# Assessing Alternative Care for Children in Armenia

June 2018




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# ABBREVIATIONS

| | |
|---|---|
| AMD | Armenian dram |
| CCT | Country Core Team |
| COAF | Children of Armenia Fund |
| CP | child protection |
| CSO | civil society organization |
| DCOF | Displaced Children and Orphans Fund |
| FAR | Fund for Armenian Relief |
| GTC | Guardianship and Trusteeship Commission |
| GOA | Government of Armenia |
| M&E | monitoring and evaluation |
| MOH | Ministry of Health |
| MOES | Ministry of Education and Science |
| MOJ | Ministry of Justice |
| MOLSA | Ministry of Labor and Social Affairs |
| MTAD | Ministry of Territorial Administration and Development |
| NGO | nongovernmental organization |
| NSS | National Statistical Service |
| PAP | prospective adoptive parent |
| RA | Republic of Armenia |
| SOAR | Society for Orphaned Armenian Relief |
| UNICEF | United Nations Children's Emergency Fund |
| USAID | United States Agency for International Development |

# EXECUTIVE SUMMARY

## Background

Armenia's care reform initiative is based on the United Nations Guidelines for Alternative Care of Children (hereinafter referred to as the UN Guidelines), which outlines specific principles and standards for the appropriate care of children to ensure that they grow up in a protective environment, free from deprivation, exploitation, danger, and insecurity. To support this agenda, the Ministry of Labor and Social Affairs (MOLSA), with funding and technical assistance from the Displaced Children and Orphans Fund (DCOF) of the United States Agency for International Development (USAID) and MEASURE Evaluation, conducted a self-assessment of the care reform system at a participatory stakeholder workshop held January 17–19, 2018, at the Tsakhkadzor Hotel Russia, in Armenia.

Armenia has passed through several stages of reforming its child care and protection system, moving from efforts to improve the quality of care and services to children in residential institutions to the fundamental steps of transforming all residential care institutions into family-type or community-based services. The most recent wave of reforms began in 2014 (Government of Armenia [GOA] Resolution of November 13, 2014 No. 1273-N), when the GOA amended the Strategic Plan for 2013–2016 to meet the requirements of the UN Guidelines. In 2016, the GOA adopted a Concept Note and an Action Plan for Developing Alternative Care Services for Children in Adversity. On July 13, 2017, the GOA adopted the National Strategy and Action Plan on Child Rights Protection for 2017–2021. The plan contains a series of activities to protect children's fundamental rights and freedoms, and to recognize the best interests of the child and the rights of a child to grow and develop in a family environment. On January 18, 2018, during the self-assessment workshop, the National Assembly adopted several amendments to the Family Code, which had a significant impact on the assessment's results.

Although the number of children in formal institutional care has declined in the past few years, there are still about 3,600 children in the country who reside in orphanages, night care institutions, and special schools. Most of these children have disabilities.[1] They are placed in institutional care, because community-based and family support services are lacking. Poverty and the inability of families to meet the basic needs of their children, the disability of a parent(s) or a child, loss or migration of parents, and vulnerability of families to alcohol and drug abuse are among the conditions that result in the institutionalization of children. The GOA views the establishment and expansion of day care centers as the main means for supporting family reunification and the reintegration of deinstitutionalized children. It views the promotion of foster care as the primary alternative care arrangement for children following deinstitutionalization, if family reunification is not possible.

[1] Sixty-eight percent of children who reside in orphanages, night care institutions, and special schools have disabilities, according to official statistics published by the National Statistical Service (NSS) of the Republic of Armenia (RA) in its annual statistical bulletin, "Social Situation of Republic of Armenia" of September 25, 2017. The calculation is based on the number of children in the orphanages table on page 451; the number of children in the special schools table on page 35; and the number of children in the night care residential institutions table on page 472.

## Workshop Purpose and Objectives

The purpose of the assessment workshop was to bring together key stakeholders—decision makers, policy developers, service providers, civil society representatives, and donors—to assess and identify the main care reform areas in which action is needed. The assessment results aim to provide information to improve the implementation of care reform in line with the government's international commitments and the National Strategy and Action Plan on Child Rights Protection in the Republic of Armenia for 2017–2021.

## Assessment Methods

The workshop was a highly participatory self-assessment in which more than 60 stakeholders engaged in group discussions, shared experiences, and provided responses to statements in the assessment tool based on group consensus. The CCT, set up in July 2017, and consisting of 12 members from government, development partners, and civil society organizations (CSOs), led the preparation and facilitation of the assessment workshop.

The assessment tool used at the workshop was developed by USAID/DCOF and MEASURE Evaluation, based on the UN Guidelines. The tool contains a series of statements, which refer to the main areas of care reform (prevention from unnecessary family separation, foster care, residential care, supervised independent living, kinship care [formal and informal], other forms of alternative care, adoption, family reunification, and reintegration and system deinstitutionalization), and the main system components (leadership and governance, service delivery, workforce, monitoring and evaluation [M&E] and information system, financing, and social norms and practice). The tool consists of 10 tabs covering all care system areas and one crosscutting section, with general statements that refer to all other areas. Before the workshop, the tool was translated into Armenian and reviewed and locally adapted by CCT members and key stakeholders. A glossary of definitions and terms used in the tool was also developed.

The main findings of the assessment workshop are summarized by area of care, following the logic of the discussions. We also summarize findings by system components, followed by a summary of recommendations organized in the same way, to allow for the rapid identification of common issues for all areas of care that require immediate attention.

Workshop participants discussed and provided responses to the statements based on consensus among group members. Participants were divided into five groups composed of 12 to 13 representatives from different organizations, including central and local government and CSOs from all sectors relevant to care reform (social assistance, education, health, etc.), and middle management, program directors, and specialists/staff members. This approach enabled groups to have representation from various levels of care reform and supported the achievement of informed conclusions on all assessment statements.

## Findings, by Area of Care

The assessment results demonstrated that Armenia has a good regulatory framework that defines the standard process for referrals/admission of a child to an alternative care setting. The current legislation of the GOA is in line with the provisions required by the UN Guidelines. The Concept Note adopted by GOA Protocol Resolution of May 12, 2016 outlines the main principles and policy for developing the alternative care system in the country. Moreover, the draft Law on Amendments to the Law on Child Rights and the new draft Law on Children in Adversity have been submitted to the National Assembly for approval.

- **Prevention of unnecessary separation of children:** The current legal framework provides some basic regulations for the prevention of unnecessary separation of children from their families; however, the legal framework is insufficient. There are huge gaps in the availability of family strengthening services, especially services to support families at risk of child-family separation, and there is a lack of relevant workforce and quality standards for existing services. The current legislation and regulatory framework do not clearly define primary, secondary, and tertiary prevention mechanisms for unnecessary family separation. An early child development and care strategy exists, but it refers to the education sector only, and it does not include provisions for children ages 0 to 3. As a result, the scope of targeted prevention services for this age group is not well developed.

- **Foster care:** The GOA has drafted a new foster care regulation that includes many of the critical provisions from the UN Guidelines, such as a provision for specialized preparation of foster families and children for care; authorization and registration of foster carers; support and counselling for both foster carers and children before placement; provisions for children's views to be considered in contracting with foster parents; and provisions for monitoring children in foster care. However, there are no clearly defined procedures for closure of a foster care case.

- **Residential care:** Government policy and regulations define the requirements for staff and criteria for services provided at the residential care institutions, regardless of their organizational or legal status. The MOLSA conducts regular monitoring of the quality of services at the orphanages and night care institutions. The Ministry of Education and Science (MOES) is responsible for the quality of services and the regulation of care and education of children at special schools. The operation and quality of services at private orphanages and residential care institutions are not monitored. The overall GOA policy is directed to reforming the residential care system and establishing community-based services, with the aim of reducing the vulnerable families' reliance on large-scale residential care. However, the assessment participants agreed that parents and society at large believe that poor children, and especially children with disabilities, receive better care and services at orphanages and special schools than in their homes. This can be explained by the low disability allowances and social benefits that do not cover the high costs of the specialized support that these children need.

- **Supervised independent living:** The assessment revealed that supervised independent living services are not well developed in Armenia and are not included in the GOA action plans. Some services are provided to orphanage graduates; however, no services are defined for graduates of special schools and night care institutions. Youth with disabilities are more vulnerable when

beginning their independent life, because there are no services to prepare them for independent living.

- **Formal kinship care:** Kinship care lacks legal provisions and regulations. No financial support is provided to kinship carers to support the care of children in a close family environment. Government policies do not support relatives who take care of children instead of placing them in residential care. There are no regulations to prevent violation of a child's rights in unregistered care. The assessment teams agreed that staff to support kinship care are not trained and prepared, and monitoring mechanisms are lacking.

- **Informal kinship care:** There are no oversight mechanisms for nonrelative informal care to protect children from possible abuse, neglect, child labor, and all forms of exploitation. Actions to support this area of care through the government system have not been prioritized. Some workshop participants believe that this is one of the most urgent issues needing to be addressed in the evolution of the alternative care system in Armenia to prevent and avoid possible cases of the violation of a child's rights.

- **Adoption:** Armenia is a signatory to the Hague Adoption Convention; however, local legislation has yet to be aligned with its requirements, especially for matching potential parents with a child during international adoption and informing children about their adoption. The national policy defines regulations and procedures for adoption, both local and international. Standards of practice exist; however, they are not always applied. No funding is allocated, and no professional support is provided to families during and after adoption, except for administrative orientation. Children with disabilities are adopted mainly through international adoption. A registrar for prospective adoptive parents (PAPs) and a database for children adopted exist. This information is available to the MOLSA only.

- **Family reunification and reintegration:** Since 2016, the national legal and policy framework has had procedures and regulations for family reunification. However, these provisions do not clearly define the distribution of roles and responsibilities of services providers, and there are no methodological guidelines to direct the quality of the family reintegration process. There are not adequate services and resources available in communities to support family reunification. In general, the services to vulnerable families with children at risk for reinstitutionalization are not preventive in nature, rather, they are reactive.

- **System deinstitutionalization:** Despite the positive progress in the transformation of residential care institutions, the weak interministerial cooperation creates challenges for providing quality services to children and families before, during, and after deinstitutionalization. The comprehensive assessment of a child's and family's needs before deinstitutionalization of a child and a coordinated plan for addressing social, health, and education needs of the child during and after deinstitutionalization are not always communicated to the concerned authorities/services. The capacity of staff involved in the deinstitutionalization process is not sufficient. Although initial

training is provided, mechanisms for continuous orientation and training do not exist. The quality and efficiency of training also needs to be monitored and improved.

- **Crosscutting issues:** Case managers and the Guardianship and Trusteeship Commissions (GTC) are responsible for evaluating the circumstances affecting each child. This evaluation considers the child's immediate safety and well-being and his or her longer-term care and development. However, mandatory procedures for the assessment, planning, and review of children's placements in alternative care are not always followed by the concerned staff. because of the limited orientation and training provided.

## Findings and Recommendations, by Care Reform System Component

Table 8 presents the list of recommendations organized by system component and by area of care. A prioritization of the recommendations by key stakeholders and an action planning exercise took place on April 27, 2018. A detailed report on that event and its follow up will be developed separately. The following are the overarching findings and recommendations, by care reform system component. More detailed recommendations are provided in the "Summary" section of this report and in Table 8, following the summary.

- **Leadership and governance:** The assessment results demonstrated that Armenia has a good regulatory framework that defines the standard process for referrals/admission of a child to an alternative care setting. The current legislation of the GOA is in line with the provisions required by the UN Guidelines. Leadership (the existence of a policy framework and strategy or vision) is generally strong in Armenia's care reform initiatives, but governance (mechanisms for the practical application of policies) is weak. Fundamental changes in the childcare legal framework were introduced in 2016. The Concept Note adopted by the GOA Protocol Resolution of May 12, 2016 outlines the main principles and policy for developing the alternative care system in the country. Moreover, the draft Law on Amendments to the Law on Child Rights and the new draft Law on Children in Adversity have been submitted to the National Assembly for approval.

  There are areas for improvement. Incentives for interagency cooperation, quality standards, and qualifications requirements for services providers, especially for prevention and family reunification services, need to be developed. The provision of informal care also needs regulation to prevent possible abuse and violation of children's rights. Most important, the legal regulation of alternative care for children ages zero to three should be revised, to prioritize the prevention of institutionalization of this group of children and their placement in family-based settings. The early identification of disability and the associated early intervention, especially in light of the expanded list of newborns' screening, should remain a priority. The necessity and suitability of alternative care for children should be legally framed and clarified through the orientation and training of concerned staff. In addition, legal definitions of some services, such as family strengthening and supervised independent living, should be developed.

- **Service delivery:** Most state-funded alternative care service providers are registered and authorized to operate by a competent authority. However, in practice, service delivery does not always follow legal regulations. The assessment revealed two reasons for this: (1) lack of certain types of services, including services needed to prevent unnecessary family separation and to support family reunification; and (2) fragmented orientation and training of staff involved in the care system.

  Services should be aligned with legal provisions. The delivery of alternative care services in all regions should be prioritized and aligned with other relevant services (e.g., education), possibly through the adoption of a minimum package of social services financed by the state (family support, foster care, etc.). Having only one small nongovernmental organization (NGO) that provides prevention and/or family reunification services and day care centers in a few marzes (provinces) of the country is not sufficient to strengthen families at risk of separation and support good-quality reunification.

  The introduction of minimum quality standards for all services, including family reunification, is important to regulate services. Better monitoring of service providers (both state and NGO-sponsored) should be introduced, to ensure that quality standards for services are met.
  The development of specialized services, including a complaints mechanism for children, children with disabilities, victims of abuse, and children in informal care by nonrelatives, is highly important. Services for carers with disabilities, to improve their skills and the availability of resources, should also be promoted. Supervised independent living and respite care services need to be developed and improved..

  **Workforce:** All alternative care service providers are required to be registered and authorized to operate by a competent authority. However, the process initiated in 2017 is moving very slowly. The authorization of service providers is regularly reviewed by the MOLSA on the basis of standard criteria specified in the Republic of Armenia Law on Social Assistance. However, there are no guidelines defining quality standards and criteria for services in each area of care and mandatory for government and nongovernmental service providers alike. The workforce, including case managers and social workers, does not have clearly defined caseload thresholds and quality standards for operation. Although the need for specialists who can work with adolescents is very high, the assessment revealed that there are no specialists primarily oriented to deal with youth-related issues in the country.

  The workforce should be developed. It is important to continuously improve the in-service training mechanism for professionals working in the social assistance/care system, so that the needs of children are addressed in a uniform and equitable manner in all regions, regardless of the type of service providers (state versus nonstate). Training mechanisms aimed at building the skills of staff involved in supporting and monitoring kinship care, foster care placements, adoption, and especially family reunification and reintegration are urgently needed. Specialists trained to work with youth are needed. There is also a need to develop the workforce for supervised independent living services and respite services.

- **M&E and information systems:** The assessment showed that M&E is the weakest component of the care system.

  The establishment of one unified system for collecting, sharing, and using data on alternative care is a priority. It is important to develop standard indicators for monitoring the implementation of care system reform, stimulate the demand for data, and introduce data quality assurance systems.

- **Social norms and practices:** The promotion of public awareness and activities aimed at changing negative social norms are not priorities. The awareness campaigns that children—including disabled children—have the right to live in families are conducted primarily by NGOs and/or other development partners and are not regular.

  The assessment participants recommended the development and implementation of an advocacy and communications strategy to address negative social norms and practices and to promote awareness that placing a child in difficult life circumstances in residential care is not in the best interests of the child. Interministry collaboration for raising the public's awareness about foster care, kinship care, and adoption as more adequate forms of care than residential care should be promoted.
  It is also important to develop the knowledge and skills of parents of children with disabilities and promote positive attitudes toward family-type care for these children.

- **Financing:** There is no cost estimation of funding needed to support each type of alternative care. The costs to establish, provide, and cover the services needed to support and strengthen families to prevent family separation are not estimated either. The budget line item allocations are not sufficient to provide any of the alternative care services, especially for the prevention of family separation.

  Given the assessment findings, participants recommended cost estimations for funding to support each form of alternative care.

# INTRODUCTION

Armenia's care reform initiative is based on the UN Guidelines, which outlines specific principles and standards for the appropriate care of children to ensure that they grow up in a protective environment, free from deprivation, exploitation, danger, and insecurity. To support this agenda, the MOLSA, with funding and technical assistance from the DCOF of USAID and MEASURE Evaluation, conducted a self-assessment of the care reform system through the implementation of a participatory stakeholder workshop. The workshop took place from January 17 to 19, 2018 at Tsakhkadzzor Hotel Russia, Armenia.

The preparation and facilitation of the assessment workshop was led by the CCT, which was established in July 2017 and is composed of decision makers and specialists from government, development partners, and CSOs. CCT members were selected by the MOLSA, in cooperation with the USAID Mission in Armenia and MEASURE Evaluation, based on the stakeholders' expertise, experience, and commitment to care reform in the country. The list of CCT members is provided in the Appendix A.

The Deputy Minister of Labor and Social Affairs, Sona Harutyunyan, took the lead role for the entire workshop preparation process. All events related to the workshop and its preparation were made available to the public via the MOLSA website: http://www.mlsa.am/?p=13301.

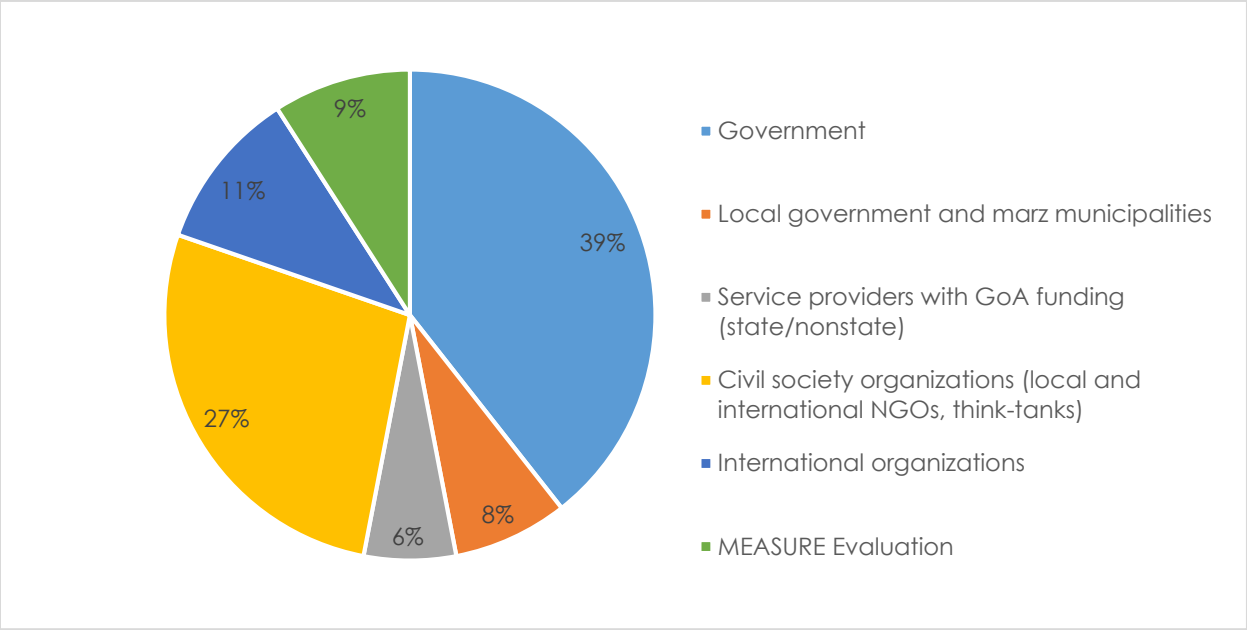
The assessment workshop aimed to strengthen the capacity of the government to achieve the following objectives:

- Provide leadership in implementing a structured assessment of the national care reform system and strategies using a standardized tool.
- Identify gaps and continuing needs in care reform.
- Develop plans to address priority needs in care reform.

The assessment workshop brought together key stakeholders, including decision makers, policy developers, service providers, civil society representatives, and donors, to assess and identify the main areas where action is needed to promote and improve the implementation of care reform in line with the government's international commitments, the National Action Plan for Developing the Alternative Care System in Armenia, and the National Strategy and Action Plan on Child Rights Protection in the Republic of Armenia for 2017–2021.

**Sixty-six participants** (54 women, 12 men, and including six participants from the regions) attended the workshop. The participants were from the MOLSA; the MOES; Ministry of Justice (MOJ); the Ministry of Health (MOH); the Ministry of Territorial Administration and Development (TAD); the NSS; police; the National Investigation Committee; heads of Divisions on Family, Women and Children Issues; local and international NGOs; day care centers and orphanages; think tanks; the UNICEF Armenia country office; and the USAID mission. All CCT members, except one, participated in the workshop for the whole duration. The participant list is provided in Appendix B. Figure 1 presents the composition of the participants.

**Figure 1. Composition of the assessment workshop participants, percentages**

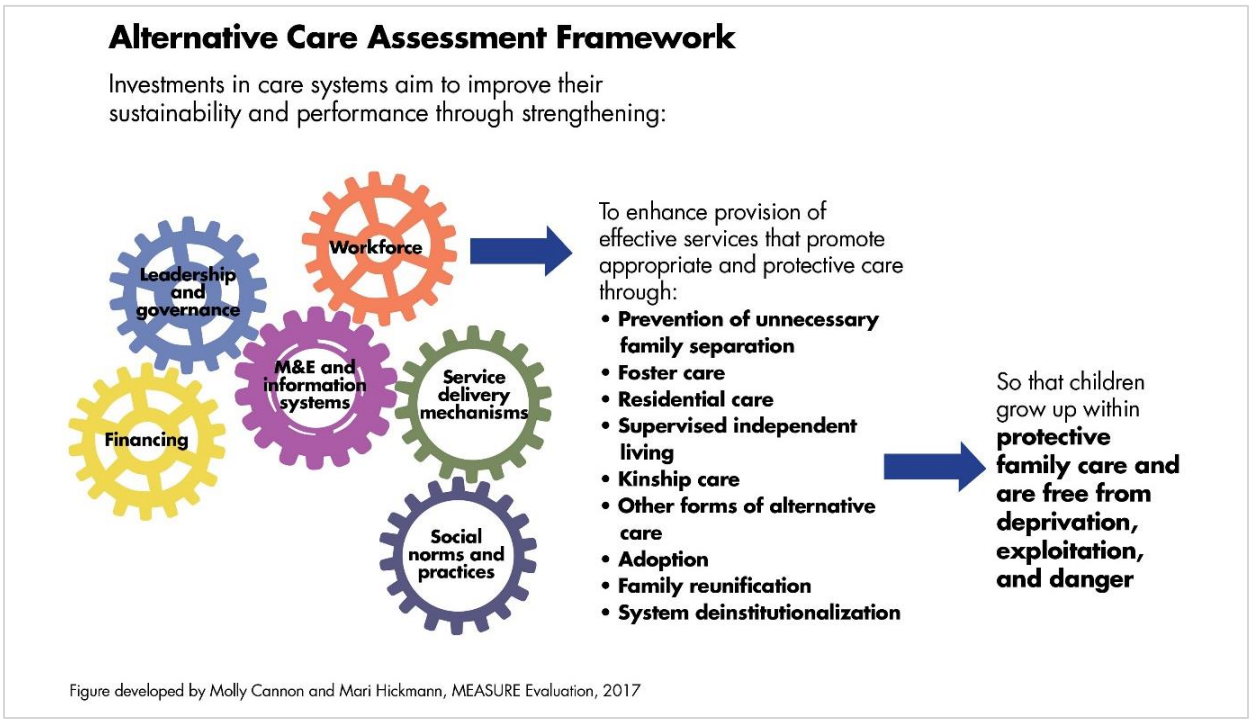



MEASURE Evaluation submitted a workshop report to the CCT that described the workshop events, recommendations for future assessments, and preliminary outcomes and recommendations. This report provides the detailed findings of the assessment based on the analysis, and specific recommendations and actions to be taken by the government and partners based on the findings.

# WORKSHOP METHODS

The assessment tool used during the workshop was originally developed by USAID/DCOF and MEASURE Evaluation based on the UN Guidelines, with the aim of assessing the care reform system in four countries: Armenia, Ghana, Moldova, and Uganda, and according to the Assessment Framework shown in Figure 2.

**Figure 2. Assessment framework**




The assessment tool was translated into Armenian and passed through several stages of contextualization. The first stage took place during a workshop convened in London in September 2017 at which the CCT reviewed the draft tool. The tool and the glossary of key definitions and terms were then carefully reviewed by the CCT and key stakeholders during a two-day workshop in Tsakhkadzor, Armenia, from October 19–20, 2017. The third adaptation of the tool followed its pretesting and a pilot assessment, conducted from November 22 to 23, 2017 in Aghveran, Armenia.

The assessment tool contains several tabs, each one representing an area of care reform, as shown in Figure 2. There are a series of statements in each tab organized by the system components. Workshop participants discussed and provided responses to the statements based on consensus using the following preidentified/predetermined response options: "completely," "mostly," "slightly," "not at all," or "yes" and "no." Space is provided in the notes section of the tool to write detailed comments. The tool produces dashboards to show the status, by area of care reform and by system component.

Based on lessons learned from the tool's pretesting, the MEASURE Evaluation team and CCT agreed to arrange an Assessment Launch event prior the assessment workshop. This event was conducted on December 19, 2017. (The Assessment Launch agenda is provided in Appendix C.) Key stakeholders were invited to receive an orientation on the tool and the assessment process, and to register the assessment workshop participants. Each CCT member made a brief presentation on the key sector developments related to care reform.The MEASURE Evaluation country consultant presented the tool and the assessment approach. Following the Assessment Launch event, those stakeholders who expressed an interest and willingness to participate in the assessment registered for the workshop. The assessment tool was distributed to all assessment participants, together with the glossary of terms. (The tool and the glossary are provided in the Assessment Workshop Report referenced above.)

All workshops and meetings conducted before the assessment workshop contributed in important ways to the design of the assessment process and the finetuning of the tool. These events allowed for the development of an in-depth understanding of the statements in the assessment tool that were reviewed during the assessment workshop.

During the assessment workshop, registered participants were organized into five groups, assuring representation of national and local government, service providers, CSOs, and international donor organizations in each group. Each group had a facilitator, response recorder, and notetaker. (The composition of the groups and methodological guidance for facilitators are given in Appendix E.) This approach helped the groups to have representation from various levels of care reform and supported the achievement of informed conclusions on all assessment statements. The assessment preparation process showed that all stakeholders wanted to work on the prevention of unnecessary family separation, system deinstitutionalization, and family reunification areas, because they are considered the most important in view of current reform developments in Armenia. To meet this request, these areas were assigned to all five groups; the other areas were split among the groups so that each area was discussed and assessed by at least two groups. Table 1 shows the group assignments. The assessment workshop agenda is provided in Appendix D.

**Table 1. Group assignments to the assessment tool tabs**

| Group # | Tab 1 | Tab 2 | Tab 3 | Tab 4 | Tab 5 | Tab 6 | Tab 7 | Tab 8 | Tab 9 | Tab 10 |
|---|---|---|---|---|---|---|---|---|---|---|
| **1** | | X | X | X | X | | | X | X | X |
| **2** | | X | X | X | X | | | X | X | X |
| **3** | X | X | X | | | | | X | X | X |
| **4** | X | X | | | | X | X | | X | X |
| **5** | X | X | | | | X | X | | X | X |

Workshop facilitators asked each group to respond to each of the statements, by tab. In plenary, the groups then reported back on the following:

- Key system weaknesses identified.
- Statements for which consensus was difficult to reach.
- Statements for which answers were uncertain (either due to the lack of information or lack of clarity in the formulation of some statements in the tool).
- Recommendations for improving each area of care.

At the end of each day, MEASURE Evaluation conducted a rapid preliminary analysis of all groups' reports and compared commonalities, differences, and split responses. Responses were categorized as leaning toward the positive or negative. Responses that were "completely," "mostly," and "yes" were categorized as leaning toward the positive. Responses that were "not at all," "slightly," and "no" were categorized as leaning toward the negative. Those statements for which consensus was not achieved were further discussed during the plenary sessions so that consensus was reached for each statement in each tab.

The workshop culminated in one final set of responses and a series of notes highlighting the challenges and recommendations.

# FINDINGS

The findings are summarized in this section. Findings on crosscutting issues are presented first, followed by results for each area of care. The findings cover both strengths and weaknesses; however, there is more focus on the gaps identified. This structure supports the development of an action plan to address the identified gaps.

The dashboards (Figures 3–12) presented below contain horizontal bars for each system component. The numbers in each horizontal bar show the distribution of the total number of statements for the respective system component, according to the response provided by the workshop participants. For instance, in Figure 3, there are a total of 26 statements for the "Service Delivery Mechanisms" system component. The response was "completely/yes" for one statement, "mostly" for nine statements, "slightly" for fifteen statements, and "not at all/no" for one statement.

## Crosscutting Issues

The statements in the crosscutting issues section of the assessment tool are topics that are common to all care reform areas. This section covers the main legal framework, common practices in service delivery, requirements for the workforce, and M&E. Findings on the system components specific to each care area are presented later in this report. For each system component, a short brief on the main legal framework and GOA vision is provided followed by a presentation of the results of the assessment.

*Develop community-based care system to address the needs of children in difficult life situations, including children with special needs, promoting their full inclusion in community life and prevention of their institutionalization in formal residential care.*

**GOA Resolution of November 13, 2014 No. 1273-N; Point 24**

The GOA initiated the fourth round of fundamental reforms2 in the child protection and alternative care system in 2014 with the guiding principle that all children have the right to and should live with their families. Following the adoption of the Concept Note on Developing Alternative Care Services for Children in Adversity in 2016,3 the GOA approved the multisector Action Plan,4 which directs the efforts of line ministries to regulate placement to and care of children in state-funded residential care institutions. The referral of children

[2] Conditional division of GOA actions to reform child protection and care system are presented in the GOA Resolution No. 1273-N dated November 13, 2014.

[3] Protocol Resolution No. 18 of the GOA dated May 12, 2016 on approval of the "Concept of Developing the Alternative Care System for Children in Adversity in Armenia."

[4] Protocol Resolution No. 36 of the GOA dated September 15, 2016 on approval of the "Action Plan for Implementing the Concept Note on Developing the Alternative Care System for Children in Adversity."

to alternative care is governed by the GOA regulation on the terms and conditions of the delivery of care to children, elderly people, and people with disabilities (GOA Resolution No. 1112 of September 10, 2015). Amendments to this regulation were made on May 26, 2016, which included approval of the terms and criteria for referral of children to alternative care (GOA Resolution No. 551-N of May 26, 2016). On July 13, 2017, the GOA adopted the National Strategy on Child Rights Protection and its Action Plan for 2017–2021, which contains a series of activities directed at protecting children's fundamental rights and freedoms, recognizing the best interests of the child, and the right of a child to grow and develop in a family environment.

The assessment results showed that Armenia has a good regulatory framework that defines the standard process for referrals/admission of a child to an alternative care setting. However, the mandatory procedures for the assessment, planning, and review of children's placements in alternative care are not always followed by the concerned staff, because of their limited orientation and training. The workforce does not have clearly defined caseload thresholds and quality standards. Although data on children in alternative care are regularly collected, the information is not well communicated among stakeholders and is not used for policy development. The quality of data collected needs to be improved and data quality assurance should be conducted. Data on alternative care need to be consistently shared among key stakeholders.

**Figure 3. Crosscutting issues dashboard**


## Leadership and Governance

Armenia's current legislation is largely in line with the provisions of the UN Guidelines. Fundamental changes in the childcare legal framework were introduced in 2016. The Concept Note adopted by the GOA Protocol Resolution of May 12, 2016 outlines the main principles and policy for developing the alternative care system in the country. It states that the purpose of the document is to bring the regulatory framework for the care system into compliance with the UN Guidelines.

The GOA Decision of May 26, 2016 No. 551 clearly defines the standard process for referrals/admission of a child to an alternative care setting, prioritizing family-type care, and viewing residential care as the last resort, temporary, and for the shortest possible duration (for a maximum of six months).

The National Commission on Child Protection Issues, chaired by the Minister of Labor and Social Affairs, is responsible for multisectoral oversight to ensure compliance with alternative care policies, interagency coordination, and implementation of the national care policy. The MOLSA is viewed as the main authorized agency responsible for referring and making decisions about the admission of a child to formal alternative care at the national level, whereas the marzpetarans'[5] Divisions on Family, Women and Children Issues approve the referrals to alternative care. The implementation of national policy is mandatory in the regions, and the marzpetarans are responsible for its implementation in the marzes. As self-governing units, communities may adopt their own local policies, but they must be in line with national policy.

The existing legal and policy framework does not properly account for specialized support for children in alternative care who have a disability or for caregivers who are disabled, except for regulations that govern the operation of day care centers. Although there is a national social protection policy (Law on Social Assistance) that outlines the general provisions for caregivers, it does not include provisions related to specialized disability services.

## Referrals and Admission into Care

The GOA Resolution of May 26, 2016 clearly defines the referral principles and decision rules, and the types of alternative care and key stakeholders who participate in referral and decision making. It clearly states that a child is removed from the care of the family only as a measure of last resort, temporarily, and for the shortest possible duration (point 3, item 1). The sixth principle states that a family's poor socioeconomic conditions can never be the only justification for the removal of a child from parental care. However, these regulations are not always followed. Many children in residential care are children of poor and vulnerable families. These children stay in institutions for as long as their parents cannot afford for them to live with their families.

A child can be removed from the family against the will of his or her parents only by a decision of an authorized administrative body or judicial authority. Each child without parental care is provided a legal guardian, other recognized responsible adult, or a competent public body to represent the child's interests. According to the assessment participants, these regulations are always implemented.

The alternative care placements are not always near to the child's place of residence. The placements are determined by the availability of care options and their locations. The regulation clearly states that siblings should be placed together, unless it is contrary to their best interests. This provision is usually followed; however, there are cases in which siblings were separated.

Most children in residential care keep in close contact with their families; however, this is not the case for foster care.

[5] Marzpetaran is the administration in the marz. There are 10 marzes in Armenia, plus the capitol, Yerevan. Each marz has three or four regions. Each region has communities.

Although item 3, point 4 of the GOA Resolution of May 26, 2016 states that "children 0-3 years of age should be placed in family type care if there is a need for their separation from the biological family," this regulation is never followed, because there is no family care available. Children ages 0 to 3 are immediately placed in orphanages and are then listed for adoption if their parents refuse to take care of them.

## Complaint Mechanisms

The charters of residential care settings require the existence of standard complaint mechanisms for children. Children are always trained on their rights and obligations, and the rules and regulations of the care setting. However, it is very rare for children to complain about residential care services, because the complaint mechanism is not child-friendly or easy to use. It requires only that a written complaint is dropped in a complaint box. No complaint mechanism exists for kinship care, foster care, and/or adoption.

## Service Delivery

The implementation of the regulatory framework is limited, in practice. The poor implementation is a result of the fragmented orientation and training of staff involved in the care system. Case managers, community social workers, GTCs, social workers in the marzpetarans' Divisions on Family, Women and Children Issues, and juvenile justice officers of the police have their job descriptions and regulations on mandatory procedures for the assessment, planning, and review of children's placements in alternative care. However, the procedures are not always followed in practice. As a result, children very often appear in residential care institutions instead of being placed in family-based settings. Family support services to prevent child-family separation and promote family reintegration are not well-established.

Case managers and GTCs are responsible for assessing the individual circumstances of each child in a difficult life situation. This assessment should consider the child's immediate safety and well-being, and his or her long-term care and development. However, the procedures are followed in only a few marzes in which the deinstitutionalization project is underway.

The GOA regulation states that care plans for children in residential care should be regularly reviewed by social workers at the institution (at a mandatory interval) to consider placement in permanent family care (e.g., return to the family, kinship care, adoption, or long-term foster care). However, the assessment showed that this regular review does not take place in practice as required.

There are no clearly defined procedures for closure of an alternative care case, except cases where children are graduating or deinstitutionalizing from residential care institutions. This gap is especially relevant to foster care in Armenia.

There are also no clear procedures for specialized case management support for children with special needs who leave residential care. Children with disabilities have individual education and/or developmental plans when they are in MOLSA special schools or care institutions. But the assessment groups disagreed about the quality of specialized case management support for children with disabilities.

The procedures to document or register and trace unaccompanied or separated children in emergency situations are as follows: the GTCs are responsible for identifying those children who are left without parental

care, maintaining the register of such children, recording the reasons for their being removed, and selecting the forms of placement for these children. They pass the information and the case file to a community case manager or to the marzpetaran's division involved, where all information on a child is entered in the Manuk database. However, the paper file with the child's information does not follow the child throughout his/her duration in alternative care.

Most state-funded alternative care service providers are registered and are authorized to operate by a competent authority. However, nonstate and private/small church-affiliated services, both residential and nonresidential, are not always authorized or tracked by the GOA. The authorization of service providers is regularly reviewed by the MOLSA on the basis of standard criteria specified by law.

### Workforce

The standard caseload thresholds for the workforce cadres (i.e., the number of children in care per worker) are only defined for residential institutions and foster care. There are also regulations for day care staff supported by state funding. The other cadres (health personal, educators, therapists, etc.) provide services to children in alternative care; however, their regulations do not explicitly reference the delivery of services for children in alternative care.

### M&E and Information Systems

The MOLSA has an M&E policy and regularly collects data to evaluate the quality of services in foster care, residential care, day care centers, and a state-funded program to prevent family separation and supervised independent living. The Manuk database contains information on children in state-funded alternative care. These data are disaggregated by national and subnational levels, and document the total number of children in formal alternative care provided by state-funded projects. The data available in the Manuk database also explain the reasons for the placement of children in alternative care. However, there is no system for monitoring the data on all children in alternative care in the country. There are no data on children supported or cared for by nongovernmental resources or on children in informal forms of alternative care. Multisectoral communication and exchange of data are not done.

## Prevention of Unnecessary Family Separation

The UN Guidelines define three levels of prevention: primary, secondary, and tertiary prevention measures, which include the delivery of basic services, social justice, and the protection of human rights. The services can include basic social services to provide health, education, and protection to the public through health insurance, education assistance, birth registration, cash transfers, etc. Prevention also focuses on "safety nets," targeting households for which basic social services are not sufficient and which are generally vulnerable, and specifically vulnerable to child-family separation. The secondary level of prevention measures outline the needs assessment and the delivery of targeted services, whereas the tertiary level includes services that prevent the reinstitutionalization of children following their return to family care.

The prevention of children's separation from their families and actions directed to prevent their unnecessary placement in residential care institutions, including special schools, are among the priority concerns for the government, CSOs, and the donor community in Armenia.

**Article 36. Rights and Obligations of Parents**

*1. Parents shall have the right and obligation to take care of the rearing, education, health, and comprehensive and harmonious development of their children.*

*2. Deprivation or limitation of parental rights may be performed only by law, by court decision with the aim of safeguarding the vital interests of the child.*

**—Constitution of the Republic of Armenia**

The current legal framework provides some basic regulations for the prevention of children's unnecessary separation from their families, without proper details and instructions on how to undertake prevention in practice. There are huge gaps in the availability of family strengthening services, especially services to support families at risk of separation. The relevant workforce is insufficient and there is a lack of quality standards for existing services. Government budget allocations for programs explicitly designed to prevent children's separation from their families include day care centers[6] and one prevention program implemented by the NGO, Aravot, in Lori and Shirak marzes. The social safety net includes cash transfers[7] and basic health, education, and social services,[8] which indirectly support the prevention of unnecessary separation. Data to monitor prevention are only available for the services led by or conducted in partnership with the government. No data are regularly reported by other stakeholders.

The costs to establish, provide, and cover services needed to support and strengthen families to prevent child-family separation were estimated by UNICEF[9] in 2010. UNICEF's report provided cost estimations for community-based services to support families, such as day care, counselling, outreach to families at risk, protective shelters, psychosocial support, independent representation, etc. These estimates have not been updated since 2010.

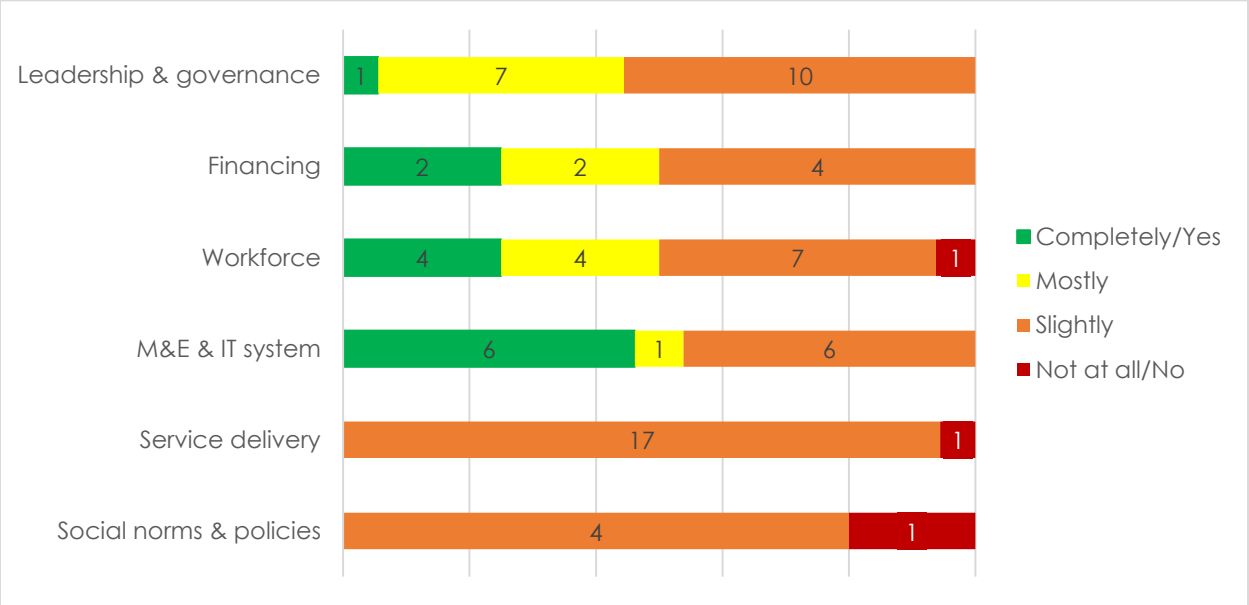
[6] The prevention of child-family separation and promotion of family reunification are embedded in the charters of day care centers established by the government. Day care centers in Yerevan and Gyumri were established in 2005. In 2016 and 2017, day care centers were established on the campuses of transformed care institutions in Kapan and Yerevan. There are day care centers run by the Bridge of Hope (four centers in Tavush marz). The NGOs, Full Life and My Way, which are run with state co-funding, have a day care center for children with complex disabilities at Kindergarten No. 92, in Yerevan.

[7] Childbirth lump sum and maternity benefits; benefits for children with disabilities; and family benefits to poor families, especially families with children.

[8] Free healthcare services for children ages 0 to7 and for vulnerable children up to age 18; free of charge mainstream education and inclusive education in mainstream schools for children with disabilities.

[9] UNICEF. (2010). *Towards alternative child care services in Armenia: Costing residential care institutions and community based services*. Yerevan: UNICEF Armenia.

**Figure 4. Prevention of unnecessary family separation dashboard**




## Leadership and Governance

The Revised Family Code of RA, the Law on Child's Rights, and the Law on Social Assistance provide an umbrella framework for protecting the rights of every child to live in a family environment. A series of bylaws and regulations adopted by the GOA between 2014 and 2016 to enforce the implementation of the Law on Social Assistance regulate the mechanisms for prevention from, referral to, and placement of children in alternative care services. In 2016, the GOA adopted Protocol Resolution No. 36 on the approval of the "Action Plan for Implementing the Concept Note on Developing the Alternative Care System for Children in Adversity for 2016–2020." The action plan includes a provision for establishing services and mechanisms to support families and to prevent child-family separation (point 3, sub-point 2) between 2017 and 2019. Therefore, as stated by the assessment teams, the prevention mechanisms are not clearly regulated by the law. There is still no formal regulation to define and provide family strengthening or counselling services for families at risk of separation. There are no regulations to support families and children in cases of domestic violence, and alcohol/substance abuse.[10] Regulations and services exist for cases where a child appears to live in adversity.

The MOLSA regulation for the transformation of residential institutions into day care centers represents progress in this area. The Nubarashen Night Care Institution (Yerevan Child Care and Protection Residential Institution State Non Commercial Organization No. 2) was transformed into the "Child and Family Specialized Support Center" in 2017. Day care centers in Gyumri and Yerevan Ajapnyak district were established in 2005, and are designed to support vulnerable families by providing daily food to children, support with the preparation of homework, and the promotion of children's development by teaching art, music, sports, etc. According to the regulation on providing day care services, the centers have to work with

[10] The law on the prevention of domestic violence, protection from violent family members, and restoration of solidarity of the family was adopted by the National Assembly on January 31, 2018 following the assessment workshop.

families, provide parental skills training, and offer psychological support to prevent child separation. The state-funded day care services are designed for children ages 6 to 18 who are in adversity, they have been left or they are at risk of being left without parental care, and/or live in dangerous or adverse conditions for growth and development.

The laws and regulations in the healthcare and education sectors are not explicitly linked to preventing child-family separation in the context of alternative care. However, screening of newborns, and the early identification of developmental disorders and interventions to prevent disability, the transformation of special schools, and the promotion of inclusive mainstream education nationwide are provisions that indirectly prevent child-family separation.

All assessment groups agreed that relevant government actors have had very limited orientation and training on their roles and responsibilities related to implementing national policy/strategies for the prevention of unnecessary family separation. All government agencies, regional administration, and communities receive notifications and copies of policy papers adopted/approved by the government through an internal network. Action plans include columns that identify the responsible agencies/actors. However, training on government policy and regulations are not regular. Only case managers are trained by the MOLSA, with the support of international and local NGOs. NGO sector staff receive orientation and training only if they are partnering with the MOLSA, the MOES, or if there are donor-funded projects. Key actors in the health and education sectors and the police, and local community service providers need to be trained on the new government policy and regulations.

The GTCs are key actors in the prevention of child-family separation in communities. According to their charter, the committees are responsible for the early identification of families at risk of separation and the referral of cases to marzpetarans' Divisions on Family, Women and Child Issues for further referral to case managers for the delivery of integrated social services. However, as the assessment groups stated, the referral mechanism is not functioning well. Not all GTCs are properly trained and oriented on their roles and responsibilities. Also, there are no regulations that state what will happen to the GTCs if they do not follow the protocols (their charters). The early identification and referral mechanisms require fundamental regulation by the government.

## Service Delivery

National policy and legal framework: The assessment showed that this framework covers most of the specific services recommended by the UN Guidelines to prevent unnecessary child-family separation, except for special services to improve parenting skills, family economic strengthening to prevent separation, and services for adolescent parents and parents with disabilities. Services in the healthcare and education sectors indirectly address prevention from separation and are very limited in coverage due to the lack of resources.

**Early child development and care strategy:** Such a strategy exists, but it refers to the education sector only and does not have specific provisions for children ages 0 to 3.[11] As a result, the scope of targeted prevention services for this age group is not well developed. The enrollment rate of children ages 0 to 6 in preschool

[11] Care and education services for children ages 0 to 3 years are not priority areas for the GOA action plans in the education and social protection sectors. The preschool education law does not regulate nurseries.

education is about 35 percent. There is a huge discrepancy in service coverage across marzes. Yerevan has better coverage of preschool education services that are free of charge. Preschool and early child care services have very limited coverage in remote and bordering, high mountainous communities. Families with children with disabilities in these communities rarely receive early child development and care services due to the lack of specialists who can work with and support these families. Several local and international NGOs are running day care centers with early childhood development programs that include support services to families with children with disabilities in the regions. However, these services have limited coverage, because not all marzes in the country have such centers.

**Access to education services:** is universal in Armenia. In 2014, the GOA adopted the universal inclusive mainstream education policy and the network of inclusive schools is expanding. Multidisciplinary teams at these schools provide pedagogical-psychological support, parenting skills education, and other services to parents of children with disabilities and special education needs. Children from vulnerable families receive support at the beginning of the academic year for stationary and other school-related supplies. Funding allocated for the education of children with disabilities and special education needs in mainstream schools is five times higher compared with that for other children. However, the limited capacity of teaching staff and the lack of specialists (speech therapists, psychologists, special educators, and social educators) do not meet the needs, especially in the regions. There are no regulations or a system to track out of school children.

**Economic strengthening services:** These services are few and limited by the lack of financial resources. State employment agencies offer several active labor market programs for vulnerable people and for those who are not competitive in the labor market. These programs include training on income-generating activities. Several NGOs are also providing income-generating training for poor and marginalized families. However, these initiatives are not explicitly linked to the policy for the prevention of family separation. The government family benefits system provides cash benefits to most vulnerable families, but the resources are not sufficient to meet demand, and the funds provided are not sufficient to remove the beneficiaries from poverty.[12]

**Access to health services:** Basic healthcare services are free of charge for children ages 0 to 7 only and are not explicitly linked to the prevention policy. Polyclinic pediatricians are responsible for the regular monitoring of the health and developmental conditions of children in their catchment areas, the counselling of parents, especially parents of children with developmental disorders, and reporting cases where children are deprived of relevant care or are abandoned. Early screening services of newborns prevent the development of curable disorders at birth and prevent possible abdication of the parent from the child because of disability. However, the costs of healthcare services, and especially of rehabilitation services for children with developmental delays, make these services unaffordable for vulnerable families.

**Support and care services for single and adolescent parents and their children:** Single mothers are entitled to family benefits, and children of single mothers are provided with discounts for education and developmental activities. At the same time, there are no specific services for adolescent parents and their children, except for a few crisis centers, which provide temporary shelter to these young parents.

[12] The family benefits system covers only one-third of the poor population. The benefits are not linked to minimum living standards and are not sufficient to cover basic needs, according to the Social Snapshot and Poverty in Armenia annual reports of the NSS.

Guardianship is foreseen by law for such cases. No other policy or regulation of services for this group of parents and their children exists.

**Psychosocial support:** Such support for children and caregivers is provided at schools and day care centers and by various community services. However, these services are not linked with prevention initiatives and are very rare in communities outside Yerevan.

**Dealing with alcohol/substance abuse:** This issue is mainly addressed by the police. There are no clear regulations for the early identification of families in crisis and no prevention services exist. The GTCs are responsible for providing these prevention services, but this very rarely happens in practice.

**Respite services:** These are uncommon and only provided by a few NGOs. The law does not clearly regulate the delivery of these services to families at risk of child-family separation.

**Increasing the capacities of parents with disabilities:** The legislation does not view this task as a separate service. Parents with disabilities are entitled to the services available for people with disabilities: benefits or pensions, free medical support at polyclinics, and some healthcare services. However, these services are not stated in the prevention policy as the activities to support parents with disabilities.

**Specialized services (e.g., health, education) to support children with disabilities to live with their families:** These services are provided through the mainstream-inclusive schools and pedagogical-psychological support centers, and by day care centers. Multidisciplinary teams at mainstream schools and in a limited number of kindergartens provide specialized support to children and their families. Community rehabilitation and specialized day care services are being established under a public-private partnership. However, these services have very low coverage (there are only 23 such centers[13] nationwide) and there is poor cross-sectoral cooperation. There is a need for specialized services for parents of children with mental health problems.

**Services for dealing with children born in custody:** Services for children born when the mother is in prison are regulated by law. Children stay with the parent up to age three. All necessary services are provided to mothers. After age three, children are placed in residential care institutions.

**Quality standards:** Services for the prevention of separation have poorly defined standards of quality. All specialists have job descriptions; however, except for case managers, the other specialists do not have special provisions for the prevention of family separation. Service standards are defined only for those providers who work for state-funded organizations. NGOs establish their own standards and criteria.

**Monitoring mechanism to ensure good-quality delivery of family strengthening/support services:** This very limited mechanism exists only for services provided by state organizations or that are funded by state order. The monitoring of services includes control visits by ministries, government, or president's supervision chambers to audit the use of state funds and compliance with state regulations. Because minimum quality standards for prevention services are not defined, the audit visits focus only on financial and procurement documentation. No mechanisms exist to regulate the delivery of services by nonstate organizations.

[13] According to the MOLSA-funded One-Window social services website at http://epension.am/am/one_window/one_window_childrens_care.

Government regulations for service delivery are not always realistic for providers to implement at high quality. For example, the legislation requires a needs assessment of children or their families to be conducted within three days after the case manager receives information on a child. It is not always possible to make a comprehensive assessment within three days. Case managers are often able to arrange travel to the community only on the second day and have only one visit to make conclusions. They have to send their recommendations on services needed by the child on the third day. This regulation limits the actions of the case manager and negatively impacts the quality of the assessment and on decisions for actions to protect the best interests of the child.

## Workforce

All assessment groups agreed that healthcare specialists, teaching staff, specialists who work for state-funded healthcare and education settings, government welfare officers, community social workers, and case managers involved in prevention services have clearly defined qualifications/profiles relevant to their roles and responsibilities. However, the defined qualifications do not include roles related to prevention in the context of alternative care services. NGO staff and therapists also have requirements for qualification standards; however, these standards are defined internally and are not regulated by state orders. As to child protection specialists, social welfare officers, and community development officers, the assessment showed that there is a big difference in the availability of specialists with required qualifications at the national and community levels. Community development officers who are GTC members have no clearly defined qualifications. For the GTCs, overall, there is a scope of work and procedures for implementation of their activities[14] but there are no quality standards and no job descriptions for the GTC members.

The assessment revealed that there are no youth specialists in the country, whereas the need for specialists who can work with adolescents is very high.

## M&E and Information Systems

Ministries are collecting the data needed for their routine monitoring of projects and the activities of service providers funded by the GOA. The MOLSA has established an M&E system, and conducts annual evaluations of day care centers and the performance of the "Aravot" NGO. The MOLSA also conducts quantitative surveys among beneficiaries for the M&E of prevention services. However, there are no clear indicators and data to track the quality of prevention services. Interagency communication and the exchange of information are not well regulated for prevention services. Data from NGOs and other stakeholders who provide support and services for preventing family separation are not collected or used by the government.

Of the data that do exist, it is possible to disaggregate data related to family support services/programs by sex, age, education status of a child, region, and disability status, but not by type of disability. Moreover, data quality assurance activities are not conducted, because there is no relevant capacity in place.

[14] Order of the Minister of Labor and Social Affairs No. 12-A/1 of January 31, 2017 on Methodological Guide for Arranging Activities of the GTCs.

Among relevant actors, only the roles and responsibilities for the M&E of prevention programs are defined in the MOLSA. These roles and responsibilities are not defined by other relevant ministries, and they are not sufficiently defined between the government and nongovernmental actors.

## Social Norms and Practices

Activities aimed at prioritizing the prevention of unnecessary child-family separation over placement of the child in a residential institution or other form of alternative care are not regular and are not well targeted. Even if there are media events that present GOA initiatives for the prevention of family separation, they are not sufficient to change social norms. A communications strategy and awareness raising and sensitization campaigns that aim to prevent unnecessary child-family separation need to be developed. Success stories need to be publicly shared through the media.

Draft legislation is posted on websites of line ministries for public discussion. Open discussion forums are also common to confer about the GOA strategy documents and laws. However, family strengthening and prevention policies have not been discussed.

## Financing

Funding is limited and restricts the scope and coverage of activities designed to establish and regulate prevention services. Although the GOA Strategy on the Alternative Care System presents detailed information on gaps in the services needed for preventing family separation, the limited GOA resources are not sufficient to provide all required services with desired coverage. The direct budget allocations for prevention of unnecessary separation include funding for the NGO, Aravot, day care centers, and co-funding for the NGOs Bridge of Hope, Full Life, and My Way, and the Center for Children with Disabilities in Kindergarten No. 92, in the Malatya-Sebastia District of Yerevan. Funding allocated by the state budget for prevention services is always released and used; however, it is not sufficient and needs to be increased.

The Medium-Term Expenditure Framework requires that ministries provide funding projections. These cost estimations are done very superficially, without grounding in analyses and evaluations. The estimations are based on the current distribution of available resources among programs rather than on the need for services.

There is no clear regulation for the MOLSA or other ministries to track private or donor-supported programs if they are not implemented through a memorandum of understanding with ministries. Humanitarian support programs are registered with the National Commission on Humanitarian Support.

Separate policy and explicit regulations for the prevention of unnecessary family separation should be developed along with cost estimations for advocating for relevant budget allocations for their implementation.

## Foster Care

**Foster care in Armenia has gone through three stages of development:**

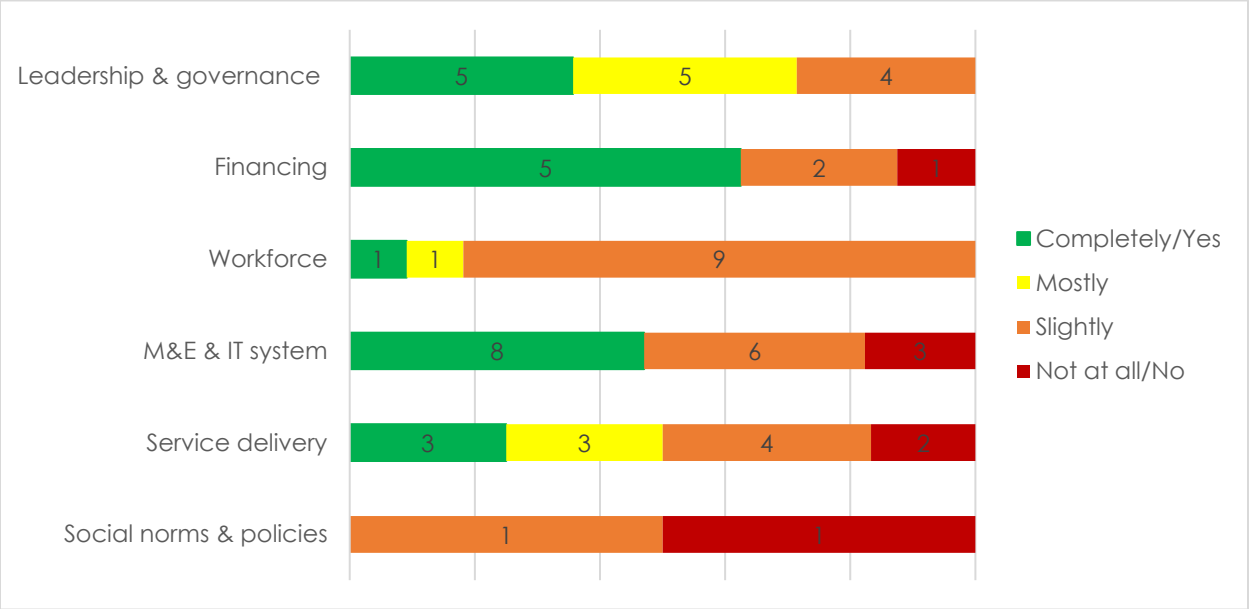
- In 1999, nine children from orphanages were placed with foster families from different marzes by the "Foster Care of 3-12 Aged Children from Orphanages" project of the Armenian Community of Crete (France), implemented under a cooperative agreement among the Municipality of Crete City, Sister Cities Committee, and the MOLSA.
- In 2004, with the advocacy and promotion of UNICEF and the Children's Support Center Foundation of the Fund for Armenia Relief (FAR), 30 children were placed with 25 foster families who were trained and oriented before accepting the children in their homes.
- In 2008, the GOA introduced a new budget line item for the foster care of 25 children.

Until 2017, the state budget allocations were sufficient for the foster care of only 25 children annually. This allowed for only 80 children to be cared for by foster families between 2008 and 2017. Children who turned 18 and graduated from foster care family services were replaced by other children from orphanages. The expansion of the service was also restricted by the legal framework. The Family Code requires that only children who are abandoned or orphans can be placed in foster care.

In 2016, following the GOA plan for the transformation of residential care institutions, the MOLSA initiated a new round of regulations for foster care. With the support of donors and CSOs, 80 families nationwide were selected, oriented, and trained to be able to take care of children.

The regulation for foster care was being modified at the time of the assessment, and all assessment groups valued highly the unprecedented increase in funding allocated for foster care. Amendments to the Family Code of January 2018 also allow the GOA to place more children in foster care. The amendments were due to the results of a study conducted by the MOLSA in 2016 among 25 foster families. However, the assessment groups agreed that the new draft regulation needs further elaboration to meet the requirements of the UN Guidelines, especially for the foster care of children with disabilities. In addition, the community-based GTCs who are responsible for recommending families for foster care and monitoring children in foster care should be trained. Training mechanisms aimed at building the skills of staff involved in monitoring and supporting foster care placements need to be developed. A new mechanism for foster care M&E, and monitoring and supervision visits to foster families also need to be developed. The general public is not very aware of foster care. An advocacy and communications strategy that promotes appropriate foster care does not exist and needs to be developed.

**Figure 5. Foster care dashboard**




## Leadership and Governance

**Family Code of RA: Article 139. Placing child/children in foster family**

***Point 3:*** *The opinion of a child over the age of ten shall be considered when the child is placed in a foster family.*

***Point 4.*** *The child (children) placed in a foster family shall retain the right to the alimony, pension, allowance, and other social security payments, as well as the ownership of living space and the right to housing in accordance with the housing legislation in the absence of housing.*

The GOA Protocol Resolution No. 9 of March 10, 2016 approved the Concept Note[15] for improving foster care to children in adversity. A new legal and regulatory framework for foster care was drafted in 2017 and is yet to be approved by the GOA. (The amendments to the Family Code needed to be adopted first.) The draft foster care regulation includes many of the critical provisions from the UN Guidelines, such as provisions for the specialized preparation of foster families and children for care; authorization and registration of foster carers; support and counselling for both foster carers and children before placement; provisions for the children's views to be considered in foster care placements; and provisions for the monitoring of children in foster care. It defines four types of foster care: general, specialized, emergency, and respite. It also states the need for developing criteria for matching foster families with the children. The new legislation contains provisions for the participation of parents and carers in administrative proceedings; however, there are no mechanisms for supporting and counselling children and foster parents during the child's stay with a foster family, and there is no support for children after leaving foster care. Complaint mechanisms are also not defined. The draft regulation has a very general provision for

[15] Concept Note for Improving Procedures for Placing Children in Foster Care, March 10, 2017 http://www.irtek.am/views/act.aspx?aid=84409&m=%27%27&sc=%20.

specialized support for children with disabilities, naming them *children with health problems,* and the families that agree to take care of a child with disabilities or a "*specialized foster family*" will receive 30 percent higher financial support than other foster families.

Foster families sign contracts with the GTCs in their geographic location. The GTCs are responsible for discussing the case and assessing foster families jointly with community social workers, providing recommendations for foster care placement, and conducting regular monitoring visits to ensure that foster care providers comply with contract requirements. The marzpetarans' Divisions on Family, Women and Children Issues are responsible for the registration and authorization of foster families. These divisions are also responsible for conducting the needs assessment of foster families and children and deciding on the type and period of foster care. However, the needs assessments and decisions about foster care are also listed in the responsibilities of case managers who work for the Regional Social Services Divisions. This overlap results in duplication of effort and poor coordination between these two regional bodies.

Although the new regulation had not yet been adopted at the time of the assessment, the assessment teams agreed that the new national policy and legislation completely address the provisions for foster care and its development, and ensure the consideration of the best interests of the child in foster care placement determinations, in general. However, government and nongovernmental actors, and especially GTCs, have not yet been trained and oriented on the new foster care regulations. The charters of the GTCs do not yet comply with the new requirements.

### Service Delivery

The MOLSA is responsible for conducting training for foster families registered and authorized by the marzpetarans' Divisions on Family, Women and Children Issues. However, all training is implemented with support from donors and NGOs. Children's views on foster care placement decisions are always given due weight in accordance with their age and maturity, but preparation and training of children before, during, and after placement in foster care are not well organized.

> ***Point 41:*** *The relations between the foster family and the child under care should be in line with the fundamental principles for the care of a child in adversity embedded in Article 9 of the 1989 UN Convention on the Rights of the Child, the United Nations "Alternative Care Guidance for Children in Adversity," and Article 8 of the European Convention on Human Rights.*
>
> **—GOA Concept Note for Improving Procedures for Placing Children in Foster Care, March 2017**

Similar to parents of children with disabilities, the foster carers do not receive specialized support for the care of children with disabilities.

There are no regulations or standard processes for the needs assessment of children to determine when they are ready to transition out of foster care after they turn 18. Also, no aftercare services are envisioned for children of all ages who leave their foster care family.

The draft regulation specifies what happens when foster carers do not meet the contract requirements, but there are no standards of practice to promote the quality of foster care services.

Monitoring of foster care is conducted by the GTCs and by the MOLSA. The GTCs pay at least two visits per year to foster families and report to the MOLSA on the conditions of the children under care. The MOLSA conducts annual monitoring visits and checks in with parents and children of foster families on their relationships, resources, and daily life. A revised M&E plan for monitoring foster care placements and tools to carry out regular monitoring and inspection visits should be developed based on the new regulation and revised standards of practice.

## Workforce

The GTCs participate in foster care arrangements and have special roles and requirements defined by the legislation. They receive notifications and copies of new legislation if amendments to regulations are made. However, there are no clearly defined qualifications for case managers, social workers, and GTCs on foster care.

Foster carers receive training and sign a contract with clearly defined roles and responsibilities.

Other workforce, such as healthcare professionals, educators, and therapists, do not have any explicit roles and responsibilities for providing services to children in foster care. However, they need to be trained to build relevant communication with foster parents and children in foster care when providing services.

Training mechanisms aimed at building the skills of staff involved in monitoring and supporting foster care placements need to be developed according to the GOA Action Plan for improving the delivery of alternative care to children in adversity.

## M&E and Information Systems

The MOLSA conducts an annual evaluation of foster care services and has developed standard indicators for reporting. The national database on children in adversity, Manuk, contains sections for children in foster care and is regularly updated by the marzpetarans' Divisions on Family, Women and Children Issues and regional social workers. It is possible to get data on children in foster care disaggregated by age, sex, place of residency, education status, and other characteristics.

However, there is no interagency cooperation about foster care among the MOLSA, MOH, MOES, MOJ, and police in terms of sharing information and addressing the needs of children in foster care. UNICEF Armenia, Save the Children Armenia, the Armenian Association of Social Workers, and the Children's Support Center Foundation of the Fund for Armenian Relief (FAR) are key MOLSA partners that are advocating for foster care expansion and the development of procedures and foster care regulations. FAR is the only local NGO that is involved in foster care; it collects and shares information on children in foster care.

The assessment showed that comprehensive and uniform guidelines for the M&E of foster care at the national level do not exist and that data quality assurance activities for data related to foster care are not conducted.

## Social Norms and Practices

Activities aimed at raising awareness of the public about foster care as a more adequate form of care than residential homes are ad hoc. Foster care is discussed only during seminars and workshops related to the child care system, during interviews with MOLSA officials, and in news articles in the media. An advocacy and communications strategy that promotes appropriate foster care does not exist and needs to be developed.

## Financing

There is a special budget line item for foster care. In 2018, the GOA's allocations for foster care increased four times. These allocations are sufficient to provide foster care for about 130 children. There is no community funding for foster care.

Costs for providing foster care services have been estimated based on the funding required for a child in residential care and consist of two parts: funding allocated for care of a child and funding for paying a minimum salary to the foster parent. The budget for foster care of a child with disabilities is 30 percent higher than the budget for a child without disabilities. Costs for training and preparation of foster families are not budgeted. There are no budget allocations for monitoring and supervision visits to foster families.

Funding to support foster care planned in the state budget is always allocated and released per the government allocation.

Private sector financial resources for foster care are mostly unknown, because they are not tracked by the government. Development partners allocate financial resources for the training of foster families and these resources can be tracked by the government.

## Residential Care

*Placement of a child in an institution for social protection of the population (residential institution) should be viewed as an extreme measure, which can be applied if other forms of family-type alternative care (kinship care, foster care, adoption, care of a child through day care centers) are unavailable or their application does not meet the best interests of the child.*

**—GOA Resolution of May 26, 2016 No. 551-N on Rules and Standards for Referral of Children in Adversity to Alternative Care, Article 2, point 9**

Residential care services in Armenia have been inherited from the former Soviet Union; however, since 2007, the GOA has gradually decreased the number of large residential institutions and has introduced strict regulations on the placement of children in these institutions. There are four types of state-funded residential care institutions in Armenia:

- Baby homes for children ages 0 to 6 or ages 0 to 8 (N=2).
- Orphanages for children ages 0 up to 18 or 6 to 18 (N=4).
- Night care institutions for children ages 6 to 18 (N=6).
- Special schools for children with disabilities and behavior issues (N=25).

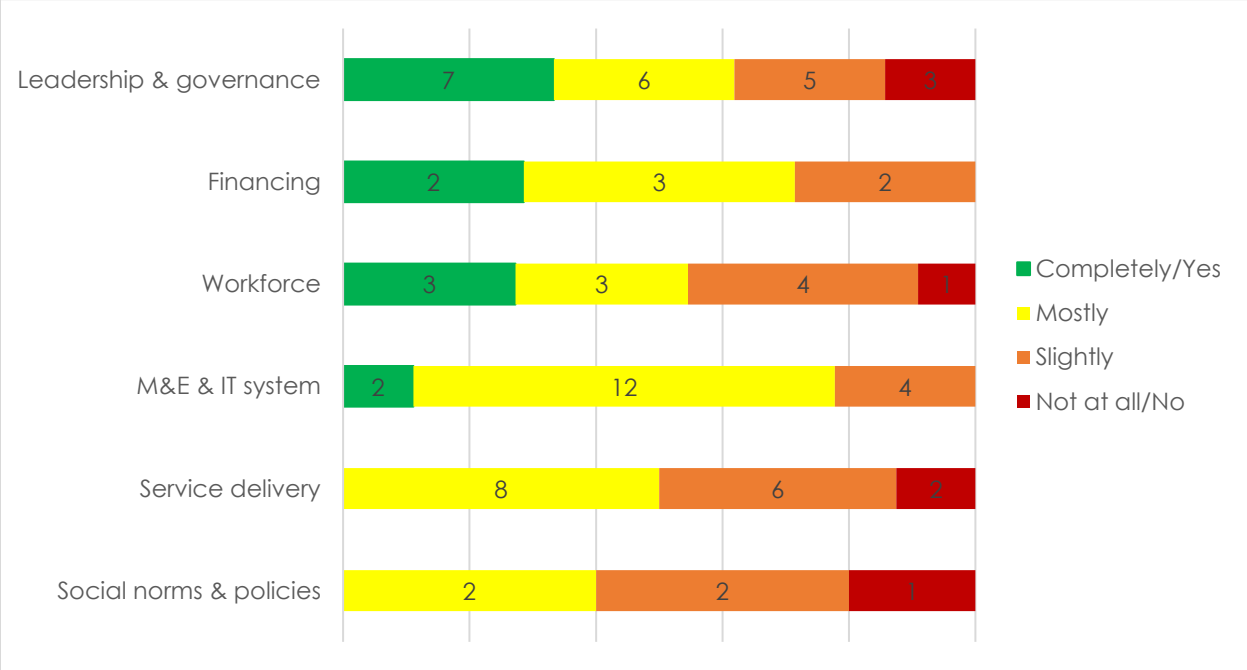
The first three types of institutions are regulated by the MOLSA. Schools for children with disabilities and behavioral issues are regulated by the MOES; however, some schools are under municipal administration.

In addition to state-funded residential care institutions, there are private orphanages and family-type small group homes or children's villages funded by the NGO, SOS Children's Villages International.

Government policy and regulations define the requirements for staff and criteria for services provided at the residential care institutions regardless of their organizational or legal status. The MOLSA conducts regular monitoring of the quality of services at the orphanages and night care institutions. The MOES is responsible for the quality of services and the regulation of care and education of children at special schools. The operation and quality of services at private orphanages and residential care institutions are not monitored.

One of the objectives of the National Strategy for Child's Rights Protection for 2017–2021 is the quality of life of children in residential care institutions, including disaster risk reduction and their preparation for independent living. The majority of children in orphanages are children with disabilities, because there are no affordable services for vulnerable families in their communities. Visits by parents to orphanages and night care institutions are rare due to the long distances from their communities. Although the regulation of night care institutions and special schools requires that children should return to their families during school holidays, many children remain at the institutions, because the parents are not able to take them home. Funding allocations for specialized support for children with disabilities in specialized residential care is three times higher compared with ordinary type orphanages. The overall GOA policy is directed to reforming the residential care system and establishing community-based services with the aim of reducing the vulnerable families' reliance on large-scale residential care. However, the assessment participants agreed that parents and society at large believe that poor children, and especially children with disabilities, receive better care and services at orphanages than in their homes. This can be explained by the low disability allowances and social benefits that do not cover the high costs of the specialized support needed by these children.

**Figure 6. Residential care dashboard**




## Leadership and Governance

The assessment results revealed that the national policy clearly regulates the residential care of children, in general. It has provisions for public, municipal, and private institutions. Since 2017, the legislation defines that NGOs are allowed to provide care and services to children if they pass MOLSA authorization (based on the requirements of the Republic of Armenia Law on Social Assistance of 2014, which came into force in 2017). According to the GOA resolution of May 2016, poverty should not be the only reason for placing a child in residential care.[16] The resolution states that the duration of alternative care should not exceed six months if the child is separated from his/her biological family due to unfavorable socioeconomic conditions only.

The national policy includes provisions for the placement of children in residential care (gatekeeping mechanism). The government resolution of No. 1112-N of September 10, 2015 is the main legal act that regulates the referral of children in adversity to residential care institutions; identifies the best interests of the child; and documents the information flow among the first source of problem identification, police, GTCs, the marzpetarans' Divisions on Family, Women and Children Issues, and the MOLSA. The policy also regulates a child's communication with parents/legal carers, standards of care, and the delivery of healthcare services to children in residential care through a joint order of the Ministers of Health and Labor and Social Affairs. Children in orphanages and night care institutions study at mainstream schools and receive pocket money for their daily needs. If they have special education needs, it is regulated by the Mainstream Education Law. The enrollment of children in special schools and their education are regulated by the MOES. Written

[16] GOA Resolution of May 26, 2016 No. 551-N, Annex 1 point 3, item 6.

application from the parents or child's official guardian is mandatory together with the certificate of the child's special education needs for placing a child in a special school.

The policy does not explicitly prohibit the placement of children ages 0 to 3 in residential care, which is only allowed in exceptional circumstances, per the UN Guidelines.

There are no state-funded mother and baby units in Armenia. Few NGOs have established emergency centers. The Children's Support Center Foundation of the FAR provides emergency shelter to street children and children in crisis (left without parental care due to imprisonment of carers, or if they are abandoned, or have left their homes due to abuse or other reasons). The Center is operating in close cooperation with the police and the MOLSA. The state-funded "Zatik" Center for temporary care for homeless children provides shelter and support to 20 children ages 3 to 18 annually for up to six months until they are returned to their biological family or are placed in an orphanage or in a special school. Family-type group homes are privately funded by SOS Children's Villages International. These group homes are authorized by the MOLSA for the delivery of services to children ages 3 to 18, but follow their own internal care regulations for services. The organization also provides temporary shelter services for children in adversity.

Relevant government actors have been oriented on their roles and responsibilities for implementing national policy, primarily through internal distribution of documents or monitoring visits by MOLSA and MOES staff to the regions. Training is not regular and is mainly carried out in areas in which care reform activities are implemented with the direct involvement of international organizations and local NGOs. The GTCs are not always familiar with their roles and responsibilities for the referral of children to residential care, and nongovernmental actors learn about standards and regulations on their own.

## Service Delivery

Although the majority of children in orphanages and special schools are children with disabilities, the assessment revealed that services provided in residential care facilities do not properly address the needs of children with disabilities and other special needs. Quality standards are not clearly defined. The regulations specify the standards for food, clothing, requirements for lighting, space, furniture and hygiene; however, they do not specify the standards for the quality of care and development of children. Education criteria are defined by the MOES and the standards require individual education plans for each child in special schools. However, the assessment highlighted the poor quality of services at both residential care and special school institutions.

The inspection visits for quality assurance of residential care services are conducted regularly by the MOLSA and MOES, and the legal framework clearly states what happens when residential care facilities do not meet the minimum standards.

The GOA Action Plan for Alternative Care System Development of May 12, 2016 aims to transform special schools into regional pedagogical-psychological support centers and night care institutions into multifunctional day care centers. The plan also specifies actions for conducting comprehensive needs assessments of children in residential care and providing targeted services for reunified families.

## Workforce

The staff at all types of residential care institutions have clearly defined qualifications related to their roles and responsibilities. This includes social workers who work with the children, and special pedagogues, educators, health specialists, nurses, and therapists. Social welfare officers at national and regional levels, including those working at the regional social service centers and the marzpetarans' Divisions on Family, Women and Children Issues, have clearly defined qualifications and profiles relevant to their roles and responsibilities for referrals to or release of children out of residential care. However, the GTCs do not have clear regulations in relation to the placement of children in residential care. There are no youth specialists who work in residential care.

Quality assurance of residential care services is conducted regularly. There are MOLSA mechanisms for monitoring the quality of care at orphanages and night care institutions. The MOES is conducting monitoring control visits to special schools. However, the inspection functions do not include a component for the training and capacity building of care providers. In most cases, these monitoring visits aim to audit the procurement procedures. The national regulation states clearly what happens when residential care facilities do not meet the minimum standards.

## M&E and Information Systems

The MOLSA has conducted a detailed independent evaluation of residential care institutions twice. Nevertheless, the roles and responsibilities for collecting and reporting routine monitoring data on residential care are not clearly defined and documented in the MOLSA. In addition, MOLSA staff involved in M&E are not well trained. Data in the Manuk database contain information on children in residential care institutions of the MOLSA only. M&E systems related to special schools are lacking in the MOES.

Data are not shared among government agencies. Only the NSS is collecting and reporting administrative data on children in residential institutions. Existing indicators need to be reviewed so that in addition to the information on the number of children in institutions, data on the reasons for family separation and the possibilities of returning the children to their families are collected.

Data are generally available on children in the state-funded residential institutions. Very few data are available on private care institutions, which are few and report data to the NSS directly. Disaggregated data are available by type of care, duration, age and sex of children, education, and disability status.

Data quality assurance activities are largely insufficient.

## Social Norms and Practices

The assessment participants agreed that activities directed at raising awareness are insufficient. It is not commonly believed by society that placing a child in difficult life circumstances in residential care is not always in the best interests of the child. Yet there is wide public belief, especially among populations in the regions and among care providers, that residential care is the best form of protection for a child left without parental care, and particularly for children with disabilities. Many families feel shame or are afraid to take their children with disabilities home, because they are not sure whether they can afford the services needed for their rehabilitation. There is no advocacy and communications strategy that addresses norms related to

residential care, and which state that residential care is a measure of last resort, if no family-type alternative is available.

### Financing

Costs for residential care services are estimated by both the MOLSA and MOES and are included in the national and municipal (Yerevan city) government budgets. The requested funding is allocated and fully released to cover the basic needs of children, maintenance, and salaries of staff. However, these funds are not sufficient to assure high-quality services for children.

The government has full control over state allocations; however, private donations and support from the private sector are not always monitored and adequately tracked by the government to be able to understand the full picture of financial resources going to residential care.

## Supervised Independent Living

*Agencies and facilities should have a clear policy and should carry out agreed procedures relating to the planned and unplanned conclusion of their work with children to ensure appropriate aftercare and/or follow up. Throughout the period of care, they should systematically aim to prepare children to assume self-reliance and to integrate fully in the community, notably through the acquisition of social and life skills, which are fostered by participation in the life of the local community.*

**—Point 131, Support for Aftercare, UN Guidelines for the Alternative Care of Children**

In the context of alternative care, as children grow older, they should be prepared for an independent life, exiting the formal care system when they reach adulthood (by age 18). If not prepared for and supported, youth ages 18 to 23 are at high risk for abuse, trafficking, and exploitation after they leave residential care.

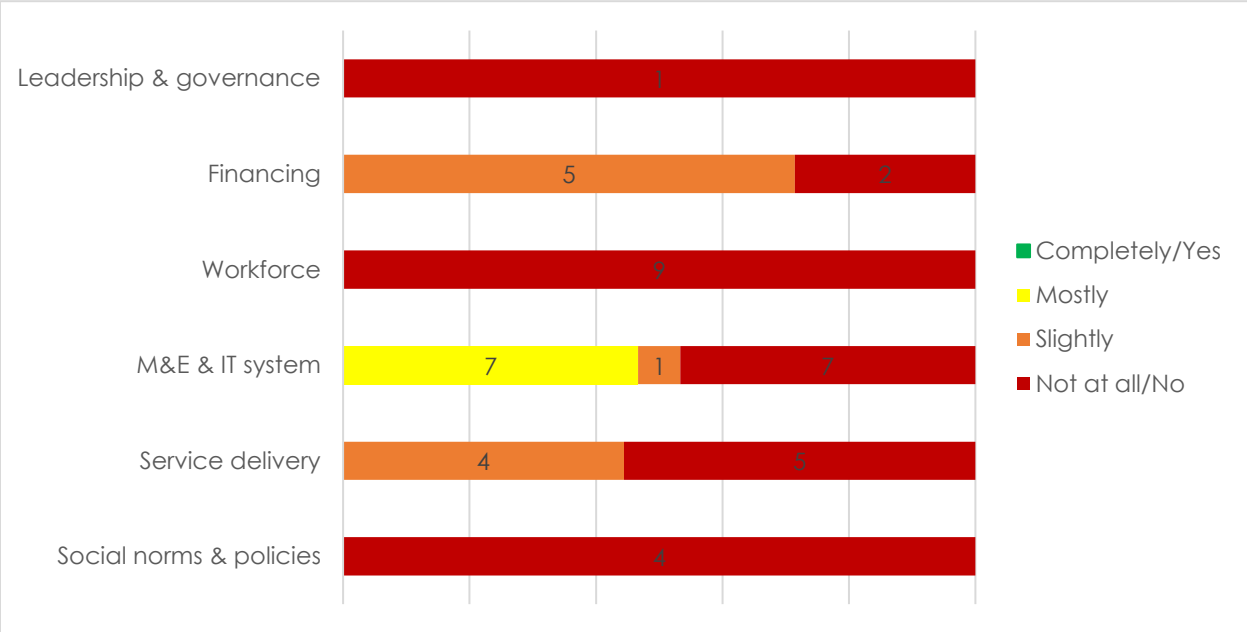
Armenian legislation defines the types and scope of services to graduates of state-run orphanages, and the qualifications of the workforce and their roles and responsibilities. However, due to the inability of the MOLSA to find a service provider who is willing to accept the terms stated by the Ministry, the state program for social assistance of orphanage graduates was suspended for 2016 and 2017.

SOS Children's Villages provides supervised independent living services to their graduates only. These services are regulated and monitored internally by the organization.

The assessment revealed that supervised independent living services are not well developed in Armenia and are not included in the GOA Action Plan. Some services are provided to orphanage graduates; however, no services are defined for graduates of special schools and night care institutions. The absence of permanent shelter support and supervised independent living arrangements remains the biggest challenge for orphanage graduates. In some cases, youth who turn 18 continue to stay in the orphanages, because they do not have a place to live.

Youth with disabilities are more vulnerable in the face of beginning an unsupported, independent life.

**Figure 7. Supervised independent living dashboard**




## Leadership and Governance

In Armenia, graduates of orphanages are entitled to several social services regulated by the Law on Social Assistance.[17] According to the regulation, orphanage graduates are entitled to discounts for using healthcare and education services. University education for orphans is free of charge. Orphanage graduates are considered uncompetitive in the labor market and are eligible to participate in the Active Labor Market Programs of the MOLSA. The state orphanages open bank accounts for them and transfer 50,000 Armenian dram (AMD) (or about USD$100) at graduation and provide 30,000 AMD (about USD$60) per month for rent of an apartment. They are also entitled to family benefits cash transfers, free accommodations, and some basic equipment to start independent living; however, the provision of accommodations has been terminated, because it was unsuccessfully implemented between 2005 and 2008.

Although the GOA resolution was adopted in 2014, the assessment groups stated that it does not fully regulate the aftercare and follow-up services for orphanage graduates. The accommodation program is poorly managed and there is no official state body responsible for ensuring that supervised independent living arrangements comply with national standards.

## Service Delivery

SOS Children's Villages is the only organization providing supervised independent living services. The assessment teams discussed their services and concluded that standards of practice are used by

[17] GOA Resolution of December 18, 2014 No. 1452 – Non State Social Support to Graduates from State Funded Orphanages

nongovernmental actors to guide service delivery. Children are assessed using standard processes to determine when they are ready to transition to supervised independent living. The children's views are given due weight in accordance with their age and maturity in supervised independent living decisions.

At the same time, the assessment groups stated that there are limited services for state orphanage graduates in the country. To regulate the housing of graduates of specialized orphanages, the charter of the Kharberd orphanage was amended allowing orphanage children to continue to stay in the orphanage after they turn 18. However, the housing of other orphanage graduates remains unresolved, which can be mitigated through delegating these services to SOS Children's Villages. Also, workshop participants agreed that for existing services, there is no monitoring mechanism to ensure good quality of supervised independent living services.

### Workforce

Except for the staff of SOS Children's Villages, there is no workforce explicitly working with orphanage graduates. There are no defined qualifications related to semi-independent living. No staff capacity building is undertaken in this area.

### M&E and Information Systems

There are no standard indicators to monitor supervised independent living services. However, SOS Children's Villages have systems to collect and monitor progress of children in their care and they conduct data quality assurance. It is possible to disaggregate the SOS Children's Villages data by age, sex, place of residency, and other criteria.

### Social Norms and Practices

There is no advocacy or communications strategy that includes providing children/youth with opportunities to achieve positive outcomes and make successful transition to self-sufficiency. Many media articles and TV news bring the public's attention to the poor living conditions of orphanage graduates and their unmet needs following graduation. Overall, supervised independent living services is a form of care that is unknown. It was difficult for most stakeholders to discuss this area of care.

### Financing

Costs for supervised independent living arrangements are not estimated. There are funding allocations to support orphanage graduates but these costs and services are not explicitly linked to supervised independent living. Financial resources from the private sector and development partners are little to none and are not tracked by the government.

## Kinship Care

*Guardianship or trusteeship is defined for those children who are left without parental care for their care, upbringing and education, as well as for protecting their rights and interests.*

—Family Code of RA, Article 134, point 1

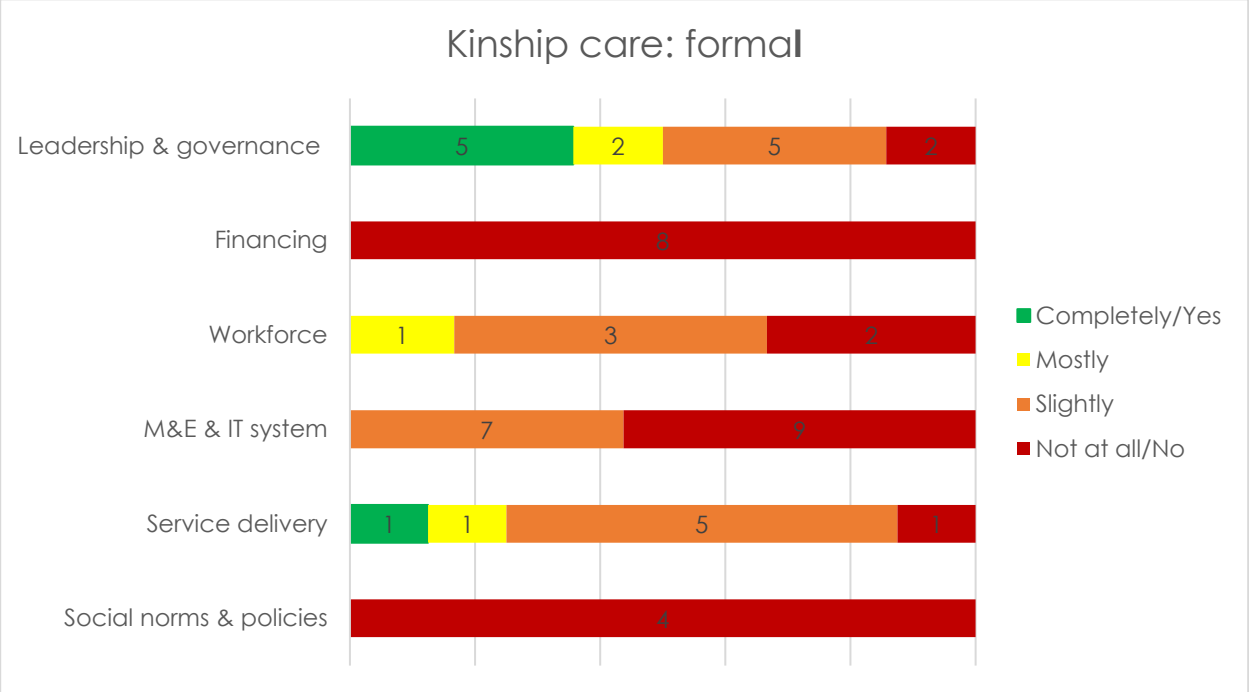
*Guardians and trustees implement their responsibilities of guardianship and trusteeship without any compensation.*

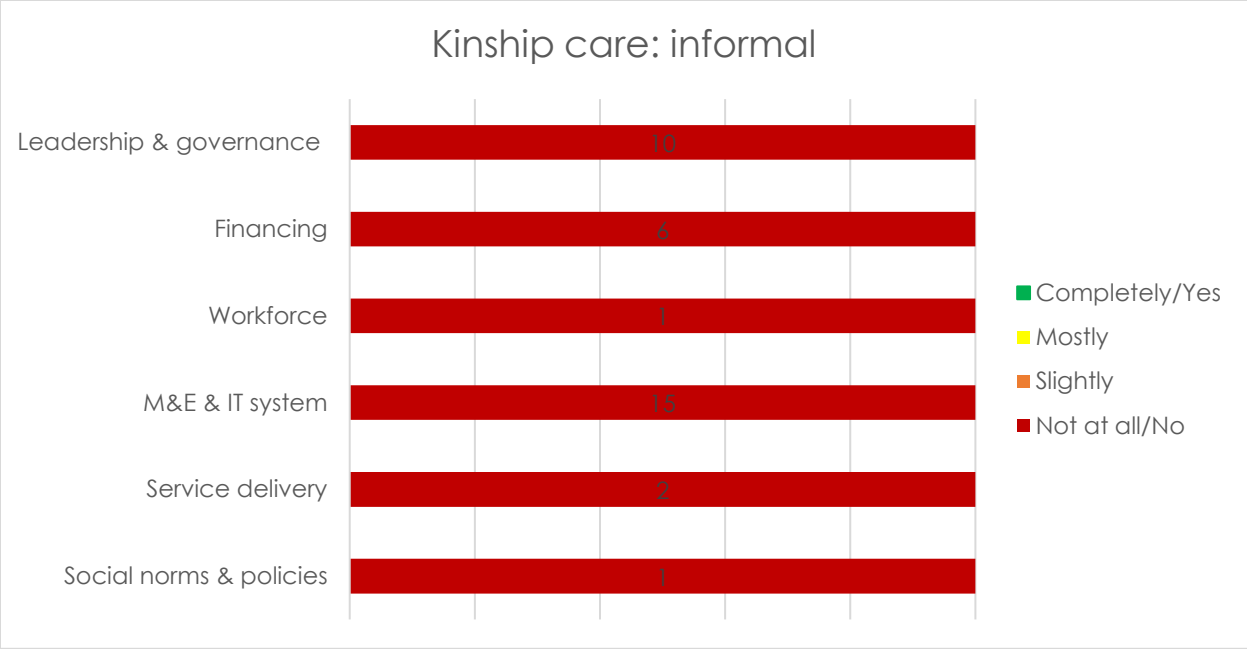
**—Family Code of RA, Article 136, point 4**

Kinship care is considered a moral obligation for Armenians; extended families usually take responsibility for raising children left without parental care due to death or migration of biological parents. However, registration of kinship care is rare, except when carers have to apply for social services or act on behalf of a child. There is no monitoring of kinship care, and no regulations for the workforce to monitor daily living conditions of children in kinship care. Armenian legislation uses "guardianship and trusteeship" terms for kinship care: formal kinship care of children ages 0 to14 is given to guardians and adolescents ages 14 to 18 have a trustee assigned to them, and all decisions made on behalf of the children should be agreed on with the children themselves.

The assessment highlighted that this area of care lacks legal provisions and regulations. No financial support is provided to kinship carers. Government policies do not envisage any support to relatives who prefer to take care of children instead of placing them in residential care. There are no regulations to monitor children in kinship care and to prevent the possible violation of a child's rights in unregistered care. The assessment teams agreed that staff to support kinship care are not trained and prepared, and the quality of care provided to children in kinship care is unknown.

**Figure 8. Kinship care dashboard**






## Leadership and Governance

National policy and legal provisions offer some general regulations for kinship care. The Family Code, Law on Social Assistance, government regulations, and the charter of the GTCs provide the legal framework for assigning, assessing, and making decisions about formal kinship care. However, the policy documents do not explicitly reference special preparation, support, and/or counselling services for kinship carers before, during, and after the placement. The GTCs are responsible for assessing the compliance of guardians or trustees with state requirements. The orientation and training of community case managers, GTC members, and staff from the marzpetarans' Divisions on Family, Women and Children Issues are conducted ad hoc without proper regulation and frequency. Registration of kinship carers is not universal; only children who obtain a status of a "child in difficult life circumstances" or a "child left without parental care" and who receive state social services are registered in the Manuk database by the marzpetarans' Divisions on Family, Women and Children Issues based on the paper information submitted by the GTCs.

## Service Delivery

Parents and carers participate in matters related to administrative proceedings for formal kinship care placements, and children's views are given due weight in accordance with their age and maturity by administrative proceedings in formal kinship care placement decisions.

The GTCs are responsible for the preparation, support, and/or counselling of children before placement in formal kinship care; however, this is not implemented in practice, because there are no detailed procedures on how the GTCs should match children and guardians, which relative is more appropriate for taking care of a child, and how to consider the best interests of the child. The potential guardians receive only consultations on preparing documentation for the authorization of care. There are no standards of practice to promote good-quality formal kinship care. No support is provided during and after placement of a child in kinship care. According to the GOA regulation, the GTC should pay at least semiannual visits to children; however,

this is not happening in practice. The GTCs interfere only when there is violence, abuse, or any conflict/ crisis in the family. There are some provisions in the national legislation that define the responsibilities of formal kinship carers, but the legislation does not state clearly what will happen if carers do not meet these standards. In fact, the minimum standards for providing kinship care are not defined. No special services are provided to kinship carers of children with disabilities, except one provision that states that the years of care for a child with disabilities count toward years of service in retirement/pension calculations.

Children graduate from kinship care automatically when they turn 18. There are no special services or counselling provided when children transition.

### Workforce

The GTCs are responsible for making decisions and monitoring kinship care, mainly meaning the heads of communities and senior community staff. With recent developments in territorial administration and the introduction of community social workers, training for the GTCs and social workers is provided with support from donor organizations and NGOs. However, there is no defined training mechanism to build the skills of staff responsible for supporting and monitoring formal kinship care. Community and regional social workers, and welfare officers who authorize kinship care, have clearly defined roles and responsibilities related to kinship care.

There is no institutionalized training mechanism aimed at building the skills of staff involved in supporting formal kinship carers.

### M&E and Information Systems

There is no special system by which all children in kinship care are registered and traced. Only children in kinship care with no parental care are registered by the marzpetarans' Divisions on Family, Women and Children Issues in the Manuk database. There are no standard indicators developed to monitor formal kinship care services. There are no procedures for collecting and reporting data on kinship care in the MOLSA or between line ministries or CSOs. M&E of kinship care is not included in the M&E plan of the MOLSA. There are no institutionalized training mechanisms aimed at building the skills of staff involved in monitoring formal kinship carers.

However, the Manuk database contains data on children in registered kinship care who have the status of a child left without parental care. It is possible to disaggregate these data by age, sex, disability, residency, and the length of stay of a child in kinship care.

### Social Norms and Practices

There have been no awareness campaigns that include messaging related to formal kinship carers' responsibility for taking care of children without financial compensation. There is no advocacy and communications strategy on promoting positive norms about formal kinship care as the second best option for caring for a child (in cases where family reintegration or adoption is not possible).

### Financing

No financial resources from the government go to supporting or monitoring kinship care. Financial resources from the private sector and development partners for supporting and monitoring kinship care are not known by the government.

## Informal Kinship Care

Informal kinship care is not addressed in a legal and policy framework. A system of notification of informal kinship care arrangements does not exist, making it impossible to monitor. Untracked informal kinship care presents hidden risks for violation or abuse of children. The workforce does not have defined roles and responsibilities related to informal kinship care. Informal kinship carers have no rights to act on behalf of a child and cannot apply for or use any social service unless they officially register their guardianship or trusteeship. No financial resources from the government go to supporting or monitoring informal kinship care. Financial resources from the private sector and development partners to support and monitor informal kinship care are not known by the government.

## Other Forms of Alternative Care

Nonrelative informal care includes any private arrangement provided in a family environment, whereby the child is looked after on an ongoing or indefinite basis by people other than members of the extended family or close friends, and without this arrangement having been organized by any government authority. This is also known to some as "nonrelative informal care," which occurs in Armenia but has no legal provisions.

There are no oversight mechanisms for nonrelative informal care to protect children from possible abuse, neglect, child labor, and all forms of exploitation. Steps for supporting this area of care through the government system have not been prioritized. Some assessment participants believe that it is among the most urgent issues to be addressed in the evolution of the alternative care system in Armenia to prevent and avoid possible cases of violations of children's rights.

**Figure 9. Other forms of alternative care dashboard**


There are no legal or policy provisions related to nonrelative informal care and no formal procedures for monitoring such care arrangements. There is no information about the number of children in informal nonrelative care in Armenia. The challenge is that the population providing nonrelative informal care is largely unknown and cannot be easily identified without a system to register such care arrangements. Moreover, the workforce does not have any assigned roles or responsibilities for this area of care and there are no designated government financial resources to provide any support.

## Adoption

*Adoption is a judicial act by which an adoptee obtains family relationships that are similar to those of biological links that result for adoptive parents and adoptee children in acquiring the rights and obligations of parents and children prescribed by the law. Adoption shall be carried out considering the best interests of the child and based on the results of comparability of a prospective adopter and a child according to the criteria defined by the Government of the Republic of Armenia.*

*Adoption is the most preferred form of care for children left without parental care.*

**—Article 112, point 1. Family Code of RA, January 2018**

Armenia is a signatory to the Hague Adoption Convention; however, local legislation has yet to be aligned with its requirements, especially for matching potential parents with a child during international adoption and informing the child about his/her adoption. National policy primarily defines the regulations and procedures for adoption, both local and international. Standards of practice exist; however, the quality of their application is poor. No professional support is provided to families during and after adoption, except for administrative orientation. Only state bodies are authorized to deal with adoption related issues; no private organizations or NGOs participate in adoption. Public opinion on adoption is dual: adoption is positively accepted, in general, but corruption linked with adoption is negatively affecting the positive perception. Adoption of children ages 0 to 3 is more common; children ages 10 and above are very rarely adopted. Children with disabilities are adopted mainly through international adoption. There is a registrar for PAPs and a database for children adopted. No financing is allocated for adoption. There is only a state duty paid by PAPs. Monitoring of children following adoption is not conducted, except follow-up reports provided by social services to Armenian consulate services in cases of international adoption

**Figure 10. Adoption dashboard**

## Leadership and Governance

Adoption is considered the preferred type of care for children left without parental care by national legislation.[18] Armenia has ratified the 1993 Hague Convention on the Protection of Children and Co-operation in Respect of Intercountry Adoption. However, provisions for matching mechanisms for prospective parents and children to ensure full compliance with the requirements of the Convention are still in draft. Adoption is a judicial act. The national regulation clearly defines the roles and responsibilities of all parties involved in the adoption process, including registration, authorization, information collection from the PAPs, conclusions of the GTCs, approval of the marzpetarans' Divisions on Family, Women and Children Issues and the MOLSA, consent of the biological parents or child's legal guardian, and resolution of the National Commission on Adoption in cases of international adoption of children. Children ages 10 and above should give their written agreement to being adopted. There is only a state duty for adoption; no other payments are required. There are established mechanisms for cooperation with authorities in adoptive parents' countries in relation to intercountry adoption.

The MOLSA maintains the database for PAPs and adoption cases. The GOA is planning to revise the national policy to develop clearer adoption regulations and introduce monitoring mechanisms for adoption processes and children who are adopted. The MOLSA will submit the new adoption regulation within six months following the adoption of the amendments in the Family Code of January 18, 2018.

The New Family Code clearly states that an adoption should consider the best interests of the child and that children with disabilities can be adopted only if the PAPs are able to cover all necessary arrangements for their care and treatment. Relevant government actors who have roles and responsibilities in the adoption process have been oriented through shared legislation and regulations but are not trained in implementing the new national policy. There are no subnational policies regarding adoption; only the Family Code and the associated regulations on domestic or international adoption are applied. Adoption is the prerogative of the state only.

## Service Delivery

Standards of practice or national basic minimum standards applicable to adoption services exist but they are not properly maintained. PAPs receive clear counselling, both in person or online, on the requirements of legislation and documentation; however, neither the PAPs nor the children receive pre- and postadoption support, especially special preparation, support, and/or counselling services during and following adoption. In addition, specialized support for PAPs of children with disabilities and adoptive carers of children with disabilities is not always provided, because the services are not properly developed. Quality standards for services to PAPs and children are not defined.

Parents and carers should participate in judicial procedures relating to adoption placements, but this requirement is not common in practice. In most cases, children's views are given due weight in accordance

[18] RA Family Code; RA Law on Child's Rights No. 59 of May 29, 1996; Law of RA on Children Left Without Parental Care No. 411-N, of September 24, 2002; GOA Regulation No. 269-N of March 18, 2010 on Adoption Procedures and Approving the Regulations for Registration of Children who are citizens of RA and are Adopted by Foreign Citizens, Stateless Persons and the Citizens of Republic of Armenia Living out of the Republic of Armenia by RA Diplomatic and Consular Missions, Making Amendments to the GOA Resolution No. 1919-N of November 28, 2002 and Recognizing the End of Validation of Several Resolutions of the Government of the Republic of Armenia.

with their age and maturity in judicial or administrative mechanisms and procedures regarding adoption placement.

Post-adoption monitoring mechanisms exist for international adoption placements and are regulated by the consular services of the Ministry of Foreign Affairs and are reported to the MOJ. Post-adoption monitoring mechanisms for domestic adoption should be regularly conducted by the GTCs but are rare in practice.

## Workforce

Government social workers, including staff of the marzpetarans and GTCs responsible for domestic adoptions and staff of the MOJ responsible for international adoption, have defined qualifications/profiles relevant to their roles and responsibilities in this area of care. Nongovernmental social workers do not have any role in adoptions. Lawyers and judges have defined qualifications/profiles relevant to their roles and responsibilities for adoption practices. However, there are no training mechanisms aimed at building the skills of staff involved in monitoring and supporting adoption placements.

## M&E and Information Systems

There are standard indicators to monitor domestic adoption services. The monitoring of intercountry adoption is conducted by the social workers of the countries where the child is adopted and the results of the monitoring are shared with the MOJ.

Data on domestic and international adoptions can be obtained from the annual publications of the NSS.[19] Data on adoptions are reported by the MOLSA and MOJ to the NSS and are available by age, sex, and disability status of the child. The data are also disaggregated by family status of children (orphans, single parent child, divorced family, etc.); health status (type of health problem, if any); and by nationality, citizenship, and age of the PAPs. All data can also be presented by marzes. The roles and responsibilities of MOLSA staff for collecting and reporting on indicators on adoption are not documented. In addition, the process for ensuring data quality is not clear.

## Social Norms and Practices

There is currently no advocacy or communications strategy that includes promoting positive social norms related to adoption. No awareness raising activities have been conducted to promote domestic adoption as a care option for children deprived of parental care.

[19] Social Situation of the Republic of Armenia in 2016, Annual report, Statistical Committee of the Republic of Armenia, http://www.armstat.am/en/?nid=82&id=1958.

### Financing

Costs for providing adoption services are not estimated, and there are no specific budget line items for delivering these services at central and local government levels. Staff involved in adoption processes are paid by the agencies and ministries they work for.

## Family Reunification

*To return a child to his/her biological family, the guardianship and trusteeship bodies work with the biological parents or relatives of the children on a continuous basis and, if necessary, they cooperate with the Divisions of Family, Women and Children Rights Protection of RA Marzpetarans or Yerevan City Hall, Juvenile Justice Divisions of Police, regional social services agencies or divisions, residential institutions of care, child support centers and day care centers for children, other stakeholders in interagency social partnership agreement with the MOLSA (according to the GOA resolution No. 1044-N of September 10, 2015), and reveal their residency, assess their social and economic, health, moral, and psychological problems and initiate measures to solve these problems.*

**—GOA Resolution of May 26, 2016 No. 551-N on Rules and Standards for Referral of Children in Adversity to Alternative Care Article 2, point 11**

In 2009, the GOA initiated a program to support children's reunification with their families following the deinstitutionalization of orphanages and residential care institutions. The program is implemented by the NGO, Aravot. About 900 children were returned to their families and supported[20] by this NGO between 2010 and 2015. The Aravot program is implemented in the Lori and Shirak marzes only. In 2015, family reunification activities were initiated in the "Toward Social Inclusion of Vulnerable Children in Armenia" program implemented by UNICEF with USAID/DCOF funding.[21]

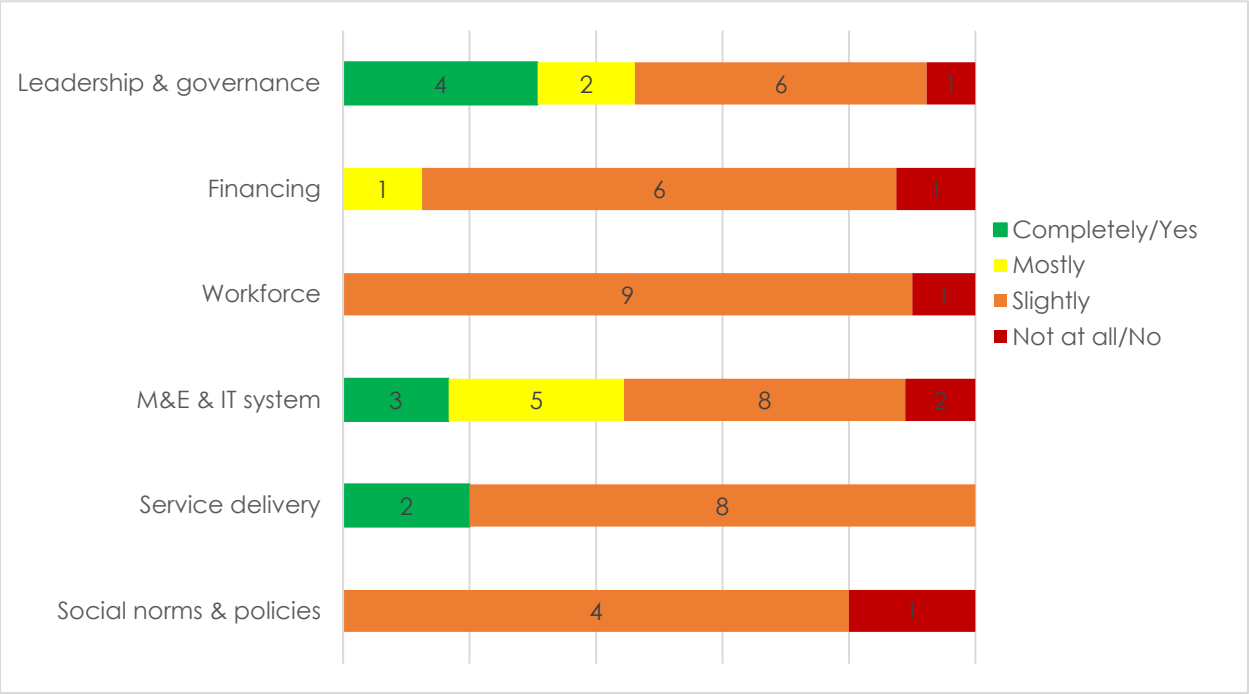
Since 2016, the national legal and policy framework has been revised, and the procedures and regulations for family reunification have been clarified. However, these revisions do not clearly define the distribution of the roles and responsibilities of services providers, and there are no methodological guidelines to direct a quality family reintegration processes. In general, the services to vulnerable families with children at risk of reinstitutionalization are not preventive in nature, rather, they are reactive. Case managers and the GTCs are mandated to monitor reunification processes and assure the best interests of the child; they are also responsible for post-reunification follow-up support arrangements. However, not all case managers and GTCs are trained, and not all have the necessary skills and knowledge to monitor reunification services. Interagency cooperation among the social, health, and education sectors is weak at both national and marz levels. There are not always adequate services and resources available in communities to support family reunification. The Manuk database is regularly updated with the number of children reunified with families,

[20] Concept Note for Developing Alternative Care System in Armenia for Children in Adversity approved by the GOA on May 12, 2016 by Protocol Decision No. 18.

[21] UNICEF was implementing the program in partnership with Bridge of Hope, the Children's Support Center Foundation of the FAR, World Vision Armenia office, and Save the Children.

but there is no monitoring mechanism for tracking the quality of family reunification services. Funding allocated for reunification includes only the budget line item for the NGO, Aravot, and is not sufficient for the whole country.

**Figure 11. Family reunification dashboard**




## Leadership and Governance

The National Strategy for Developing the Alternative Care System in Armenia for 2016–2020 and the Child Rights Protection Strategy for 2017–2021 recognize the importance of a child living with a family or in a family-type environment. The GOA Resolution of May 26, 2016 No. 551-N on Rules and Standards for Referral of Children in Adversity to Alternative Care defines the role of the GTC in supporting family reunification after children are deinstitutionalized. The GOA Resolution of July 17, 2014 No. 743-N for Approving the Program for Organising Reunification of Children with Their Biological Families after Their Deinstitutionalization from Residential Care Institutions and Prevention of Institutionalization of Children regulates the implementation of Aravot's program in Lori and Shirak marzes. The purpose of the program is to promote the care and upbringing of children in their families, providing in-kind support to families to keep children at home and prevent their reinstitutionalization. However, there is no clear strategy, regulation, or guideline for family reunification and reintegration either at the national or local community levels. Case managers, the GTCs, and Aravot staff, and staff of the marzpetarans'/Yerevan municipality's Divisions on Family, Women and Children Issues were only oriented on government policy. No training was conducted to support the common understanding of the reform and roles and responsibilities of different parties, except

for marzes included in the "Toward Social Inclusion of Vulnerable Children in Armenia" program implemented by UNICEF.

The best interests of the child are clearly defined by the GOA resolution[22] but there are not mechanisms to identify and follow the best interests of children in the family reunification process. Similarly, the regulation calls for considering the child's opinion in the preparation for reunification; however, in practice, children's views are not formed independently. They often emerge out of pressure from parents or the influence of social workers employed by the institutions.

## Service Delivery

Special preparation, support, and/or counselling services for families before, during, and after reunification (such as in-kind support, compensation of utility bills, psychosocial, financial, etc.) are provided to some extent by Aravot, with state funding, and by World Vision under its USAID/DCOF-funded project. Day care centers funded or supported by the state budget are also mandated to work with children and families following their reunification and to provide psychological and counselling support. However, these services are limited to specific districts in which these programs are implemented.[23] Specialized support for the reintegration of children with disabilities is rarely provided. In most of cases, these children are moved to specialized residential care institutions.

In general, as the assessment revealed, the family reunification services are not well coordinated. Moreover, these services do not allow for sustainable improvements for families to prevent the reinstitutionalization of children after support from NGOs ends. The standards of practice are not clear, which makes it difficult for case managers and the GTCs to apply them in practice. NGOs deliver services based on their own standards and regulations.

The assessment showed that the quality of services for family reunification is not defined and it is hard to monitor services. A monitoring mechanism to ensure the delivery of quality services by Aravot and state-funded day care centers exists, but it is not explicit tied to family reunification/reintegration services. Data collected include the number of beneficiary children, amount of in-kind support the families receive, and the number of staff involved. The GTCs should pay regular visits to families but these visits are conducted only when there is a problem to react to, not to monitor the family situation and care of the child. In addition, there are no mechanisms to monitor the case managers', GTCs', or day care centers' support for family reunification. Inspection visits by the MOLSA to Aravot were limited to an audit of procurement compliance and the distribution of support.

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[22] GOA Resolution of May 26, 2016 No. 551-N on Rules and Standards for Referral of Children in Adversity to Alternative Care Article 1, point 3, sub-point 4.

[23] Basically, in Yerevan, Gumri, Syunik, and Lori marzes, in which the residential care institutions were transformed into day care centers or into Pedagogical Psychological Support Centers. As reported by a representative from Ararat Marz during the group discussions, neither the state, community, nor any other international donor support is provided to families in which children are returned from deinstitutionalization at residential care institutions, putting children in very hard socioeconomic conditions.

## Workforce

The staff involved in the reunification of children with their families have job descriptions but there are no clear qualifications and profiles explicit for family reunification and reintegration. In general, there are no clearly defined responsible staff for the family reunification process. The staff involved in the process have defined functions but there are no clear mechanisms for responsibility for quality family reunification. According to the job descriptions of case managers, and social workers at day care centers and residential institutions, they have to work with families and support family reunification. Staff training in the areas where the deinstitutionalization program is implemented is conducted by donor organizations. However, there is no standard training for all actors in the delivery of family reunification services.

## M&E and Information Systems

Data on children reunified with their families are available through the Manuk database. The database is regularly updated by case managers or by the specialists in the marzpetarans'/Yerevan municipality's Divisions of Family, Women and Children Related Issues. The Manuk database can provide data on children disaggregated by age, sex, residency, education status, and pre-reunification type of care (orphanage, night care institution, or foster family). However, it is not possible to get data on the length of stay in a family and types of disability, or on what is happening following the family reunification.

The MOLSA has developed some indicators and has an M&E methodology to conduct monitoring of the Aravot project, but there are no standard indicators and tools for effective monitoring of family reunification and reintegration services. Routine monitoring by the MOLSA of family reunification is limited. Only one indicator is collected: the total number of children who have returned to their biological families. Annual evaluation reports of the MOLSA on the Aravot project include beneficiaries' feedback on the quality of services they received and their satisfaction with support from the government to prevent the reinstitutionalization of children.

Roles and responsibilities for collecting and reporting on family reunification indicators are not adequately documented by the MOLSA and MOES and are not communicated among key ministries. Data from Aravot are regularly reported to the MOLSA.

Data quality assurance activities for information related to child-family reunification and reintegration are not conducted, because there is no capacity for these activities.

## Social Norms and Practices

There have been some awareness raising and public outreach activities initiated by the MOLSA, NGOs, UNICEF, and USAID aimed at promoting family reunification over placement of children in other forms of care. These activities target the public, national and district government staff, case managers and social workers, and other staff involved in caring for children. At the same time, no advocacy or communications strategy exists to promote family reunification and reintegration.

### Financing

Costs for providing child-family reunification and reintegration services have been estimated with support from donors. The budget line item for family reunification services includes only the Aravot project. The allocated funds have been released annually since 2009. However, these funds are not sufficient to support family reunification services throughout the country. Family reunification services in Yerevan and Syunik marzes are supported by USAID/DCOF and by SOAR. However, financial contributions from private and international support organizations are not tracked regularly by the government.

## System Deinstitutionalization

*Vigorously continue deinstitutionalization of big centralized residential care institutions with the aim of returning all children residing in that institution back to their families in the coming two to three years and provide family-type alternative care in cases where family reunification is not possible.*

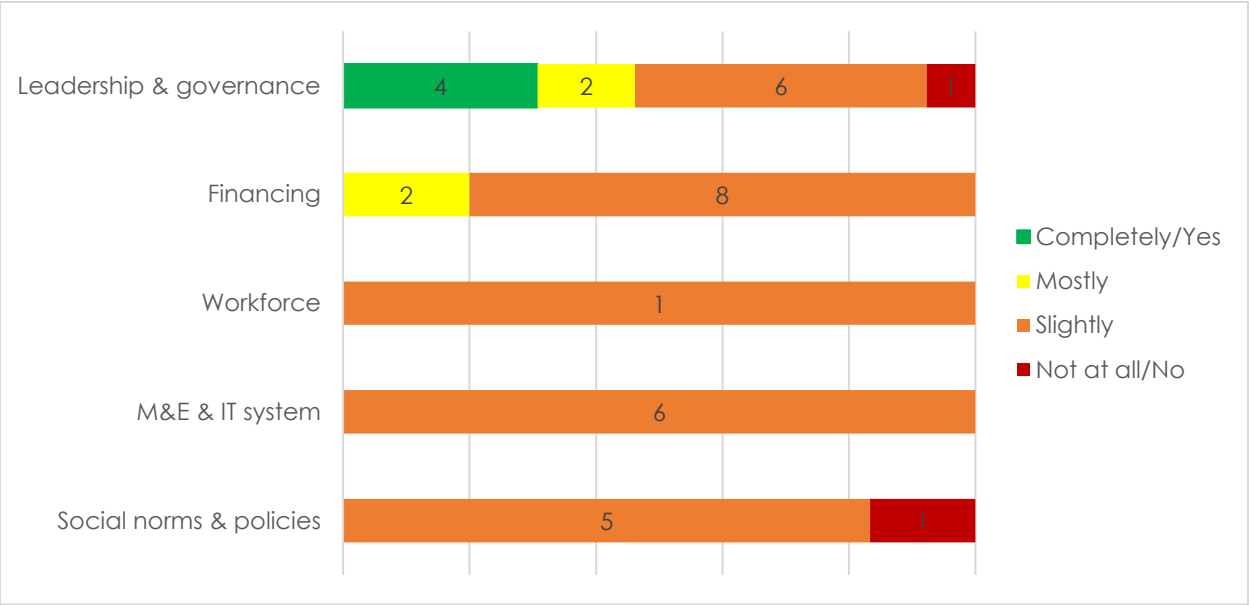
**—GOA Resolution of November 13, 2014 No. 1273-N, Point 22**

Armenia initiated the deinstitutionalization of residential care institutions in 2007 by closing 17 full day residential institutions and establishing night care institutions for vulnerable children and medical-pedagogical-psychological assessment centers to support inclusive education. In 2009, the GOA initiated the deinstitutionalization of orphanages. It contracted Aravot to support the reunification of children with their families in Lori marz.

In 2014, with Resolution No. 743-N of July 17, the GOA approved the Program for Deinstitutionalization of Residential Care Institutions and Prevention of Children's Institutionalization. The plan defines the list of residential care institutions to be transformed into centers providing community-based services. The USAID-funded "Toward Social Inclusion of Vulnerable Children: Expanding Alternative Care, Family Support and Inclusive Education Services as part of Child Care Reform" program supports the GOA with system deinstitutionalization.

Between 2014 and 2017, eleven residential institutions were closed/transformed into day care or pedagogical-psychological support centers. Despite the positive progress, weak inter-ministerial cooperation creates challenges for quality service delivery to children and families before, during, and after deinstitutionalization. The capacity of staff involved in the deinstitutionalization process is not sufficient, although training is provided. Mechanisms for continuous orientation and training do not exist. The system to monitor and evaluate deinstitutionalization is not well developed. The Manuk database of the MOLSA is not interlinked with education and health system databases. It is not possible to track whether the child is in the education system and what types of health services the child received. The national policy does not address deinstitutionalization of children ages 0 to 3. GOA plans and the purpose of the reforms are not well communicated to the population and services providers. The costs required for system deinstitutionalization are covered through the reallocation of resources assigned to residential care. These funds are not sufficient to cover the entire spectrum of family-based services that are needed. Good coordination of resources and roles between government and nongovernmental stakeholders is important. Budget planning to meet the demand for family-based services does not take place at all levels of government.

**Figure 12. System deinstitutionalization dashboard**




## Leadership and Governance

The legal provisions to shift away from residential care to family-based care exist.[24] These provisions prevent the establishment of new, large-scale residential institutions. Strategy papers for developing an alternative care system and the Strategy for Child Rights Protection for 2017–2021 demonstrate that the GOA plans to transform all residential care institutions into day care centers or other community-based/family-based care services. However, the legal framework does not properly regulate the transition of and services for children with disabilities after they move from care institutions. In addition, the legislation does not initiate steps to promote the deinstitutionalization of children ages 0 to 3.

In the scope of the USAID-funded "Toward Social Inclusion of Vulnerable Children" program, the relevant government and nongovernmental actors were trained in the policies to support deinstitutionalization. However, this training was not systematic or sufficient to improve the capacity of relevant staff to assure quality services.

An interagency working group has been established to monitor the implementation of the reform but its operation is not efficient. The MOLSA is the official state body responsible for overseeing the deinstitutionalization process among night care institutions, whereas the MOES is responsible for overseeing the deinstitutionalization process among special schools. Although there is a GOA resolution for regulating the interagency cooperation,[25] the assessment revealed that interministerial cooperation and information exchange is not functioning well. For example, only special education needs of children moved from special schools are assessed, and the socioeconomic conditions of their families and the social support needed by these children are neither assessed nor addressed. This increases the risk of these children being abandoned

[24] GOA Resolution No. 1273-N of November 13, 2014.

[25] GOA Resolution No. 1044-N of September 10, 2015.

or reinstitutionalized. The assessment groups indicated that Lori marz is the only marz with fully functioning interagency cooperation.

Guidelines on how to appropriately close or transform residential care facilities exist and relevant staff from state and nonstate players have been oriented and trained. However, the assessment participants stated that the guidance and regulations need substantial revision. In addition, a one-time training is not sufficient for the staff to provide quality services after redeployment in the new alternative care system. Mechanisms to monitor the closure/transformation of residential care facilities (timelines for closure/transformation, reports, site monitoring, etc.) were developed by the USAID-funded "Toward Social Inclusion of Vulnerable Children" program; however, they are not always properly applied in practice.

## M&E and Information Systems

The Manuk database is the main source of information on children who were moved out of residential institutions. The GOA Resolution No. 1044-N of September 10, 2015 defines the roles and responsibilities of government agencies and the information to be submitted to the Manuk database. The resolution also states that all relevant government agencies (MOH, MOES, MTAD, MOJ, police, marzpetarans, and Yerevan Municipality) should provide annual reports to the MOLSA on cases identified during the previous year and the results of referrals for services. However, the assessment revealed that data collection is not performed at a high quality (data collection is not regular and reference periods do not always correspond to what is requested). The assessment teams suggested using the 10 Steps Forward to Deinstitutionalization model[26] and its indicators to monitor the process.

## Workforce

There is no legal act (including the GOA Resolution No. 743-N of July 17, 2014, the Program for Deinstitutionalization of Residential Care Institutions and Prevention of Children's Institutionalization; orders of the Minister of Labor and Social Affairs that direct the transformation of closed residential institutions into other forms of alternative care; transition of children back to their families; or other forms of alternative care, or regulation of financing of new care institutions) that addresses retraining and redeployment opportunities for the staff of residential institutions.

Therefore, some staff have been trained by the partners in the USAID-funded "Toward Social Inclusion of Vulnerable Children" program and find new jobs in new centers of alternative care. However, the assessment participants agreed that the retraining and redeployment opportunities for the staff need to be adequately addressed in the deinstitutionalization process.

Decisions to place children in big residential institutions and decisions on their placement back with their families or in alternative care are based on the recommendations provided by the GTCs. However, in general,

[26] 10 Steps Forward to Deinstitutionalization: Building Communities to Support Children's Rights. Retrieved from https://resourcecentre.savethechildren.net/node/4613/pdf/4613.pdf

GTCs are not professionally competent and lack qualifications to make such recommendations. The GTCs have a methodological guide on how to arrange for the deinstitutionalization of children. However, there are no defined qualifications/profile for members of the GTCs and not all GTC members participated in the training on the deinstitutionalization process.

## Social Norms and Practices

The communication/advocacy efforts focusing on challenging negative norms and promoting new norms about deinstitutionalization have been limited. UNICEF Armenia conducted a knowledge, attitudes, and practice survey that assessed norms and behaviors related to children in institutions. This survey was conducted in 2014–2015 and there are no plans to conduct such surveys periodically.

Awareness raising aimed at changing the negative social norms related to the institutionalization of children is not conducted regularly and it is not a common topic of discussion in the media. No follow-up surveys have been conducted to reveal the impact of deinstitutionalization.

An advocacy and communications strategy that includes positive norms related to family-based care does not exist.

## Financing

Comprehensive cost estimates for deinstitutionalizing and transitioning to a system that prioritizes family-based care do not exist. Cost estimations are fragmented and relate to the reallocation of existing funds for establishing new alternative care services. Funds are not sufficient to address the needs of families to which children are returned. The budget line item for the deinstitutionalization of the residential institutions includes only Lori and Shirak marzes. No services are budgeted for other marzes. No financial resources from the government are allocated or released to support activities to transition the system to family-based care. Funding saved through the closure of institutions is not necessarily used for the establishment of other alternative care services. Private sector financial contributions for transitioning away from institutional care to family-based care are not tracked by the government; however, most of the funds from development partners (e.g., USAID, UNICEF, World Vision, Save the Children, and SOAR) are tracked.

# SUMMARY

In addition to analyzing results by area of care, as presented above, the assessment results can be examined by system component: leadership and governance, service delivery, workforce, M&E and information systems, social norms and practices, and financing. The system component dashboards are provided in Appendix F.

In addition to these dashboards, "heat maps" were prepared for each system component. This presentation groups results by responses to statements in the assessment tool across the areas of care.

This section presents the heat maps, the summary findings, and recommendations from the assessment, organized by system component.

## Leadership and Governance

Leadership (the existence of a policy framework and strategy or vision) is generally strong in Armenia's care reform initiatives, but governance (mechanisms for the practical application of policies) is weak. Government and NGO staff involved in care and protection services need **basic** training to implement government policies. Marzes and local communities should also have their specific plans aligned with national policy to address their community-specific needs regarding care and protection services. Regulation of prevention from unnecessary family separation and family reunification measures need to be revised in accordance with the UN Guidelines. The legislation should clearly define primary, secondary, and tertiary prevention mechanisms, with clear roles and responsibilities distributed among key players and service providers. The assessment teams recommended establishing a separate committee or body responsible for family reunification and prevention of unnecessary family separation. Priority should be given to the regulation of prevention of institutionalization of children ages 0 to 3, considering the importance of developing attachment skills in early childhood. Concerning foster care, special attention should be paid to preparing children who leave care. Family-type or small-home care services should have their clear legal definitions and provide services only to children who do not have the possibility of being placed with their biological families, or in kinship care, foster care, or adoption. Kinship care, both formal and especially informal, and nonrelative informal care are not regulated. Supervised independent living services require proper regulation. Adoption is well regulated; however, some aspects (privacy and follow up) need to be aligned with international treaties. For system deinstitutionalization**,** the assessment groups suggested that the GOA apply the 10 Steps to Deinstitutionalization approach and revise the current action plan accordingly (Action Plan for Developing Alternative Care System for Children in Adversity, GOA Resolution of September 15, 2016). Information about a child should follow the child through all types of care, which is not clearly regulated at present. Children in alternative care should have an easy and accessible complaint mechanism, which is currently not regulated for any area of care.

**Table 2. Leadership and governance heat map of assessment responses, by area of care**

| Assessment questions | Areas of care | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Prevention | Foster care | Residential care | Formal kinship care | Informal kinship care | Supervised independent living | Adoption | Family reintegration | System DI* |
| Legal provisions exist | | | | | | | | | |
| National policy/strategy exists | | | | | | | | | |
| Policy is up-to-date | | | | | | | | | |
| State actors trained | | | | | | | | | |
| Nonstate actors trained | | | | | | | | | |
| Subnational policies/strategies exist | | | | | | | | | |

*DI = deinstitutionalization

| Not applicable | Completely /Yes | Mostly | Slightly | Not at all/No |
|---|---|---|---|---|

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## Service Delivery

Most state-funded alternative care service providers are registered and authorized to operate by a competent authority. However, in practice, service delivery does not always follow legal regulations. The assessment revealed two reasons for this: (1) lack of certain types of services, including services needed to prevent unnecessary family separation and to support family reunification; and (2) fragmented orientation and training of staff involved in the care system

The social safety net (primary prevention services) does not explicitly address the needs of children in adversity and does not have services designed for families at risk of separation. There are services that respond to crises but not to prevent them. Detailed assessment of children at risk of separation, which is linked with case management (secondary level of prevention), and the social safety net should include services explicitly designed to prevent unnecessary family separation. This will also support tertiary prevention addressing the needs of children reunified with their families and helping them smoothly reintegrate in the family environment. A list of services needed to support families and children following reunification should be developed, taking regional variations into consideration. Separate quality standards should be developed for each type of alternative care and prevention/family reunification. Minimum quality standards and monitoring of service providers from the perspective of quality standards should also be developed. A plan for monitoring alternative care placements and tools to carry out regular monitoring and inspections visits should be developed.

Children's views are always given due weight in accordance with their age and maturity in adoption and foster care placement decisions. However, this does not take place in cases of institutionalization or kinship care. Care plans for children in alternative care should be reviewed regularly. The reviews do not currently take place, including reviews of children in residential care. There is no regulation for closure of an alternative care case, and the case closures do not happen for any type of alternative care. The paper file with the child's information does not follow the child throughout their time in alternative care.

There is a need for new types of services: mother and baby units; supervised independent living; services for carers with disabilities and specialized case management support for children with special needs; services directed to youth and specialists who work with youth; and accessible complaint mechanisms.

**Table 3. Service delivery heat map of assessment responses, by area of care[27]**

| Assessment questions | Areas of care | | | | | |
|---|---|---|---|---|---|---|
| | Prevention | Foster care | Residential care | Formal kinship care | Adoption | Family reintegration |
| Standards of practice exist | | | | | | |
| Standards are being used by state actors | | | | | | |
| Standards are being used by nonstate actors | | | | | | |
| Monitoring mechanism exists | | | | | | |
| Quality assurance of services occurs regularly | | | | | | |
| Guidelines state what happens if minimum standards are not met | | | | | | |

| Not applicable | Completely /Yes | Mostly | Slightly | Not at all/No |
|---|---|---|---|---|

## Workforce

The workforce needs to be developed. All key actors in alternative care (case managers, community social workers, GTCs, social workers of the marzpetarans' Divisions on Family, Women and Children Issues, juvenile justice officers of the police, etc.) have their job descriptions and regulations on mandatory procedures for the assessment, planning, referral, and review of children's placements in alternative care. However, the main weakness of this component is a lack of a standard training for the workforce involved in the delivery of alternative care. It is important for all actors to receive the same information and act in the same way, to avoid miscommunication and/or to provide the needed services. At the same time, the assessment showed that there is a big difference in the availability of defined qualifications at national and community levels. Community-based GTC members have no clearly defined qualifications. They have a scope of work and procedures for the implementation of their activities, but there are no quality standards and no job descriptions for committee members.

The staff at all types of residential care institutions have clearly defined qualifications related to their roles and responsibilities. However, in light of deinstitutionalization, special attention is needed for relevant training and deployment of staff of reorganized institutions.

The assessment showed that there are no youth specialists in the country, whereas the need for specialists who can work with adolescents is very high. Training mechanisms aimed at building skills of staff supporting

[27] Service delivery was assessed only for the areas of care included in the table.

and monitoring kinship care, foster care placements, adoption, and especially family reunification and reintegration, are a priority. There is a need to develop the workforce for supervised independent living services, and respite services. Social workers should be capacitated to identify and prevent unnecessary separation in vulnerable families.

**Table 4. Workforce heat map of assessment responses, by area of care[28]**

| Assessment questions | Areas of care | | | | | | |
|---|---|---|---|---|---|---|---|
| | Prevention | Foster care | Residential care | Formal kinship care | Informal kinship care | Adoption | Family reintegration |
| Government social workers | | | | | | | |
| Nongovernmental social workers | | | | | | | |
| Child protection specialists | | | | | | | |
| Healthcare workers | | | | | | | |
| Therapists | | | | | | | |
| Educators | | | | | | | |
| Youth care professionals | | | | | | | |
| Social welfare officers | | | | | | | |
| Community development officers | | | | | | | |

| Not applicable | Completely /Yes | Mostly | Slightly | Not at all/No |
|---|---|---|---|---|

## M&E and Information Systems

Although there are information systems available in key ministries, M&E is the weakest component of the care system. The MOLSA has an M&E policy and regularly collects data to evaluate the quality of services for foster care, residential care, day care services, prevention, and supervised independent living of orphanage graduates. The Manuk database contains information on children in state-funded alternative care. Data are disaggregated by national and subnational levels and give the total number of children in formal alternative care. Available data also provide explanations for the reasons for children's placement in alternative care. However, there is no system for monitoring data on all children in alternative care in the country. There are no data on children supported or cared for by nongovernmental resources and children in informal forms of alternative care. Other ministries are collecting data needed for their routine monitoring of services. The NSS produces administrative data for the public on children in orphanages, night care institutions, and special schools, and also data on adoption. However, there is no unique information system for alternative care.

[28] Workforce was assessed only for the areas of care included in the table.

Cross-sectoral communication and exchange of data do not take place. In addition, there are areas of alternative care that are out of any control and monitoring. The assessment showed that even the key players and decision makers do not have data on the number of children in kinship care or nonrelative informal care; the number of children who were reunified with their families and the types of challenges they are facing; how many children are at risk of separation, etc. There are almost no data on children who receive services from NGOs. The assessment showed that comprehensive and uniform guidelines for M&E of alternative care at the national and subnational levels are needed. The roles and responsibilities for data collection and reporting, especially producing periodic publications on children in alternative care, should be defined. Regular data quality assurance activities are needed.

**Table 5. M&E/information systems heat map of assessment responses, by area of care[29]**

| Assessment questions | Areas of care | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Prevention | Foster care | Residential care | Formal kinship care | Informal kinship care | Adoption | Family reintegration | System DI* |
| Standard indicators exist | | | | | | | | |
| Roles and responsibilities for data collection/reporting: | | | | | | | | |
| • In the ministry in charge of alternative care | | | | | | | | |
| • Across relevant ministries | | | | | | | | |
| • Between the MOLSA and nonstate actors are documented | | | | | | | | |
| Data are regularly collected to monitor services in this area of care | | | | | | | | |
| It is possible to disaggregate data for this area of care by: | | | | | | | | |
| • sex | | | | | | | | |
| • age | | | | | | | | |
| • locality | | | | | | | | |
| • disability type | | | | | | | | |
| Data quality assurance activities related to this area of care are regularly conducted | | | | | | | | |

*DI = deinstitutionalization

| Not applicable | Completely /Yes | Mostly | Slightly | Not at all/No |
|---|---|---|---|---|

[29] M&E/information systems were assessed only for the areas of care included in the table.

## Social Norms and Practices

The promotion of public awareness and activities aimed at changing negative social norms are not prioritized. Draft legislation is posted on the MOLSA website for public discussion. Open discussion forums are common to discuss GOA strategy documents and laws. However, there is no strategy and communications plan for raising public awareness on alternative care. The awareness campaigns that children have right to live in families, including disabled children, are primarily conducted by NGOs and/or other development partners and are not regular. The assessment participants agreed that current activities to raise awareness that placing a child in difficult life circumstances in residential care is not always in the child's best interests are not sufficient. Yet there is a wide public belief, especially in the population in the regions and among care providers, that residential care is the best form of protection for a child left without parental care, and especially for children with disabilities. Interministry collaboration to raise public awareness about foster care, kinship care, and adoption as the more appropriate forms of care, as opposed to residential care, should be promoted.

**Table 6. Social norms and practices heat map of assessment responses, by area of care[30]**

| Assessment questions | Areas of care | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Prevention | Foster care | Residential care | Formal kinship care | Informal kinship care | Adoption | Family reintegration | System DI* |
| Awareness campaigns, training, etc. aimed at changing negative social norms are conducted regularly | | | | | | | | |
| An advocacy and communications strategy, including positive norms related to family-based alternative care, exists | | | | | | | | |

*DI = deinstitutionalization

| Not applicable | Slightly | Not at all/No |
|---|---|---|

## Financing

**There is no cost estimation of funding needed to support each type of alternative care.** The costs to establish, provide, and cover the services needed to support and strengthen families to prevent family separation are not estimated either. The budget line item allocations are not sufficient to provide any of the alternative care services, especially for the prevention of family separation. No funds for services related to kinship care are budgeted. Funding resources allocated by the state budget for alternative care services are always released and are used but are not sufficient and need to be increased. Care reform is primarily funded through the reallocation of resources for residential care to other forms of alternative care and largely relies on donor support.

[30] Social norms and practices were assessed only for the areas of care included in the table.

There is no clear regulation for the MOLSA or other ministries to track private or donor-supported programs if they are not implemented through a memorandum of understanding with ministries. The costs of staff training are not estimated and are not budgeted. There are no budget allocations for monitoring and supervision of alternative care services.

**Table 7. Financing heat map of assessment responses, by area of care[31]**

| Assessment questions | Areas of care | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Prevention | Foster care | Residential care | Formal kinship care | Informal kinship care | Adoption | Family reintegration | System DI* |
| Costs required for services have been estimated | | | | | | | | |
| Costs for services are included as a government budget line item | | | | | | | | |
| Funding to support alternative care activities is allocated per the government budgets | | | | | | | | |
| Funding to support alternative care activities is released per the government allocation | | | | | | | | |

*DI = deinstitutionalization

| Not applicable | Completely /Yes | Mostly | Slightly | Not at all/No |
|---|---|---|---|---|

[31] Financing was assessed only for the areas of care included in the table.

# RECOMMENDATIONS

During the workshop, the assessment groups identified recommendations for each area of care and system component. A summary of the recommendations and additional recommendations identified during further analysis of the findings are provided in Table 8.

**Table 8. List of recommendations, by system component and area of care, suggested by workshop participants**

| | Recommendation | Area of care |
|---|---|---|
| Leadership and Governance | | |
| 1. | Establish a separate committee/body responsible for family reunification and prevention of family separation to oversee the implementation of alternative care programs countrywide, with regional committees to monitor the process in the regions. | Crosscutting |
| 2. | Develop provisions to support carers with disabilities. | Crosscutting |
| 3. | Develop subnational policies/strategies that align with the national policy/strategy to promote the specific local actions needed for prevention of unnecessary family separation and the delivery of high-quality alternative care. | Crosscutting |
| 4. | Regulate the services to prepare, support, and direct children before, during, and after placing them in or taking them out of alternative care. | Crosscutting |
| 5. | Develop provisions to ensure that the main documentation on a child's case follows the child across all care types. | Crosscutting |
| 6. | Establish an easily accessible, independent, formal complaint mechanism to ensure that children in alternative care can safely report abuse and exploitation. This mechanism should include effective and timely follow up by the authorities. | Crosscutting |
| 7. | Develop a regulation to prevent the institutionalization of children ages 0 to 3. | Prevention of unnecessary family separation |
| 8. | Develop a separate policy and explicit regulation for the prevention of unnecessary family separation and prepare cost estimations for advocating for relevant budget allocations for its implementation. | Prevention of unnecessary family separation |
| 9. | Develop legal provisions to encourage the registration of kinship care and other forms of alternative care. Define the types of kinship care and the regulatory framework. | Foster care |
| 10. | Develop legal provisions to provide incentives to promote kinship care, adoption, and foster care of children with disabilities. | Adoption, kinship care, foster care |
| 11. | Promote the formalization of all informal care cases. | Kinship care |
| 12. | Approve the new adoption regulation to promote transparency around adoption-related issues. | Adoption |

| | Recommendation | Area of care |
|---|---|---|
| 13. | Develop a policy to regulate the delivery of supervised independent living services. | Supervised independent living |
| 14. | Develop a manual/guidance for system deinstitutionalization that outlines the steps needed and roles/responsibilities of staff involved in the transformation of residential care institutions. This manual can be based on the 10 Steps Forward to Deinstitutionalization model. | System deinstitutionalization |
| Service Delivery | | |
| 15. | Design and provide services for parents/carers with disabilities to support the prevention of separation or formal kinship, foster care, or adoption services. | Crosscutting |
| 16. | Develop a special type of service to support children who leave the alternative care system (foster care, kinship care, adoption, residential care, supervised independent living). | Crosscutting |
| 17. | Develop and establish standards for the quality of services for all care areas and criteria for monitoring quality. Promote the application of the standards by government and nongovernmental service providers. | Crosscutting |
| 18. | Expand the location of day care centers and family-type alternative care services to the entire country and encourage NGOs to provide services with state funding. | Crosscutting |
| 19. | Establish and expand family strengthening services for primary, secondary, and tertiary prevention of separation, including child-sensitive social protection schemes to address the needs of vulnerable families and families at risk of separation; single parents and elderly caregivers; household economic strengthening; and skillful parenting. | Prevention of unnecessary family separation; family reunification |
| 20. | Introduce and develop respite care services to support parents of children with disabilities. | Foster care |
| 21. | Establish family-type group homes for cases where there is no possibility of placing a child in kinship, foster care, or adoption. | Residential care |
| 22. | Encourage social workers and case managers to work with families to secure family-type care for children in any institution (regardless of whether the institution has a plan for transformation). | Residential care |
| 23. | View family reunification as a separate type of service and assign the relevant workforce, with defined roles and responsibilities, criteria, and quality standards. | Family reunification |
| Workforce | | |
| 24. | Establish a systematic plan for the training of staff involved in the alternative care system. | Crosscutting |
| 25. | Promote the recruitment of university graduate social workers in the care system. | Crosscutting |
| 26. | Review the qualifications / job profiles of all relevant cadres to ensure that all areas of alternative care are addressed. | Crosscutting |

| | Recommendation | Area of care |
|---|---|---|
| 27. | Establish standard caseload thresholds for all relevant cadres. | Crosscutting |
| 28. | Establish an alternative care training system for health and education sector staff and therapists. | Crosscutting |
| 29. | Train and prepare youth specialists. | Crosscutting |
| 30. | Develop minimum quality standards for all alternative care services, including family reintegration, foster care, and adoption, and ensure better monitoring of service providers. | Crosscutting |
| 31. | Expand access to the Manuk database for relevant staff so that they can both enter data and also be able to track services for all children that they support. | Crosscutting |
| 32. | Increase the quality of training and improve deployment mechanisms for staff of deinstitutionalized institutions. | System deinstitutionalization |
| M&E and Information Systems | | |
| 33. | Develop M&E standards for all areas of alternative care that include routine monitoring and reporting from government across all sectors and nongovernmental actors. | Crosscutting |
| 34. | Introduce an interagency database to regularly collect and track information on all children in alternative care. The database should include data from the government across all sectors and nongovernmental actors. | Crosscutting |
| 35. | Develop clear regulations for roles and responsibilities for data collection and reporting for all areas of alternative care. | Crosscutting |
| 36. | Conduct regular training of staff on M&E. | Crosscutting |
| 37. | Develop data quality assurance guidelines for routine data on alternative care. | Crosscutting |
| 38. | Introduce a new registration system for kinship carers and children in kinship care. | Kinship care |
| Social Norms and Practices | | |
| 39. | Develop an advocacy and communications strategy for addressing negative social norms and practices, and promote the prioritization of family reintegration, adoption, and foster care versus residential care. | Crosscutting |
| 40. | Develop a public awareness and communications strategy to promote family-type care of children in institutions, especially for children with disabilities. | Crosscutting |
| 41. | Conduct awareness raising among service providers on the new GOA policy and strategy for alternative care. | Crosscutting |
| 42. | Conduct special advocacy on foster care. | Foster care |
| 43. | Conduct a situational analysis of children reunified with their families. | Family reunification |

| | Recommendation | Area of care |
|---|---|---|
| 44. | Advocate for the transformation of residential care institutions for children with disabilities. | System deinstitutionalization |
| Financing | | |
| 45. | Improve the mechanisms for tracking private and development partner financial contributions to alternative care. | Crosscutting |
| 46. | Prepare cost estimations and advocate for the allocation of special funding to develop an M&E system for alternative care. | Crosscutting |
| 47. | Prepare cost estimations and advocate for the allocation of special funding for the development of communications and advocacy campaigns. | Crosscutting |
| 48. | Prepare cost estimations and advocate for the allocation of special funding for the prevention of unnecessary family separation and for family reunification services. | Prevention of unnecessary family separation and family reunification |
| 49. | Prepare cost estimations and advocate for the allocation of special funding for the development of respite services for carers of children with disabilities. | Prevention of unnecessary family separation |
| 50. | Prepare cost estimations and advocate for the allocation of special funding for training and preparing foster families. | Foster care |
| 51. | Prepare cost estimations and advocate for the allocation of special funding for the development of supervised independent living services. | Supervised independent living |
| 52. | Prepare cost estimations and advocate for the allocation of special funding for kinship care services. | Kinship care |
| 53. | Conduct a cost assessment of family needs for children in special schools that are being transformed. Advocate for the allocation of special funding to prevent the reinstitutionalization of children. | Family reunification<br>System deinstitutionalization |
| 54. | Establish a mechanism for the MOLSA and MOES to use the funding available from the deinstitutionalization process to respond to cases in which a child/family appears to be in an emergency following the transformation of a residential institution. | System deinstitutionalization |

This list of recommendations was discussed and prioritized during an action planning event held on April 27, 2018, with the participation of CCT members and key stakeholders. A detailed report on the action planning event and its follow up will be developed separately. One outcome of the full-day action planning workshop was the identification of seven areas of intervention, which will be discussed and agreed on with the government, key donors, and CSOs by the CCT for further implementation.

Below are the eight areas in which the 54 recommendations were grouped:

1. Establishing an interagency coordination committee, with its subcommittees in regions, to improve interagency cooperation for addressing the needs of children in adversity, including work on proposals for changes in legislation
2. Revising current and draft legal acts to align them with key recommendations from the Leadership and Governance component, including development of new regulations on strengthening prevention of unnecessary family separation, promotion of formal kinship care, providing aftercare services, and monitoring and tracking children in alternative care
3. Training specialized judges on child protection issues.
4. Developing a manual on alternative care provisions, including actions needed for prevention/family reunification, supervised independent living, and system deinstitutionalization
5. Revising a document on the roles and responsibilities of guardianship/trusteeship committees/bodies to emphasize their key role in preventing family separation/family reunification and monitoring of children in alternative care
6. Conducting cost estimation of services needed (such as community-based family support centers to support prevention and family reunification; a registration system for formal kinship care and consultation services for kinship carers; supervised independent living provisions for alternative care graduates; respite services; family-type care services for children zero to three, using the local capacity
7. Development of a public awareness and advocacy strategy on alternative care system components.
8. Further improvements in the information technology systems, interagency data flow, and M&E systems in three ministries (MOLSA, MOH, and MOES)

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# APPENDIX A. ARMENIA COUNTRY CORE TEAM MEMBERS AND SCOPE OF WORK

### Armenia Country Core Team Members

**Coordinator of the Country Core Team**

- Sona Harutyunyan, Deputy Minister of Labor and Social Affairs

**Members:**

Ministry of Labor and Social Affairs

- Lena Hayrapetyan, Head, Division on Children-Related Issues
- Gayane Vasilyan, Chief Specialist, Analytical Division of the M&E Department

Ministry of Health

- Nune Pashayan, Head, Child Health Division, Mother and Child Health Department

Ministry of Justice

- Gayane Hovakimyan, Deputy Director, Center for Legal Education and Rehabilitation Programs

Ministry of Education and Science

- Robert Stepanyan, Head, Department on Development Programs and Monitoring
- Arthur Baghdasaryan, Head, Communications and Information Department

Ministry of Territorial Administration and Development

- Arpik Barseghyan, Head, Division of Community Services Development

Civil Society representatives:

- Susanna Tadevosyan, President, Bridge of Hope
- Mira Antonyan, Director, Children's Support Center Foundation of the Fund for Armenia Relief; Chairwoman, Association of Social Workers

Development partners:

- Hayk Khemchyan, Child Protection Officer, UNICEF Armenia
- Ani Manukyan, Project Management Specialist, Sustainable Development Office, USAID Armenia

MEASURE Evaluation

- Hasmik Ghukasyan, Country Consultant

### CCT Membership

The Armenia CCT has 12 members. They are nominated by the Ministers of Labor and Social Affairs, Education and Science, Health, Justice, and Territorial Administration and Development of the RA, taking into consideration their expertise and experience in child care reform and their willingness to participate in the activity.

Civil society representatives on the CCT are from Bridge of Hope and the Children's Support Center Foundation of the FAR. Representatives of the donor community are from UNICEF Armenia and USAID Armenia. The CCT is coordinated by the Deputy Minister of the MOLSA, Mrs. Sona Harutyunyan.

### CCT Responsibilities

The CCT is responsible for the following:

1. Planning and preparing the technical content for the multicountry workshop in London

Before the multicountry workshop, which was conducted September 11 to 15, 2017, the CCT worked in collaboration with MEASURE Evaluation and the DCOF to plan and organize the technical content for the workshop. This included the development of a presentation on Armenia's care reform system, which was shared and discussed during the workshop. The CCT also developed the care reform timeline and did other preparatory work for the workshop.

2. Revision of the assessment tool and development of the implementation methodology

During the multicountry workshop, the CCT reviewed and revised the MEASURE Evaluation and DCOF's assessment tool. This included an extensive review of the assessment questions and the development of a methodology for the implementation of the assessment tool in-country following the workshop.

3. Implementation of the assessment and dissemination of results

Following the multicountry workshop, the CCT worked with stakeholders in Armenia and with MEASURE Evaluation to ensure the successful implementation of the assessment through further adaptation of the tool and its pretest in November 2017. Following the assessment workshop in January 2018, the CCT will provide input for the development of the country assessment report and will take the lead in disseminating the assessment findings and conclusions.

4. Action planning and monitoring progress in childcare reform

Based on the review of the assessment findings, the CCT will lead the process of prioritizing and action planning to address key areas for improving the childcare system in Armenia. It will continue to monitor progress in the implementation of plans over time.

5. Contribute to the development of routine monitoring indicators and the establishment of a baseline
The CCT will review the routine monitoring indicators developed by the MEASURE Evaluation team and will provide input. To the extent possible, the CCT will also facilitate the field validation of the monitoring indicators.

### Duration of the Engagement of the CCT

The engagement of MEASURE Evaluation with the CCT is from June 2017 to March 2019.

### Main Deliverables of the CCT

- PowerPoint presentation on country care reform for the September 2017 London workshop
- Adapted assessment tool for the Armenian context
- Assessment implementation methodology
- Action plan for assessment implementation
- Report on key findings of the assessment and a list of prioritized areas for improvements in care reform
- Routine monitoring indicators for the care reform

# APPENDIX B. WORKSHOP PARTICIPANT LIST

| # | Name of participant | Organization | Position |
|---|---|---|---|
| **Government of Armenia** | | | |
| 1 | Sona Harutyunyan | MOLSA | Deputy Minister |
| 2 | Lena Hayrapetyan | MOLSA | Head, Family, Women and Children related Issues Division |
| 3 | Gayane Vasilyan | MOLSA | Chief Specialist, M&E Department |
| 4 | Nune Pashayan | MOH | Head, Child Health Division |
| 5 | Arpik Barseghyan | MTAD | Head, Community Services Development Division |
| 6 | Robert Stepanyan | MOES | Head, Monitoring and Development Programs Department |
| 7 | Gayane Hovakimyan | MOJ | Deputy Head, Legal Education and Rehabilitation Programs |
| 8 | Anna Safaryan | MOLSA | Assistant to Minister on Child Protection (CH) issues |
| 9 | Anna Hakobyan | MOLSA | Head, Division on Disability Issues |
| 10 | Luiza Garibyan | MOLSA | Chief Specialist, CP Division |
| 11 | Astghik Avagyan | MOLSA | Chief Specialist, Social Assistance Department |
| 12 | Rima Petrosyan | MOLSA | Head, Monitoring Division, M&E Department |
| 13 | Anahit Hamzyan | MOLSA | M&E Department |
| 14 | Anahit Muradyan | MOES | Chief Specialist, Mainstream Education Department |
| 15 | Syuzanna Makyan | MOES | Head, Policy Division, Mainstream Education Department |
| 16 | Artak Poghosyan | National Center of Educational Technologies, MOES | Director |
| 17 | Syuzi Mashuryan | National Center of Educational Technologies, MOES | Head, IT Division |
| 18 | Lilit Vardanyan | MOJ | Lead Specialist, Penitentiary and Anticorruption Strategy Planning Department |
| 19 | Ani Mkhitaryan | MOJ | Head, Civil Registration Center |
| 20 | Ani Vardapetyan | MOJ | Chief Specialist |
| 21 | Albert Virabyab | MOJ | Head, Foreign Adoption Division |
| 22 | Liana Margaryan | National Pedagogical Psychological Center | Child Needs Assessment Trainer |
| 23 | Ani Gareginyan | National Pedagogical Psychological Center | Child Needs Assessment Trainer |
| 24 | Davit Tumasyan | Investigation Committee | Head, Legal Department |

| # | Name of participant | Organization | Position |
|---|---|---|---|
| 25 | Lusine Khachatryan | Police | Chief inspector, Juvenile Rights, General Department on Criminal Cases |
| 26 | Nelli Baghdasaryan | NSS | Head, Social Sector Statistics |
| **Local government and marz municipalities** | | | |
| 27 | Ida Khachatryan | Yerevan Municipality | Head, CP Division |
| 28 | Arpine Apitonyan | Armavir Government Office | Head, CP Department |
| 29 | Svetlana Asryan | Lori Government Office | Lead Specialist, CP Department |
| 30 | Gagik Poghosyan | Ararat Government Office | Head, CP Department |
| 31 | Shavarsh Artashyan | Kotayk Government Office | CP Department |
| **Service providers with government funding** | | | |
| 32 | Yeghsik Baghdasaryan | Gyumri Day Care Center | Social Worker |
| 33 | Shushanik Davtyan | Arbess Child Rehabilitation Center | Deputy Director |
| 34 | Armine Karapetyan | Ajapyak Day Care Center | Social Worker |
| 35 | Manya Karapetyan | Kharbert Orphanage | Social Worker |
| **Civil society organisations** | | | |
| 36 | Susanna Tadevosyan | Bridge of Hope | President |
| 37 | Mira Antonyan | FAR Children's Support Center Foundation | Director |
| 38 | Lusine Saghumyan | COAF | Community and Family Development Program Manager |
| 39 | Lusine Simonyan | Child Development Foundation | Director |
| 40 | Elen Sahradyan | Child Development Foundation | Lawyer |
| 41 | Voskan Ghazaryan | World Vision | Project Coordinator |
| 42 | Grigori Grigoryants | Save the Children | CP Expert |
| 43 | Davit Avanesyan | SOS Children's Villages | Advocacy Expert |
| 44 | Hasmik Sargsyan | Caritas | Program Manager |
| 45 | Anna Avetisyan | Mission East | Education Programs Coordinator |
| 46 | Makrita Avjyan | VISTAA Expert Center | M&E Expert |
| 47 | Zoya Torosyan | SOAR | Project Coordinator |
| 48 | Tatevik Karakhetyan | FAR Children's Support Center Foundation | Social Worker |

| # | Name of participant | Organization | Position |
|---|---|---|---|
| 49 | Arshak Gasparyan | Social Justice NGO | Chairman |
| 50 | Margarita Shahverdyan | Aravot | Director |
| 51 | Hripsime Martirosyan | ESI Consulting Group | Project Coordinator |
| 52 | Rita Grigoryan | Business Consult | Consultant |
| 53 | Parandzem Gevoryan | Business Consult | Consultant |
| **International organisations** | | | |
| 54 | Ani Manukyan | USAID | Project Management Specialist |
| 55 | Lusine Hakobyan | USAID | Project Coordinator |
| 56 | Hayk Khemchyan | UNICEF | CP Specialist |
| 57 | Maya Simonyan | UNICEF | Education Officer |
| 58 | Hasmik Arakelyan | UNICEF | CP Officer |
| 59 | Armenuhy Hovakimyan | UNICEF | Social Protection Specialist |
| 60 | Eduard Israelyan | Ombudsman Human Rights Institution | Head, CP Division |
| **MEASURE Evaluation** | | | |
| 61 | Hasmik Ghukasyan | | Consultant |
| 62 | Zulfiya Charyeva | | Technical Advisor |
| 63 | Ismael Ddumba- Nyanzi | | M&E Advisor |
| 64 | Lilit Manukyan | | Consultant |
| 65 | Naira Baghdasaryan | | Consultant |
| 66 | Manana Mananyan | | Consultant |

# APPENDIX C. AGENDA OF THE ASSESSMENT LAUNCH EVENT

December 19, 2017

Ani Hotel, Yerevan

| Time/Duration | Topic | Presenter |
|---|---|---|
| | | |
| 14:00-14:30 | Registration of participants<br>Coffee/tea | |
| 14:30-14:50 | Welcoming remarks | Sona Harutyunyan, Deputy Minister, MOLSA, Coordinator of the CCT<br>Deborah Grieser, USAID Mission Director |
| 14:50-15:10 | Presentation of the preparation activities of the CCT | Sona Harutyunyan, Deputy Minister, MOLSA, Coordinator of the CCT |
| 15:10-15:30 | Brief on results of the October 19-20 and November 22-23, 2017 workshops<br>Presentation of the assessment tool and methodology | Hasmik Ghukasyan, Country Consultant, MEASURE Evaluation |
| 15:30-16:30 | State of the Art in Care Reform: presentations on sector developments by CCT members | Lena Hayrapetyan, Head, Child Protection Issues, MOLSA<br>Robert Stepanyan, Head, Development Programs and Monitoring Department, MOES<br>Gayane Hovakimyan, Deputy Director, Center for Legal Education and Recovery Programs, MOJ<br>Nune Pashayan, Head, Child Health Division, MOH<br>Arpik Barseghyan, Head, Community Services Development Division, MTAD |
| 16:30-16:45 | Q&A | |
| 16:45-17:15 | Split of participants into five groups | |
| 17:15-17:30 | Finalization of the list of participants for the assessment workshop | |
| 17:30 | Closing | |
| **17:30** | **Refreshments** | |

# APPENDIX D. ARMENIA CARE REFORM SYSTEM SELF-ASSESSMENT WORKSHOP AGENDA

January 17-19, 2018

Hotel "Russia," Tsakhkadzor

| | Session Description | Presenter/facilitator |
|---|---|---|
| **January 17, 2018** | | |
| 9:00 | Departure from Yerevan: Republic Square | |
| 10:30-11:00 | Registration, hotel check-in and coffee | |
| 11:00-11:30 | Welcome<br>Welcoming the participants and expectations of the assessment<br>Care reform assessments in partner countries and use of assessment results<br>Key recommendations from the Uganda assessment workshop<br>Key questions the assessment groups should report back during plenary sessions | Artem Asatryan, Minister of Labor and Social Affairs<br>Zulfiya Charyeva, MEASURE Evaluation/ Palladium<br>Ismael Ddumba-Nyanzi, MEASURE Evaluation/Palladium<br>Sona Harutyunyan, Deputy Minister of Labor and Social Affairs, Coordinator of the CCT |
| 11:30-11:50 | Assessment tool<br>Scope, structure, functionality<br>Assessment methodology<br>Logistical details | Hasmik Ghukasyan, MEASURE Evaluation, Country Consultant for Armenia |
| 11:50-12:00 | Distribution by the groups<br>Five groups should be formed with mixed representation from sectors and/or sector components | Group facilitators arrange for their team members to set up in their assigned rooms<br>Group 1: Hayk Khemchyan, UNICEF Armenia, CCT member<br>Group 2: Gayane Hovakimyan, MOJ, CCT member<br>Group 3: Lusine Simonyan, Director, Child Development Foundation<br>Group 4: Davit Avanesyan, SOS Children' s Villages<br>Group 5: Mira Antonyan, Director, Children's Support Center Foundation of the FAR, CCT member |
| 12:00-13:30 | Care system assessment<br>All groups work on Tab 2: Prevention of Unnecessary Separation | Group work |
| 13:30-14:30 Lunch | | |
| 14:30-15:30 | Assessment report back<br>Reporting back to the plenary<br>Discussion and consensus building on Tab 2 | Facilitator: Sona Harutyunyan, Deputy Minister, Labor and Social Affairs, Coordinator of the CCT |
| 15:30-16:45 Coffee break | | |

| | Session Description | Presenter/facilitator |
|---|---|---|
| 16:45-18:00 | Care system assessment<br>Groups 1, 2 and 3 work on Tabs 3 & 8: Foster Care and Adoption<br>Groups 4 and 5 work on Tabs 6 & 7: Kinship Care (formal and informal) and Other Forms of Care | Group work |
| *19:00-20:00 Dinner* | | |
| **January 18, 2018** | | |
| 09:00-11:00 | Recap of the previous day<br>Recap of consensus and discussion issues from Tab 2 summary results | Report by Hasmik Ghukasyan, MEASURE Evaluation |
| | Assessment report back<br>Reporting back to the plenary<br>Discussion and consensus building on Tabs 3 and 8, and 6 and 7 | Facilitator: Sona Harutyunyan, Deputy Minister of Labor and Social Affairs, Coordinator of the CCT |
| 11:00-11:30 Coffee break | | |
| 11:30-13:00 | Care system assessment<br>All groups Tab 10: System Deinstitutionalization | Group work |
| 13:00-14:00 Lunch | | |
| 14:00-15:30 | Care system assessment<br>All Groups Tab 9: Family Reunification | Group work |
| 15:30-16:00 Coffee break | | |
| 16:00-17:00 | Assessment report back<br>Reporting back to the plenary<br>Discussion and consensus building on Tabs 9 and 10 | Facilitator: Sona Harutyunyan, Deputy Minister of Labor and Social Affairs, Coordinator of the CCT |
| 19:00-20:00 Dinner | | |
| **January 19, 2018** | | |
| 9:00-10:00 | Recap of the previous day<br>Recap of consensus and discussion issues from Tabs 9 and 10 summary results | Report by Hasmik Ghukasyan, MEASURE Evaluation |
| 10:00-11:00 | Care system assessment<br>Groups 1 and 2– Tabs 4 & 5: Residential Care and Supervised Independent Living<br>Groups 3, 4, and 5: Tab 1Crosscutting issues | Group work |
| *11:00-11:30 Coffee break* | | |
| | | |
| 11:30-12:30 | Care system assessment<br>Groups 1 and 2– Tabs 4 & 5: Residential Care and Supervised Independent Living<br>Groups 3, 4 and 5:– Tab 1– Crosscutting issues | Group work |

| | Session Description | Presenter/facilitator |
|---|---|---|
| 12:30-13:00 | Assessment report back<br>Reporting back to the plenary<br>Discussion and consensus building on Tabs 1, 4, and 5 | Facilitator: Sona Harutyunyan, Deputy Minister of Labor and Social Affairs, Coordinator of the CCT |
| *13:00-14:00 Lunch* | | |
| 14:00-15:00 | Key results of the assessment | Hasmik Ghukasyan, MEASURE Evaluation, Country Consultant for Armenia |
| 15:00-16:00 | Closing session<br>Final remarks<br>Workshop follow up and next steps | Sona Harutyunyan, Deputy Minister of Labor and Social Affairs, Coordinator of the CCT<br>Remarks from participants |
| 16:00 Departure for Yerevan | | |

# APPENDIX E. COMPOSITION OF THE ASSESSMENT GROUPS AND METHODOLOGICAL GUIDE

**Instructions for Assessment Group Work**

There will be five discussion groups, each having 11 members including a facilitator, response recorder, and a notetaker. The list of the groups will be provided during the workshop.

The groups should have representatives of multiple sectors and mixed expertise in legislation provision, services and workforce issues, financing knowledge, and should also understand system data, information flows, advocacy, and public awareness. The groups will include members from government, NGOs, and representatives of regional and international structures.

The ground rules for the group discussions are:

- Respect each other's opinion and time.
- No individual discussions in the group.
- Mobile phones must be turned off during the discussions.
- The composition of the teams should remain unchanged inasmuch as possible.
- Every statement should be responded to and a clear explanation of the response should be provided.
- The time allocated for group discussions is 1.5 to 2 hours. The assigned tabs should be completed during the allotted time.
- Group discussions should be recorded.
- The assessment tool should be projected on the wall or a screen allowing all members to follow the responses recorded and the formulation of the justifications/explanations.
- Definitions and the UN Guidelines should be the primary reference materials for the interpretation of statements and concepts.
- By end of the discussions, the groups should have summary bullet points for the plenary report back on key questions.

### (1) Group Formation

We have assigned each participant to a group. The following are the group assignments:

| Role/representation | Group 1 | Group 2 | Group 3 | Group 4 | Group 5 |
|---|---|---|---|---|---|
| 1. Facilitator | Hayk Khemchyan, UNICEF, CCT member | Gayane Hovakimyan, MOJ, CCT member | Lusine Simonyan, Child Development Foundation | Davit Avanesyan, SOS Children's Villages | Mira Antonyan, FAR Children's Support Center Foundation, CCT member |
| 2. Person to insert responses in Excel | Gayane Vasilyan, MOLSA, CCT member | Arpik Barseghyan, MOTD, CCT member | Elen Sahradyan, Child Development Foundation | Grigori Grigoryants, Save the Children | Tatevik Karapetyan, FAR, Children's Support Center Foundation |
| 3. Notetaker | Lusine Saghumyan, COAF | Ani Manukyan, USAID, CCT member | Ismael Ddumba-Nyanzi, MEASURE Evaluation | Hasmik Ghukasyan, MEASURE Evaluation, CCT member | Zulfiya Charyeva, MEASURE Evaluation |
| | | | | | |
| 4. Government | Lena Hayrapetyan, MOLSA, CCT member | Davit Tumasyan, Investigation Committee | Anna Safaryan, MOLSA | Robert Stepanyan, MOES, CCT member | Nune Pashayan, MOH, CCT member |
| 5. Government | Anahit Muradyan, MOES (18-19) | Astghik Avagyan, MOLSA | Syuzi Makyan, MOES | Luiza Gharibyan, MOLSA | Anna Hakobyan, MOLSA |
| 6. Government | Lusine Khachatryan, Police | Nelli Baghdasaryan, NSS | Anahit Hamzjan, MOLSA | Anush Stepanyan, Nork Center | Syuzi Mashuryan, National Center for Education technologies |
| 7. Government | | | Rima Petrosyan, MOLSA | | Lilit Vardanyan, MOJ |
| 8. Regional | Ida Khachatryan, Yerevan Municipality | Gagik Poghosyan, Ararat Marzpetaran | Arpine Apitonyan, Armavir Marzpetaran | Svetlana Asryan, Lori Marzpetran | Shavarsh Artashyan Kotayk Marzpetaran |
| 9. Regional/Service provider | Zoya Torosyan, SOAR | Susanna Tadevosyan, Bridge of Hope, CCT member | Haykuhy Adamyan, National Pedagogical Psychological Center | Liana Margaryan, National Pedagogical Psychological Center | Anna Stepanyan, Yerevan Municipality |

| Role/representation | Group 1 | Group 2 | Group 3 | Group 4 | Group 5 |
|---|---|---|---|---|---|
| 10. Service provider | Armine Karapetyan, Ajapnyak Day Care Center | Shushanik Davtyan, ArBESS Medical Rehabilitation Center | Laura Petrosyan, Gyumri Day Care Center | Maya Karapetyan, Kharbert Orphanage | Aravot NGO |
| 11. NGO | Makrita Avjyan, VISTAA Consulting Group, Expert Center | Ashot Gasparyan, Social Justice | Eduard Israelyan, Human Rights Office | Rita Grigoryan, Business Consult<br>Parandzem Gevoryan, Business Consult | Hasmik Sargsyan, Caritas |
| 12. International organization | Anna Avetyan, Mission East<br>Lusine Hakobyan, USAID | Voskan Ghazaryan, World Vision | Maya Simonyan, UNICEF | Hasmik Arakelyan, UNICEF | Armenuhy Hovakimyan, UNICEF |
| **TABS** | 2/separation prevention | 2/separation prevention | 2/separation prevention | 2/separation prevention | 2/separation prevention |
| | 3/foster care + 8/adoption | 3/foster care+ 8/adoption | 3/foster care+8/adoption | 6/kinship care + 7/other forms of care | 6/kinship care + 7/other forms of care |
| | 10/deinstitutionalization | 10/deinstitutionalization | 10/deinstitutionalization | 10/deinstitutionalization | 10/deinstitutionalization |
| | 9/reunification and reintegration | 9/reunification and reintegration | 9/reunification and reintegration | 9/reunification and reintegration | 9/reunification and reintegration |
| | 4/residential care+ 5/independent living | 4/residential care+ 5/independent living | 1/crosscutting issues | 1/crosscutting issues | 1/crosscutting issues |

The **facilitator** will be responsible for:

- Guiding the conversation and helping the group reach consensus.
- Keeping the group focused and on task:
    - ask group members to avoid or limit phone calls or side communications
    - never allow parallel debates or talks
- Encouraging divergent views and participation from all group members.
- Shifting the conversation away from unproductive or irrelevant tangents; this is very important to the success in responding to all the assessment questions in the timeframe.
- Keeping track of time.
- Ensuring completed assessment outputs: completed Excel tab and Table of Action Points.
- Managing the selection of a group member for reporting back on the group work.

Person to **insert responses** in Excel:

- Recording the responses for each question.
- Recording the discussion points, comments, and recommendations.
- If the text is not fully visible in the Excel cells, resizing the cell to make the note fully visible.
- After entering all the responses, shifting to the charts section and showing the assessment results, i.e., showing the chart to the group members.
- Saving the work regularly and ensuring that the MEASURE Evaluation team has a copy at the end of each day.

The **notetaker** will be responsible for:

- Following the discussion.
- Recording discussion points, comments, and recommendations for each statement.
- Pointing out the main differences in opinions and summarizing the main important points to be considered during the results analysis.

It is important to record the group discussions.

### (2) Guidelines for Group Work

1) For each tab the group is going to discuss, ask your team members who is very familiar with the context and components of the current topic: legislation, financing, workforce, services, or M&E, and agree on the discussion rules: in what cases you should record "Completely" or "Not at all" and the middle level responses.
2) Before starting the discussion, the moderator can ask the group members to read the section statements and then discuss each section; this will save time.
3) If the statement under discussion is not regulated but there is a draft legal framework sent to the government or National Assembly, record "slightly" and give the explanation on at what stage is the legislation adoption.
4) Respond to each question in the tool by:

a. **Selecting the appropriate response** option in the *Response* option (use the drop down menu) AND
b. **Recording the rationale** for the response and capturing the discussion points in the *Comments/Notes* column. Write as detailed notes as possible to help with further analyses.
c. If there is disagreement in your group, ask the team members to vote and record the most common response and note the disagreement (and reasons for it) in the *Comments/Notes* column.

5) For two-part questions, the rationale is whether the statement is regulated by legislation and to what extent it is being applied. For these statements, the Comments/Notes on the responses should be inserted in one cell and separated by the number: 1 - Leadership & Governance and 2- Service Delivery indicating the justification for the response on the practical application of the statement.
6) Once all questions in the tab have been completed, the moderator should identify the top three to five **priority action items** to be presented by the group as recommendations during the plenary.

**Guidelines for the Report Back During the Plenary**

The groups will have a five-minute presentation on the main outcomes and recommendations of the group discussion during each plenary session. Disagreements among the groups or in a group will be clarified by the general discussions.

In the report back, be sure to present:

- What were the top three system weaknesses identified?
- Which questions were the most difficult to answer? For which questions was it difficult to reach consensus in your group and describe why.
- What were the top three to five recommended action points that need to be immediately taken for the sector?

**Guidelines for Consensus Building**

The structure for comparing group results and coming to an overall consensus will vary day-to-day. Briefly, MEASURE Evaluation will compile and compare results from each tab at the end of each day. It will present on the main disagreements among the groups every morning.

Groups will be responsible for explaining the rationale behind each response that is different in plenary to help with the consensus building process. It will be important to take good notes in the *Comments/Notes* column to aid in this.

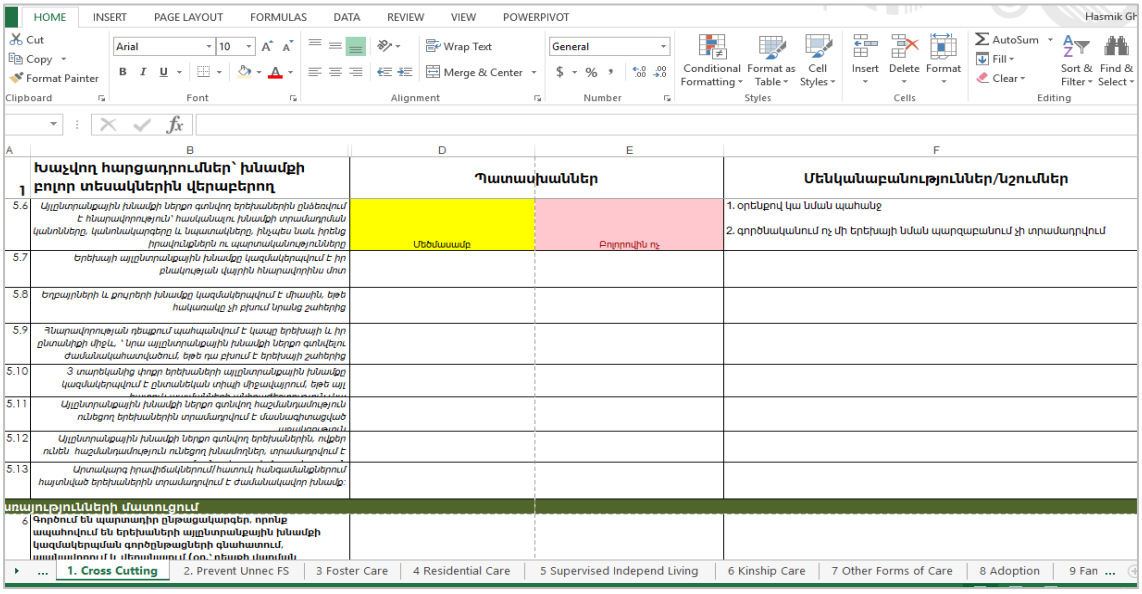
**Clarification for the Assessment of Each Tab**

**1. Crosscutting Statements**

This part will be assessed at the end, because the pilot assessment revealed that participants find it difficult to provide general answers to legislation provision, services, and workforce issues in the initial stage of the

assessment. Therefore, the main statements related to all tabs will be assessed by Groups 3, 4, and 5 during the final stage, i.e., on the last day.

During the assessment, the groups should consider that the "standard process for the organization of alternative care for children" refers to all forms of alternative care for children left without family care. There are five statements in the legislation section, with the fifth statement having 13 sub-questions, which is also a two-part question. The same statements are considered in the context of service delivery. When recording the responses, it is necessary to separately answer the legislation questions and provide justifications in the *Comments/Notes* column under number 1 followed by group responses on the availability of application services and record the justifications under number 2, as shown here:



The workforce component also contains a two-part question that needs to be answered according to the above-mentioned rationale. The definition of specialists listed in this section is provided in *Definitions*, therefore, follow these explanations.

Generally, the group should respond to the 12 statements with the sub-questions. One hour is allocated for the assessment assuming that the group has already responded to such statements during the previous discussions and agreement on each statement can be reached during a five-minute discussion.

### 2. Prevention of Unnecessary Family Separation

This is one of the most important sections of the system assessment and will be covered by all groups. It is the first section of the assessment tool and will require much effort from the moderators to manage the groups to answer all the statements in the allotted time. This tab contains questions on all six components of the system. There are 20 questions and sub-questions.

In the ***Leadership and Governance*** tab, the statements refer to regulatory legislation and procedures. Statement 2.3 "Relevant nongovernmental actors have been oriented or trained on their roles and responsibilities related to implementing the national policy/strategy" tries to identify to what extent the public policy makers are aware of and present the policy to nongovernmental structures. Most of the 3a statements have their explanation in the ***Definitions***.

In the ***Financing,*** "Financial resources required for services to strengthen/support families as a means to prevent unnecessary child-family separation have been estimated" statement is aimed at identifying whether a state-level assessment of the funds necessary to prevent a child's placement in residential care has been made. Questions 17 to 18 try to estimate the extent to which the funding has been allocated and whether the designated amount is spent.

Questions 19 to 20 try to identify the information sharing between state and civil society and the level of coordination of financial resources in the actions of the main players.

### 3. Foster Care

This is the preferred alternative care after adoption. This section contains statements for all six components. The time allotted for discussion should be shared with the Adoption tab. The tabs will be assessed by groups 1 through 3 in two hours.

All the statements are similar to the previous section's tabs. There are no exceptions or specificities in terms of assessing the tab. It contains 23 questions, with sub-questions.

### 4. Residential Care

Before the assessment, it is recommended that the group members read point 44 of the ***Definitions*** and clarify what is considered to be a residential facility.

The assessment will be done by Groups 1 and 2. One hour is allotted for this tab and the Supervised Independent Living Arrangements tab. It contains statements for all six tabs. It has 22 questions, with sub-questions.

### 5. Supervised Independent Living Arrangements

Before the assessment, it is recommended that the group members read point 45,4 of the ***Definitions*** and clarify what is considered to be *Supervised Independent Living*. Because this service is not common in Armenia, it is possible that groups members may find it difficult to assess. It is important to record detailed explanations to responses. The tab contains 21 questions, with sub-questions. There is no public awareness component. The assessment will be done by Groups 1 and 2. One hour is allotted for this tab and the Residential Care tab. The group moderators should be able to keep track of the time and complete the assessment in the time given.

### 6. Kinship Care (Formal and Informal)

This is the longest tab; it consists of two parts: formal and informal care. The questions remain unchanged; they are almost the same for the two sub-sectors, and the moderator may decide to answer the questions simultaneously, considering the same question for both formal and informal care. This tab contains 38 statements with the sub-questions in total. Twenty-two statements are about formal care . The assessment will be done by Groups 4 and 5 together with Other Forms of Care in the two hours allotted. The moderators should be able to keep track of the time and complete the assessment in the timeframe.

### 7. Other Forms of Care

This is one of the shortest tabs and refers to informal care by a nonrelative. It is not common in Armenia. The tab contains only 13 questions and will require a maximum of 15 minutes of discussion. During the testing of the tool, there was a suggestion to remove it or join it with informal care, however, the tab was preserved so as not to break the rationale of the tool and not to lose possible useful information. The assessment findings will show whether it is appropriate to leave in for future assessments. The assessment will be done by Groups 4 and 5. Two hours are allotted for the assessment of formal and informal care tabs.

### 8. Adoption

This is the most preferable form of alternative care. It contains statements for all six tabs. The assessment will be done by Groups 1, 2 and 3 jointly with the Foster Care tab. About two hours are allotted for the discussion and the groups have enough time to discuss the two tabs. This tab contains many questions related to the Leadership and Governance section, most of them requiring Yes/No responses. The statements are

related to domestic and foreign adoptions. It would be good to have lawyers in the group who are aware of the adoption legislation. It contains 27 questions with sub-questions.

### 9. Family Reintegration

These are the most important statements related to the reforms carried out in Armenia and will be discussed by all groups. The discussions are usually intense and great effort will be required by the facilitators to keep the discussion in the logical framework of the statements. The transition plan indicated in the statements refers to individual transition plans designed for children being in the family reintegration phase. As with all the other tabs, here the financing statements are also related to the extent of estimating financing needs; which part of the needs was budgeted, allocated and used; and the extent of government awareness or ability to coordinate the financial resources provided by the private sector or international donor organizations. One and one-half hours are allocated for the assessment. It contains 22 statements with sub-questions.

### 10. System Deinstitutionalization

These are among the most important statements relating to the ongoing reforms in Armenia and will be discussed by all groups. Before the assessment, it would be good for the group members to read point 44 in the *Definitions* and clarify what "institution" means in this context. One and one-half hours are allocated for the assessment. It contains 22 statements with sub-questions.

# APPENDIX F. SUMMARY DASHBOARDS, BY CARE SYSTEM COMPONENTS

**Figure 13. System components dashboard: leadership and governance**

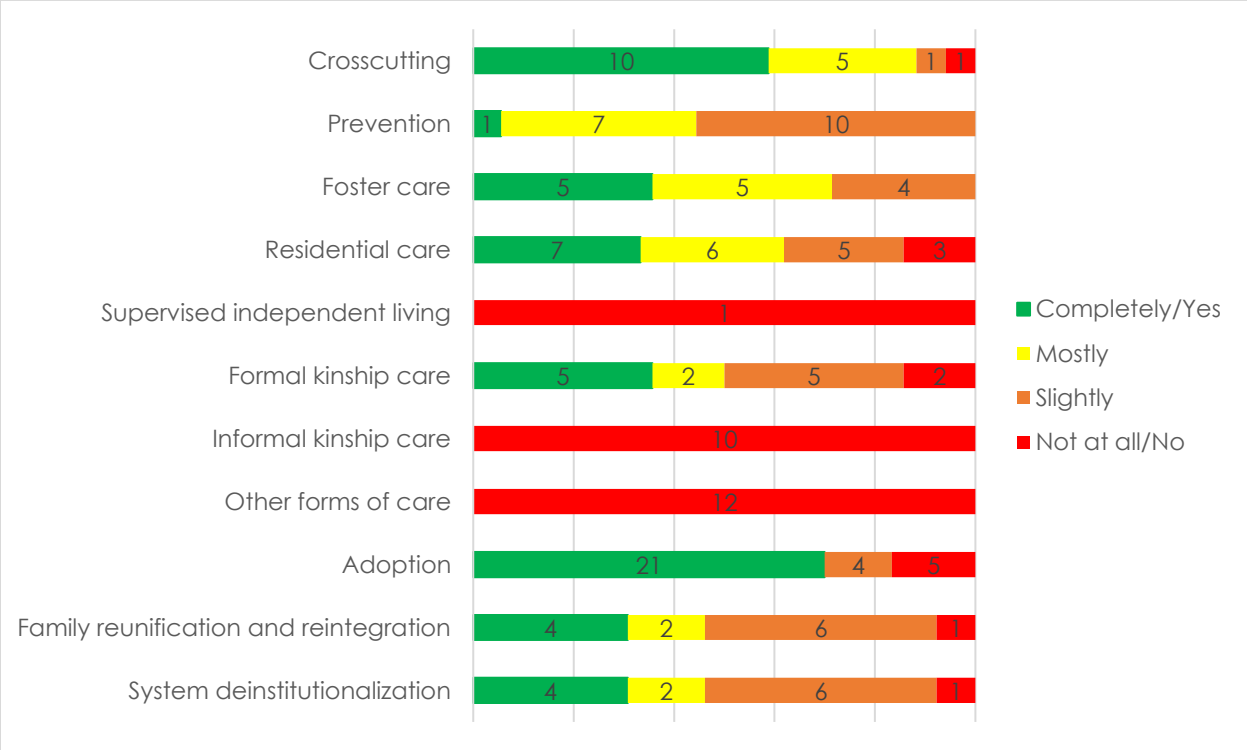


**Figure 14. System components dashboard: service delivery**

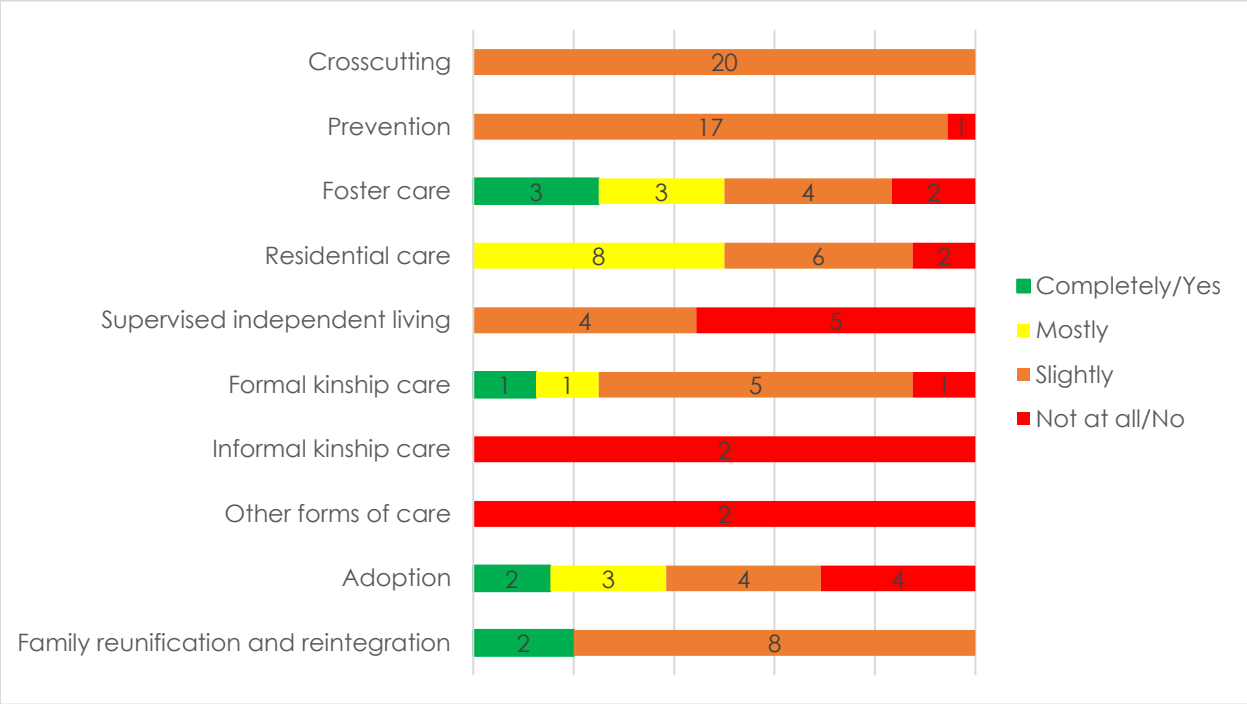


**Figure 15. System components dashboard: workforce**

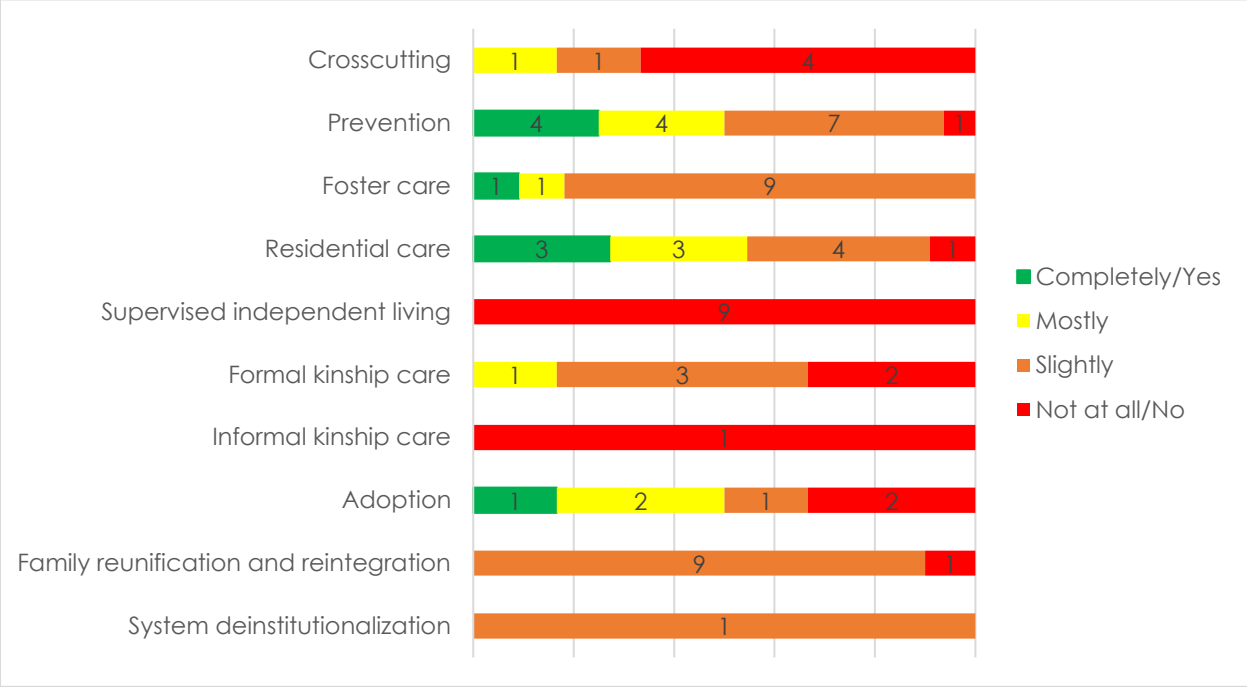


**Figure 16. System components dashboard: M&E and information systems**

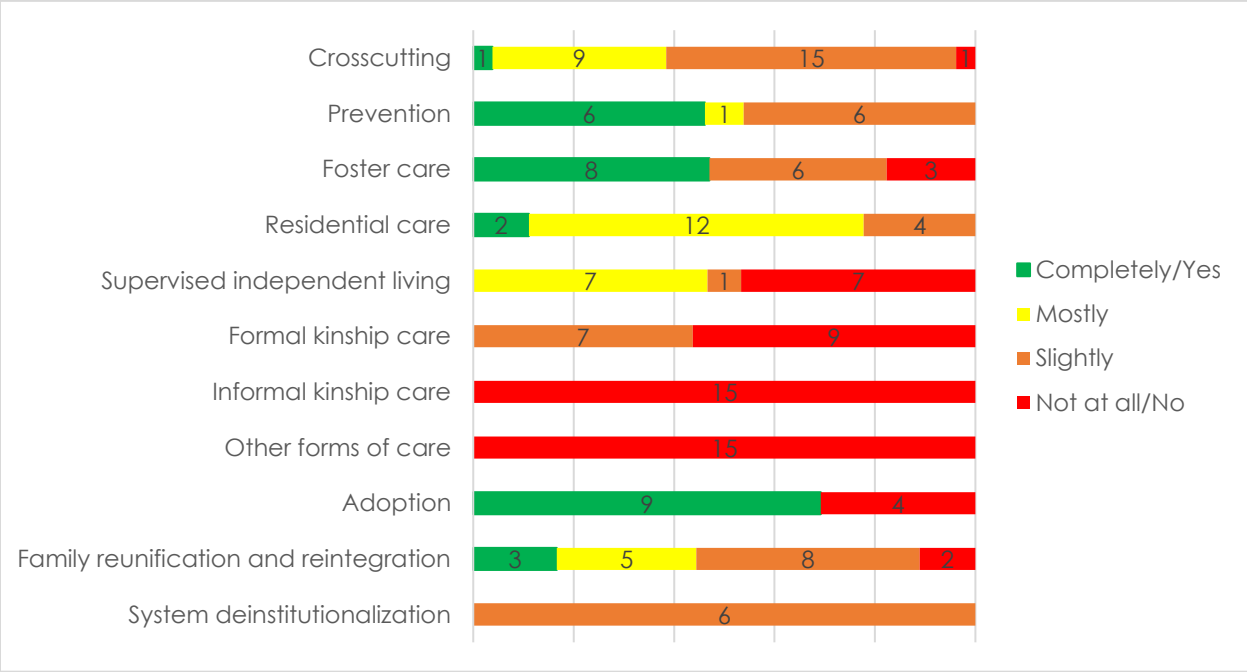


**Figure 17. System components dashboard: social norms and practices**

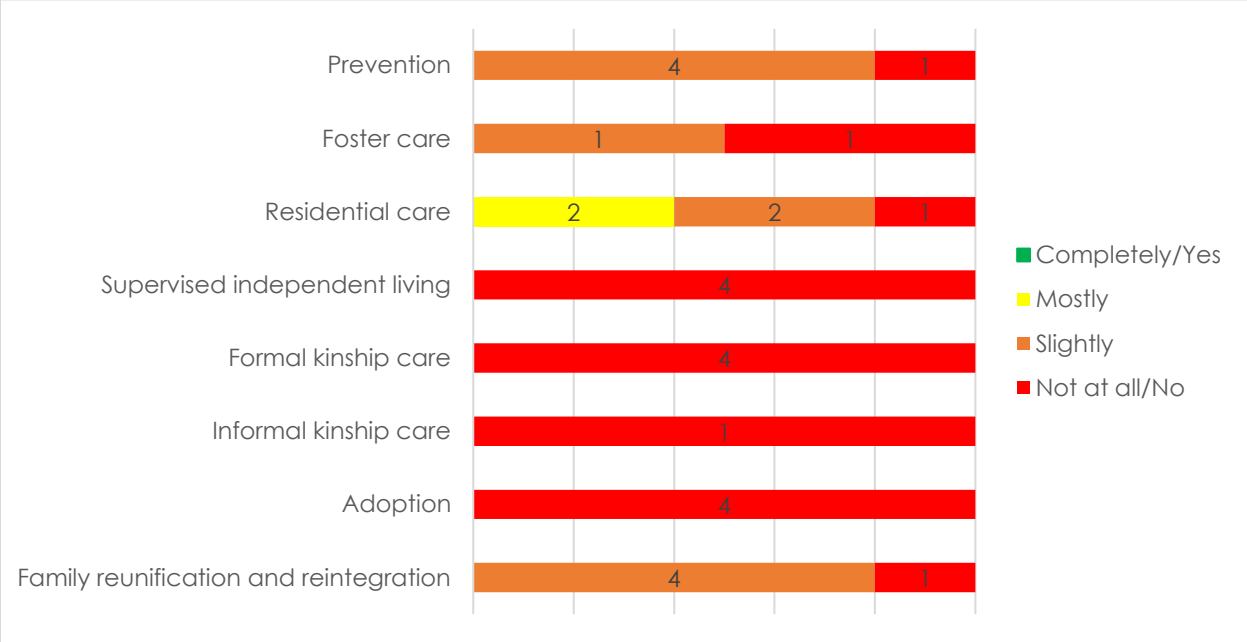
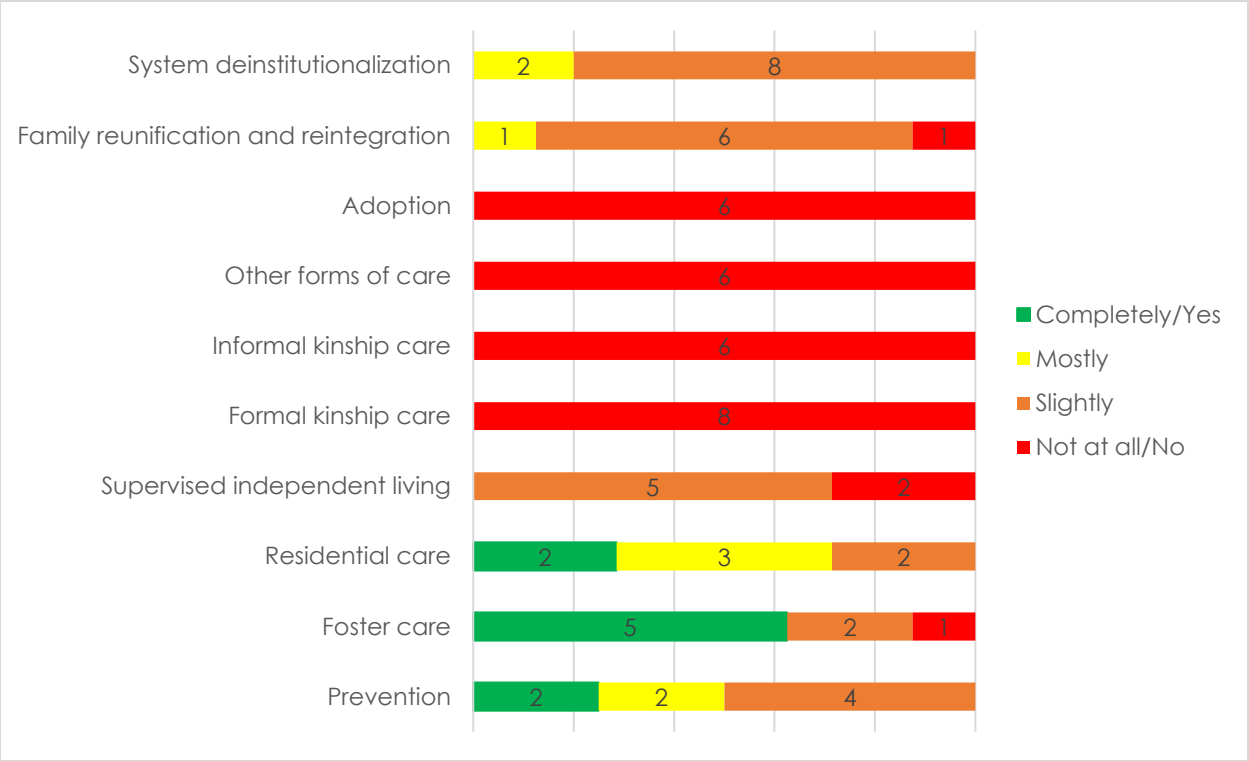


**Figure 18. System components dashboard: financing**



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