

Care Reform in Armenia

Achievements and Challenges

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Labour and Social Affairs**

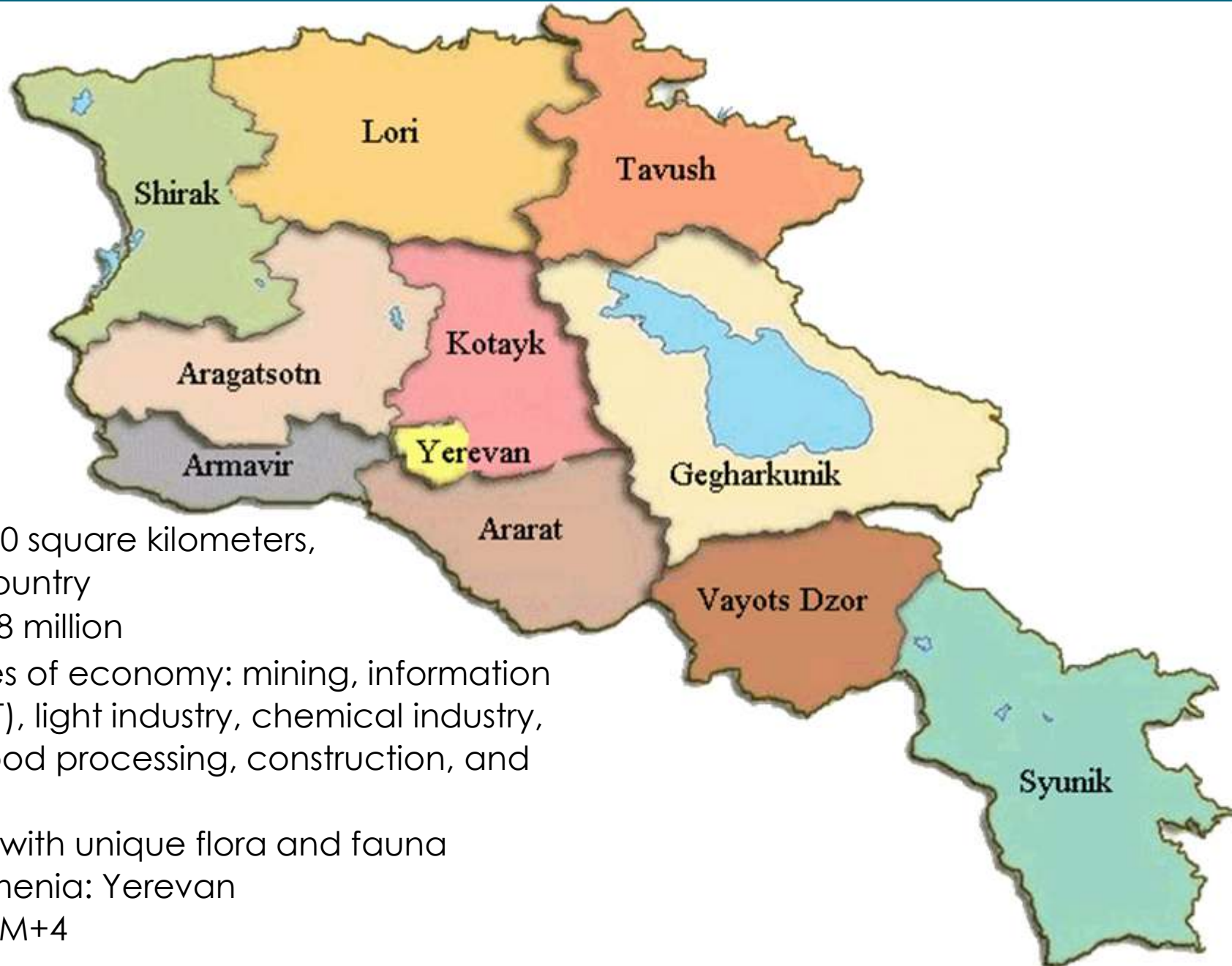
Armenia Country Core Team

London

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Map of Armenia



- Territory: 29,000 square kilometers, landlocked country
- Population: 2,8 million
- Main branches of economy: mining, information technology (IT), light industry, chemical industry, electronics, food processing, construction, and agriculture
- Rich in history with unique flora and fauna
- Capital of Armenia: Yerevan
- Time zone: GMT+4

Main Demographic, Economic, and Social Indicators

	As of 2016	Trend for 2000–2016
Population (in millions)	2.99	
of which children (%)	20.8	
Annual population growth (%)	-0.4	
Life expectancy at birth (years)	75.00	
Infant mortality rate (per 1000)	8.8	
Under 5 child mortality rate (per 1000)	10.1	
GDP per capita (USD)	3606.2	
Employment rate (%)	50.0	
Migration balance (people)	-25,900	
Inflation rate (%)	3.7	
Human Development Index	0.743	
Enrolment rate, 1–12 grade (%)	86.4	
Average years of schooling (years)	10.4	
Poverty rate (%)	29.8	

Main Demographic, Economic, and Social Indicators

Child poverty and deprivation

- 33.7% of children in Armenia live in poverty.
- Child poverty rates vary significantly by marz (province).
- Children in rural areas are at higher risk of poverty: 36% versus 32.2% in urban settlements.
- Children in larger families are more likely to be poor: 46.7% of children in families with 3 or more children below 18 are poor.
- 23.4% of the households with children younger than 18 receive family benefits.

Main Demographic, Economic, and Social Indicators

Child poverty and deprivation

- Almost one in four children are both poor and deprived (25.8%).
- 64.5% of children are deprived, according to 2015 data, using a cutoff of 2 or more dimensions.
 - 82% of children in rural areas
 - 53% of children in urban areas

Historical Influences on Care

- Orphanages and residential institutions:
 - Operating since 1915 Armenian genocide
 - Played significant role during World War II and further years of repressions
- 1988 devastating earthquake
- Collapse of the Union of Soviet Socialist Republics
 - 54% of people living in poverty in 1999
- The Nagorno-Karabakh conflict; refugees from Azerbaijan
- Economic crises and blockade

Cultural Influences on Care

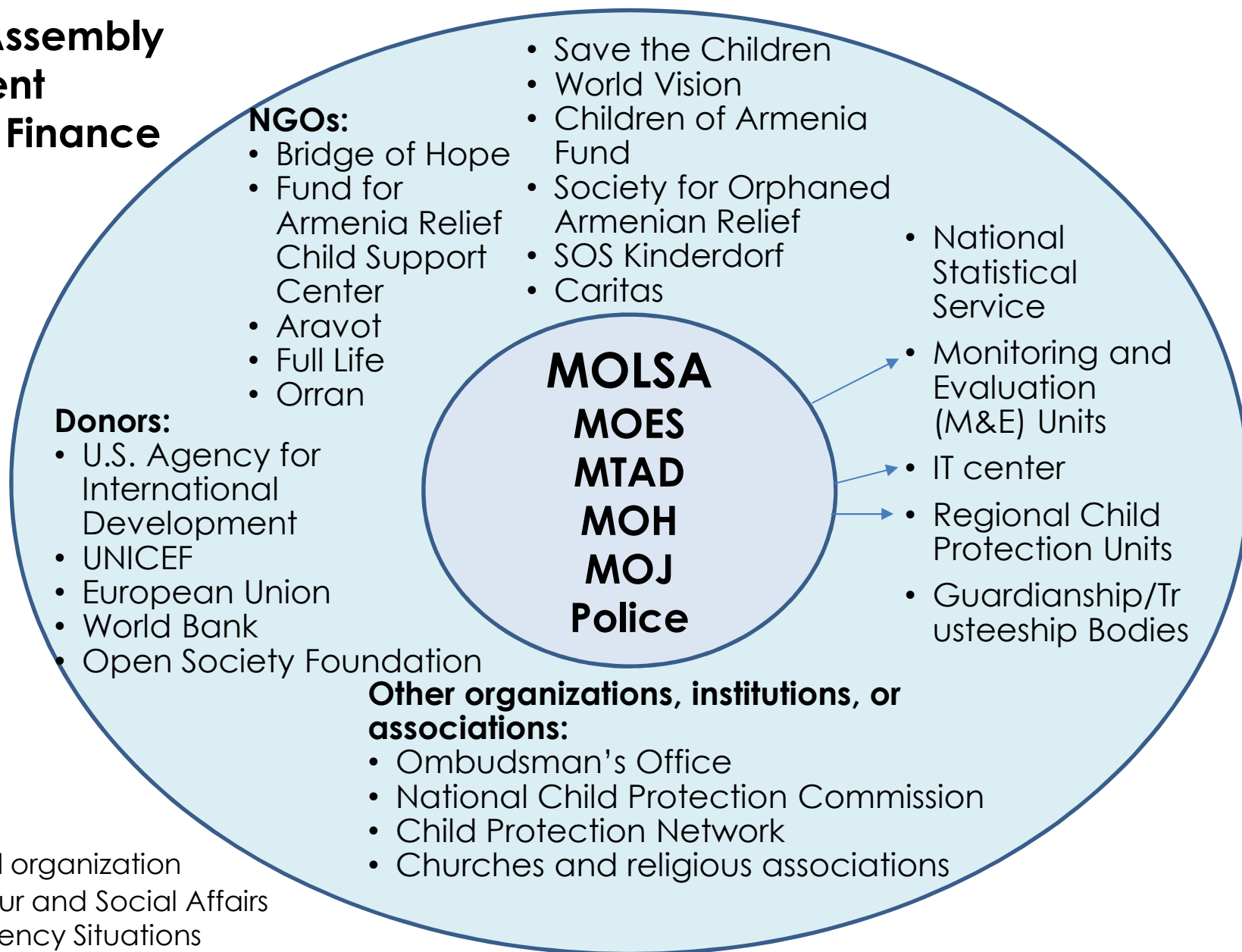
- During the Soviet era, children with disabilities and antisocial behaviour were often placed in special schools.
- Families relinquish their children with disabilities at birth per recommendations from healthcare personnel.
- Traditional families rely heavily on informal support and guardianship, but are also dependent on state-funded support.
- Lack of community-based and family support services
- Public perception and stigma regarding disability
- Authoritarian and overprotective parenting

Historical and Cultural Influences on Care

- Ratification of UN Convention on the Rights of the Child and reports to the UN Committee on the Rights of the Child (UNCRC)
- Improved legal framework; new Constitution of 2015 embedded concept of child's rights
- Established strong civil society and social partnership
- Donor support programs and exchange of knowledge
- Ombudsman's office—focus on child's rights
- Use of data (NSS ILCS, Demographic and Health Surveys) for decision making
- Introduction of inclusive education culture and practice

Key Actors in Care Reform

- **National Assembly**
- **Government**
- **Ministry of Finance**



MOH: Ministry of Health

MOJ: Ministry of Justice

NGO: nongovernmental organization

MOLSA: Ministry of Labour and Social Affairs

MOES: Ministry of Emergency Situations

MTAD: Ministry of Territorial Administration and Development

Key Actors in Care Reform

Actor	Role
Ministry of Labour and Social Affairs (MOLSA)	<ul style="list-style-type: none">• Oversees all aspects of care reform: national commission, legal framework, strategies• Implements and conducts M&E of 11 childcare programs• Coordinates development, implementation, and evaluation of the national strategy and action plan• Maintains the national databases on children in adversity and adoption• Allocates free supportive devices and prostheses to children with disabilities• Trains social workers• Accredits social services providers• Supports social contracting
Ministry of Education and Science (MOES)	<ul style="list-style-type: none">• Oversees the operation of special schools and 4 regional pedagogical-psychological support centers• Transforms special schools and oversees deinstitutionalization of children• Develops and promotes inclusive education policy, including its implementation and monitoring• Maintains a database on children at schools

Key Actors in Care Reform

Actor	Role
Ministry of Territorial Administration and Development (MTAD)	<ul style="list-style-type: none">• Oversees the operation of Child Protection Units (CPUs) of Marzpetarans (regional administration)• Promotes social workers at the community level• Supervises, through CPUs, operation of Guardianship-Trusteeship bodies/commissions at community level and refers the cases identified<ul style="list-style-type: none">• Authorized referral of children to special schools or deinstitutionalization• Data input into database on children in adversity
Ministry of Health (MOH)	<ul style="list-style-type: none">• Promotes early screening to identify and address child disability• Provides free of charge rehabilitation services for children with disabilities, ages 0–7, and vulnerable children, ages 7+• Establishes community rehabilitation centers, also within education settings• Promotes public education to address malnutrition among children

Key Actors in Care Reform

Actor	Role
Ministry of Justice (MOJ)	<ul style="list-style-type: none">• Regulates adoption issues• Oversees the consistency of legal frameworks of different sectors and international commitments• Regulates juvenile justice policy and practice
Police	<ul style="list-style-type: none">• Partners with CPUs to place street children at temporary childcare institutions/centers• Supervises families with child abuse history and prevents juvenile crime
Ministry of Finance (MOF)	<ul style="list-style-type: none">• Regulates budgeting and allocates funds for care reform initiatives
National Statistical Service (NSS)	<ul style="list-style-type: none">• Provides national and disaggregated data on children at institutions, orphans, adoptions, and children with disabilities• Produces national reports on social situation and poverty profile of Armenia

Key Actors in Care Reform

Actor	Role
UNICEF	<ul style="list-style-type: none">• Advocates for child rights and child protection (CP)• Coordinates various partners in the country on implementation of national care reform
USAID	<ul style="list-style-type: none">• Supports country care reform implementation through<ul style="list-style-type: none">(i) Technical assistance of UNICEF, World Vision, Save the Children, Bridge of Hope, and FAR CSC to the MOLSA and MOESii) Direct financial support to the line ministries to cover the associated transitional costs
European Union	<ul style="list-style-type: none">• Implements budget support programs
World Bank	<ul style="list-style-type: none">• Supports renovation and establishment of day care centers, capacity strengthening
World Vision, Save the Children, Children of Armenia Fund, SOS Kinderdorf, SOAR; Bridge of Hope; FAR Child Support Center; CP NGO network; Ombudsman's Office; Churches	

Main Features of Care Reform

Phase 1
1991–1995

Early stage: no systemized care reform

- Ratification of UNCRC
- Some solutions for maternity leave
- Special division to deal with family and child issues at MOLSA
- First attempt to define vulnerable social groups and children in adversity

Phase 2
1996–2003

Defined state policy: care reform

- Department within MOLSA to regulate and coordinate all issues regarding children in adversity (street children, begging children, working children, trafficking, etc.)
- Law on the rights of children, health support and services to population, social benefits for children
- Civil code, law on education, law on social protection of children in adversity, adoption regulation, Manuk database
- Introduction of special educational needs concept and pilot of Inclusive education
- First pilot of inclusive community development centers
- First attempt to provide free medication to children ages 0–7 and vulnerable children

Main Features of Care Reform

Phase 3
2004–2013

Children in adversity are under state protection!

- First state strategy on social protection of children in adversity 2004–2015
- Three-tiered CP system
- Child labor regulation
- Maternity support and child birth/care benefits; introduction of Maternity and Child Health Certificate Program
- New legal status of residential institutions; admission regulations
- First stream of special schools transformation (16 out of 51)
- First day care centers established through state support
- State funding of inclusive education and expanded net of inclusive schools; special educational needs (SEN) assessment, introduction of individual education plans (IEPs); one general curriculum for mainstream education
- Database on children in adversity
- Database on children at schools
- Social contracting for community based services

Main Features of Care Reform

Phase 4:
2013–2016

Quality of life concept prevails for services to children in adversity

- Strategy paper and action plan for 2013–2016
- 2014: amendments to mainstream education law—**All children should study at mainstream schools.**
- 2015: revised criteria and regulations for placing children at residential institutions, providing day care services, eligibility requirements;
- 2015: new regulation for provision of health services to children in institutions
- **Quality standards** for services at residential institutions, including for children with severe disabilities and those left without parental care
- 2016: types, eligibility, and quality standards for alternative care for children in adversity; revised foster care regulations
- New stage of transformation of residential institutions and special schools
- Promotion of community-based services; communities with >5000 residents will have one paid social worker
- Early identification and referrals: health, social, and education services
- Strengthening community social workers—case managers
- Juvenile justice regulations

Main Features of Care Reform

Phase 5
2017–2021

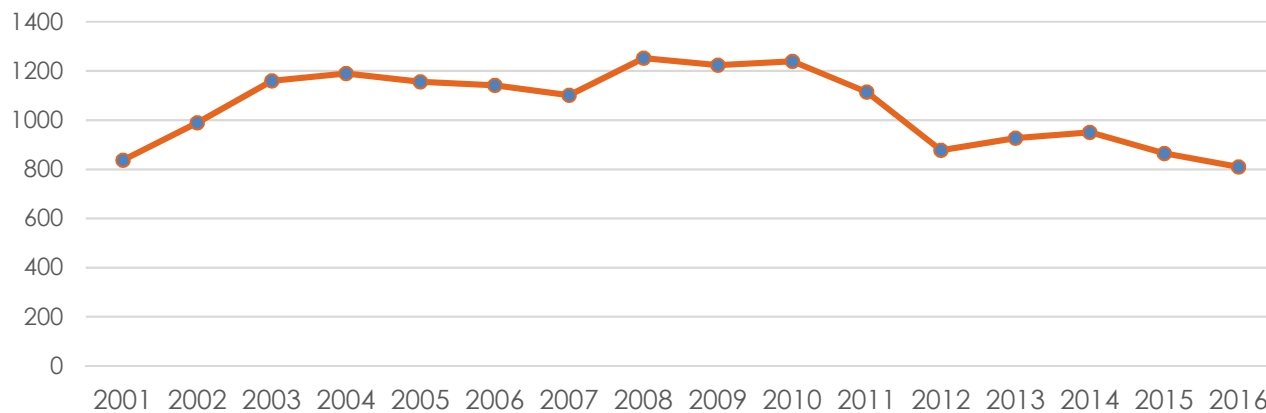
Provision of proper environment for full development of all children, including children with disabilities and in adversity

- Child-centered approach in services provision
- Expanding network of community services to all children
- Strengthening of community social workers
- **All children should live with their families or family-type environment.**
- Three-level support to special educational needs
- Improved adoption regulation
- Promoting children participation in decision making
- Government program for 2017–2022 provisions on deinstitutionalization
- CP strategy for 2017–2021
- Education strategy for 2016–2025
- Child and adolescent health strategy for 2016–2020

Major Outcomes for Children Resulting from Care Reform

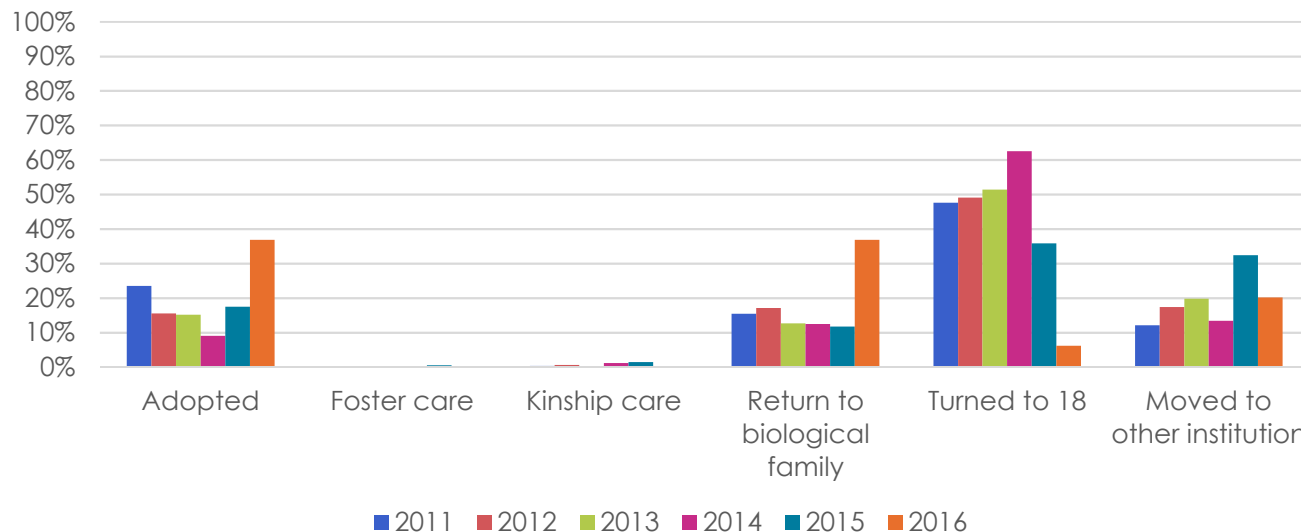
Children in orphanages

Number of Children in Orphanages



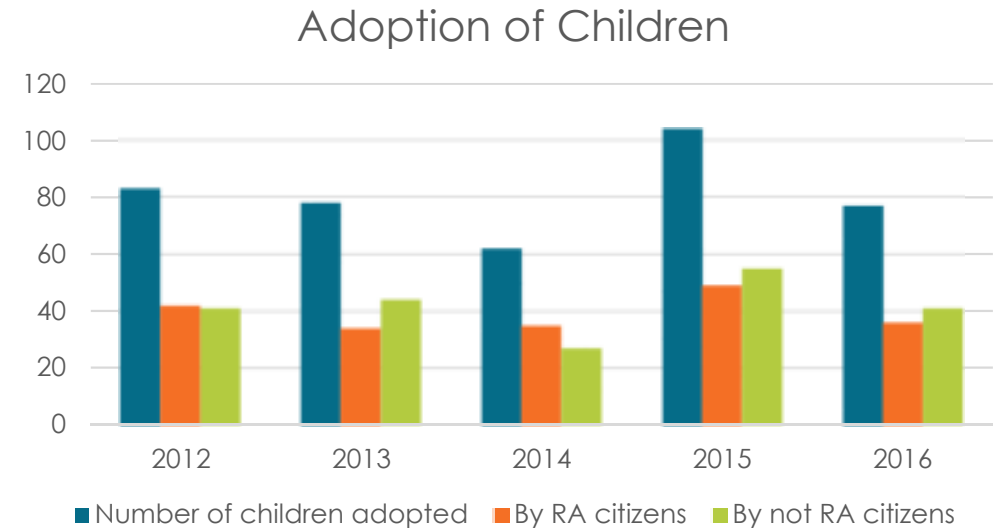
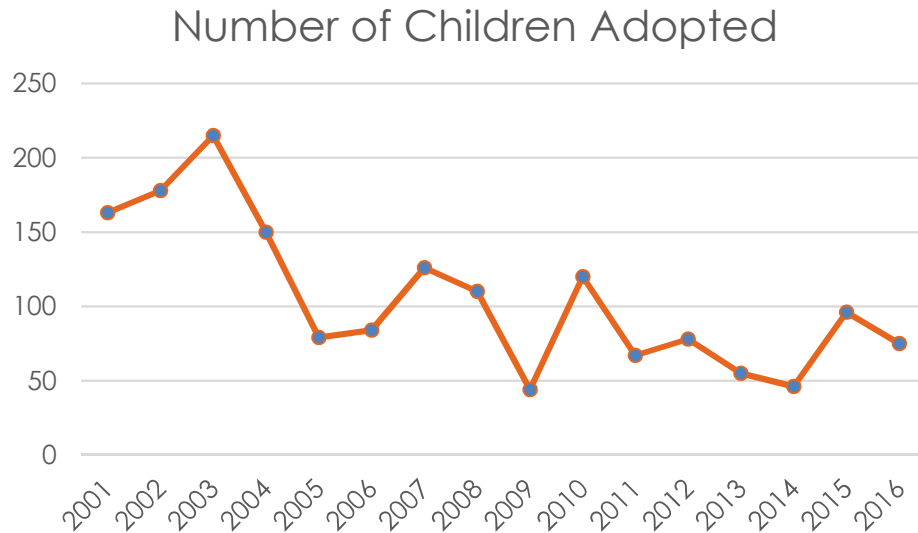
Number of children at orphanages has decreased, with more children adopted or reunited with their biological families, rather than staying until graduation at age 18

Flow of Children at State Orphanages



Major Outcomes for Children Resulting from Care Reform

Adoption:

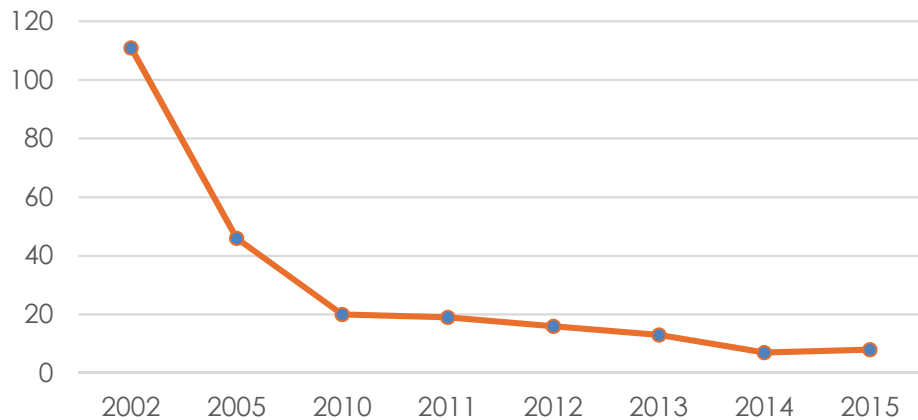


- Adoption policy has been improved; since 2016, children have more opportunities to influence decision making regarding adoption.
- 56% of children under adoption are adopted annually.
- 55% of families registered for adoption are Armenian citizens, however 67% of children are adopted by foreign citizens.

Major Outcomes for Children Resulting from Care Reform

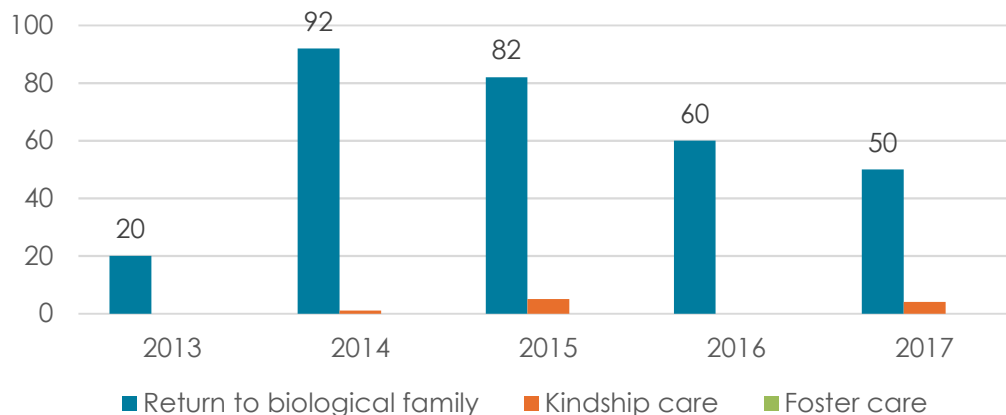
Street and begging children

Number of Street and Begging Children



- Annually, about 200 children receive emergency support and temporary care through the Child Support Center of FAR with Armenian Police support to prevent begging and street living.

Number of Children in Family-Type Care From Emergency Shelter

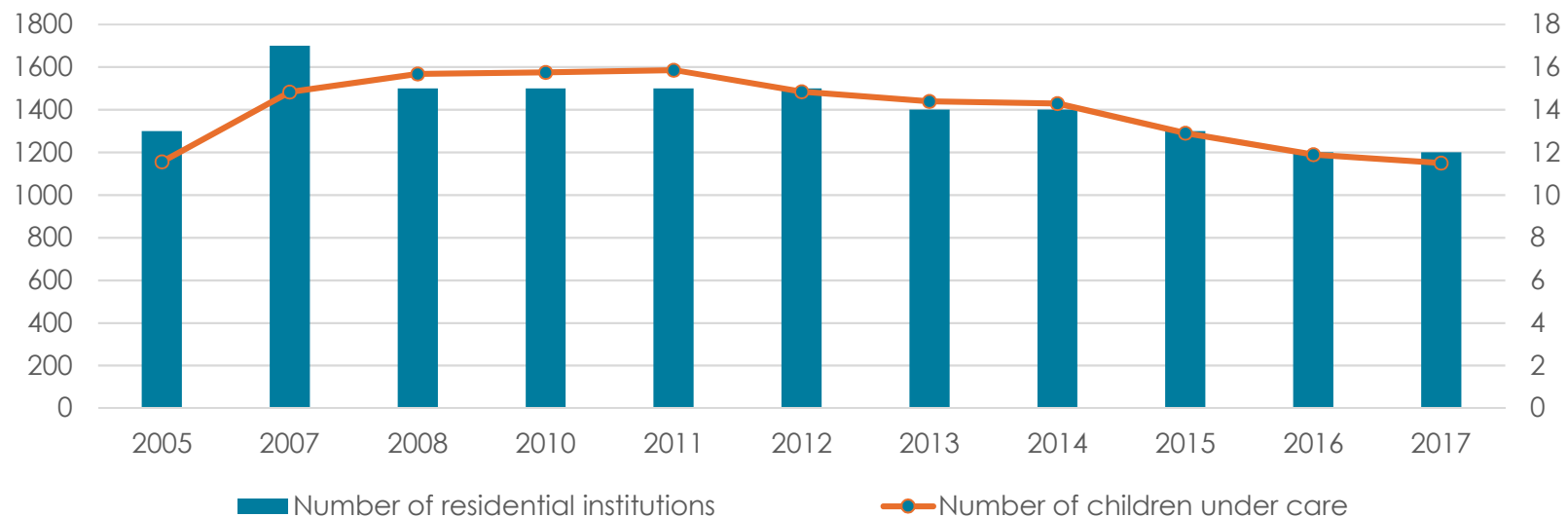


- Only 50% return to family-type care.

Major Outcomes for Children Resulting from Care Reform

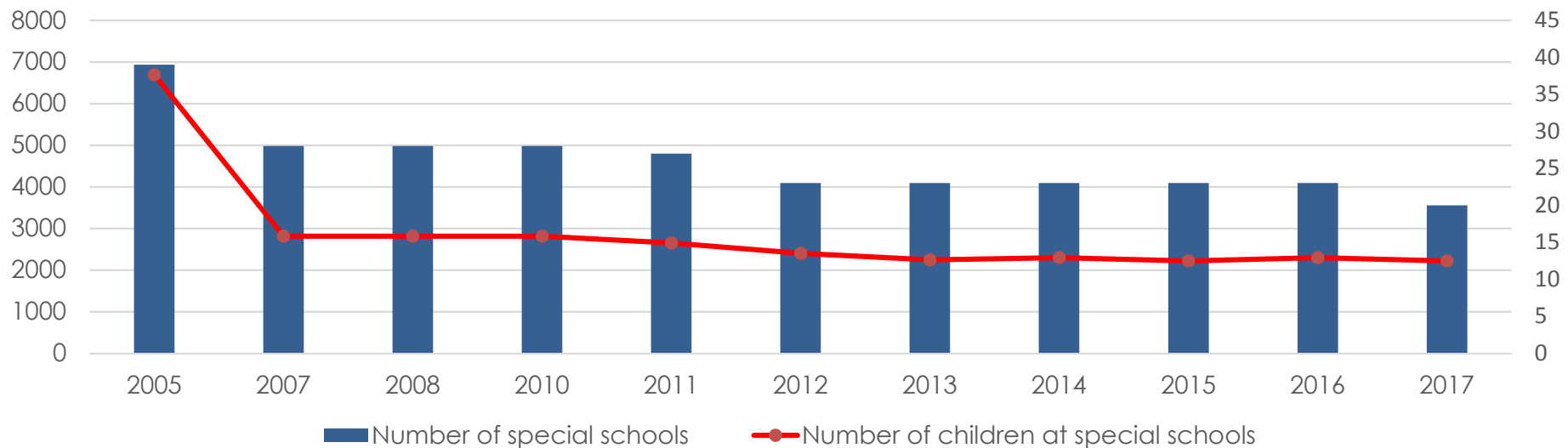
- In 2016, one night care institution was closed and four boarding schools were transformed into child and family support centers (MOLSA) and pedagogical psychological support centers (MOES).
- More than 300 children were placed in family care in 2016 and 2017.
- Case managers and community social workers were trained and mentored to improve performance.

Residential Institutions and Children in Care within the MOLSA System



Major Outcomes for Children Resulting from Care Reform (Continued)

Special Schools and Children Enrolled



- **Number of special schools reduced and children moved to inclusive schools**
 - 148 mainstream schools were to become inclusive in 2016.
 - Total number of inclusive schools is 226 as of 2016
 - Number of children with SEN at schools was 6700 as of 2016

Key Achievements of Care Reform: Prevention of Unnecessary Family Separation

1) What has been done

2) What is under way

Health Sector	<ul style="list-style-type: none">• Early identification and support to families with children with disabilities; state-funded screening during pregnancy and at birth to prevent disability• Free of charge healthcare services for children ages 0–7, including costly surgeries• Promotion of community rehabilitation centers
Education	<ul style="list-style-type: none">• Provision of inclusive education at all mainstream schools; increased funding for education of children with SEN• Gradual transformation of special schools into support centers• Introduction of three-level pedagogical-psychological support to children with SEN at schools• Introduction of new, teacher's assistant position at schools
Social Protection	<ul style="list-style-type: none">• Introduction of case managers: trainings of social workers, equipment/database and home visits• Mapping of services; establishing and outsourcing community day care services

Key Achievements of Care Reform:

Prevention of Unnecessary Family Separation

3) Factors that facilitated or made change possible

- UNCRC general comments of 2013
- Law on social assistance of 2014
- Law on amendments to law on mainstream education of 2014; following regulations
- Changes in Constitution of 2015
- USAID and UNICEF joint efforts
- Outsourcing of community-based services to NGOs

Key outcome:

In 2016, 100 children prevented from institutionalization

During past 10 years, at-birth screenings led to early interventions for 700 children, eliminating their risk of disability and institutionalization

Key Achievements of Care Reform: Residential Care

1) What has been done 2) What is under way

Health Sector	<ul style="list-style-type: none">• Since 2015, healthcare services to children at residential institutions is regulated.
Education	<ul style="list-style-type: none">• Night care is no longer mandatory at all special schools; children are admitted only per parents' written application; education is provided based on IEPs.• By 2025, special schools will transform to pedagogical psychological support centers with trained staff who will provide education support services to children with SEN at schools and kindergartens.
Social Protection	<ul style="list-style-type: none">• Strict regulation of admission; changes of charters of residential institutions to include defined mandate to support family reunifications; case management introduction and training of staff; education and care are separated for children at orphanages or night care institutions; by 2019, six night care institutions will be transformed to community-based children's and family support services.• Palliative care services will be introduced in state orphanages.

Key Achievements of Care Reform: Residential Care

3) Factors that facilitated or made change possible

- Civil society organization (CSO) independent monitoring at residential institutions supported by Open Society Foundations 2012–2014
- Strong advocacy from UNICEF, USAID, and CSOs, defending the rights of children
- Ratification of UNCRPD in 2010
- UNCRC recommendations
- Education Development Strategy for 2011–2015
- An action plan and timetable for implementing a universal, inclusive education system adopted in February 2016

Key Achievements of Care Reform: Foster Care

1) What has been done:

- Started with pilot in 2004 with UNICEF and FAR
- 25 families trained—30 children cared for
- However, no proper regulations to support good practice

2) What is under way:

- New changes in legislation in 2016; new model of training for foster families since 2016; new advocacy campaign during 2017; **New funding will be allocated for 132 foster families since 2018**

3) Factors that facilitated or made change possible:

- Strong advocacy from UNICEF, USAID, and FAR

Key Achievements of Care Reform: Supervised Independent Living

1) What has been done 2) What is under way

- **31** graduates of orphanages receive state support for independent living since 2014:
 - Lump sum support at graduation of \$100
 - Legal support for civil rights protection; mentoring for regulating independent living
 - Employment support services with trainings and job placement
 - Temporary shelter or support for home rent by the age of 23
 - Free medical support
- 49% of orphanage graduates who need a home received state apartments since 2003; in 2015, with new regulation, social apartments are provided based on registration sequence.
- SOS Kinderdorf supports independent living for 50 youths annually at its youth houses.

3) Factors that facilitated or made change possible

- High rate of criminal cases among orphanage graduates
- Reproduction of orphanage generation: graduates left their own children at orphanages

Key Achievements of Care Reform: Kinship Care

1) What has been done 2) What is under way

- Kinship is the most accepted and applied form of childcare.
- Kinship care is organized on the community level by guardianship and custody bodies.
- The main issue is the lack of social support and guidance mechanisms to kinship.
- New support schemes for kinship families is under development.

3) Factors that facilitated or made change possible

- National and cultural peculiarities, including strong family ties
- Public positive approach toward kinship

Key Achievements of Care Reform: Adoption

1) What has been done 2) What is under way

- First regulated in 2000 with a special law on adoption
- Ministry of Justice coordinates intercountry adoptions since 2006
- Since 2014, interagency working group is reforming adoption regulations in line with international best practices, giving a child an option for decision making; changes in family code

3) Factors that facilitated or made change possible

- Same as mentioned earlier

Key Achievements of Care Reform: Family Reunification & Reintegration

1) What has been done

2) What is under way

- Law on children in adversity; regulations for family reunification
- Trained social workers to use new methods, assessment of family needs, and targeted support to families with unified children (World Vision Armenia; FAR CSC)
- Every year since 2014, about 170 children return to their biological families from state residential institutions.
- Day care centers: 544 children in state-funded day care centers
- By 2025, more than 20 residential institutions will be transformed to day care and pedagogical psychological support centers.

3) Factors that facilitated or made change possible

- USAID funded projects implemented by UNICEF and partner CSOs
- Republic of Armenia concept paper on providing alternative care to children in adversity of 2016

Key Challenges and Opportunities

Area	Challenges	Opportunities
Leadership and Governance	<ul style="list-style-type: none">• Lack of strong cooperation and coordination of resources• Decisions are not always evidence informed, rather are linked with political developments or donor requirements• Strong legal framework is needed	<ul style="list-style-type: none">• Strong political will to make positive changes in the lives of children in adversity

Key Challenges and Opportunities

Area	Challenges	Opportunities
Financing	<ul style="list-style-type: none">• Insufficient to support the fundamental reforms; funding allocation follows the rule of what resources are available rather than how much is needed; no clear estimation of actual need of resources	<ul style="list-style-type: none">• Free funds from deinstitutionalization and transformation of residential institutions

Key Challenges and Opportunities

Area	Challenges	Opportunities
Workforce	<ul style="list-style-type: none">• Lack of specialists and psychologists at delivery hospitals and rehabilitation centers to work with parents and prevent institutionalization; lack of skilled specialists at mainstream schools to work with children with disabilities,• Lack of skilled specialists at community level for early identification of risk for institutionalization• Lack of ownership of reform by implementers• Lack of cooperation at service-delivery level	<ul style="list-style-type: none">• New training modules for social workers; association of social workers• New graduates with new thinking of social work and best interest of child• Assistants to teacher are introduced at schools• Every community will have paid social worker to identify children at risk

Key Challenges and Opportunities

Area	Challenges	Opportunities
Information	<ul style="list-style-type: none">• Lack of disaggregated, timely data• Databases of key ministries not synchronized• Poor M&E	<ul style="list-style-type: none">• Establishing integrated social services system—IBM Cúram• M&E of care reform programs of MOLSA• School management information system and eHealth• MEASURE Evaluation!

Key Challenges and Opportunities

Area	Challenges	Opportunities
Service Delivery	<ul style="list-style-type: none">• Quality of services and outcomes are weak (social, education, rehabilitation, legal)• Regions are lacking community day care and family type services• Lack of free health services for children in adversity ages 7+ if not receiving family benefit	<ul style="list-style-type: none">• Adoption of standards of quality of services at state-funded care institutions/ services• New accreditation procedures of service providers• State strategy to expand net of services

Key Challenges and Opportunities

Area	Challenges	Opportunities
Social Norms and Practices	<p>Social recognition of deinstitutionalization is still low, people wrongly believe:</p> <ul style="list-style-type: none">• It is better for child to be fed and sleep in warm premises at the institutions rather than live with poor families• It is better for children with disabilities to stay at special schools rather than be at unadjusted mainstream schools with peers and face bullying	<ul style="list-style-type: none">• Strong civil society that supports care reform

Major Outcomes for Children Resulting from Care Reform

*“It was ok at the school. We were playing. I had friends there. But of course it’s better to be at home. **We are with our mom. It’s warmer here.**”* (Hripsime, 16; united with family from a residential school in Gyumri)

“It will be difficult when Aravot support ends, and we will need to think more about how to pay for food,” Gohar said. **“But, no matter how bad it will be, I won’t send them back to the residential school.”** (Human Rights Watch interview with Gohar, Gyumri, May 27, 2016)

*“The hardest part for me [in the orphanage] was that I was not with my mother. Last year at Christmas, they said, ‘What do you wish for this Christmas?’ and I said, ‘I would like my mother to come pick me up.’ And they said, **‘Tomorrow your mother will come.’**”* (Human Rights Watch interview with Heghine, Gyumri, May 27, 2016)

Thank You!

Please contact us if you want to share... practices, thoughts, ideas, feelings, attitudes, or advice

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