament in 2023. This latest Strategy is also highly relevant (and with a broader reach of reform than that contained in the reconstructed ToC) in that it provides for equal and universal accessibility to education, including inclusive education for children with disabilities and special needs, especially for children in State care; implementation of the Code on Child Rights; support of children by municipalities; the employment of specialised staff, further strengthening of family support services; support for children leaving State care; deinstitutionalisation of children with disabilities and promotion of kinship carers when the child is in need of alternative care. As yet, however, no Action Plan has been adopted to implement the Strategy though at the time of writing, the process of development has begun.

Legal reform

During the period of the evaluation, there have been four major legal reforms, the first in time, was the Adoption and Foster Care Law 2017, which gives priority to the right of children to be raised in a family environment and, in terms of child care gives preference to the biological family, kinship care, foster care and adoption over institutional care. The second legislation reform, the Law on Social Work 2018 sets out the role of social workers and includes supporting the child, protecting the child's best interests; implementing preventive measures to keep a child within his or her biological family; reintegration of children from institutions and monitoring children who are accommodated with foster carers or in institutions and facilitating access to community services.⁵⁷

⁵⁵ Human Rights Action Plan 2014-2015, Human Rights Action Plan 2016-2017, Human Rights Action Plan 2018-2020.

⁵⁶ Chapter 16

⁵⁷ Law on Social Work 2018, Article 16.

The third instrument, the Code on the Rights of the Child was passed in 2019. It is particularly relevant in that it provides that the child shall have the right to live in and be raised in a family.⁵⁸ This applies equally to a child with disabilities. Further, it provides that a child may not be separated from his or her parent against his or her will, except when a Court so orders in the best interests of the child.⁵⁹ The Code places a duty on the Government to take “*appropriate measures to prevent the abandonment or the separation of the child from his or her family and shall ensure adequate living conditions, healthcare and social protection services, inclusive education*”⁶⁰ and effective mechanisms for the protection of the child. The Code is particularly relevant to DI in that it provides for “*all necessary legislative and administrative measures which involve the gradual substitution of the residential care of children, including children with disabilities, by foster care, and other family-based and community-based services.*”⁶¹ In addition, the Code provides that all child care services, whether providing a service for a few hours or on a 24-hour basis shall comply with the Single National Standards for Childcare. It is notable, however, that the Code does not contain an explicit prohibition on the placement of children under the age of 3 in a residential institution. Further, although a highly relevant document, the Government has not as yet, adopted an Action Plan or passed secondary legislation to enable the Code to be implemented.

The most recent legal reform is the adoption of the Law on the Rights of Persons with Disabilities 2020, replacing the previous Law on Social Protection of Persons with Disabilities of 1995. The 2020 Law places a duty on the State to promote the realisation of the human rights and freedoms of persons with disabilities and requires the State to act in accordance with the CPRD. Article 7 of the Law directly addresses children with disabilities and provides for their basic rights on equal terms with other children, including the right to live in a family and “the State shall take all necessary administrative, social and educational measures, including the preliminary provision of a child with disabilities and his/her family with comprehensive information, relevant services and assistance.” In addition, and importantly, if the family is unable to care for a child with disabilities, an obligation is placed on the State “to take all measures to organise alternative care within a wider family circle, and if this is not possible, the State shall be obliged to provide for the child such an environment that is close to a family environment.”⁶² The Law also provides for a right to a quality, inclusive education system for children with disabilities.

Social assistance programmes

Social assistance programmes under the welfare system have also been highly relevant to the child care reforms in terms of supporting children in families. The Targeted Social Assistance (TSA) programme began in 2006 for those families who met the criteria, but was enhanced in 2015 by an income-dependent subsidy for households with children and further enhanced payments for a child with disabilities.⁶³ The Ministry’s social welfare programmes also offered other financial aid relating to childcare, including food vouchers and emergency funds for families in crisis.⁶⁴ Such programmes are highly relevant to DI, as they addressed one of the leading causes for institutionalization at that time: family poverty.

The Special State Programme for Child Care and Social Rehabilitation (SPCSR) in 2018 and 2019 sought to improve the physical and social conditions of persons with disabilities (including children); children deprived of family care, socially vulnerable, homeless and at risk of abandonment, children being reintegrated as well as assistance to families with children in a crisis situation. The Programmes provided for a range of services for children, including the promotion of early-child development; equipment for children with disabilities; cochlear implants for children with hearing impairments; community-based services and, foster care, to be funded from the State budget. Priority was to be given to children involved in a reintegration programme and families of children with disabilities. The SPCSR continues to be relevant to children, particularly to children with disabilities. The latest SPCSR was likely to have been informed by a Situation Assessment of Rehabilitation in Georgia, which was published in 2020. In January 2023 the Government adopted the Strategy for the Development of Rehabilitation Services 2023-2027,⁶⁵ in line with WHO’s standards for

⁵⁸ Code on the Rights of the Child, Article 24.1.

⁵⁹ Code on the Rights of the Child, Article 26.1.

⁶⁰ Code on the Rights of the Child, Article 27.

⁶¹ Code on the Rights of the Child, Article 32 (6).

⁶² Law on the Rights of Persons with Disabilities, 2021 Article 7.6.

⁶³ KII, UNICEF Social Services Officer, UNICEF Office, Tbilisi, 12 July 2023.

⁶⁴ KII, Head of department, Ministry of IDP, Labour, Health and Social Welfare, 26 May 2023

⁶⁵ Resolution No. 45 on the Approval of the Rehabilitation Service Development Strategy in Georgia 2023-2027.

rehabilitation services, the WHO European Framework for action to achieve the highest attainable standard of health for persons with disabilities 2022–2030, the CRPD, and SDG 3. The Strategy covers children who, it is intended, will be able to access such services through day care centres.

Education inclusion

The Unified Strategies on Education and Science for Georgia for 2017-2021 and 2022-2030 are particularly relevant to the inclusion of children with disabilities in education. The 2022-2030 Strategy has the development of an equal, inclusive and diverse education system as one of its sectoral priorities.⁶⁶ In 2019, 30 per cent of schools had adapted educational infrastructure for children with special educational needs. Under the Action Plan for 2022-2024 that is to rise to 40 per cent by 2024 and more than 90 per cent in 2030. The principle of inclusive education is to be included in all teacher education programmes; special educational programmes for children with special educational needs are to be developed and implemented and comprehensive data bases introduced.

Overall, the reforms, proposed for the years ahead, from 2023 up to 2030 will, if implemented fully, contribute to meeting the UNICEF ToC outcomes 2, 3 and 4.

6.2 To what extent have the childcare and DI reforms been aligned with States' obligations under the UN Convention on the Rights of the Child, the UN Guidelines for the Alternative Care of Children, EU Guidelines and the UN Convention on the Rights of Persons with Disabilities (Question 2.1)?

The child care and DI reforms are largely aligned with the CRC. The CRC in their concluding observations to the 4th periodic report in 2017 noted the reforms to the childcare system and the process of DI, but expressed concern at the lack of a distinct comprehensive action plan for the protection of the rights of the child, with prevention as its core component and in coordination and complementarity with policy measures aimed at minorities. It also urged the Government in line with its previous concluding observations, to guarantee all children and their families access to social services, and to provide sufficient human, technical and financial resources to childcare and DI.⁶⁷

Both the Law on Adoption and Fostering and the Code on the Rights of the Child were adopted following the CRC concluding observations. Both improve the alignment of the reforms with the CRC, and both make direct reference to the Convention of the Rights of the Child. There is no specific mention in the policies or laws of any of the Council of Europe Strategies on Child Rights or the UN Guidelines for the Alternative Care of Children. Nevertheless, the Code on Child Rights incorporates some elements contained in the UN Guidelines, such as the provision of services to support the family and reduce the risk of separation.

The Law on the Rights of Persons with Disabilities (2020)⁶⁸ requires the State to act in accordance with the CRPD and is aligned in terms of the provisions for children, these are relatively brief. The Unified Strategy for Education and Science in Georgia 2017-2021 and 2022 largely align with the CRC, the CRPD and the Council of Europe Strategy for the Rights of the Child, 2016 -2021 and 2022-2030, but do not incorporate all elements of the CRPD in relation to children. The CRPD Committee in its concluding observations to Georgia's initial report under the CRPR in 2023 raised a number of concerns, including the continuing use of a medical model of disability assessment; limited coverage of programmes for children with disabilities, especially for children living in poverty, ethnic minority children and autistic children and that programmes designed for children by social workers are not accessible to children with disabilities.⁶⁹ Some of these issues have been addressed in the National Unified Strategy for Education and Science 2022-2030.

6.3 To what extent have UN Guidelines on Alternative care for children, EU guidelines and policies, CRC and CRPD acted as a trigger for national reform (Question 2.2)?

Georgia's accession to the CRC in 1994 was a major trigger for the national DI efforts and continues to be a guiding force for further reform, with national legislation making direct references to the CRC and its overriding principles. The

⁶⁶ Unified National Strategy of Education and Science of Georgia 2022-2030, Para. 4.4.2 Sectoral Priority II

⁶⁷ CRC/C/GEO/CO/4, Para 27.

⁶⁸ Article 7(6)

⁶⁹ CRPD/C/GEO/CO/1 18 April 2023, para. 15

Committee on the Rights of the Child also played a part in instigating reform, with the Government addressing the recommendations made in the 2017 concluding observations.

Georgia ratified the CRPD in 2014. Whilst it was not a trigger for the original phase of the reforms in the same way as the CRC, ratification “*created a basis to strengthen the DI process*,”⁷⁰ led to the passing of the Law on the Rights of Persons with Disabilities,⁷¹ and ensured that later DI efforts were more inclusive of children with disabilities, who had been left behind by earlier DI reforms.⁷²

Georgia signed an association agreement with the European Union in 2014, which entered into force in 2016, and applied to be a member state in March 2022. In June 2022, the European Commission published its opinion on Georgia’s application for membership. It noted that the deinstitutionalization had not been completed and that persons with disabilities were amongst the most marginalized in the population. The Opinion recommended that Georgia be given candidate status once a number of priorities had been fulfilled.⁷³ The completion of deinstitutionalization was not one of the priorities, and indeed the last State large-scale residential facility was only closed in 2022, but as Georgia moves forward towards membership, it will undoubtedly need to undertake further reforms to the childcare system to satisfy chapters of the EU Acquis.⁷⁴ The new vigour and focus on DI efforts currently seen in Georgia can in part be attributed to the desire to become a member state.

6.4 How relevant have childcare and DI reforms been to the needs of children with disabilities (Question 4.1)?

There are differing statistics on the number of children with disabilities in Georgia. According to the 2018 MICS results, 8 per cent of children between 2-17 years have functional difficulties in at least one domain, including 2 per cent of children between 2-4 years and 10 per cent of children between 5-17 years.⁷⁵ The UNICEF Child Welfare Survey of 2023 recorded 5.8 per cent of children as having some form of functional difficulty which considerably restricts their daily lives. Of these only 12.6 per cent have official disability status. The Survey puts the incidence of functional difficulties at 1.8 per cent for 2-4 year olds and 6.5 per cent for 5-17 year olds. . The discrepancy in the figures is likely to be due to the disability status determination system in Georgia, which relies heavily on the medical model of disability and does not take into consideration functional difficulties and psycho-social dimensions of disability.⁷⁶ A further reason may be a reluctance on the part of parents due to the stigma a disability status may confer on the child.

Figure 2: Incidence of functional difficulties across demographic and socio-economic groups

⁷⁰ KII, Head of Department for social protection, IDPs and Labour Policy, MoIPDOTLHSA, 26 July 2023. Policy, Ministry of IDPs from the Occupied Territories, Labour, Health and Social Welfare, 26 July 2023.

⁷¹ UNPRPD, Situation Analysis on the Rights of Persons with Disabilities, 2021, https://www.undp.org/sites/g/files/zskgke326/files/migration/ge/pwds_situation_analysis_2021_eng.pdf, accessed 8th February 2024.

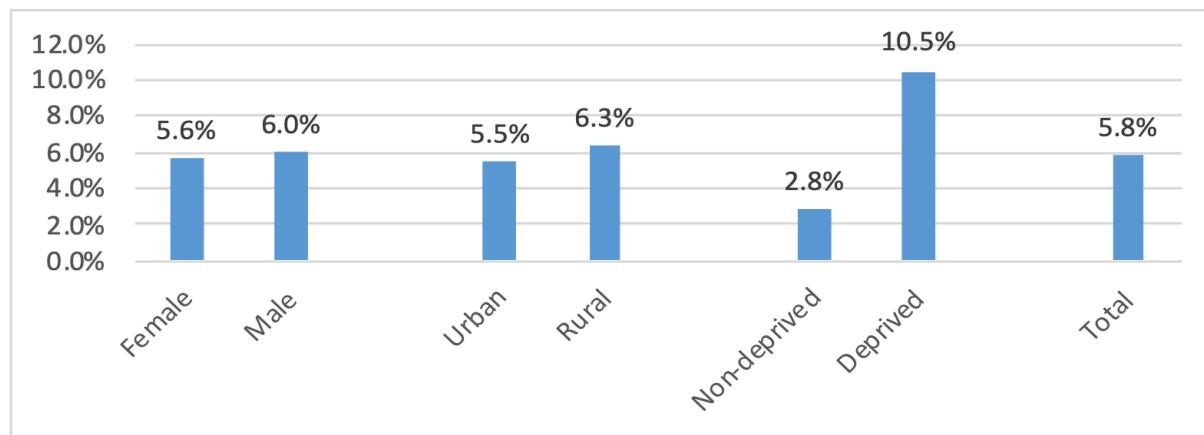
⁷² Disability Rights International, The Exclusion of Children and Adults with Disabilities from Reform and Rights Protection in the Republic of Georgia, 2013, available at <https://bit.ly/3AwBH2z>

⁷³ European Commission, Commission opinion on Georgia’s application for membership of the European Union, Brussels, COM (2022) 405, 17 June 2022, neighbourhood-enlargement.ec.europa.eu/system/files/2022-06/Georgia%20opinion%20and%20Annex.pdf, accessed 4th September 2022.

⁷⁴ See, for instance, Council of the European Union, 2014/494/EU, Chapter 16, Article 359 and European Commission, Commission opinion on Georgia’s application for membership of the European Union, Brussels, COM (2022) 405, 17 June 2022, neighbourhood-enlargement.ec.europa.eu/system/files/2022-06/Georgia%20opinion%20and%20Annex.pdf, accessed 4th September 2022.

⁷⁵ UNICEF, Georgia Education Fact Sheets, 2020.

⁷⁶ UNICEF, Child Welfare Survey 2023, p. 4 [https://www.unicef.org/georgia/media/8221/file/Child%20Welfare%20Survey%20\(CWS\).pdf](https://www.unicef.org/georgia/media/8221/file/Child%20Welfare%20Survey%20(CWS).pdf)



Source: UNICEF Child Welfare Survey 2023.

The support for children with disabilities offered under the reforms has been highly relevant. The social package currently includes State disability pensions, social assistance cash transfers,⁷⁷ in-kind support, assistive technologies, early intervention for children with developmental delays (0-7), child rehabilitation / habilitation, day care centres (introduced under the SPCSR), homecare and small group homes.⁷⁸ While the child care reforms and DI process have been highly relevant in theory to the second outcome in the reconstructed ToC and the needs of children with disabilities, in practice it has been a slow process, with institutionalized children with disabilities largely excluded from the initial DI reforms.⁷⁹ In 2021, recognizing that children with disabilities were being left behind, the Government created the Interagency Committee for the Implementation of the Rights of Persons with Disabilities as a national mechanism responsible for coordinating the implementation of the CPRD.

The practice of inclusive education, which began in Georgia in 2005, is particularly relevant for children with disabilities and to remaining in the community (outcome 1 of the ToC). A noticeable increase in the numbers of children attending inclusive education over the period of the evaluation can be seen from Figure 3. It is difficult to ascertain, however, whether the children included in the data are children with disabilities or children with special educational needs (e.g., dyslexia) which does not affect their everyday functioning. In 2014 the census recorded that just over 4,500 children with special educational needs (SEN) attended mainstream school. By 2022, the number of children with SEN had increased to 11,351.⁸⁰ However, in 2021 only 65 per cent of schools reported having students with SEN in their classes.⁸¹

"If you look at it from the scope of 15-20 years ago, it's night and day, and parents that have children with disabilities today, they can send their child to school. It's somewhat normalized. They are not facing as much bullying as they probably would have before, and the stigma is reduced. So, the fact that kids are going to school, and that they can go, and they're accepted there and there are resources, and those resources are increasing, is a significant success. And I don't think you can ever diminish that, because it's incredibly meaningful and a parent that had a child at the age of five in 2004 would be shocked at what's available now in 2023".⁸²

Inclusive education in mainstream schools has increased and the placement of children with SEN in specialised schools has also decreased (Figure 3). Currently, in Georgia there are seven special schools (4 for students with profound mental impairment and multiple disorders, 2 for children with hearing impairment and one for children with visual impairment). At the end of 2021, six of the seven provided boarding services. Most of the children attend on a daily basis but a number board. The boarding school for children with visual impairments, for instance, had 56 students in

⁷⁷ It should be noted that cash transfers are based on a scoring criteria and not every child with disabilities will receive a cash transfer. However, many families with children with disabilities will fall within the criteria.

⁷⁸ KII UNICEF

⁷⁹ Disability Rights International, Left Behind – The Exclusion of Children and Adults with Disabilities from Reform and Right Protection in the Republic of Georgia, 2013.

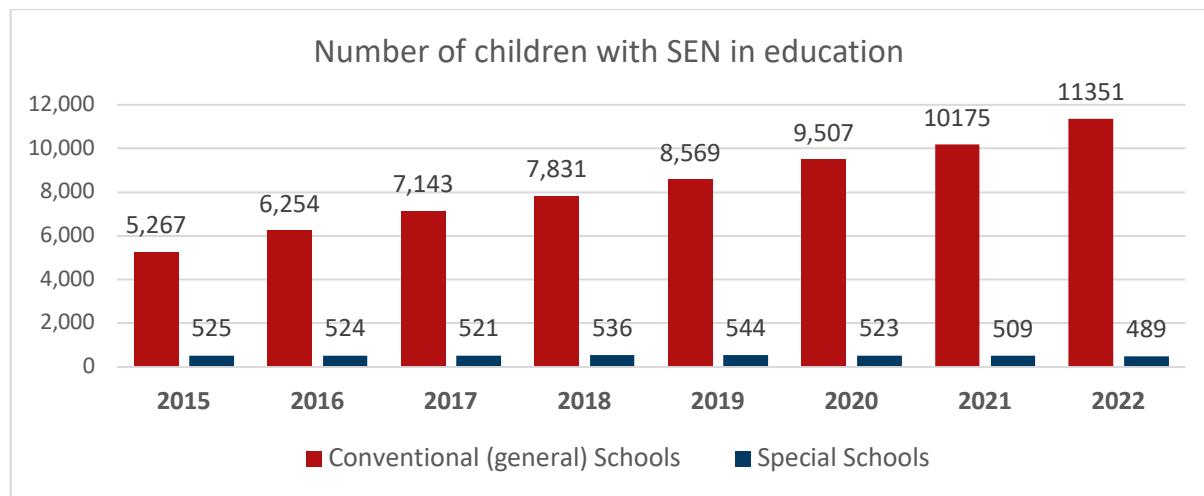
⁸⁰ UNICEF, TransMonEE Georgia 2023.

⁸¹ Coalition for Children and Youth, List of Issues Prior to Reporting, 2021.

⁸² FGD, the McLain Association for Children, 26 July 2023.

2023, of whom six were boarding during term time. As can be seen from figure 3 below, however, while the number of students attending special schools decreased between 2017 and 2022, this is not a significant decrease.

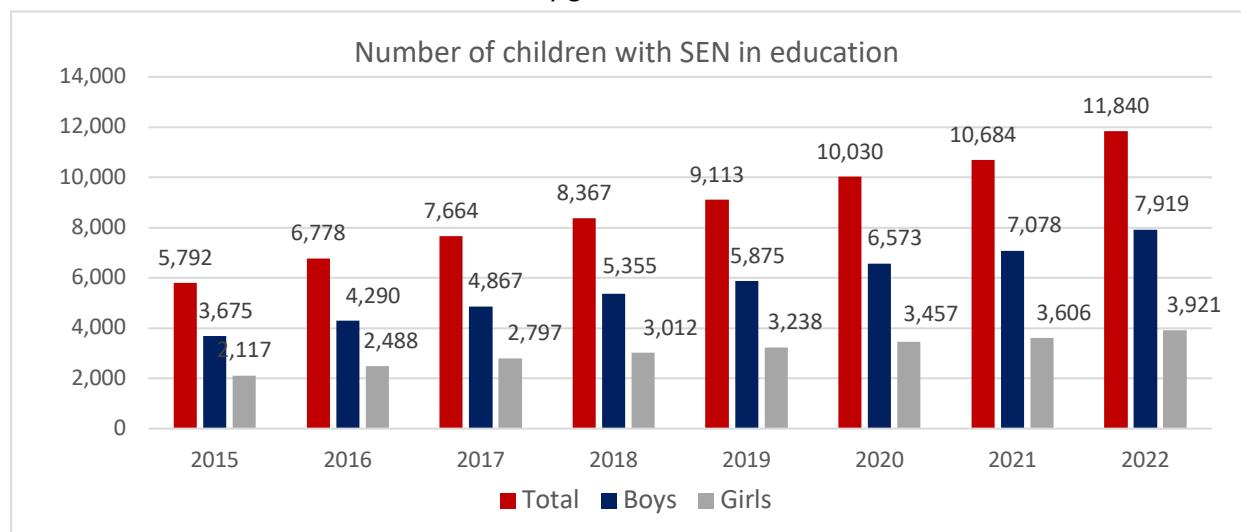
Figure 3: Number of children with SEN in education



Source: TransMonee 2023.

When the total number of children with SEN attending education is broken down by gender, (see figure 4 below) it shows a significant divide in enrolment rates between boys and girls. It is likely this divide reflects findings from international research that more boys than girls are diagnosed with learning disabilities.⁸³ However, other research indicates that there is little gender difference between boys and girls in terms of learning disabilities, but that more boys than girls are formally diagnosed.⁸⁴ The reason for the considerable gender imbalance in this case is not known and does not appear to have been explored. It may be that more boys are formally diagnosed, especially in relation to disabilities such as ADHD and autism. However, the number of children, especially girls, with disabilities who are not in school at all in Georgia, is not known. It is possible that fewer girls with disabilities are enrolled in education due to discrimination, or a reluctance on the part of parents to enrol girls with disabilities.

Figure 4: Number of children with SEN in education by gender



⁸³ Abdullah, M. Q., Gender difference in learning disabled children Neuropsychological review, <https://lupinepublishers.com/research-and-reviews-journal/fulltext/gender-difference-in-learning-disabled-children-neuropsychological-review.ID.000111.php#:~:text=About%20two%2Dthirds%20of%20school,the%20school%2Didentified%20population.%20>

⁸⁴ Quinn JM, Wagner RK. Gender Differences in Reading Impairment and in the Identification of Impaired Readers: Results From a Large-Scale Study of At-Risk Readers. J Learn Disabil. 2015 Jul-Aug;48(4):433-45. doi: 10.1177/0022219413508323. Epub 2013 Oct 23. PMID: 24153403; PMCID: PMC3997651.

Despite the improvement, limitations remain. According to the 2019 Monitoring Report of the Public Defender, the provision of quality inclusive education is hindered by the physical infrastructure of public schools; the shortage of a range of resources; the lack of relevant specialists and the low level of their qualification; and the limitations of internal and external monitoring systems.⁸⁵ Transportation is also an issue. Recently, a personal assistance service has been introduced in some schools, but further development is needed.⁸⁶

6.5 How relevant have the childcare and DI reforms been to the needs of 'hard to place' children (Qu. 4.2) ?

Hard to place children in Georgia include street children and children with mental health and behavioural problems. In 2011 it was estimated that there were 1,050 children living and working on the streets in the four largest cities, nearly all boys, and in Tbilisi nearly 60 per cent were of Roma origin. At the same time, children connected with the streets appeared to be the most prevalent demographic found in residential care.⁸⁷ An evaluation covering the period 2005-2012, found that addressing the needs of street children and their families was not a priority for public authorities and that these children "*appeared beyond UNICEF's focus within the reporting period*".⁸⁸ It concluded that street children were left behind. Providing services for these children (particularly those relating to ToC Outcome 2: support to prevent separation) was also noted as being a significant challenge by UNICEF in 2012.⁸⁹

Attempts have been made to include children living and working on the street in the reforms, particularly through an EU funded programme 'Reaching Highly Vulnerable Children in Georgia with Focus on Children Living and Working on the Street', which started in 2012 and included strengthening small group homes and foster care arrangements to respond to the needs of children working and living on the street.⁹⁰ The Human Rights Action Plan 2014-2016 included plans for a mobile registration system; activation of mobile registration centres; raising of public awareness to overcome stigma faced by such children and the improvement of services for children living and working on the streets through day care centres, crisis intervention services and the incorporation of costs for the day care centres into the State budget. A 2018 study on children connected with the street found, however, that the services offered were not particularly relevant and that there were notable discrepancies between the services offered and the actual needs of the various categories of street children present in Georgia.⁹¹ Further attention was paid to this group in the 2018-2020 Action Plan on Human Rights, which had as one of its tasks offering educational programmes for children living and working on the street and the strengthening of rehabilitation and preventive services. There is also provision in the 2023-2030 Human Rights Action Plan to strengthen services further. While the programmes are relevant, it does not appear that children living and working on the street are a priority of the reforms nor that the programmes are meeting the needs of this particular group of children.⁹²

In regard to children with mental health issues, there still remains a considerable lack of mental health services and qualified professional workforce capable of supporting such children. The outcomes in the ToC are not being met for these groups of children.

6. 6 How relevant has UNICEF's input been to national childcare and DI reforms (Qu.5)?

*"UNICEF has made an immense contribution to the development of services and professions and the system in general, it has a very serious contribution."*⁹³

*"UNICEF is the key player in regard to childcare system development and DI"*⁹⁴

⁸⁵ Coalition for Children and Youth, List of Issues Prior to Reporting, 2021.

⁸⁶ FGD, the McLain Association for Children, 26 July 2023.

⁸⁷ UNICEF, Georgia, Child Care 2012.

⁸⁸ UNICEF, Evaluation of results achieved through child care system reform 2005-2012 in Georgia, 2015.

⁸⁹ UNICEF, Child Care Reform in Georgia, 2012.

⁹⁰ UNICEF and EU, Children living and/or working in the streets of Georgia, July 2018.

⁹¹ UNICEF, Children living and/or working in the streets of Georgia, July 2018.

⁹² UNICEF interviewee

⁹³ KII, State Care Agency, Tbilisi.

⁹⁴ KII, Department for Social Protection, IDPs and Labour Policy, Ministry of IDPs from the Occupied Territories, Labour, Health and Social Welfare, 26 July 2023.

UNICEF has made significant contribution, in this whole process, it supports the representatives of the state, state agencies, and even now, a lot is being carried out with the support of UNICEF. For example, the specialisation of social workers, a completely new case management tool, a suicide protocol, a sexual violence protocol, a preventive component, the formation of a regional council, the concept multisectoral and multidisciplinary meetings of guardianship and care, trainings for the newcomers and the implementation of the guide on Article 26 of Child Rights Code. In fact, during these 3 years, everything that was important was done, so to speak, with the support of UNICEF financial or otherwise.⁹⁵

UNICEF has taken on a leading role in the national child care and DI reform programme. Its programmes have been consistently relevant across the evaluation period. It has provided continuous technical expertise and support across the entire remit of the reforms; taken on a co-ordinating and convening role and contributed towards the development of networks and coalitions working on the reforms; supported the government and service providers in capacity building and securing funding; and supported the development of the legislative framework. In order to achieve this, UNICEF built strong partnerships with the MoIDPOTLHSA, key donors including the European Union & USAID, the Norwegian Government, SIDA and other international and local NGOs, as well as community and faith-based organizations.⁹⁶

UNICEF has provided crucial technical expertise to key decision makers and implementing partners in their DI and childcare work. It was a key supporter of EveryChild during their piloting of the social work system in Georgia,⁹⁷ and is seen as the key actor in the expansion of alternative care options, helping to develop guidance and tools to strengthen and guide the professional workforce implementing the reforms.

“UNICEF helped us a lot during the development of small group homes and in general alternative services, providing rules, guidelines, Standard Operating Procedures, retraining, manuals, guidelines for social workers and so on.”⁹⁸

In addition, UNICEF has promoted disability rights and the introduction of services that respond to the needs of children with disabilities, such as the introduction of cash benefits. Together with MAC Georgia, UNICEF established the Disability Advisory Council which supports the government’s efforts towards strengthening disability related services and programming.⁹⁹ In line with their 2016 and 2021 CPDs, UNICEF’s nation-wide social change campaign #SeeEveryColour reached over 1 million people and sought to challenge wide-spread misconceptions about children with disabilities.¹⁰⁰ Further, in 2016 UNICEF ran an awareness raising programme on street children. UNICEF has also helped to pilot and develop innovative services for other ‘hard to place’ children, for whom it is often difficult to secure funding for services and programming. Last but not least, UNICEF has commissioned research and evaluations relevant to the reforms, which have been used to build evidence-based policy, inform the childcare reforms and develop tailored, relevant support services.¹⁰¹

7. Effectiveness

Summary of findings on effectiveness

- ⇒ The child care and DI reforms have contributed significantly to the three outcomes in the reconstructed TOC;
- ⇒ During the evaluation period all 25 large-scale residential institutions that remained open in 2009 were closed by 2022;
- ⇒ The number of children with disabilities under the age of 8 in residential care has dropped significantly, while the number in kinship care and foster care has increased. However, there has been a sharp drop in the number of adolescent children with disabilities in kinship care and foster care

⁹⁵ KII, State Care Agency

⁹⁶ UNICEF, Child care reform in Georgia: update on progress of ending the use of large institutional care for children, November 2012.

⁹⁷ KII, Georgian Association of Social Workers, Tbilisi, 13 July 2023.

⁹⁸ KII, Social Services Agency, Tbilisi.

⁹⁹ UNICEF Georgia, Country Office Annual Report 2021.

¹⁰⁰ Communication for social change campaign contributes to a reduction of stigma against disability in Georgia, 19 December 2018, unicef.org/georgia/press-releases/communication-social-change-campaign-contributes-reduction-stigma-against-disability, accessed 4 September 2023.

¹⁰¹ KII, Head of Department for social protection, IDPs and Labour Policy, MoIDPOTLHSA, 26 July 2023. KII, Deputy director, Social Services Agency, Tbilisi, [Date required] Tbilisi

- ⇒ By 2020 at least 37 day care services had been established for vulnerable children and children with disabilities, but services have not been established in some areas of the country and waiting lists for children to access the existing services are often long.
- ⇒ A new bio-psycho-social model for determining the status of disability, which has been piloted in two regions
- ⇒ Children with SEN are increasingly included in mainstream education, rising from 5,267 in 2015 to 11,351 in 2022.
- ⇒ Although the social services workforce has increased in size, the increase is insufficient. Some areas of the country have difficulty recruiting staff particularly in rural areas, and retention of staff is a challenge everywhere due to conditions, high workload and perceived low pay.
- ⇒ Resources for data collection and monitoring remain limited, and there is insufficient capacity to utilise and analyse the information effectively. The lack of detailed data continues to hinder effective, evidence-based policy making to guide the reforms.

7.1 How did the DI reforms (and other external factors) contribute to the desired outcomes (Qu.6)?

Which elements of the DI reform generated the desired outcome(s)? How much of the observed outcome(s) can be attributed to the DI reforms (Qus.6.1 and 6.2)?

The desired outcomes of the reform have changed over the time period of the evaluation. The outcome in the Government Action Plan for Child Welfare 2008 – 2011 was “*to provide quality, needs based, individualised services for children in the State care system at local level*”. In order to achieve this, there was to be: revision of social policy; development of social services for families and children; creation of normative acts to promote and implement the policy; the development of family replacement services; a gatekeeping system that controlled the entrance and exit of children from the residential institutions and closure of the majority of the large-scale institutions by 2012. These outcomes were continued in the Child Welfare and Protection Action Plan 2012 – 2015; the Human Rights Strategies 2014-2020 and 2023–2030 and the State Programmes on Social Rehabilitation and Childcare, and the accompanying action plans, though with some differences. Over the period of the evaluation, and as deinstitutionalisation was progressively achieved, focus shifted to the provision of services in the community, particularly for children with disabilities; the further development of fostering and capacity building of the social services workforce.

The outcomes in the reconstructed TOC were threefold:

- ⇒ All children live in the community and not residential care;
- ⇒ All families with children receive support to prevent separation; and
- ⇒ Children in formal care receive family-based community services.

The outputs to achieve these outcomes are set out in Figure 1 (Section 4). Outcome 1, deinstitutionalisation and the closure of all large-scale residential institutions was generated by the reforms. The last large-scale State institution, the Tbilisi Infant Home, closed in 2022. This outcome was generated by the expansion and support of kinship and foster care, the development of community-based services and the development of small group homes. The DI element of the reform applied to large-scale State homes, though smaller, religious institutions continue to exist.

The reforms also increased the support offered to families through the introduction of cash transfers and allowances under the SPSCR programmes, especially in the case of children with disabilities and children being reintegrated from residential care, contributing to the second outcome. The development of day care and other community based services also contributed to the third outcome: particularly, the development of day care services. All of the observed outcomes can be attributed to the outputs, the implementation of which acted as a catalyst for change.

The reforms were able to generate the desired outcomes due to the good working relationship between Government and UNICEF, the Government’s commitment to the reforms and ongoing discussion and review of the reforms over the period of the evaluation. For instance, in 2010, it was agreed initially that 16 of the 24 residential institutions would be closed and the other eight refurbished.¹⁰² UNICEF and USAID agreed to fund the refurbishment. However, before

¹⁰² Greenberg A., Partskhaladze N., How the Republic of Georgia has Nearly Eliminated the use of institutional Care for Children, (2014) Infant Mental Health Journal, Vol. 35 issue 2. March/April 2014.

the refurbishment got under way, the Government decided that it did not want institutional care for its children and that the money should be diverted to purchase / refurbish small group homes for 8-10 children,¹⁰³ which was the approach followed.

The holistic nature of the reforms, which focused on developing support services to ensure both the prevention of children entering State care, as well as support for the closure of the residential institution and DI of the children living there were crucial in generating the desired outcomes.

What was the impact of other external factors on childcare and deinstitutionalisation reforms (Qu.6.3)?

A number of external factors impacted on the reform programme. The CRC Committee has been influential in terms of the reforms. The concluding observations to the 3rd periodic report in 2008,¹⁰⁴ recommended that the deinstitutionalisation programme, including reunification with families and the recruitment of foster parents be expedited. The CRC Committee made further recommendations to the 4th and 5th periodic reports in 2017, including the development of sufficient alternative family and community-based options for children deprived of a family environment, particularly for children with disabilities; reinforcement of reintegration procedures; development of a comprehensive strategy for the inclusion of children with disabilities and a change of approach to the functional assessment of children with disabilities from the medical model to a biopsychosocial approach. These recommendations have had an impact on the reforms and have been largely addressed.

The EU supported the child care and DI reforms from the start of the evaluation period, including through the European Commission's Food Security Programme (EC FSP). The Programme laid out conditions relating to DI that had to be met to receive budgetary support under the programme. This was viewed by a number of participants as a significant factor in encouraging the government to accelerate DI reforms.¹⁰⁵ The later signing of an association agreement with the European Union in 2014, and the consequent budget support programme required the Government establish a high-level coordinating body for the childcare and DI reforms, in this case, the Government Commission on Child Protection and Deinstitutionalisation, an important body for coordination of the reforms.

7.2 Under what circumstances, and why did the DI reforms generate the desired outcome(s) (Qu. 7)?

The attitude of the Government and, in particular, its recognition that the widespread use of large educational institutions with dormitory accommodation was harmful to child development¹⁰⁶ was a catalyst for generating the desired outcomes. The continued commitment of the various stakeholders to the reforms across the evaluation period, even at times when progress in implementing the reforms has slowed down, has also contributed to generating the desired outcomes. The Government, the MoIDPOTHSA, the municipalities, INGO and NGO partners and the residential homes, created the circumstances which generated the desired outcomes by working together on the reforms and particularly on DI.

The provision of funding from the State Government and from donors, especially the EU, USAID, SIDA and the Norwegian Government as well as other smaller donors and service providers, was and remains a further contributing factor. While there are still financial shortfalls in terms of service provision, there has been sufficient funding to make good progress towards the generation of the desired outcomes. UNICEF has also played an important role in undertaking research and making it possible to build evidence-based policy and programming.

Qualitative evidence from interviewees for this evaluation indicates that the attitude of the public has taken longer to change, especially in relation to the closure of the residential institutions, the inclusion of children with disabilities in mainstream education and, to an extent, to foster carers. This is also noted in a 2021 report on Women and Children with Disabilities in Georgia.¹⁰⁷ There is a need to continue awareness raising in relation to both the right of the child

¹⁰³ Greenberg A., Partskhaladze N., How the Republic of Georgia has Nearly Eliminated the use of institutional Care for Children, (2014) Infant Mental Health Journal, Vol. 35 issue 2. March/April 2014.

¹⁰⁴ CRC/C/GEO/CO/3.

¹⁰⁵ KII, Founder member, Georgian Association of Social Workers, Tbilisi, 13 July 2023; KII, Country Director, Save the children, Tbilisi, 13 July 2023.

¹⁰⁶ Decree No 869 On the Approval of the 2008-2011 Government Action Plan for Children's Welfare

¹⁰⁷ UNICEF and UN Women, Women and Children with Disabilities in Georgia: An Overview of the Data, 2021.

to grow up in family environment and the inclusion of children with disabilities and, especially, to encourage more foster carers to come forward.

7.3 Has sufficient attention been given to measuring, monitoring and reporting results including results of DI reform related to gender equality? How effectively has evidence been used to inform changes and adjustments to the DI reforms (Qu.8)?

There is very little baseline data available from the start of the reform programme and a general lack of detailed, disaggregated statistical data on the outcomes of the reform programme over the period of the evaluation. Resources and capacity to improve data collection and monitoring remain limited.¹⁰⁸ It is not that monitoring systems do not exist, but rather than Government bodies continue to lack capacity to implement the systems. In addition, MoIDPOTLHSA lacks staff capacity to conduct research, analyse the vast array of information and data and utilise the information for evidence-based strategic policy making and planning.¹⁰⁹ The capacity of both the independent and the ministerial child rights monitoring mechanisms remain weak. The Child Rights Department of the Public Defender's Office lacks the human capacity to undertake systematic monitoring and to fully institutionalize it, while the capacity of NGOs to undertake proper monitoring of child rights also needs considerable strengthening.¹¹⁰ The lack of detailed data continues to hinder effective, evidence-based policy making to guide the reforms.

Data is available from MICS 2018 and from TransMonee 2023 on the number of children in residential care and the numbers entering and leaving each year disaggregated by age and gender from 2015-2022.¹¹¹ TransMonee also includes data on the number of children placed with relative and non-relative foster carers and UNICEF's Survey on Children and Youth in Georgia 2020 provides information on children who have been adopted. In addition, the Survey provides data on the number of children with functional disabilities and the nature of those disabilities. Data is available on children with disabilities included in mainstream education and special schools but there is no publicly available data on the number of children attending day care centres.¹¹² Where data is available, it is mostly disaggregated by gender, as well as by age, place of residence and first language.¹¹³

"There were flaws: there was no systematic research and evaluation of this reform. There were studies done, there was also a UNICEF Study but there was not a good, in-depth study on how the reform is going, follow-up and monitoring of the reform. What worked and what didn't work out at every stage. It wasn't well researched, you know. It was a kind of euphoria, we were in shock, look at what we are doing: we are closing big orphanages, we have reintegration, we have foster care and then we stopped there. We thought that this will develop with its own momentum. Programmes with such heavy and complete topics are not developed so easily. We lost our vision, there was no follow-up. The State did not keep its finger on the pulse". State Care Agency

UNICEF has set outcome indicators in its 2021-2025 CP, which have as yet, still to be met. In terms of the direction of the reform programme moving forward, these include:

- ⇒ New models of community-based family and child support and alternative care services tested and mechanisms in place to roll out with two new services developed in 2021 and launched in 2022.
- ⇒ The country has an alternative care policy in line with the UN Guidelines on Alternative Care as shown by the presence of a national strategy that covers prevention and family separation and alternative care (which should have been adopted in 2020, but has yet to be completed) and a concept for a minimum package of social services for children drafted by 2023. This too, has yet to be completed.

7.4 Were there any unintended consequences which resulted from the childcare and DI reforms (Qu. 9)

¹⁰⁸ UNICEF Georgia Country Programme Strategy Notes 2021-2025 at p. 41.

¹⁰⁹ UNICEF Georgia Country Programme Strategy Notes 2021-2025 at p. 41.

¹¹⁰ UNICEF Georgia Country Programme Strategy Notes 2021-2025 at p. 41.

¹¹¹ TransMonEE Georgia 2023 and 2018 Georgia MICS

¹¹² TransMonEE Georgia 2023

¹¹³ UNICEF Children and Youth in Georgia 2020. Evidence provided by UNICEF is that there were 1235 children with disabilities attending day care centres, but no formal evidence has been obtained from MoIDPOTLHSA or the SCA.

A significant unintended consequence raised by interviewees related to the priority placed on the closure of large-scale residential institutions, rather than on the welfare of children reintegrated into families, which was seen by some interviewees as leading to unintended poor outcomes for some children.

I think the first case, the very first case was done really well because we followed the book. We did everything really well. We had resources, people. We assessed each and every case individually, decided what and where, and only then we closed the institution. With the rate of closures increasing, the concern for children was not there The goal became just the closure of institution: they would just place children in another institution.... The goal has become closure rather the outcome of improving child's life. Closure was supposed to be a by-product, not the goal. The goal is improving the life of this child. By moving this child to another institution, you're not improving the life of this child in any way. You're subjecting this child to more stress, more unknown, more trauma. At that time, closure was such an important reform milestone that we had to do it - NGO.

When you proceed hastily, I can tell you this from experience, the child's interests can get lost and then this can lead to frequent changes in the forms of care, which, in turn causes a lot of stress for the child and behavioural disorders Although, on the one hand this process [i.e. closure of institutions] is very important..., I still believe that sometimes haste can hurt this process... I saw children reintegrated in families, in which they had never lived and after there was complete alienation from each other, and even now I'm witnessing similar cases, because we had to close the orphanage quickly - State Care Agency.

As noted in a 2016 Study on the Quality of Life of Deinstitutionalized Children as an Outcome Measure of the Child Care System Reform in Georgia, “*the attempts to generate the evidence about the outcomes of the reform and its impact on the engaged individuals are very limited*”.¹¹⁴ Surveying all children reintegrated from residential institutions with their families between 2011-2012, the Study found that quality of life increased to a level of 88 per cent as against 80 per cent for children living in the institutions. The Study does not make clear, however, how long after reintegration the follow-up took place, nor the extent to which there was break-down, if any, of reintegration placements. There does not appear to be any further follow up studies of this particular group of children. Given the paucity of evidence on reintegrated children it is not possible to triangulate the results or reach a conclusion on whether this ‘unintended consequence’ is borne out.

7.5 Have all groups of children targeted by the DI reforms actually been reached (i.e. has anyone been excluded) (Qu.10)?

All groups of children have benefitted from the child care and DI reforms, including children with disabilities. The large residential institutions for children with disabilities have been closed; community based services (day-care) have been developed and children with disabilities have been increasingly included in mainstream education.

The large-scale institutions for children with disabilities continued to function for much of the period of this evaluation. Despite the Government’s declaration that the three state run orphanages for children with disabilities would be closed by 2012,¹¹⁵ it took until 2022 to achieve this goal. As from the end of 2022 there are no State-run large-scale residential institutions for children with disabilities. In 2021 the Kojori Disabled Children’s House was closed and replaced with two family-type specialized facilities in Telavi and Chkorotsku into which 13 children from Kojori were transferred. An additional three, small size, specialized homes were established for children with disabilities in the Tbilisi Infant House (children aged 0-6), which was then closed: the last large-scale institution in the country.¹¹⁶ In December 2020 there were 40 children with disabilities in small group homes.¹¹⁷ Following the closure of the Kojori

¹¹⁴ Partskhaladze N., Journal of Young Researchers No. 4, 2016, <https://jyr.tsu.ge/index.php/Hoome/ebaut/eng/5/4>. The Study surveyed 3 groups of children: the first group consisted of children remaining in large scale residential institutions; the second group were children who had been reintegrated in 2011-2012 with State reintegration benefit (monetary support and social work service) as well as Social Fund Support and the third, children who were reintegrated between 2010 -2012, who did not receive Social Fund support. The Study noted that those who had been in residential institutions for less than 24 months were happier on returning home than those who had been placed in residential institutions for longer. In addition, younger children were happier when returned home than older children.

¹¹⁵ Video, Family For Every Child, UNICEF Georgia (July 26, 2012), at 03:05, available at http://www.youtube.com/watch?feature=player_embedded&v=ygvYnZeVeVs (last visited Dec. 6, 2013).

¹¹⁶UNICEF, European Union and UNICEF continue to support children with disabilities to enjoy a family type environment in Georgia, 20 April 2022, www.unicef.org/georgia/press-releases/european-union-and-unicef-continue-support-children-disabilities-enjoy-family-type, accessed 1 September 2023.

¹¹⁷ Submission of the Public Defender of Georgia to the UN Committee on the Rights of the Child, 2021.

home and the Tbilisi infant home in 2022 there were 27 children with disabilities in specialized small family-type homes with severe and profound disabilities and 41 in small family type homes.¹¹⁸

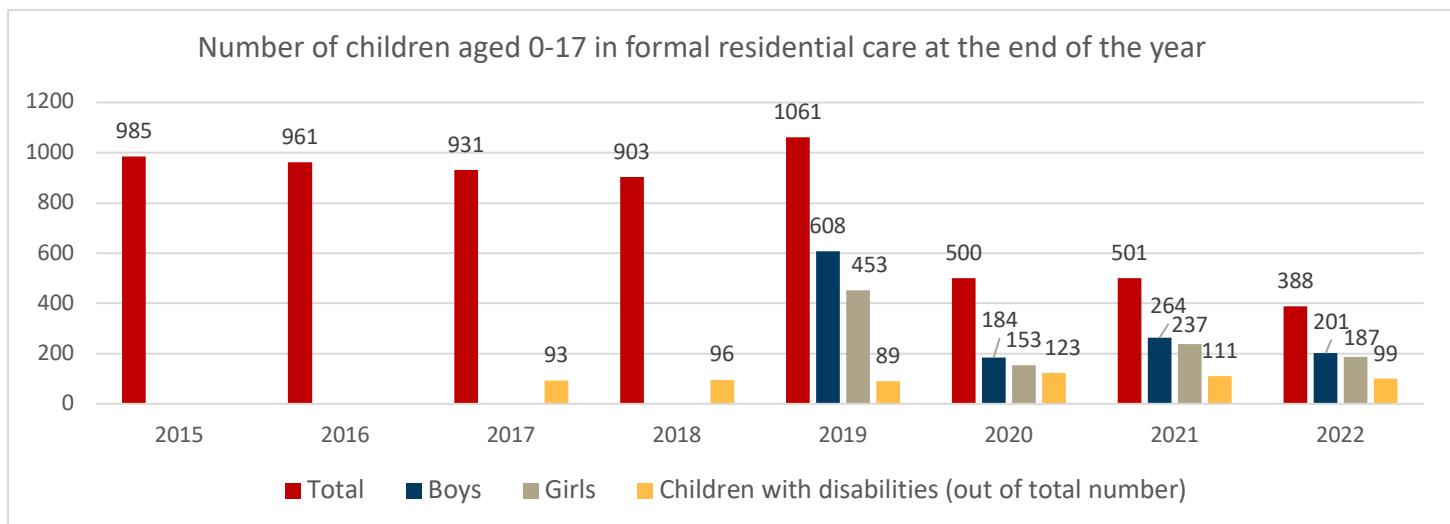
“The needs of the beneficiaries of these small group homes are different. Some have different complex disabilities, some of them have conditions which require specialized care. We created two types of services for them: small sized family homes and long-term care service, which is a specialized social care facility with up to 14 beneficiaries where they receive service close to family surroundings. In both services, the major approach was not diagnoses of disability, but their social well-being” Department for Social Protection, MoIDPHLSA.

Two residential institutions with education, licensed in 2014, remained operating under the auspices of the Patriarchate of the Orthodox Church of Georgia, accommodating a number of children with disabilities. All children with disabilities were removed from one of the institutions in 2021¹¹⁹ following an investigation and a decision of the Court.¹²⁰ Just one child with a disability remains in the other institution, which continues to operate.

As can be seen from Figure 5, the overall number of children in residential care has reduced significantly since 2019, with the last large-scale residential home closure occurring in 2022. As a result, the 2023 figures should reflect just those children remaining in small group homes. The other significant reduction has been in the gender ratio. While boys were placed in far larger numbers in residential care in 2019, the gender differential has been reduced every year since 2020. It has not been possible to determine an explanation for this reduction.

The number of children with disabilities in residential care has not reduced to the same extent and shows little variation since 2017. Children with disabilities remain disproportionately accommodated in residential care compared to children without disabilities. However, the nature of the care has changed. Children with disabilities are now accommodated in small group homes rather than in large-scale residential care. The other noticeable change is the age distribution of children with disabilities in residential care (Figure 6). There has been a significant drop in the number of 0-3 year-olds and 4-7 year-olds with disabilities placed in residential care showing the long-term impact of the reforms feeding into the system and achievement of the anticipated results.

Figure 5: Number of children in formal residential care



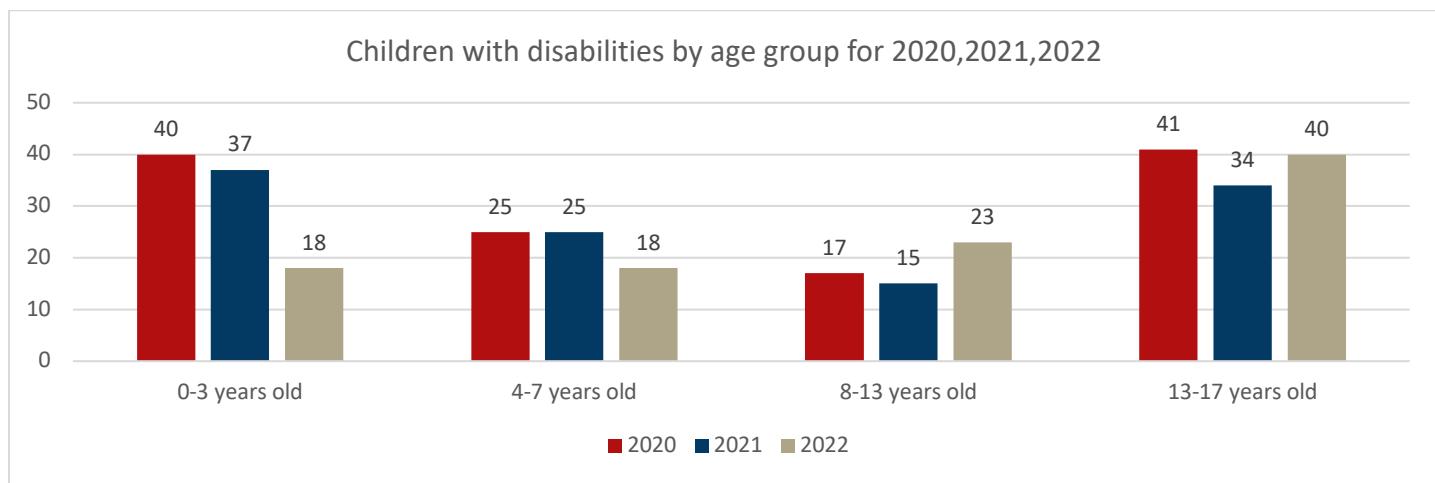
Source: TransMonee 2023.

Figure 6: Children with disabilities in formal residential care by age

¹¹⁸ Combined 5th and 6th periodic report to the CRC Committee on the Rights of the Child, CRC/C/GEO/5-6, 4 September 2023. Report para. 286.

¹¹⁹ Report of the Public Defender of Georgia, On the Situation of Human Rights and Freedoms in Georgia, 2021; ON the Rights of Children in NNLE Javakheti Ninotsminda, St Nino Boarding School, 2021 and Submission of the Public Defender of Georgia to the UN Committee on the Rights of the Child, 2021.

¹²⁰ Combined 5th and 6th periodic report to the CRC Committee on the Rights of the Child, CRC/C/GEO/5-6, 4 September 2023. Report



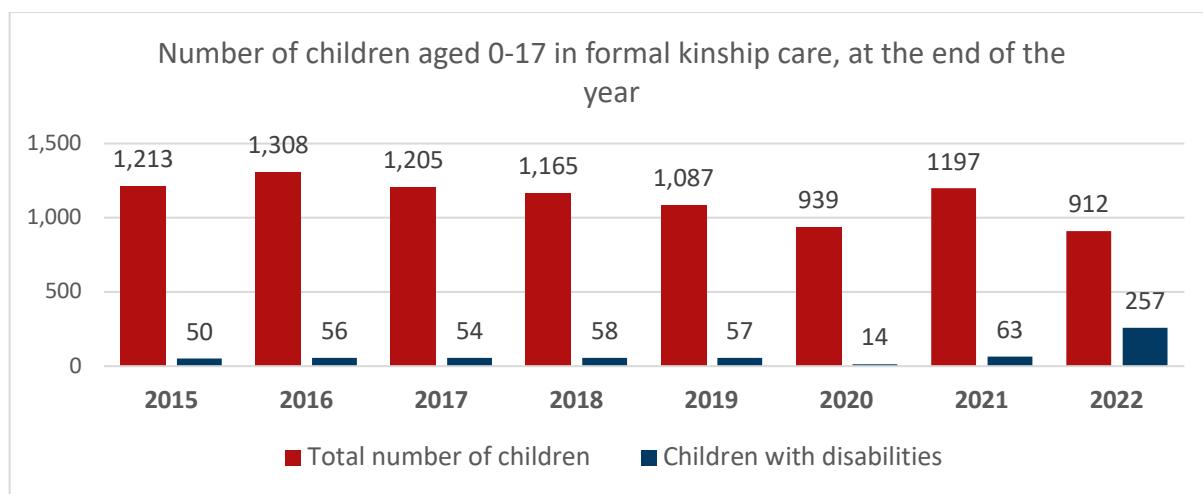
Source: TransMonee 2023.

7.6 What difference did the DI reforms make to the children in alternative care at the time of the reform, and under what circumstances? Since the reforms have taken place, what has been the impact on children passing through the new services? What challenges remain (Qu.11)?

Kinship care and foster care

For those children who cannot be supported within their families or who cannot be reintegrated with their families, kinship care and foster care are the main alternative forms of care. As can be seen, the number of children in kinship care for children without disabilities has remained fairly stable, apart from a dip in 2020 and 2022. The dip in 2020 is most likely to be due to the Covid-19 pandemic. The reason for the drop in 2022 is unclear but without knowing how many children were in need of alternative care altogether (data was not available), it is not possible to determine whether the drop was due to more parents being supported to care for their children, thus reducing the need for alternative care placements, or a reluctance of wider family members wishing to offer care. More interesting, is the number of children with disabilities placed with kinship carers which shows a very significant increase in 2022, though once again, there are no clear explanations for the rise. There is no significant difference in the number of boys placed in kinship care as against girls.

Figure 7: Number of children in formal kinship care

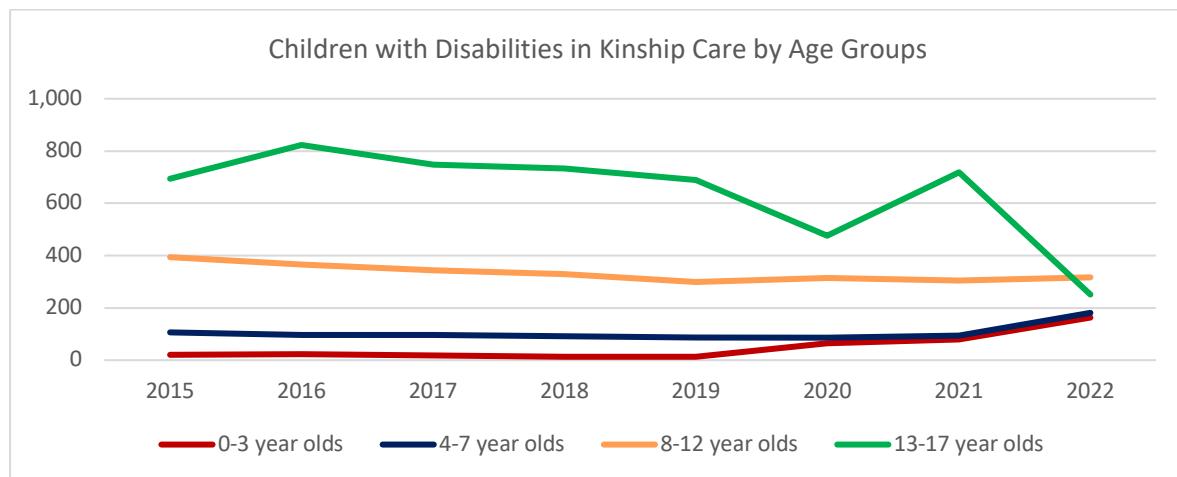


Source: TransMonee 2023.

It is also worth noting the age banding of kinship care. There has been a very significant increase in the rate of kinship care for 0-3 year olds, which has more than doubled since 2015, and a lesser increase in placement of 4-7 year olds in kinship care. The opposite can be seen for placements of older children, particularly those aged 13-17. In 2015, 692

children with disabilities were in kinship care. After a dip in 2020 (during the Covid-19 pandemic) it rose to 719 in 2021 and dropped to 251 in 2022. No reason was provided by interviewees for the precipitate drop and no data explaining it was available. It may be that there are less children in this age group requiring alternative care or better family support means less kinship care is required. On the other hand, it may be that social workers have little capacity and time to take on cases involving teenagers or, quite simply, the data for 2022 is not complete and is an undercounting. Alternatively, this may reflect breakdown of kinship care placements as children enter puberty or the impact of Covid-19 and the closure of schools etc. Whatever the reason for the very acute drop, it requires further investigation.

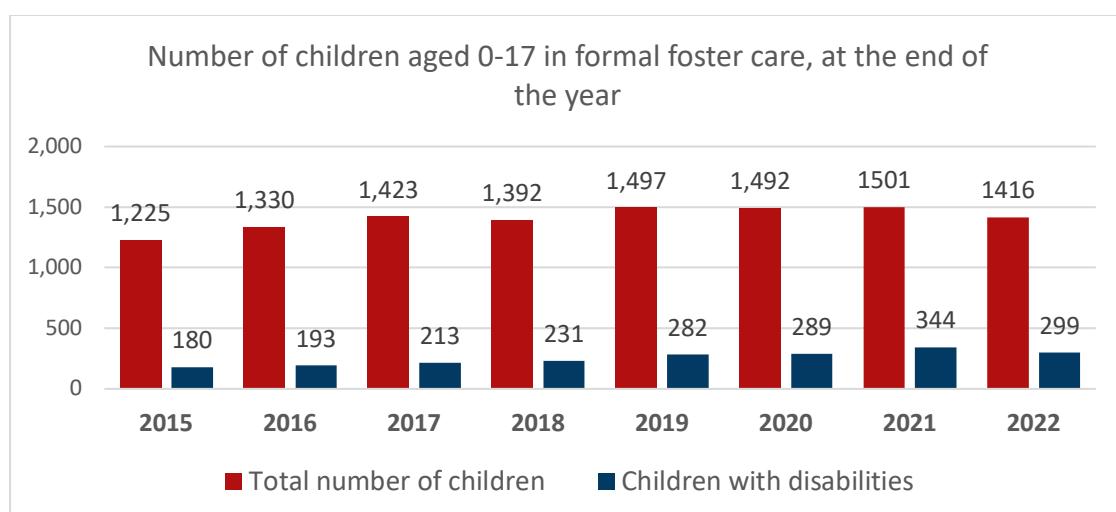
Figure 8: Number of children with disabilities in kinship care by age



Source: TransMonee 2023.

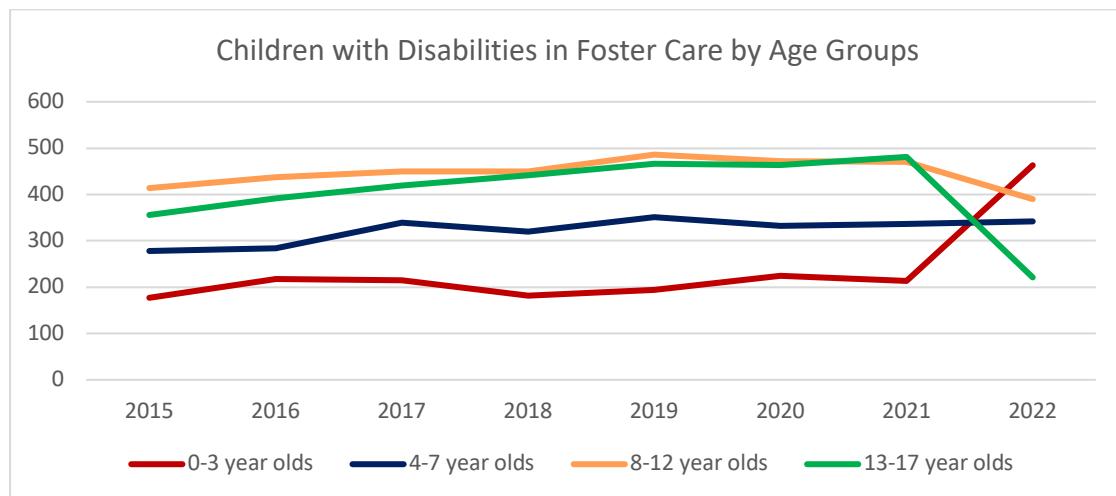
The development of foster care was a major feature of the reform programme both for children with and without disabilities. For children without disabilities, the numbers placed in foster care increased from 2015, but not as significantly as for children with disabilities. As can be seen from Figure 9, the number of children with disabilities in foster care has increased from 180 in 2015, to 299 in 2022, reaching a high of 344 in 2021. As with kinship care, this overall figure masks the nature of changes in fostering of children with disabilities. Figure 10 shows an increase in the number of 0-3 year-olds with disabilities in foster care. As with kinship care, the number of children with disabilities aged 13 – 17 being placed in foster care has, however, decreased rapidly: from 481 in 2021 to 221 in 2022. Again, as with kinship care, there is no obvious explanation or data to explain this. It may be that the drop relates to the Covid-19 pandemic or the increase in the number of small group homes, or that children with disabilities being reintegrated with parents. Whichever or any of these causes is relevant is not clear. In terms of placement by gender, boys outnumber girls in terms of placement in foster care, but not by significant numbers, and this may reflect a greater number of boys entering the care system.

Figure 9: Number of children aged 0-17 in formal foster care, at the end of the year



Source: TransMonee 2023.

Figure 10: Children with disabilities in foster care by age groups



Source: TransMonee 2023.

Community-based services

Within MoIDPLHSA, rehabilitation for children is available through three social sub-programmes of the SPCSR: early childhood development, rehabilitation / habilitation and day care. According to MoIDPLHSA in 2020, there were 29 organizations provide early childhood development services for 1300 beneficiaries aged 0-7 years in 13 municipalities. 31 organizations provided services within the children's rehabilitation/ habilitation sub-programme, in rehabilitation centres. In 2020, the latest year for which figures are available, there were 1,516 children enrolled nationwide; the majority of whom received services at rehabilitation centres.¹²¹

The main community-based service for children with disabilities is day-care. The services are defined as: "a specialized institution which provides services to persons with special needs in order to promote their individual development and integration in the society, prevent their abandonment and provide support to their families"¹²² Day care centres for children with disabilities were established before 2009, provided under a tender system and funded by Government. The arrangements changed in 2010 when the MoIDPLHSA changed their funding model, providing parents with a voucher for their child and allowing them to choose the centre they would like their child to attend.¹²³ To be eligible to apply, a child is required to gain 'disability status' from a medical centre. Once the child is granted disability status, their application to attend a day care centre is considered by a multi-disciplinary regional advisory committee functioning under the SSA. If approved, children become eligible for services and for transport to and from the Centre and parents are given coupons with which to pay the day care centre. An Action Plan developed by the MoIDPOTHLSA for 2022-2023 with support from UNICEF introduces a new bio-psycho-social model for determining the status of disability, which has been piloted in two regions. Although the shift from the medical model to the social model of disability was meant to start in 2023, it may be some time before this becomes embedded in the system and is applied nationally.¹²⁴

In 2020 there were 37 day-care centres run by NGOs for children with disabilities aged 6-18, though one NGO interviewed stated that the number had increased and there were now 40-45 day care centres across the country.¹²⁵ In 2020 there were 1059 children with disabilities and 58 children with severe and profound disabilities attending day care centres.¹²⁶

¹²¹ WHO Situation Assessment of Rehabilitation in Georgia, 2020 at p.45

¹²² Disability Day-Care Standards

¹²³ MAC, Supporting the Development of Day Care Centres for Children with Disabilities in Georgia 2017.

¹²⁴ Coalition for Children and Youth, List of Issues Prior to Reporting, 2021.

¹²⁵ FGD, The McLain Association for Children, 26 July 2023.

¹²⁶ WHO Situation Assessment of Rehabilitation in Georgia, 2020.

An evaluation of the child care reforms in 2012 noted that the number of day-care centres was not sufficient to meet the needs of children with disabilities, and that although there had been an increase in the number of day care centres, the quality of care offered was not sufficient to have a positive impact on the lives of children.¹²⁷ In 2017, a further report on day care services noted that the funding models did not always support the provision of a quality service and this impacted on the extent to which day care centres were able to meet the needs of children. Further, despite the fact that the Day Care Standards require staff to undergo training, the national training system was not offering equitable access to training for special teachers in day-care centres meaning children were often cared for by unqualified staff.¹²⁸

Concerns about day care centres expressed by interviewees did not, however, relate to quality but rather to the fact that children who attend day care centres do not attend formal education at school:

“.... All benefit from the day care centres, although it really kind of contradicts the right of the child to get enrolled in the school. There has been a long discussion to see whether we can bring day centres closer to schools or even to establish day centers within the school buildings” FGD, the McLain Association for Children.

Further concerns relate to the lack of planning for adequate provision of day care services, the long waiting list for children to access services, the geographical availability (day-care centres for children with disabilities only appear to be present in 10 out of the 64 municipalities)¹²⁹ and quality of service provision and the funding.

*“The Ministry does not look into the needs of children with disabilities and does not yet have a clear action plan on how to address these needs, what types of services and at what pace. In the absence of the unified service provision standard and effective monitoring mechanisms, day care centres which fail to meet minimum standards for registration and operation as defined by the Ministry, find it easy to register as service providers of municipal programmes, which do not impose monitoring processes or specific requirements for registration.”*¹³⁰

The level of monitoring of day care centres has also been criticized for focusing on the use of financial resources: making sure that the child is physically present, that they get fed, that they get transport, with little attempt or (capacity) to monitor the quality of the services.¹³¹

What challenges remain (Qu.11.3)?

The reconstructed ToC in 2021 set out a number of challenges to implementation and progress of the reforms, several of which remain and impact on fulfilment of the outcomes in the ToC and the progress of the reforms. These include:

- ⇒ **Lack of a formulated DI Strategy and Action Plan:** The National Human Rights Strategy 2023-2030 covers DI, and the strengthening of alternative care and family support services. As yet, there is no Action Plan to accompany the Strategy, though it is understood that this is currently being developed and will be completed by the end of 2023.
- ⇒ **No clear plan on DI shadow systems of the residential care managed by faith-based groups:** In 2021 there were 22 facilities operating without State regulation.¹³² These included 2 homes operated by the Orthodox church, and 20 Muslim homes. In 2021 there were 686 children living in the homes.¹³³ There are currently no concrete plans to regulate or impose residential care standards on institutions provided by faith-based groups, but all the unlicensed institutions were informed about the need to meet the requirements of the Law on the Licensing of Educational Activities.

¹²⁷ Combined 5th and 6th periodic report to the CRC Committee on the Rights of the Child, CRC/C/GEO/5-6, 4 September 2023. Report

¹²⁸ The McLain Association for Children, Supporting the Development of Quality Day-care Centres for Children with Disabilities in Georgia, 2017.

¹²⁹ UNICEF, 12.07.23.

¹³⁰ Coalition for Children and Youth, List of Issues Prior to Reporting, 2021.

¹³¹ FGD, the McLain Association for Children, 26 July 2023.

¹³² NGO Coalition for Children and Youth, List of Issues Prior to Reporting, 2021 (submitted to the CRC Committee).

¹³³

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Georgia,2020

<https://www.facebook.com/WorldVisionInGeorgia/photos/a.316105652153321/1209070276190183/>

- ⇒ **Lack of a strategy on foster care and small group homes,¹³⁴ and lack of continuous education, monitoring and support for alternative care providers;** alternative care is addressed by the national Human Rights Strategy 2023-2030 and these issues are likely to be included in the DI Action Plan currently being developed. The continued support for alternative care providers is bound up with the issues of social services workforce capacity (addressed below in Section 7.7).
- ⇒ **No strategic vision to address causes of family separation and improvement of family support services.** Funding of social services remains a challenge and is rarely sufficient as provision creates demand, which in turn requires further funding. The Government have taken steps to support families, including through cash transfers and, for children with disabilities, through the SPSRC. The funding of some community services remains precarious however, and the 'voucher' system leaves services with uncertain funding and reliant on additional fund-raising.

Other remaining challenges include ensuring that schools are provided with the necessary structural and educational resources as well as supportive technical means and staffing to allow children with special educational needs and disabilities to attend and be meaningfully included in mainstream school.

7.7 What was the impact of DI reforms on strengthening the social service workforce, in particular the social work profession (Qu.12)?

In 1991, at the time of independence there was no social work profession in Georgia. The first steps towards developing a social work role were taken in 1999, and, in just under 25 years, a social work profession has been established, university degrees in social work are available at both undergraduate and graduate level. In addition, the Georgian Association of Social Workers, a member of the International Federation of Social Workers, was established in 2004 and operates as the professional and standard-setting body for social workers.¹³⁵ The development of the social work profession and the extent of its development is very much a product of the child care and DI reform programme and the reform programme has undoubtedly had a major impact on the development and professionalization of the social services workforce. It should also be noted, however, that ensuring an adequate number of qualified, well-supervised and supported social workers in each of the municipalities and districts to meet the needs of children has been a challenge. Insufficient numbers of social workers, poor conditions and pay, together with high caseload allocations have all reduced effectiveness. A high level of turnover also has an inevitable impact on the build-up of skill and experience in the municipal family and child units and on the child clients themselves.¹³⁶

The Government has made an on-going commitment to the continued development of the social services workforce and to raising the quality and skills of social workers within the reform programmes. This started with the Action Plan in 2008-2011 and continues to the present day. A recent three-year project 'Strengthening Systems and Services for Child Protection in Georgia' funded by the EU (and involving UNICEF support) which started at the end of 2021, aims to enhance the capacity of social workers, especially in light of the passing of the Law on Social Work in 2018. In addition, one of the Outputs for the UNICEF CP 2021-2025 is '*relevant institutions have increased capacity to implement the legislation on social work, including strengthening the pre-and in-service training and ongoing support to the social services workforce.*'

The Law of Social Work 2018, developed as part of the reforms, is designed to provide social workers with support and advice in complex cases.¹³⁷ It introduced a framework that regulates the social work profession, clearly delineates the functions,¹³⁸ obligations and rights of social workers, and provides them with a mandate.¹³⁹ One notable change contained within the Law is the requirement to employ social workers at municipal level as well as at central

¹³⁴ the Government is now developing a new model of foster care which considers outsourcing of certain elements of this programme. the purpose is to improve the overall quality of the service.

¹³⁵ Partskhaladze N., and Shatberashvili N., History of Social Work Development in Georgia, Socialinis Darbas, Patirtis metodai 2022, 29(1); [ISSN2029-5820.2022.N.29.1.PG.9-28.pdf \(523.66 KB\)](https://issn2029-5820.2022.N.29.1.PG.9-28.pdf)

¹³⁶ How does turnover in the child welfare workforce impact children and families, August 2023, <https://www.casey.org/media/23.07-QFF-HO-Workforce-Turnover.pdf>; Haynes, L., Children's services efforts to improve hindered by high social work staff turnover rates, Community Care, May 14, 2019.

¹³⁷ KII, State Care Agency.

¹³⁸ Law on Social Work 2018, Article 15.

¹³⁹ Law on Social Work 2018, Article 16.

government level (where most previously sat) and in different sectors (e.g. child welfare, education, justice and health).¹⁴⁰ The Law also provides for the supervision of social workers at municipal level,¹⁴¹ and for career promotion.¹⁴² An Action Plan related to the Law was developed with the intention of increasing the number of social workers in the SSA from 245 in 2018 to 375, and to provide continued capacity building, increase salaries and address the general workload of social workers with too many tasks and responsibilities.

Implementation of the Law is still ongoing. Despite the Law and the accompanying Action Plan, “*not all municipalities have social workers and when they do exist they are tasked with many other things, besides social work.*”¹⁴³ Rural areas, in particular have difficulty attracting social workers.¹⁴⁴ Further, some municipalities continue to lack an understanding of social work functions.¹⁴⁵ UNICEF has supported the assessment of 64 municipalities through training and strengthening case management and referral procedures.

The reconstructed ToC noted the quality of social work as a challenge to the achievement of outputs and outcomes and in turn the impact of the reform programme. The reform programme has had a clear influence on the creation of social work degrees and the introduction of ‘certification’ courses for social workers, but the quality of social workers remains a challenge. Out of the 239 SCA social workers in 2019, only 47 (19.7 per cent) had a degree in social work, while 106 (44 per cent) had taken a one-year certification course. 86 of the social workers (36 per cent) interacting with children did not possess any formal social work qualification. The certification process was originally introduced as a short-term measure.¹⁴⁶ However, this temporary solution has become a long-term, formalized process under the Law on Social Work.¹⁴⁷ Certification is seen by some as disincentivizing people from pursuing the higher-education option, as the former is the cheaper and quicker route to qualification.¹⁴⁸

7.8 What impact has the Covid-19 pandemic, conflict and economic downturn had on the effectiveness of DI reforms (Qu.13)?

Georgia was heavily affected by the Covid-19 pandemic.¹⁴⁹ It placed a considerable strain on the health care system and on the economy and had a significant impact on children living in residential care, who were unable to visit/ be visited by their biological families (hindering reintegration). It was suggested that the pandemic did, however, lead to the closure of the non-State madrasas, with children being sent home to their families,¹⁵⁰ though it was not possible to triangulate this finding. Covid-19 did not appear to impact significantly on the closure of large-scale institutions, with several of the remaining large-scale institutions closing during this period.¹⁵¹ It did, though, delay structural reforms that were intended to streamline the DI process and the implementation of child and social protection programmes.¹⁵²

Children with disabilities and SEN were hard hit by closure of the schools and less able to benefit from online learning. One teacher noted how “*It was very difficult to teach the children with visual impairments online. Especially checking braille: you can't take a photo of braille and correct it. It was difficult to check homework.*”¹⁵³ Children with disabilities were also less likely to attend schools offering hybrid models of learning (i.e. face to face and online learning) as parents concerned for their health did not wish to expose them to Covid-19. As a result, they experienced larger gaps

¹⁴⁰ Law on Social Work 2018, Articles 17-19.

¹⁴¹ Law on Social Work 2018, Articles 58 and 60.

¹⁴² Law on Social Work 2018, Article 62.

¹⁴³ KII, Georgian Association of Social Workers, Tbilisi, 04 July 2023.

¹⁴⁴ KII, Georgian Association of Social Workers, Tbilisi, 04 July 2023.

¹⁴⁵ KII/Group Interview, World Vision, Tbilisi.

¹⁴⁶ KII, SOS, 10 July 2023 and see Partskhadze N., and Shatberashvili N., History of Social Work Development in Georgia, Socialinis Darbas, Patirtis metodai 2022, 29(1); [ISSN2029-5820_2022_N_29_1.PG_9-28.pdf \(523.66 KB\)](https://issn2029-5820_2022_N_29_1.PG_9-28.pdf).

¹⁴⁷KII, Georgian Association of Social Workers, Tbilisi, 04 July 2023.

¹⁴⁸ KII, Georgian Association of Social Workers, Tbilisi, 04 July 2023.

¹⁴⁹ World Health Organization, Georgia, covid19.who.int/region/euro/country/ge.

¹⁵⁰ KII, Georgian Association of Social Workers.

¹⁵¹ KII, UNICEF Child Protection Specialist, UNICEF Office, Tbilisi, 12 July 2023.

¹⁵² KII, Municipal Child and Family Units and the Child Rights Committee.

¹⁵³ KII, Boarding school for visually impaired children, Tbilisi, 12 July 2023.

in their education.¹⁵⁴ For children with disabilities who did not attend school due to Covid-19, the effect was to isolate them as they were unable to access external support activities, such as day care centres.

Child poverty was projected to increase by 5-11 per cent due to the impact of the pandemic.¹⁵⁵ However, to tackle this, the Government rolled out multiple social protection measures to protect vulnerable children. 99 per cent of households with children received at least one type of social protection assistance over the pandemic period.¹⁵⁶ Such measures contributed towards the reduction in poverty rates in Georgia; between 2020-2021, the share of children aged 0-17 years old living under the absolute poverty line decreased from 26.4 per cent to 22.7 per cent.¹⁵⁷

The Ukraine conflict has had an impact both on Ukrainian children arriving in Georgia (in June 2023, there were an estimated 24,000 Ukrainian nationals residing in Georgia,¹⁵⁸ 25 per cent of whom were estimated to be children),¹⁵⁹ and on Georgian children and families. In relation to Ukrainian children, cash support from the Government,¹⁶⁰ together with relief provided by INGOs including UNICEF, have helped to strengthen the institutional capacity of agencies involved in the process of identification, referral and response to unaccompanied minors and separated children.¹⁶¹ As a result of the support, only a limited amount of Ukrainian children required alternative care. The economic crisis caused by the conflict, and the consequent inflation has, however, impacted on the capacity of service providers to run services.

8. Efficiency

Summary of findings on efficiency

- ⇒ The difficulty in recruiting and retaining a social services workforce, and particularly well-trained specialists at both the national and local levels has arguably, reduced the efficiency of the reforms
- ⇒ As part of the inclusive education reforms, special schools have transitioned into resource centres, able to provide support to children and schools, and guidance and training to public school staff to ensure the smooth transition of children with disabilities into the public education system.¹⁶²
- ⇒ Financial resource allocation for child care and DI reforms have increased but the 'voucher' system used by Government to pay for community-based services is inadequate to meet the costs of provision, resulting in services having to raise funding and rely on unqualified staff to reduce cost.
- ⇒ Decentralization for the child care reforms has led to unequal investment in childcare reforms and a disparity in the amount and quality of services provided in different municipalities.

8.1 How has the government used its resources- human, technical and financial- to support DI reforms? To what extent has this allocation of resources been effective (Qu.14)?

The difficulty in recruiting and retaining a social services workforce, and particularly well-trained specialists at both the national and local levels has arguably, reduced the efficiency of the reforms. This was particularly true at the beginning of the reforms due to the recent introduction of social work as a profession and limited training opportunities, but also continues to be an issue. It is not only difficult to recruit social workers but both the SSA and SCA noted it is difficult to retain personnel with the necessary expertise.¹⁶³ Social workers employed by the SCA are particularly difficult to retain, with other agencies and NGOs offering better salaries and working conditions. There is

¹⁵⁴ KII, Public school number 55, Tbilisi, 13 July 2023.

¹⁵⁵ UNICEF Georgia, Country Programme Document 2021-2025.

¹⁵⁶ UNICEF Georgia, Country Office Annual Report 2022.

¹⁵⁷ UNICEF Georgia, Country Office Annual Report 2022.

¹⁵⁸ UNHCR, Georgia mid-year protection monitoring report.

¹⁵⁹ United Nations Children's Fund Georgia, 'How Ukrainian teen refugee girls live in Georgia.' www.unicef.org/georgia/stories/how-ukrainian-teen-refugee-girls-live-georgia

¹⁶⁰ United Nations Children's Fund Georgia, *Government of Georgia will provide financial aid to Ukrainian Children with support of UNICEF*, 29 December 2022, www.unicef.org/georgia/press-releases/government-georgia-will-provide-financial-aid-ukrainian-children-support-unicef#:~:text=The%20Government%20of%20Georgia%20will,the%20challenges%20related%20to%20winter.

¹⁶¹ UNICEF Georgia, Country Office Annual Report 2022.

¹⁶² KII, Deputy head of pre-school and general education, Ministry of Education and Science of Georgia, 13 July 2023; KII, Deputy, Office of Resource Officers of educational institutions, Virtual, 26 July 2023.

¹⁶³ KII, Deputy director, Social Services Agency, Tbilisi; Tbilisi KII, Head of State Care Agency

also a geographical disparity with social services staff typically concentrated in big cities, and a lack of specialists in the rural regions.

For most of the evaluation period, the SSA was responsible for both the assessment and distribution of cash benefits, as well as the running of institutions and alternative care services.¹⁶⁴ In 2019, the SCA separated from the SSA. It kept responsibility for child care, whilst the social cash benefits (TSA, pensions, social package) remained with the SSA.¹⁶⁵ Moving service provision and social work to the SCA has been beneficial, allowing more time to be allocated to child protection and children with disabilities.

The allocation of financial resources for the child care system and DI has grown over the period of the evaluation to an estimated 52 million GEL in 2022, 12 million GEL more than the previous year.¹⁶⁶ Statutory services for which the SCA are responsible and which they provide, are funded directly. This included the now closed residential institutions.¹⁶⁷ Services which are not directly provided, but are outsourced, such as day care centres and small group homes, are not directly funded. Under the SPCSR, providers are funded through vouchers issued to eligible children,¹⁶⁸ whose families can then choose which service they access. Vouchers provided in the initial stages of the reform were approximately 15 GEL and have increased yearly, currently sitting at 30 GEL for a child and 35 GEL for a child with a disability.¹⁶⁹ Service providers view the services as significantly underfunded, with Government funding estimated to cover only 60-70 per cent of costs,¹⁷⁰ partly due to the high standards required for service provision. This leaves providers dependent upon donor or community funding. The reduction in donor money and recent inflation have made the funding issue even more acute.¹⁷¹ With the lack of sustainable funding, service providers struggle to introduce new services for children,¹⁷² and will inevitably struggle to maintain the quality and quantity of services.

Issues have also arisen with the voucher system of funding, which is dependent on a child's consistent attendance at the service. If a child is sick or fails to attend, then the service does not receive the voucher.¹⁷³ This negatively impacts on the ability of the service providers to plan and budget for the long-term. Moreover, vouchers are only provided for beneficiaries that fall under the SPSRC. This has meant that service providers have to find alternative funding if they want to extend support to other beneficiaries who need the service but cannot afford to pay.¹⁷⁴

Public schools are also provided with vouchers per child to obtain the necessary equipment and staff needed to support a child's special educational needs (SEN). To ensure the money is spent in a way that benefits the child's specialised needs, recommendations are provided by a multidisciplinary team within the MoES who use an official assessment tool to understand what exactly is required to support the child's academic, social and emotional needs within the school setting.¹⁷⁵ Schools expressed satisfaction with the funding received for inclusive education: "*In addition to the voucher, we receive an amount that we can use for the development of SEN students, for the purchase of resources, for the hiring of individual assistants.... the school is financed in such a way that we don't have any difficulties.*"¹⁷⁶ Public schools have also been supported in adapting their physical infrastructure to support the integration of children with disabilities, with UNICEF, in particular, providing support for the construction and

¹⁶⁴ KII, Head of Department for Social Protection, IDPs and Labour Policy, Ministry of IDPs from the Occupied Territories, Labour, Health and Social Welfare, 26 July 2023.

¹⁶⁵ KII, Regional Programme Advisor, SOS Children's Village, Tbilisi, 20 July 2023.

¹⁶⁶ Civil Georgia, Georgian Parliament confirms 2021 state budget, 30 December 2020, civil.ge/archives/389765; Civil Georgia, Georgian Parliament approves 2020 state budget, 11 December 2019, <https://civil.ge/archives/331002>; Civil Georgia, Parliament approves amendments to 2019 state budget, 17 October 2019, <https://civil.ge/archives/323464>; Civil Georgia, Parliament approves 2018 state budget, 14 December 2017- <https://civil.ge/archives/218915>; Civil Georgia, Parliament approves changes to 2017 state budget, 11 December 2017, <https://civil.ge/archives/218880>.

¹⁶⁷ KII, State Care Agency, Tbilisi.

¹⁶⁸ KII, State Care Agency, Tbilisi.

¹⁶⁹ KII, Divine Child Foundation of Georgia, Tbilisi, KII, , Caritas Georgia, Tbilisi, 11 July 2023; KII/Group Interview, World Vision, Tbilisi, 21 July 2023

¹⁷⁰ NGO interviewees.

¹⁷¹ KII, Regional Programme Advisor, SOS Children's Village, Tbilisi, 20 July 2023.

¹⁷² KII, Country Director, Save the children, Tbilisi, 13 July 2023; KII, Founder member, Georgian Association of Social Workers, Tbilisi, 13 July 2023.

¹⁷³ KII, Programme advisor, Bilaky, Gori, 19 July 2023.

¹⁷⁴ KII, Programme and department manager, Caritas Georgia, Tbilisi, 11 July 2023;

¹⁷⁵ KII, Deputy head of pre-school and general education, Ministry of Education and Science of Georgia, 13 July 2023.

¹⁷⁶ KII, Director, Public school, Telavi, Kakheti, 14 July 2023.

purchasing of specialists resources such as ramps, specialised toilets, moveable desks and resource rooms.¹⁷⁷ Recent years have also seen greater investment in modern technologies such as adaptive devices and E-resources. Despite the availability of these resources, more is needed, with many schools reporting the need for more resources rooms and specialist staff who are trained and capable of supporting the specific needs of each child with SEN.¹⁷⁸

Part of the inclusive education reforms have also seen special schools transition into resource centres, able to provide support to children and schools, and guidance and training to public school staff to ensure the smooth transition of children with disabilities into the public education system.¹⁷⁹ However, this is geographically limited.

Allocation of resources

The Ministry has outsourced alternative care services and services for children with disabilities to NGOs which has led to a more varied range of services than might otherwise be available, but there are some limitations, particularly in relation to the sustainability of funding.¹⁸⁰ INGOs have also changed the nature of their funding over the evaluation period. At the start of the reforms INGOs were providing services themselves, but some have now transitioned to funding NGOs and CSOs to provide services at the community level. This is likely to be effective in promoting sustainable skills but will require a continued funding source. There are future plans to outsource recruitment, training and support for foster families,¹⁸¹ which is likely to be efficient in that NGOs are more likely to have specialist social workers to undertake these tasks.

A question remains over the efficiency and effectiveness of decentralization for the child care reforms. The unequal engagement and investment in childcare reforms has resulted in a disparity in the amount and quality of services provided across Georgia. Kutaisi, for instance, has an active municipal government which provides considerable funding for local NGOs implementing services, compared to other regions.¹⁸² It appears that generally, decentralisation has not, as hoped, generated much additional funding.¹⁸³

8.2 Does the efficiency of the DI reforms vary across contexts or subgroups of children? If so, by how much and for which groups of children (Qu. 15)?

There is no evidence to suggest that particular groups of children have been intentionally left behind by the reforms. There is however, evidence of an urban / rural divide with children in rural areas facing greater difficulty in accessing services than those living in Tbilisi and other major cities.¹⁸⁴ A further challenge is ensuring social work staffing in local government family and child units, in the smaller towns and rural areas. While both of these impact on children, it has had a particularly negative impact on children with disabilities.¹⁸⁵

“In Khashuri, there are supposed be 5 social workers, but there is just one. Two posts have been advertised for a long time, but no one wants to be there.”¹⁸⁶

“There should be 9 social workers in childcare in Batumi, but we have 4.”¹⁸⁷

8.3 Retrospectively: What resources (national, EU, other donors) were available to carry out DI (Qu. 16)?

International agencies have invested heavily in the child care reforms and DI process. Table 1 in section 1.2 details the budget allocated to childcare and DI reforms in the UNICEF CPs over the evaluation period. In addition to financial resources, UNICEF have provided technical expertise and resources to strengthen the capacity of service providers and

¹⁷⁷ KII/Group Interview, Specialist staff, Public School No. 32, Kutaisi, Imereti, 19 July 2023

¹⁷⁸ KII, Director, Public school No. 55, Tbilisi, 13 July 2023.

¹⁷⁹ KII, Deputy head of pre-school and general education, Ministry of Education and Science of Georgia, 13 July 2023; KII, Deputy, Office of Resource Officers of educational institutions, Virtual, 26 July 2023.

¹⁸⁰ KII, Regional Programme Advisor, SOS Children’s Villiage, Tbilisi, 20 July 2023.

¹⁸¹ KII, Regional Programme Advisor, SOS Children’s Villiage, Tbilisi, 20 July 2023.

¹⁸² KII/Group Interview, Director and Programmes Manager, World Vision, Tbilisi, 21 July 2023

¹⁸³ KII/Group Interview, Director and Programmes Manager, World Vision, Tbilisi, 21 July 2023

¹⁸⁴ KII, Kakheti Development Centre (KDC), Telavi, Kakheti, 14 Jul 2023.

¹⁸⁵ MAC Georgia, Making the most of public resources for the full inclusion and participation of people with disabilities in Georgia, March 2019, inclusive-policy.org/wp-content/uploads/2021/05/Georgia-report_final_3.1-1.pdf.

¹⁸⁶ KII, Programme advisor, Bilaky, Gori, 19 July 2023.

¹⁸⁷ KII, Regional Center of the Autonomous Republic of Adjara, State Care Agency,

key decision makers.¹⁸⁸ According to the 2005-2012 evaluation of the childcare reforms in Georgia, the largest portion of UNICEF KLA1 resources between 2009-2012 were allocated to ‘policy advice and technical assistance.’

The EU has been the largest donor in Georgia, with more than 100 projects totalling around 453 million Euro for the period of 2017-2020 under the Single Support Framework.¹⁸⁹ The EU supported the initial phase of DI in Georgia through the Technical Assistance to the Commonwealth of Independent States programme (TACIS) and the European Commission’s Food Security Programme (EC FSP). The project to ‘*Support to Child Welfare Reform in Georgia*’ 2006–2010, provided technical assistance in the development of new legislation, standards of childcare, human resources and public awareness. However, between the period of 2011-2021, EU assistance shifted to indirectly addressing DI, nominally through supporting projects in social welfare, health care, education and justice.¹⁹⁰

A new partnership between the EU, UNICEF and the Government for Strengthening Systems and Services for Child Protection in Georgia in 2020, has seen the EU provide a budget of 2 million euro over three years to support the implementation of the Code on Child Rights. The EU Ambassador to Georgia noted that, “Among other areas, this project will assist the final transition from institutionalized care for children and strengthen child friendly approaches in the justice system. It will also work intensively with local authorities and municipal social workers to ensure better access to care for families and Children in need.”¹⁹¹

USAID has also provided extensive financial support towards DI. Between 2005-2009, USAID’s Displaced Children and Orphans Fund provided significant funding to UNICEF and other NGOs to carry out DI reforms. A reported \$10 million was contributed between 2011-2013 to help upgrade infrastructure of residential institutions, supporting family reunification and developing alternative care options.¹⁹² After this period, interview participants noted a shift in USAID funding, from DI more generally to supporting the needs of children with disabilities.¹⁹³ In addition, USAID provided \$1 million over five years in grants to support the development of community based services, as part of the DI process for children with disabilities.¹⁹⁴ A further four-year, \$4.5 million grant starting in 2017, was provided through the Strengthening Physical Rehabilitation in Georgia programme, which aimed to strengthen the capacity of physical rehabilitation professionals, and to finalize functional assessment tools to support the social model of disability and strengthen disability referral systems.¹⁹⁵

Further contributions to the reforms came from the Norwegian Government, a \$2.8m, three year grant from Oct 2020 – Sept 2023, supported children with special educational needs and disabilities, as well as teachers, professionals and parents, in creating an inclusive and equitable environment in preschool and general education institutions throughout Georgia. In addition, since 2015, SIDA has invested \$7.5m to support the strengthening and expansion of social services including social work services and alternative care.

Other INGOs and NGOs also provided resources to support the DI process. For example, Save the Children established a ‘reintegration fund’, which provided families with financial support to adapt their homes so meet the integration needs of children with disabilities.¹⁹⁶ World Vision has also provided continuous technical and financial resources to strengthen the capacity of service providers at the local level.¹⁹⁷

The State Budget of Georgia 2023 (and earlier budgets) sets out the priorities, the programmes to be implemented and the sub-programmes. Further details of the budget can be found in the SPCSR produced every year. Due to the way the priorities are expressed it is not possible to determine how much is allocated specifically to child care services

¹⁸⁸ KII, Save the children, Tbilisi, 13 July 2023

¹⁸⁹ MAC Georgia, Making the most of public resources for the full inclusion and participation of people with disabilities in Georgia, March 2019, inclusive-policy.org/wp-content/uploads/2021/05/Georgia-report_final_3.1-1.pdf.

¹⁹⁰ KII, Regional Programme Advisor, SOS Children’s Village, Tbilisi, 20 July 2023.

¹⁹¹ UNICEF Georgia, European Union and UNICEF launch joint initiative for Children’s rights in Georgia, 8 December 2020, www.unicef.org/georgia/press-releases/european-union-and-unicef-launch-joint-initiative-childrens-rights-georgia

¹⁹² USAID, Group homes rescue Georgian Children in need, <https://2012-2017.usaid.gov/results-data/success-stories/children-find-opportunities-grow-group-home>

¹⁹³ KII, Country Director, Save the children, Tbilisi, 13 July 2023

¹⁹⁴ MAC Georgia, Making the most of public resources for the full inclusion and participation of people with disabilities in Georgia, March 2019, inclusive-policy.org/wp-content/uploads/2021/05/Georgia-report_final_3.1-1.pdf.

¹⁹⁵ <https://www.federalgrants.com/The-Strengthening-Physical-Rehabilitation-in-Georgia-SPRING-Activity-in-Georgia-65373.html>.

¹⁹⁶ KII, Programme advisor, Bilaky, Gori, 19 July 2023.

¹⁹⁷ KII, Head of State Care Agency, Tbilisi, 13 July 2023

and DI, nor is it possible to determine how much of the resources expended on residential care have been ring-fenced and/or reallocated/transferred to the costs of alternative care, family support programmes, cash transfers and inclusive education as well as the change from a medical-based diagnosis to a psycho-social approach. The State Budget does, however, provide for a range of services either directly for the support of children and families and the State bodies providing services. For instance, the budget includes the realisation of socio-economic rights for children with disabilities and children deprived of care, socially vulnerable, homeless and at risk of abandonment and the provision of preventive, rehabilitative, family strengthening alternative services; provision of psycho-social services to school children with behavioural and emotional problems; creation of conditions close to a family environment for children deprived of parental care; resourcing of the Public Defender's Office to monitor rehabilitation institutions for children and supervision of the legal status of children in the centres and regions as well as supervision of preparation for discharge of children from a care facility (i.e. leaving care); social packages for children with disabilities and orphans; for supporting the objectives of the Code on Child rights and new family support services; support for local authority units responsible for the care of children; support for long term care of neglected children and so on. Further details of the amounts payable for programmes, and the amounts to be paid per child for certain programmes are contained in more detail in the SPCSR, but again, it is difficult to determine total amounts.

9. Coherence

Summary of findings on coherence

- ⇒ The design and programmes for the child care and DI reforms have been coherent and there was alignment between the Government, UNICEF and donors.
- ⇒ Implementation of the reforms has not always been aligned or well-coordinated, a challenge that has continued through most of the evaluation period. This has been recognised and addressed by the Code on the Rights of the Child and the establishment of a number of new coordination bodies. A new Interagency Coordination Mechanism for the Law on the Rights of Persons with Disability is provided for, but is not yet operational.
- ⇒ There is little coordination of provision for children leaving formal care.

9.1 To what extent did various Government (e.g. social services, health and education) and non-government actors work together to achieve DI reform? Was there alignment between the aims and strategies of these actors (Qu.17)?

The 2008-2011 Government Action Plan for Child Welfare took a comprehensive approach to child care and DI reforms. There was alignment between the government and the donors, including the EU, SIDA, USAID and UNICEF at the start of the reform process, and this has remained strong throughout. The targets contained in the 2008 -2011 Action Plan included the provision of quality, needs-based individualised and diverse services for children in the State care system at local level; development of family replacement services; control over the entry into the care system, creation of exit control and decision-making system and closure of the majority of the large-scale institutions and an overall understanding that the use of large-scale residential care was harmful to children. Those objectives have remained and, once achieved, have been amended to take the reforms further forward. The continued alignment was demonstrated in 2021 at a two-day working meeting with representatives of relevant ministries, [I]NGOs, CSOs, the Public Defender's Office, independent experts and religious institutions as well as the EU and UNICEF which discussed the next steps to be taken to accelerate reforms further.¹⁹⁸

Changes to the legal framework, particularly the Code of Child Rights 2019 and the Law on Persons with Disabilities have also fostered alignment of the reforms. The emphasis on prevention of institutionalisation is explicitly acknowledged, the development of community-based services and family based alternative care formed and continues to form part of the Government's Human Rights Strategies, and is also part of the UNICEF 2021-2025 CP.

9.2 What coordination mechanisms exist to ensure a comprehensive approach, especially in relation to children leaving / transitioning from institutions (Qu. 17.1)?

¹⁹⁸ Working Meeting on Deinstitutionalization Process in Georgia, UNICEF and EU joint Programme on Strengthening Systems and services for Child Protection in Georgia, July 19-20 2021. <https://www.unicef.org/georgia/press-releases/unicef-eu-support-government-developing-action-plan-move-children-institutions#:~:text=TBILISI%20Georgia%2019%20%9320,residing%20in%20large%20scale%20institutions>.

In 2005, prior to the evaluation period, the Government established the Commission on Child Protection and Deinstitutionalisation (and its Secretariat). The Commission was responsible for coordinating child protection nationwide amongst different line ministries, NGOs, donors and private service providers and for implementation of the Strategy on Child Welfare Reform. It was mandated to take responsibility for the legislative, administrative and other structural measures related to child care reform.¹⁹⁹

"Its supra-ministerial position gave strength to its ability to work across government and ensures a common position at the highest levels of authority, whilst the technical secretariat was effective in fulfilling day-to-day functions. The establishment and operation of this Commission, when it was in place, can be considered to be an achievement."

With the establishment of the Commission, the Ministry of Education took responsibility for the child care reforms and DI: a step seen as increasing coordination and efficiency and ensuring alignment of aims across the different bodies. However, in 2008 a change was made to the governance structures and most child protection responsibilities were moved from the MoES to the MoLHSA (as it was at that time) under the direct responsibility of the Social Services Agency (SSA). There was seen to be value in the change as it linked child care and DI reforms to social protection²⁰⁰ and all the services (institutional care, social work and family-based alternatives) were now placed under the control of one Ministry and led by one Minister. The change was seen as a contributing factor to the success of the child care reforms.²⁰¹ The downside to the change was that the Commission ceased to function, without a replacement body put in its place following the transfer of responsibilities.

Although there was alignment at inter-ministerial level with regard to the nature and content of the reforms, the implementation of the reforms has not always been aligned or well-coordinated. An evaluation of the child care reforms between 2005 and 2012 found that 'within the various stages of the reform, the systems in place have not been integrated and co-ordinated to the extent required,'²⁰² while the UNICEF CPD for 2016-2020 notes that 'insufficient co-ordination' and 'lack of synergy among services' were creating key bottlenecks.

Coordination at local level amongst professionals and practitioners delivering services was seen to be lacking at the time of the 2005-2012 evaluation of the child care reforms. It found that only 16 per cent of staff to a 'great extent' agreed with the statement that coordination among stakeholders in the reform process was coherent, while 57 per cent agreed to 'some extent'. This left over 25 per cent who did not think coordination was coherent. There was also a general view amongst stakeholders in this evaluation that inter-sectoral collaboration, whilst present, remained weak. A number of professionals interviewed during data collection, from the education and social welfare sections, failed to see how they and their organisation fitted within the wider DI process,²⁰³ and commented on the lack of coordination, particularly between education and community services. In nearly all cases, they took a narrow view of DI: that it comprised the closure of institutions, rather than the wider, systemic change that underpins the reforms, indicating a degree of disconnect between the national level strategy, and the professionals working on the ground involved in these reforms.

The need for interagency coordination of the 'State policies and programmes' relating to children is recognised in Article 83 of the Code on the Rights of the Child: *"State policy and state programmes should be developed and implemented through coordination between the fields of education, healthcare and social care, and the field of justice, and through interagency cooperation, with the participation of children and representatives of academic circles, civic organisations and media."* There are now a number of coordination bodies responsible for issues relating to children. The Human Rights Council supervises the effective implementation of the Human Rights Action Plan (in which child care reform and DI are now contained). A second body, the Interagency Commission responsible for the implementation of the CRC, was established in 2016²⁰⁴ and is comprised of representatives from the MoIDPOTLHSA,

¹⁹⁹ Gregson, K. J., Foster Care and Small Group Homes, UNICEF (undated).

²⁰⁰ UNICEF: Assessment of the Child Welfare Reform Process in Georgian, 2009, p.27 and UNICEF, Evaluation Report Georgia 2005-2012 at p.15. Regulation 249 passed in 2008 gave coordination and control over the placement of children in institutions to MoLHSA.

²⁰¹ Greenberg A., Partskhaladze N., How the Republic of Georgia has Nearly Eliminated the use of institutional Care for Children, (2014) Infant Mental Health Journal, Vol. 35 issue 2. March/April 2014. The Commission was established as a requirement of EU funding.

²⁰² UNICEF, Evaluation Report Georgia 2005-2012 at p.19.

²⁰³ KII/Group Interview, State social workers, Telavi, Kakheti, 13.04.23; KII/Group Interview, Specialist staff, Public School No. 32, Kutaisi, Imereti, 19 July 2023; KII, Deputy, Office of Resource Officers of educational institutions, Virtual, 26 July 2023.

²⁰⁴ United Nations Children's Fund, 'Interagency co-ordination council on child rights established in Georgia', Press release, 17 January 2017, www.unicef.org/georgia/press-releases/interagency-coordination-council-child-rights-established-georgia

MoES, SSA, MoJ and the Public Defender's Office, and engages with the Judiciary, Parliament, NGOs and international partners. The Commission's objectives include the co-ordination and monitoring of obligations outlined in the CRC; developing a plan for the implementation in the Government's Human Rights Strategy; ensuring compliance of legislation to international standards; and collating relevant data. The need to strengthen this Commission was outlined in the 2018-2020 Human Rights Action Plan, but regulations concerning this mechanism will only go into effect on 1st January 2025.²⁰⁵

A third body has also been recently established: the Interagency Co-ordination Mechanism for the Law on the Rights of Persons with Disability. Mandated under the CRPD and the Law on Disability, this mechanism was established in 2022 and maintains a similar function to Commission on the CRC, but this time in relation to disability and the implementation of the CRPD. A 2023 report from the Special Rapporteur on the Rights of Persons with Disabilities described the establishment of this mechanism as a "key step forward" and that such collaboration is "key to coherent progress."²⁰⁶ It is not clear how it is intended these bodies will operate together to ensure that they do not duplicate functions or cause coordination of the child care reforms to become fragmented.

Coordination for children leaving / transitioning from care

The 5th and 6th Periodic Report to the CRC Committee²⁰⁷ states that the sub-programmes of the State Programme of Childcare and Social Rehabilitation envisages services for children aged 18-21, who are leaving care to enable them to lead an independent life. However, it appears from the SPCSR for 2022, that this is limited to support of children with disabilities. For children with severe disabilities, leaving care can be likely to mean transitioning from a residential institution or small group home to an adult institution. For children with disabilities living at home, there is still an option to access day care services and be provided with assistive technologies, but little else and no indication of how this will enable them to achieve independent living.

For children leaving State care, without disabilities, there is little support, a gap in the child care reforms, which leaves children in a vulnerable state. It appears that the State does not provide housing and does not provide allowances or support care leavers to remain in education or find employment. Most of this group of children, estimated to be around 35-45 a year,²⁰⁸ will need to rely on NGO support, provided by the Georgian Coalition for Children and Youth.

10. Sustainability

Summary of findings on sustainability

- ⇒ While UNICEF, the EU, USAID and other partners have all had a degree of influence on the reforms, their performance and sustainability, the desire on the part of the Georgian Government to become a member of the EU and the requirements of membership have been key. They are likely to have a continuing significant impact on the implementation and sustainability of the reforms.
- ⇒ UNICEF has played a key leadership role in bringing about fundamental, structural and legal reforms to the child care system over the last 15 years.

10.1 Which key reform partners influenced / continue to influence the DI reforms implementation, performance and sustainability (Qu. 18)?

UNICEF and partners such as the EU, USAID, SIDA and Norway have all influenced and continue to influence the reforms, performance and sustainability. However, the desire on the part of the Georgian Government to become a member of the EU and the requirements of membership have been key and are likely to have a continuing significant impact on the implementation and sustainability of the reforms.

While the donors have exerted influence to bring about change, the Government itself has been committed to, and responsible for the reforms throughout the evaluation period. Political changes over the course of the evaluation

²⁰⁵ Article 83 (3), Children's Code; Law of Georgia No 2924 of 17 May 2023.

²⁰⁶ End of Mission Statement by the Special Rapporteur on the rights of persons with disabilities, Tbilisi, 14 September 2023.

²⁰⁷ CRC/C/GEO/5-6, Para 160.

²⁰⁸ See <https://www.balcanicaucaso.org/eng/Areas/Georgia/Georgia-Leaving-Care-172278>

period have impacted the continuity of decision making and at times disrupted or slowed down the pace of the reforms,²⁰⁹ but the significant structural changes brought about by the reforms make it likely that the reforms will be sustainable, certainly in relation to the use of large-scale residential care. The sustainability of the day care centres in their present form, and their role as time moves forward, with an increase in inclusive education, is more uncertain.

A number of challenges remain. The introduction of social assistance and cash benefits to vulnerable children and families has contributed to a reduction in institutionalisation. While useful, this is seen by some interviewees as providing only a temporary and non-sustainable preventative solution and that what is needed is a greater focus on family strengthening, in conjunction with existing crisis aid: *“social strengthening and social assistance to families should be aimed with a long-term perspective, and not just to give food today and tomorrow.”*²¹⁰ In addition, local municipalities are incentivised to provide short-term crisis aid, as it is deemed politically attractive, but do not have an incentive to provide longer term family support. If a child does eventually end up in State care, the responsibility (and cost) falls on central government. To address this, one interviewee recommended that central and local governments, *“sit together and identify mutual goals and decide when and how to direct money sustainably.”*²¹¹

The longevity of services is also a problem raised in relation to the sustainability of the reforms. Contexts and reasons for institutionalization have changed over time, to the point that now services do not always cater to the needs of contemporary beneficiaries (see relevance section for more). There is a need for programmes and services to be adaptable.²¹² For example, the MoDPOTLHSA’s SPCSR programme is valuable because the specific sub-programmes are altered year-on-year to cater to the needs of the community at the time.

Long-term funding is crucial for the sustainability of reforms, whether this comes from the State budget, local budget or from donors. Donor contribution was viewed as having tailed off due to the success of the reforms, the closure of the large-scale residential institutions and the active involvement of the Government.²¹³ However, financial and technical support is still needed to fill in the gaps in the system, and to address the impact of Covid-19 and the Ukraine conflict. One interviewee noted how in the Georgian context, *“For sustainability and quality, you need an extra decade.”*²¹⁴ Political commitment will be key as the reforms continue to move forward.

10.2 What is UNICEF’s role in the sustainability of the DI reforms (Qu. 19)?

Together with Government, UNICEF has taken a leadership role in bringing about fundamental, structural and legal reforms to the child care system over the last 15 years. It has helped to create the solid foundations on which the reforms are based and has, through its close alliance with Government, INGOs and NGOs helped to ensure the effectiveness and sustainability of reforms in the long-term.

Among its many roles and long-term commitment to the reforms, UNICEF has played a leading advocacy role; worked with Government to develop the manner and nature of the reforms, and has taken a leading role in the development of national legislation and policy, helping to create a coherent and defined legal framework against which actors can be held accountable to, in both the short and long term. UNICEF has also contributed to sustainability through supporting changes in practice and by undertaking research and evaluations which have analysed the implemented reforms and addressed the challenges to change. This has assisted the Government and other actors, built evidence-based policy and developed and refined services so they remain effective and sustainable in the long term.

As illustrated in the quote below, UNICEF have carried out a wide range of activities and contributed to the reforms in a multitude of ways, in order to build and strengthen the overall childcare system. Creating such a strengthened system facilitates resilience and longevity and, in turn, sustainability.

“A lot is being carried out with the support of UNICEF. For example, it has helped social workers to specialise and become more experienced through a completely new case management tool, a suicide protocol, a sexual violence protocol, a preventive component, the formation of a regional council, multisectoral and multidisciplinary

²⁰⁹ KIIs with NGOs.

²¹⁰ KII, Children's Welfare League, Tbilisi.

²¹¹ KII, State Care Agency, Kutaisi.

²¹² KII/Group Interview, World Vision, Tbilisi.

²¹³ KII, Georgian Association of Social Workers, Tbilisi;

²¹⁴ KII, Save the Children, Tbilisi.

meetings of guardianship and care councils, trainings for the newcomers and the implementation of the guide on 26th Article of the Code on Child Rights. In fact, during these three years, everything that was important was done with the support of UNICEF. By creating these complete and systematic tools, guides and instructions, it helps us to intervene correctly in cases, which is a contributing factor to effective and sustainable work and a proper DI process.” KII, State Care Agency, Tbilisi

In regard to the child protection system more widely, UNICEF have leveraged their global reputation to spearhead reforms and facilitate dialogue and cohesive action between actors at the national, municipal and local level. By taking on this convening role, and enduring political change and the transition from residential care to family-based care, UNICEF are seen as a consistent beacon of support and knowledge in this sector.

11. CONCLUSIONS

I can only say it's a complex process. Once you start, you have to be very strong and tolerant. You have to be results orientated to push forward, and it's not a very simple process. There are a lot of barriers. Even if the country has considerable financial resources, there are still a lot of challenges. I recall from my colleagues that when they were going through the DI process the attitudes of the general public were not with them on this issue. Patience is recommended. But we need to be sure we can do it. You need to believe that's the right choice and direction for the children. State Care Agency, Tbilisi.

The reconstructed ToC for the child care and DI reforms prepared in 2021 set out three outcomes for the reforms: (i) that all children live in the community and not in residential care; (ii) that all families with children received support to prevent separation; and (iii) all children in formal care receive family-based quality care. The strategies, action plans, new legislation and the implementation of a broad programme of reform, encompassing social support; community services; closure of the residential institutions; expansion of family-based alternative care and the development of small group homes; together with the development of community-based services, especially the day care and rehabilitation centres for children with disabilities and the increase in inclusive education - all introduced as a result of the programme - have meant that while the outcomes have yet to be completely achieved, Georgia is able to show very significant progress in meeting them over the period from 2009 to the end of 2022.

There remain a number of barriers that stand in the way of full achievement of the three outcomes. These relate mainly to financial resources and human capacity. There is a need for more certain, long-term funding for community-based services, and sufficient services to meet the needs of those entitled to them. There is also a need to recruit and retain more social workers which poses a financial challenge to the MoIDPOTHSA. In addition, there is a need to improve data management to enable evidence-based planning for services and provision of social work staff.

The few children still accommodated in residential care remain in faith-based residential institutions. The providers of the homes and the children resident within them need to be fully regulated and brought within the reform programme to ensure that all children live in the community and not in residential care.

The long-term commitment of the Government, UNICEF and, with some pauses, the EU and USAID in particular, has allowed the reforms to progress at a measured speed. That commitment continues to exist and can be seen in the National Human Rights Strategy 2023-2030 and the UNICEF CP 2021 – 2025. The comprehensive nature of the reforms, as well as careful planning and staging of reforms, especially in the earlier phases, also contributed to success of the reforms and the notable achievements.

11.1 Relevance

The activities contained in the reform programme, starting with the Action Plan on Children's Welfare 2008 -2011 through to the National Human Rights Strategy 2022-2030 have all been highly relevant to the three outcomes the reform programme sought to achieve. In addition to the closure of large-scale residential institutions the multi-pronged programme included a range of activities to support families with children and prevent separation (Outcome 2). Community-based services were developed, including day care centres for children with disabilities; child and family units established at municipal level, an increasing number of social workers employed and information management systems improved. In addition, over the period of the evaluation, the social security system for children, including cash transfers for families were improved and inclusive education for children with disabilities and special

educational needs promoted and increased. The SPCSR programmes have also been highly relevant in supporting children and particularly children with disabilities. In terms of outcome 3, child care standards have been developed and a child protection referral system introduced.

The reform programme also included other activities which were not contained in the ToC but were highly relevant to all three outcomes. These included changes to the legal framework in the Law on Foster Care and Adoption 2017, the Law on Social Work 2018, the Code on the Rights of the Child 2019 and the Law on Persons with Disabilities 2020 which establish a holistic statutory framework for the reforms. In addition, the establishment of the Standing Parliamentary Council for the Protection of Children's Rights and the recent creation of the Inter-Agency Committee for the Implementation of the Rights of Persons with Disabilities in 2021 has put in place high level accountability for child protection. UNICEF has contributed a wide range of skills and support to the reforms across the evaluation period, particularly in relation to the drafting of the new Laws, technical assistance and expertise, advocacy and training.

11.2 Effectiveness

The outputs of the reforms were highly effective in achieving the three desired outcomes. Over the period of the evaluation (13 years), the outputs were implemented and had a clear causal link to the achievement of the outcomes. Perhaps the most notable achievement of the reforms has been the closure of all the remaining 41 large-scale State residential institutions. This is a very considerable achievement. The children living in the institutions were either reintegrated with their families, placed in alternative family-based care or, in the case of a small number of children, mostly children with severe disabilities for whom a family placement could not be found, or was not appropriate, placed in small group homes within the community. This achievement was the result of government commitment to closure, and the support of UNICEF and other donors, particularly, the EU and USAID; and the effective expansion of family-based alternative care and the establishment of small group homes.

Initially, children with disability were not a priority of the reforms, and remained the last to be deinstitutionalised from large scale institutions. Despite the slower pace, the reforms have been effective: there are now just 36 children with disabilities under the age of 8 in State residential care, placed in small group homes. The number of children with disabilities in kinship care and foster care have both increased significantly since 2015, and again, particularly for children under the age of 8.

While the data on kinship care and foster care shows an increase in the placement of children with disabilities, the overall number of children placed has reduced and, when disaggregated by age, these figures raise some concerns. Children with disabilities under the age of 8 have been placed in increasing numbers, but the number of children with disabilities aged 13-17 has shown a sharp drop-off, and placement of children aged 8-12 has also decreased, although not to the same extent. It raises questions as to whether the kinship and foster care placements for these age groups have broken down, with children removed and placed back in residential care in small group homes. The cause of the decrease in older children with disabilities placed in kinship and foster care needs to be explored further to determine whether the current levels of support offered are effective.

A further challenge is the omission of FBO residential institutions from the deinstitutionalisation process. To be truly effective in ending care in residential institutions, these too, need to be closed.

The reduction in separation of children from parents was achieved by the introduction of effective community based services and inclusive education as well as the provision of support through the SPCSR programme, which at the start supported vulnerable children through cash transfers and community services. It is now focused on the provision of support to children with disabilities.

Effectiveness was enabled and enhanced as a result of the holistic nature of the reforms and the commitment of both the Government and UNICEF to the aims of the programme. UNICEF have built and maintained a good relationship with Government which has enhanced cooperative planning and implementation of the reforms.

11.3 Efficiency

The change in responsibility for child care and DI reform from MoES to the MoDPOTHSA in 2008 appears to have increased efficiency. The view of interviewees is also that the change in the functions of the SSA and the creation of the SCA was also efficient. However, the difficulty in recruiting adequate numbers of qualified social workers and

retaining them, particularly in the case of well-trained specialists at both the national and local levels, has impacted negatively on efficiency, leaving some children unable to access needed services.

The allocation of financial resources for child care reform and DI has grown over the period of the evaluation to an estimated 52 million GEL in 2022,²¹⁵ but funding remains an issue. While government-provided services are directly funded, outsourced services, which include both alternative care services and community services, especially for children with disabilities, are funded through a 'voucher' scheme, which does not cover all potential beneficiaries and which NGOs do not find sufficient to cover costs and maintain services, leaving some reliant on raising additional funding. This is likely to affect the efficiency of such services, both in terms of quantity and quality, in the short to medium term, and to deter qualified staff from applying to work for such services.

11.4 Coherence

While the child care and DI programme has been highly coherent, with strong alignment between government, UNICEF, donors, INGOs and NGOs throughout the reform process, implementation of the reforms on the ground, have not always been integrated or coordinated to the extent required. Evaluations of the reforms in 2012 and in 2020 noted the insufficient coordination and lack of synergy between services which were creating key bottlenecks. The need for better coordination has been noted and a greater level of accountability introduced by the Code on Child Rights and the Law on Persons with Disabilities. It is less clear how coherence and accountability at local level can be improved.

11.5 Sustainability

The large scale, State residential institutions have been closed and it is unlikely that they will reopen, making the DI reforms sustainable. However, the ability of FBOs to admit children into their institutions places this sustainability at some risk. There is also a risk that small group homes will proliferate to accommodate children in need of alternative care. While it is recognised that some small group homes are necessary for children who cannot find or cannot settle in a family, placement in a small group home should remain a last resort. To ensure that this underlying principle of the reforms continues to be sustainable, the Government needs to continue its support for kinship care and foster care, with greater consideration given to the recruitment of more foster carers to meet the needs of children, especially adolescent children. Financial and technical support are likely to be needed for some time to come to ensure that the reforms are sustainable.

12. LESSONS LEARNED

1. The availability of disaggregated data on children in the formal care system, whether in residential care or alternative care is vital for planning. Data needs to be disaggregated by age, gender, disability, special educational needs and geographic location and to be analysed on a regular basis to ensure that provision of services continue to meet the needs of all children in the care system.
2. In developing a new Law relating to children it is essential to prepare accompanying documents at the same time. These should include necessary secondary legislation to operationalise the law; a cost analysis and details of required funding; as well as an implementation plan, which should include the provision of training in the new law for all those responsible for its implementation and details of when and how funding will be released for new structures, services and operational procedures.
3. Recruiting and more importantly, retaining qualified social workers within the statutory services requires careful planning. Increasing the number of social work graduates is unlikely on its own to result in greater recruitment and retention unless it is accompanied by better recognition of social workers' professional status, provision of career

²¹⁵ Civil Georgia, Georgian Parliament confirms 2021 state budget, 30 December 2020, civil.ge/archives/389765; Civil Georgia, Georgian Parliament approves 2020 state budget, 11 December 2019, <https://civil.ge/archives/331002>; Civil Georgia, Parliament approves amendments to 2019 state budget, 17 October 2019, <https://civil.ge/archives/323464>; Civil Georgia, Parliament approves 2018 state budget, 14 December 2017- <https://civil.ge/archives/218915>; Civil Georgia, Parliament approves changes to 2017 state budget, 11 December 2017, <https://civil.ge/archives/218880>.

progression opportunities and commensurate reward. Failure to address these issues is likely to reduce the impact of the reforms and lead to a loss of effective and efficient child protection services.

4. As reforms progress, careful consideration needs to be given to the next steps. Services need to review their programmes and ensure that they are meeting the needs of children in their area. For instance, as inclusive education increases, day-care services need to consider whether they adapt and change from an alternative to placement in a school, to supporting children in school and supporting children in the family.

13. RECOMMENDATIONS

The recommendations were the subject of consultation with both the ERG and UNICEF.

	Recommendation	Duty bearer	Timing
Policy and Legal reform	Complete and publish the Action Plan for implementation of the provisions of the Human Rights Strategy relating to the child care and DI reforms;	MoIDPOTHLSA and MoJ	One year
	Complete the DI Strategy and Action Plan (which will provide detail to the more general provisions in the Human Rights Strategy Action Plan). This should include the prevention of institutionalisation through the effective targeting of preventive services at children most at risk of harm and separation, closure of remaining institutions, enhancement of the alternative care system and reintegration of children.	Commission on Child Rights, MoIDPOTHLSA, MoES, MoJ, municipalities and the judiciary, with Parliamentary council as an oversight body. UNICEF to continue to provide advocacy and provision of policy advise and technical assistance	One year
	Implement the provisions in the Code on the Rights of the Child relating to child protection, including through the development of secondary legislation, guidelines and standards to operationalise the Code.	MoIDPOTHLSA to set up a Working Group to draft instruments with participation from MoES, MoJ, Parliament; UNICEF to support with advocacy and technical assistance	Two years
	Pass legislation / amend existing law to enable deinstitutionalisation of residential care managed by faith-based groups	MoIDPOTHLSA to set up a Working Group to draft instruments with participation from MoES, MoJ, Parliament and religious bodies. UNICEF to support with advocacy and technical assistance	Two years
Deinstitutionalisation	Deinstitutionalise children in residential care managed by faith-based groups through individual assessment and reintegration or placement of children in alternative care Close all unlicensed residential care.	MoIDPOTHLSA to take the lead in consultation with, municipalities and religious bodies.	Two years

Day care centres	Review the full costs of day care centres and their sustainability under current funding arrangements. The review should also consider <ul style="list-style-type: none"> • The costs of new roles for day care centres including the organisation and provision of respite care for children with disabilities and the provision of support to children with special educational needs attending school; • How to ensure equitable geographical availability; and the efficacy of locating day care services at or near schools 	MOLDPOTHLSA, Ministry of Finance and municipalities UNICEF to support and provide technical assistance.	Within three years
	Carry out inspection and monitoring services on an annual basis to ensure day care services fully implement the Day Care Standards.	MOLDPOTHLSA and municipalities	Within two years
Alternative family-based care	Review and analyse the reasons for the fall in the number of adolescents placed in kinship care and foster care with a view to enhancing the provision of alternative family-based care.	MOLDPOTHLSA with technical support and assistance of UNICEF	Within one year
Support for small group homes	Review the costs and current funding of small group homes, the need for such homes and plan for their sustainability if need exists.	MOLDPOTHLSA, MoF and small group home service providers	Within three years
Children leaving care	Develop and implement plans for support of children leaving formal care to cover reintegration (if appropriate) accommodation, employment, education and social work support	MOLDPOTHLSA and municipal councils with technical assistance from UNICEF	Within three years
Build capacity and skill in the social services workforce	Develop a Social Services Workforce Recruitment and Retention Strategy including a review of the current workforce and its skills; assessing the current gap in workforce; identifying future workforce needs and developing a recruitment plan to address the needs. In terms of retention, the Strategy should focus on leadership and management, good practices to ensure retention; offering regular training and support through supervision; promoting career and pay progression, promotion of staff well-being and recognition of skill and experience.	MOLDPOTHLSA and municipal councils with technical assistance from UNICEF	Within 2 years
Monitoring and coordination	Support and build the capacity of the Standing Parliamentary Council and the Inter-Agency Commission responsible for the implementation of the CRC.	UNICEF	Ongoing