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THE JOB THAT REMAINS: AN OVERVIEW OF USAID CHILD WELFARE REFORM EFFORTS IN EUROPE & EURASIA

Final Report

June 2009

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Executive Summary

Twenty years have passed since the fall of the iron curtain in the E&E region. Significant economic, democratic, and social reforms have changed the face of the region. But one legacy of the communist system – children in institutions – persists despite expectations that economic restructuring and democratic reforms would solve this and other social issues.

While important steps have been made to shift child protection from institutional care to community-based services, the reforms are fragile and the sustainability of investment to date is questionable. All countries in the region have ratified the UN Convention on the Rights of the Child and most of them passed modern legislation to reform child welfare systems. This is a critical first step in the reform process, but it is not enough to ensure the wellbeing of the young generation that will be responsible for continuing the reforms and for providing the financial and democratic stability of the region in the upcoming years.

Purpose of the Study

The authors examined eight countries in the E&E region for this study: Armenia, Azerbaijan, Belarus, Bosnia-Herzegovina, Georgia, Romania, Russia, and Ukraine with attention to population issues, the current system of child welfare, USAID-funded activities, lessons learned, and best practices. These countries were chosen because they have been the focus of USAID's child welfare programming in the E&E region. The purposes of this study are three-fold: (a) to describe the key lessons learned and best practices that have emerged from USAID-funded child welfare programs in the E&E region, (b) to present a series of cogent and compelling arguments why a continued focus on child welfare reform in E&E is crucial even during these times of budget declines, and (c) to provide recommendations and concrete examples of innovative ways to leverage additional funding for work in this area.

Lessons Learned

The analysis demonstrated that the eight countries share a history of family denigration in favor of an industrial state and a corresponding assertion that the state could raise children as well as, if not better than, the families of origin. They share an inheritance of large institutions—orphanages, which warehouse children and are known to be deficient in bringing up healthy, developmentally sound people. In each country, the reform from institutions to community-based services has followed similar steps and encountered similar barriers. However, lessons learned in countries that have established certain levels of reform have not yet informed and eased the transition of neighboring states.

Many lessons were gleaned from the eight countries in the study as they moved forward with reform of their child welfare systems. This overview assessment has disclosed many lessons that might not have been apparent if one looked at only one country. These include the following:

- Change in the beliefs of the population occur much more slowly than anticipated. Beliefs that have been sternly inculcated over many years are difficult to change.
- Government and donors must work together for reform, for if they do not share a common vision, their interventions may conflict.
- Authorities need evidence of the cost-effectiveness of interventions before they will fund reform.

- The humanitarian attempt to improve the conditions in institutions can have unintended consequences**.** The refurbishment of institutions to a level that is above the living conditions of the general population will work against the goal of deinstitutionalization and will increase the perception that the state can provide better care than the family.
- The outlay of money necessary to run the institutional system while the alternative services are being developed is substantial.
- Reform is best begun at the local government level with systemic change growing in a "bottom up" direction. A community-based approach is the best way to introduce innovations and changes.
- Leaders with a vision and a will to make things work fuel reform. Pilot projects should be located where leaders are committed to make the program a success.
- All critical elements of the system—policy, alternative services, human capacity, and standards and performance monitoring—must be developed simultaneously.
- A hasty large-scale deinstitutionalization effort before a prevention system and human capacity are in place may lead to a negative situation for children.
- Any strategic plan to reform a child welfare system needs to include an assessment of budgetary allocations and incentives. Budget plans must have a mechanism for funding community-based services (as opposed to institution-based services) and make allocations to the agencies where the expenses are incurred. Oftentimes this means that the budgeted funds should go to a local government rather than a central level agency.
- The amount of necessary training and support for newly developed service staff and NGOs is often far greater than project implementers expect, and extensive technical assistance (TA) is needed as new activities are implemented.
- The economics of a community are typically tied to the institutions (orphanages) and any plan to close institutions must deal with issues such as employees and buildings.
- After the alternatives are in place, the institutions should be closed or designated for another use. If residential institutions are available, the communities and authorities fill them with children.
- A critical mass of reformed services is necessary to ensure sustainability of countrywide reform**.**

The comparative analysis of the eight countries, combined with other studies conducted in the region, yield conclusions that are worrisome for the wellbeing of children, but also for the democratic and economic stability of the region. Each of them is a strong argument for continuing to invest in the reform of the child welfare systems in this region.

1. The decline in E&E populations requires an investment in socialized, capable youth.

The human and economic costs of non-reform are considerable. Declining and aging regional populations raise concern for long-term economic stability. At the beginning of the transition, in 1990, the population of the eight countries was 254,033,000. By 2007, according to the UNICEF TransMONEE database, there were only 240,997,000 people in the region, a reduction by over 13 million. *The most dramatic decrease, however, is in the number of children – from over 70 million to less than 47 million – a reduction by over 23 million.* Investing in the young generation is critical to the continuation of the economic, democratic and social reform of the region. Construction of modern, sound social systems can maximize the value of each person's contribution. Ensuring the psychosocial health, education, and

training of children allows them to contribute to the labor market and a prosperous society. Raising generations of institutionalized children that will not have the capacity to integrate into the social and economic structures of the country will be a significant burden on a population that is already in decline.

2. Institutionalization has been proven to damage children.

The Bucharest Early Intervention Project, the most in-depth study ever on an institutionalized child population, demonstrated that children in institutions, as contrasted with children in families, exhibit serious developmental issues: physical growth failures (stunting), disturbances of attachment (Reactive Attachment Disorders), and significant deficits in IQ. Many of these sequellae are irreversible if the child is not removed from the institutional setting and placed in a family environment. The study argues that early institutionalization and deprivation are most detrimental and that no child under 3 years of age should be in an institution.

With such clearly demonstrated evidence, USAID should strive to convince all governments in the region and beyond to ban institutionalization of children under the age of 3. USAID should promote a model of child welfare that is less detrimental to the children both for humanitarian reasons and for the economic future of these countries whose child populations have already been institutionalized for too long in deleterious conditions.

3. Residential institutions are more costly than community-based alternatives.

Since regional deinstitutionalization efforts have occurred at the same time as major economic overhauls, it is difficult to compare apples to apples in cost analyses. A Russian study, however, did show considerable cost savings on transition from institutional care to community-based care. Even with considerable initial capital outlays, reform efforts will pay off by 2015 or 2016. [1] Subsequently, the costs of child welfare will be 25 to 30 percent lower than in the baseline scenario. All eight countries should expect similar savings. In the face of the economic downturn, it is important that the host countries keep longer term cost benefits in sight.

4. The institutional model of care continues to be used and perceived as acceptable.

The time and effort necessary to bring lasting and meaningful change in the E&E region has surprised everyone. It takes sustained pressure to bring change and build community. The policies of communist regimes were sternly inculcated into the population for periods of 50 to 70 years. The roots of institutions are very deep in these societies. Creation of alternative, community-based services is complicated by a lack of human resources, a shared cultural model of state care, ignorance of the effects of institutionalization, and unintended budgetary incentives that favor institutions over alternative forms of care. This situation is not quickly changed.

5. In seven of these eight countries the deinstitutionalization process has been started, but the percentages of children in institutional child care continue to rise.

Each of these eight countries is on the path to reform child welfare, but in seven of them deinstitutionalization has not succeeded. If we remove Romania from the data and look at the other countries, between 2000 and 2006, the number of children in residential care per 100,000 in the child population ***increased*** from 991.89 to 1055.69. *This is a six percent increase in the children in residential care per 100,000 population.*

Romania, which benefited from consistent and sizable USG help, made significant progress, and the number of children in residential care per 100,000 population decreased from 1165.6 to 625.4, a nearly 45 percent decrease. It is reassuring to know that with sufficient money and time, lasting and meaningful

[1] Analysis of Long Term Impact of Child Welfare Reform in Tomsk Oblast, 2007, Center for Fiscal Policy, p. 2.

results will be obtained. No other country in the region has received comparable assistance, however, the success in Romania, though still incomplete, shows what can be accomplished. In Romania, the momentum continues and deinstitutionalization will likely continue even without additional USAID funding. In the other seven countries the outcome is still at risk.

6. Governments and society at large are only partially persuaded of the need for reform.

After a period of suspicion, distrust, and competing priorities in their mandates, authorities exposed to USAID pilot programs realized that child protection is important to their communities and that alternative care is better for children. But this attitude is not shared everywhere. Demonstration programs implemented by USAID and other donors continue to build these attitudes and the successes will continue to fuel public support for community-based forms of care.

Embryonic forms of community and corporate support are present in most of the countries, and although they are still not strong enough to sustain the momentum, they are a good indicator that societies are giving up the old model of care and starting to realize that investment in social capital is a valuable long-term investment.

7. There is no consistent monitoring mechanism and therefore no reliable data on the situation of children across the region.

With no trustworthy monitoring systems in place, the child welfare situation across the region remains unknown. In such circumstances it is hard to plan substantial interventions, while the risk of data manipulation for political and economic reasons is rather high. The numbers reported by national statistics or USAID missions may use different methods or count different things.

The only consistent country-comparison data on children that is available for this region is the TransMONEE database. On any given count, though national and USAID statistics may differ substantially from the TransMONEE figures, the TransMONEE numbers offer the only reliable way to compare child welfare progress across the region. Selected data from TransMONEE is set forth in Appendix IV.

8. Reforms that have been achieved are not sustainable without further support.

In most of the eight countries the basis for systemic reform has been created, but sustainability is weak. The international pressure to close down institutions resulted in modern legislation, but in most cases, it is not implemented and lacks budgetary allocation. In principle, the legislation favors community-based care; social work education is becoming available; local governments are starting to invest in child welfare; local NGOs are being created (some receive state or corporate support), but reforms have not yet been rolled out nationally.

Only in Romania has child welfare reached the level of self-sustainability. We do not fear that Romania will return any time soon to the use of residential childcare institutions. We cannot speak with equal confidence of the other countries in the study.

9. Continued external and domestic public pressure for reform is necessary to prevent backsliding.

Without the continued pressure of NGOs and international funders, nascent reforms are not sustainable. Donors are the most effective sources of pressure for reform. Remaining in country as forces for change, they help reform to progress. This development can be accomplished without massive resources (although more is better than less). A continuing donor presence reminds governments of the need to care for their most vulnerable citizens.

10. Costs to complete reforms are small compared to the costs of failed reforms.

The costs to sustain momentum are small compared to the costs of failed reforms. Large amounts have been spent on child welfare reform in E&E. The development of models, training materials, standards, and public awareness campaigns are well under way. Funding necessary to continue the process is minor compared to what has been spent, but it is essential to avoid erosion of the gains of the past 20 years.

Non-orphan children who live in institutions are usually from poor families. This population will be the most exposed in the event of an economic crisis. Without adequate abandonment prevention and family support services in place, poverty-stricken families will increase the pressure for child institutionalization. Where a supportive regime is in place, child welfare could continue to improve. However, if, as is likely, shortsighted cost-cutting measures are applied to child welfare programs, all of the reform progress made in these countries (with the exception, perhaps, of Romania) could be lost.

11. Child welfare reform programs are among the most successful democracy-building programs USAID has ever put into the field.

Programs to reform child welfare develop democracy building skills as they work with populations to develop needed services. Host governments, central and local, are eager to see child welfare reform, and the citizenry—many of whom view the political class with distaste, and view judicial reform, anticorruption, and electoral reform as suspicious abstractions—see child welfare reform as an immediate benefit to themselves and to their communities. In communities where child welfare reforms have been instituted, community activism starts with parents and bureaucrats joining in a dialogue and it rapidly progresses to constituent-driven, issue-driven reform. Child welfare reform is at least as powerful as any other USAID-supported program in the development of grassroots democracy.

12. Success with E&E child welfare reform is essential to successful PEPFAR child welfare reform.

It is crucial that USAID have successful demonstrations in these eight countries to support child welfare reforms elsewhere.

The eight countries in this study are obvious models for other countries in the region that may wish to undertake reforms in the future. They also provide global models that are applicable to Haiti, Cambodia, and the African countries struggling with the rising tide of HIV-affected children and orphans assisted through the PEPFAR program. To maintain credibility in a global child welfare reform movement, we must complete what has started in E&E. Successful E&E reforms may provide critical information to help ensure successful reforms in the PEPFAR countries.

In such circumstances, USAID, which was a champion of reforms and has already invested in improving the child welfare systems, should strive to continue to support the investment in the youngest generation in the region. USAID is in the best position to build an understanding that the sustainability of the economic and democratic transition of these countries depend to a large extent on their investments in social and human capital.

Steps on the Road to Reform

This study demonstrates that the USAID contribution resulted in important steps on the road to child welfare reform, but that critical sustainability components are not yet in place in seven of the assessed countries. The investment to date focused on a number of aspects that set the course for changing these systems. But when can reform be considered sustainable? The experience in the region demonstrates that there are a number of elements that would be good indicators of irreversible child welfare reform:

- **Modern legislation passed and implemented;**

- **Resource allocation mechanisms that favor community-based services are in place;**
- **Critical mass of community-based services operational;**
- **Trained human resources;**
- **Strong citizen base;**
- **Strong local NGOs;**
- **New routine for dealing with children of at-risk families;**
- **Monitoring mechanisms;** and
- **Private funding streams**.

The achievements to date created a strong reform base and momentum for completion of all the elements listed above. It will take relatively small funding and pressure to keep the services operating and foster the shift from institutional care to community-based services. This will give other communities the opportunity to observe and eventually to add critical mass to the community-based systems of care.

Conclusion

The findings of the report are that each of the eight countries has made substantial gains in reforming the child welfare system. The eight countries have developed models, formed partnerships, trained human resources, and passed legislation. But in most of the countries, the new methods have not had the time to become fully integrated into the country systems nor have they been rolled out to enough of the country to ensure that the reforms will be carried out on a national basis. USAID has been in the forefront in protecting children and USAID's child welfare legacy is dependant on the commitment to continue funds and pressure to achieve sustainable, lasting child welfare reform in E&E.

Introduction

Child welfare in Eastern Europe has been associated with images of children in cavernous institutions in Romania disclosed by western media in the early 1990s. Across the rest of Eastern Europe and the emerging states, similar institutions were discovered. Reforms seek to increase alternative child welfare services and preventive and family support services, but poverty, ignorance of the detrimental effects of institutionalization, and social acceptance of residential care pose significant challenges. Twenty years after the fall of the iron curtain, the relative failure to close large child welfare institutions in post-communist countries demonstrates the deep roots of institutionalization in these societies.

In this report, we examine the child welfare progress of eight countries in Europe and Eurasia where USAID has funded activities to reform child welfare. The country progress of child welfare in Armenia, Azerbaijan, Belarus, Bosnia, Georgia, Romania, Russian Federation, and Ukraine was assessed using the four-pillar framework developed by Dr. Rebecca Davis for earlier USAID-funded studies (2005, 2006, 2008). The four pillars as defined in "Emerging Practices in Community Based Services for Vulnerable Groups" (June 2006) are below.

Pillar 1: Policy and Legal Framework. The policy and legal framework pillar includes the identification of policies and laws that reflect internationally recognized best practices and trends for individuals and families in crisis, development and implementation of standards for care, strategies for implementing policies, and centralized and decentralized functions for public entities (potentially including linkages with county and municipal budgets).

Pillar 2: Structure and Types of Programs and Services. This pillar includes types and ranges of programs and services, for example client-based, public/private oversight, source of financial support, community-focused with outreach capacity, and accessibility. This pillar may also include the implementation of standards of care models, certification and licensing practices for programs, local citizen involvement, and public awareness initiatives such as volunteerism.

Pillar 3: Human Capacity. As the programs and services change, a shift in job functions occurs, which requires a different skills and knowledge base. Pillar 3 focuses on the people who provide the services (front-line workers), supervisors, managers, and administrators. The training and re-training of professional and paraprofessional workers is important in shifting from institution-based to community-based models. This pillar includes professional education and training; curriculum development activities; professional regulation such as licensure, certification, registration, and practice standards; and monitoring of performance.

Pillar 4: Performance Outcomes and Measures. This pillar describes how outcomes are defined, measured, and monitored by government policies and strategies and by donor interventions (i.e., reduced dependency on institutionalization and increased utilization of community-based care). Outcome measures that promote family and community reintegration and

Pertinent Regional History

In the early twentieth century, E&E countries embraced a tradition of philanthropy and church involvement that provided support to families in crisis and to the disadvantaged. Later, communist regimes assumed that the socialist welfare state made private charitable initiatives unnecessary and replaced them with social protection mechanisms that were specific to the socialist welfare state: employment, consumer price subsidies, and a social benefits system. After social assistance was declared unnecessary, the states abolished social work education and turned the existing social work professionals into bureaucrats, effectively destroying pre-communist child welfare capacity:

> [D]uring the communist period, social work in Romania was extremely reduced, generally passive, and bureaucratic…the view adopted was that the mechanisms of the socialist economy, reinforced by political and administrative mechanisms, were able to solve by themselves any personal problems of individuals…social assistance proper at that time only envisaged institutionalized relief for the aged, the handicapped, the chronically ill, the mentally deranged and children in special circumstances.[2]
>
> In the aftermath of World War II, when Western Europe and the United States were moving away from the use of residential institutions, the communist countries began a massive move toward residential child care using huge institutions. Vladimir Lenin's educational adviser, Anton Makerenko, was particularly influential and believed that he could turn untutored children into the "New Men" that the Bolsheviks wanted.[3]

Makerenko's theory was adopted in other communist countries as well. In Romania, Ceausescu's 1968 pro-natalist policy resulted in thousands of unwanted or unaffordable children. Their families were encouraged to believe that the state could better care for the children than parents could. (Given the randomness with which couples were assigned work away from their homes and the scattering of extended families as farms and villages gave way to industrialized collectives, who could argue?) Parents were left no choice but to rely upon the institutions.

> "Children in orphanages are state children. Their father is the state and their mother is the whole of worker-peasant society."[4]

The overall communist philosophy minimized the value of individuals beyond production, reproduction, and advancement of communist society. Traditional family values and roles were under siege from a new cultural model that promoted institutional care for children as an accepted, if not ideal, form of childcare.

Urbanization and industrialization delivered a second hard blow to the family unit. Nuclear families moved to large cities and lost the benefit of extended family support. Alcoholism, domestic violence,

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[2] Zamfir and Zamfir, Social Policy: Romania in the European Context, 1996, pages 113-114.

[3] J Bowen (1962), *Soviet Education: Anton Makarenko and the Years of Experiment*, Madison: University of Wisconsin Press. For a summary of Makarenko's work, see Filonov (2000), and for a description of the nature of the New Soviet man, see Heller (1988).

[4] A Lunacharskii, head of Narkompros (the People's Commissariat of Enlightenment), cited in A.M. Ball (1994), page 87.

and a sense of estrangement were common to the "New Men," especially in large cities, as these new cultural models were perpetuated and even deepened. It was taboo, for example, to seek help for family problems. Families were expected to resolve issues without outside involvement. This cultural norm continues to affect the capacity of social services to respond to issues such as domestic violence, alcoholism, or child abuse.

Since the early 60s the professionals working in the western child protection systems observed and documented that institutions are detrimental to child upbringing, especially for young children. In London in the 1960s, Barbara Tizard's study of young children placed in residential nurseries cited the unusual social behavior observed in the upbringing of the children in institutions and the apparent absence of discriminated attachments.[5] The communist domination of Eastern Europe ignored this research, and continued to foster institutionalization. More recently, the Bucharest Early Intervention Project demonstrated a direct link between early institutionalization and deprivation and the presence of the clinical syndrome of Reactive Attachment Disorder and delays in physical growth and in mental development of children, changes that can be irreversible.[6]

The discovery of the deplorable conditions of children living in massive institutions caught most of the citizenry of the region unaware. Yet they were themselves struggling in the shifting tides of transition. In the absence of the communist social protection measures and with no alternative social safety nets to support them, many families were devastated by the effects of transition, especially those with more children and less secure income. Weak or non-existent family welfare structures had few or no tools to support children.

The United Nations Development Program (UNDP) documented the decline in human conditions that came about when communist structures collapsed and new structures were not yet in place. The seven specific costs of "transition" as defined by UNDP were: lower life expectancy, increases in morbidity, a rise in poverty, an increase in income and wealth inequality, rising gender inequalities, deteriorating education, and rising unemployment.

> Employment and incomes are no longer secure. The old system of full, guaranteed employment is gone, with no prospect of its return. For many people, income poverty has become a way of life for the foreseeable future. People's place of residence is also no longer stable, with mass migrations occurring within countries in transition, among them, and to countries outside the region. Regional conflicts and tensions have also augmented the numbers of internally displaced persons and refugees. There has been a tragic breakdown in human security with respect to access to social services and social protection. There is no longer any secure entitlement to a decent education, a healthy life or adequate nutrition. With rising mortality rates and new and devastating epidemics on the horizon, life itself is increasingly at risk.[7]

These adverse effects severely impacted children and families (see Cornia and Sipos (1991), and UNICEF (1998)). In 1997, the UNICEF TransMONEE project reported that the rate of child poverty had

[5] Tizard and J Hodges (1978), The Effect of Early Institutional Rearing on the Development of Eight Year Old Children. *Journal of Child Psychology & Psychiatry*, 19, 99-118.
[6] Zeanah, Charles H, Smyke, Anna T., & Koga, Sebastian F (2005). Attachment in institutionalized and community children in Romania, in *Child Development* September/October 2005, Volume 76, no.5, pages 1015 -1028.
[7] UNDP (1999), *Human Development Report 1999*, Oxford/New York: Oxford University Press, 9-10.

increased by 1.5 times more than the overall poverty rate[8] and, according to GOSKOMSTAT, the Russian Statistical Committee, in 1997, 33 percent of all households with children lived below the minimum subsistence level (see Holm-Hansen et al., 2003). The position was much worse for families with large numbers of children: 72 percent of households with four or more children lived below minimum subsistence levels (Henley and Alexandrovna, cited in Holm-Hansen et al., 2003).

The Social Work Profession

The E&E states were not uniformly unprepared to address social welfare issues after the collapse of communist social protection structures. Former Yugoslav Republics, Croatia, Macedonia, Serbia, and Montenegro initiated social work education between the 1950s and the 1980s, but the Central and Eastern European countries and the countries of the Commonwealth of Independent States didn't start or re-start social work education until the early 1990s, or even later—1997 in Moldova and 2004 in Georgia.[9]

This lack of trained human capacity resulted in untrained people in social work positions, which influenced the public attitude toward social workers and social services. The social workers from communist times function as gatekeeper bureaucrats rather than as service providers. The public and the government have begun to recognize the need and utility of social work staff, but their complex role is still not fully understood. Consequently, the number of funded social work positions is insufficient, the pay for social workers is inadequate, and the passage of legislation to support and regulate social work is still not considered to be a priority. Most important, the profession is struggling to become competent in specialized services that will allow practitioners to become agents of change for families in distress.

Trends in the Eight Countries Studied

Fragile Economic Situation

Some conditions in these eight countries have improved since 1989, but economically the countries have not caught up to their pre-1989 status. And, the country reviews that follow show that the improvements are incomplete and fragile. The 2005 Every Child report, "Family Matters," states that the E&E and former Soviet Union countries appear:

> …. to have experienced the trough of the crisis in the mid 1990s and to have begun gradually to recover. Nevertheless, the average [economic] figure for the region is still only at around 90 percent of its pre-collapse level, whereas most other regions (with the single exception of Sub Saharan Africa) have improved significantly on their position in 1989.[10]

[8] The MONEE Project is the UNICEF-ICDC project to monitor the impact of social and economic policies on children by conducting research on child well-being in the 27 countries of Central and Eastern Europe and the Former Soviet Union.

[9] Davis, Rebecca and Blake, Allison (2008), Social Work Education and the Practice Environment in Europe & Eurasia. Rutgers University Center for International Social Work, in cooperation with USAID/EE/DGST, JBS International, Aguirre Division.

[10] Carter, Richard (2005), Family Matters: A Study of Institutional Childcare in Central and Eastern Europe and the Former Soviet Union: London: *EveryChild,* p. 11.

The transition to a market economy has resulted in polarized societies with greater income inequality. For those at the bottom of the pyramid, the bad old days don't look so bad. In the absence of a social safety net, populations without basic services will continue to have unaffordable children. Unwanted children will refuel institutionalization, increase the numbers of street children, and increase children's exposure to both sex and labor trafficking, with attendant risks of child pregnancies and STDs. Populations under stress are likely to blame their conditions on recent changes and to seek out old but familiar solutions, even if those old but familiar solutions are flawed.

Economic Downturn of 2008 Adds to Regional Woes

The economic downturn of 2008 is bringing the entire world economy into recession. The eight countries in this report, for which employment has never achieved western levels, are ill-prepared to suffer a new era of "transition" with rising unemployment, declining tax revenues, and a vulnerable population of children increasingly left with relatives or friends as parents seek opportunities in the cities, in neighboring countries, or western Europe where the impact of recession is perceived to be less than at home. A wave of poverty across the region could spell a new low in child welfare if we do not move now to protect, preserve, and build upon the gains of the past twenty years.

> Children who grow up in poverty "are more likely to have learning difficulties, to drop out of school, to resort to drugs, to commit crimes, to be out of work, to become pregnant at an early age and to live lives that perpetuate poverty and disadvantage into succeeding generations."[11]

Declining Adult and Child Population

According to the UNICEF TransMONEE 2007 database, there is a decline in the number of people in the region; and there is a decline in the number of children born in the region. This would lead us to expect a decline in the number of children in institutions even if there had been no deinstitutionalization effort.

In 1989, 252 million people were living in the eight countries in this report. In 2006 there were 240 million (12 million less, a 4.8 percent decline). This population decline reflects a combination of increased migration, increased mortality, and reduced birthrate.

In 1989, 37,894,000 children were born compared to 25,246,000 in 2006, a 33.4 percent decline that gave apparent deinstitutionalization an additional boost.

At the end of 2006, 498,531 children were living in institutions in this region compared to 653,400 in 1990, a 23.7 percent decline. However, as will become apparent later in the report, most of the regional gains in deinstitutionalization are the result of one or two programs. Many of the countries in this study have actually increased the rate of institutionalization even though the child population is declining.

[11] Ibid.

Record Youth Unemployment

Even with a declining birthrate in a declining population, the E&E region has the second highest youth unemployment rate in the world (18.6% in 2006).[12] According to UNICEF's 2006 Social Monitor:

> [Y]oung people who were between ages 15 and 24 in 2005 (and born around 1980 - 1990) had spent all or part of their formative years in the most turbulent period of the transition. They are the generation that will need to take the transition process forward. Yet, in a number of countries in the CEE, a large percentage of youth are not acquiring the necessary skills, in either the educational system or in the labor market that can help them to participate fully in this process . . . . Children in state institutions generally add to the problem. If not resolved, this situation will contribute to problems of integration and social inclusion and to further the erosion of countries' social capital.[13]
>
> The countries of Eastern Europe and the former Soviet Union are experiencing a third transition, a transition that overlaps with their recent political and economic transitions. Most of the countries in Eastern Europe and the former Soviet Union have populations that are aging rapidly. By 2025, the median age will be more than 10 years greater than it is now in about half of the countries in the region. In 18 of the 28 countries in the region, the population will actually shrink by 2025. The most striking case is the Russian Federation, where the population - which fell from 149 million in 1990 to 143 million in 2005 - is projected to fall to 111 million by 2050. Demographic trends can have direct implications for labor markets through three primary channels: labor supply, labor productivity, and labor demand (because of shifts in the structure of aggregate demand).[14]

Children Emancipating from Institutions Demonstrate Higher Risk for Society

Youth unemployment is a problem across the region, but for children who are emancipated from state institutions, joblessness is a symptom of wider forms of despair. "Research in Russia has shown that 1 in 3 children who leave residential care become homeless, 1 in 5 ends up with a criminal record, and up to 1 in 10 commits suicide."[15]

> Since the 1940s and the pioneering work of Goldfarb and Bowlby, the damaging effects of large-scale residential institutions on the development of children have been clear. These include delays in cognitive, social and motor development and physical growth, substandard healthcare and frequent abuse by both staff and older inmates. Young adults who have spent a large part of their childhood in orphanages are over-represented among the unemployed and the homeless, as well as those who have been in jail, been sexually exploited or abused substances.[16]

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[12] International Labor Organization, Global Employment Trends, 2007.
[13] Innocenti Social Monitor 2006: Understanding Child Poverty in South-Eastern Europe and the Commonwealth of Independent States.
[14] Mukesh Chawla, Gordon Betcherman, & Arup Banerji, Red to Grey: The "Third Transition" of Aging Populations in Eastern Europe and the Former Soviet Union. The World Bank, July 2007.
[15] David Tobis, Moving from Residential Institutions to Community-Based Social Services in Central and Eastern Europe and the Former Soviet Union. The World Bank, 2000, p. 33.
[16] Carter, Richard, Family matters: a study of institutional childcare in Central and Eastern Europe and the former Soviet Union: London: *EveryChild,* 2005, p.2.

Percentage of Institutionalized Children Is Increasing

In all countries for which we have data (i.e., Armenia, Azerbaijan, Belarus, Bosnia, Romania, Russia, and Ukraine), the *number* of children in residential care has declined. But if we exclude Romania, the *percentage* of children in residential care is near static or growing. Romania is an extreme outlier, having decreased from 1165.6 per 100,000 in 2000 to 625.4 in 2006. If we remove Romania from the data and look at the other countries, 991.89 children lived in residential care per 100,000 population in 2000 and in 2006 that number was 1055.69, a regional six percent increase in the children in residential care per 100,000 general population.

In "Family Matters," Richard Carter examined data from Central Eastern Europe (CEE) and the former Soviet Union and reported similar results:

> Over the past 15 years, there has been a small decline (about 13%) in the absolute number of children in institutional care in the region. However, over the same period the child population, like the population overall, has fallen by a slightly higher amount. This means that the proportion of the child population in institutions has actually risen by about three percent. Consequently, the position, far from having improved since the collapse of the communist system, has actually worsened.[17]

Romania, which benefited from consistent and sizable USG help, made significant progress and reduced per capita residential care populations by 46 percent; however, no other country in the region received comparable assistance, and no other country achieved comparable results. This is particularly critical since children who are raised in institutions are at a much higher risk of developmental delays and societal problems.

[17] Carter, Richard, 2005, Family Matters: A Study of Institutional Childcare in Central and Eastern Europe and the Former Soviet Union: London: *EveryChild*. p.1.

Country Reports

Armenia

Population Issues

Armenia's population has been decreasing since 2000. There are currently 3,230,000 people and 929,800 children (0-19).[18] Armenia's population reduction was mainly due to migration, largely to Russia. The main issues confronting children in Armenia are poverty and family disintegration that comes with it. In 2005, 38.3 percent of the 840,000 children below 18 years of age lived in poverty, and approximately 34.4 percent of the population of Armenia was poor or very poor,[19] with higher pockets of poverty and unemployment located in many rural areas.

Current Status of Child Welfare

In 2005, 6,200 children in Armenia lived in residential care and 913 in eight state orphanages.[20] However, the overall number of children attached to institutions, including children in boarding schools, was 11,200. The rate of institutionalization has been rising steadily since the late 1980s. State institutions increasingly house "social orphans" who have one or two living parents but no parental care. Foster care is a new concept in Armenia; in 2006, only 27 children were placed in foster care. The rates of both domestic and international adoption for children between the ages of 0-3 are also low (91.6 and 55.4 children per 1,000,000 population in 2003, respectively).

Other than USAID, the major donor that has been working on child welfare and child protection reform in Armenia is UNICEF, although the EU, World Bank, and other bilateral donors (MSF-France) have also played a role. A large number of NGOs also work in this area.

Description of USAID Activities

The USG goals in this area were to assist the Government of Armenia (GoAM) to decrease persistent, low incomes that are due to job loss or limited earning power, to protect those most vulnerable in households suffering income loss, and to protect those who fall outside the care of traditional family networks.

Prior to 2000, USAID's assistance to Armenia's social sector emphasized direct humanitarian support to alleviate human suffering and widespread poverty. As the humanitarian crisis ended and Armenia's economy stabilized, USAID programs made impressive strides in social insurance, social assistance, social service provision for vulnerable populations, training and employment, and public awareness of the GoAM's social protection systems. USAID's social sector TA focused on sustainable social protection systems and self-reliance. The organization's social sector portfolio includes micro- and macro-level assistance to ensure that vulnerable populations are provided for while social protection systems are introduced, modified, and tested.

Currently, although social assistance programs are in place, only one activity refers specifically to child welfare reform—a continuation of The Children in Especially Difficult Circumstances (CEDC) Program— a Global Development Alliance (GDA) program, implemented by World Vision. A one-year extension of the original GDA focuses specifically on inclusive education. CEDC ensures the protection of children's rights and well-being in residential and institutional facilities and promotes the integration of

[18] National Statistical Service of Armenia, The Demographic Handbook of Armenia, 2008.
[19] National Statistical Service of Armenia, Social Snapshot and Poverty in Armenia, 2006.
[20] Mid-Term Evaluation of the Children in Especially Difficult Circumstances (CEDC) Project.

vulnerable children into mainstream educational facilities and homes in four regions of the country (Gegharkunik, Shirak, Syunik, Tavush) and in Armenia's capital, Yerevan.

Policy and Legal Framework

Armenia ratified the Convention on the Rights of the Child in 1992. A Law of the Republic of Armenia on the Rights of the Child was passed in 1996, and GoAM adopted the "National Plan of Action of the Republic of Armenia for the Protection of the Rights of the Child: 2004-2015" that includes principles, goals, and time frames for achievement of goals in health, social security, education, juvenile justice, and leisure and cultural activities. The country has made progress on the plan especially in re-structuring residential institutions and foster care.

Structure of Services

USAID/Armenia programs focus on poverty alleviation based on effective means-tested targeting of social benefits. Microfinance programs aim to reduce dependency on the system and to build self-reliance of the poor, especially in the rural areas. The NGO training and Resource Center, which includes 469 NGOs, was funded by USAID through Armenian Assembly of America to increase public awareness and advocacy. Especially in the NGO community, the need for a continuum of child welfare services is widely felt.

Human Capacity

Social work education has been available in Armenia since 1996, and a Masters program was created in 2000. The Law on Social Assistance passed in 2005, with subsequent modifications in 2006 defining the role of social workers. NGO programs provide rich opportunities for practice. USAID's Social Protection System Strengthening Project assessed the social assistance legislation and social workers status in Armenia (2008); however, general perception of the social workers' role and poor payment levels portray a relatively low social status for Armenian social workers.[21]

Performance Monitoring

Whether a comprehensive monitoring system for child welfare exists in Armenia is unclear.

Sustainability

Systemic challenges to the sustainability of child welfare system reform efforts remain. Among these, the low salaries and social status of social workers and other child welfare professionals (described above) is associated with the risk of low retention of qualified staff. Many professionals turn to other forms of employment in other sectors of the economy if they can find an alternative.

Another risk is related to "dependency" on donor funding and the lack of involvement of the citizenry in supporting newly-created, community-based models.

[21] Davis, Rebecca and Blake, Allison (2008), Social Work Education and the Practice Environment in Europe & Eurasia. Rutgers University Center for International Social Work, in cooperation with USAID/EE/DGST, JBS International, Aguirre Division.

Azerbaijan

Population Issues

Azerbaijan was at war in Nagorno-Karabakh from February 1988 to May 1994. Nearly one-tenth of the population are refugees or internally displaced persons (IDPs). An estimated 200,000 IDPs are children, and one in four street children are IDPs or refugees. One-third of the population lives in poverty and another third in extreme poverty.

Despite recent economic improvement, communities continue to place children in institutions, and institutions continue to accept children from displaced, poor, or otherwise vulnerable families. Around 22,000 children are hosted in 66 institutions in Azerbaijan.

Current Status of Child Welfare

Local NGOs and international funding organizations began private child-centered programs soon after the collapse of the Soviet Union. Responding to pressure from the European Commission, the Government of Azerbaijan (GoA) adopted the Convention on Rights of the Child and other related human rights conventions. This led to a review of the organic law[22] of Azerbaijan and stimulated an interest in child welfare reform. Following visits by the wife of President Ilham Aliyev to the USAID-funded Save the Children (STC) centers in 2005, the GoA took an interest in operating the centers and replicating them elsewhere.

USAID's Displaced Children and Orphans Fund (DCOF) is a major child welfare donor in Azerbaijan. The European Commission has also become a substantial donor. STC has benefited from a solid private donor group, but the economic downturn threatens private donations. The Haydar Aliyev Foundation is a government-supported foundation that provides some support for child welfare.

Description of USAID Activities

Community-based Child Support Program (CCSP), implemented by STC, began in 2004 as a four-year $2,456,692 program. CCSP is in its third 12-month extension and is scheduled to terminate in 2010. Funding to date is $3.456 million. Working in three locations— Goranboy, Mingechevir, and Shuvalan— CCSP has modeled community-based social services for vulnerable children to prevent family breakdown and admission of children into institutional care.

In 2006, the program created three Children and Family Support Centers (CFSCs) to model community-based social services and stop family breakdown and institutional admissions in Goranboy, Mingechevir, and Shuvalan. Personnel are trained in needs assessment, case management, principles of child development, positive parenting, supporting youth, and community-based rehabilitation. The program's work continues by assisting communities to mobilize resources, identify vulnerable children, and build child-friendly communities.

The CFSCs are being incorporated into a government framework for deinstitutionalization and alternative care for children. Currently, the GoA provides buildings and pays staff salaries in all three centers. Four new centers have been opened in 2008-09, and the GoA is opening five more with STC technical assistance and training.

Accomplishments:

- Trained personnel in three CFSCs. From 2004-2008, the centers served 18,729 vulnerable children and 6,240 families, providing a range of family support services and inclusive child and youth activities.

[22] The 'organic law' of a nation is the body of laws that form the foundation of the government.

- Mobilized community groups and parents' organizations to support the CFSCs.
- Facilitated government funding and management of the centers.
- Participated in the government's National Coordination Council membership, responsible for leading the implementation of the state program on de-institutionalization and alternative care, 2006 to 2010.
- Established a formal partnership with UNICEF to pilot child welfare reforms, case management, and networking methodologies.
- Established the National Child Protection Network, a national advocacy group comprised of international and domestic NGOs.
- Organized the first national conference and NGO fair on children with special needs, in partnership with UNICEF, NGO Alliance, and the State Committee on Women, Children and Family Issues.
- Worked with the Commission on Minors in Goranboy, Mingechevir, and Shuvalan to identify at-risk children and develop community-based support.
- Trained CFSC staff in case management models and services, including Parent Education, Individual Sessions, Community-based Rehabilitation for Disabled Children, and Life Skills training for emancipating children.

Country Progress: Policy and Legal Framework

GoA's goal is to complete deinstitutionalization by 2015. Azerbaijan has a highly centralized system, but the linking points between the center and the field are weak. The government issued a number of decrees and laws, including a Family Code to regulate child welfare, but in their application these decrees and laws are not integrated with one another. Multiple ministries and agencies are involved in the child welfare system: Education, Health, Local Government, Labor & Social Protection, Police, and Youth & Sport. Interagency referrals have been unreliable.

The Child Protection Network (CPN) of NGOs, international NGOs (including STC), and government officials, have recently made a set of policy/legislative recommendations to GoA to develop a de-centralized child protection mechanism integrated within local authorities, monitored by an independent central body, and coordinated centrally.

Country Progress: Structure of Services

CCSP staff have prepared and published the Family Support Manual, the first printed case management handbook in the Azeri language on the subject of social work to support children who experience violence and neglect. The standards in the manual are used in the CFSCs that are funded and managed by GoA.

Country Progress: Human Capacity

No system to train or license social workers exists in Azerbaijan. CFSCs and other child protection programs have trained staff and developed an agreed curriculum. CFSC staff and the staff of other pilot centers have been trained on the Family Support Manual and a broader child welfare curriculum including Parent Education, Individual Sessions, Community-based Rehabilitation for Disabled Children, and Life Skills training for emancipating children. As the CFSCs are replicated in nine new locations, staff for the new CFSCs are trained. Note that even with the new locations, the CFSC centers and programs will exist in only 12 of the country's 76 districts.

Country Progress: Performance Measures

No comprehensive method to track vulnerable Azerbaijan children is in place. The Ministry of Education keeps a list of special needs children. The Ministry of Health maintains a separate list. Local governments track families living in poverty. The proposed Child Protection mechanism will require a standard case management record and list of children/families who receive services.

Sustainability

The GoA has committed to deinstitutionalization by 2015 and has embraced the CFSCs and the CFSC programs. What political will supports this commitment is unclear. In recent experience in Azerbaijan, displaced children, street children, and war orphans immediately refill institutional beds that are emptied.

Belarus

Population Issues

Over the past ten years, Belarus has seen a decrease in the general population and in the child population. In 1989, the population was 10,152,000, decreasing to 9,714,000 in 2007. The child population shrank from 2,777,000 in 1989 to 1,869,000 in 2007. As of 2006, there was a slight decrease in the children in residential care per 100,000 population.

Current Status of Child Welfare

In 2006, the Government of Belarus (GoB) passed laws and edicts making it a priority to place children in family-based care. These measures provided a significant impetus to the USAID project, as oblast authorities, trying to adhere to the GoB edicts without the funding that the mandates required, sought the project's services.

The system of child welfare during soviet times consisted of state run orphanages. It has expanded to include family type placements, family foster homes, and kinship type placements. Social Pedagogical Centers, which exist in about 50 percent of districts, are the backbone of the social service system. Departments of Education in each city, town, or district house units of child protection and custody that coordinate child protection and children's placement issues within their geographic locations. Approximately 155 socio-pedagogical centers investigate child maltreatment, and about 190 shelters accommodate children removed from their families.

The economic situation in Belarus is tightening. The exchange rate has been reduced with a concomitant reduction in purchasing power. Budget cutbacks are expected.

UNICEF, SIDA, and many foreign and local NGOs work in Belarus. Domestic businesses are discouraged from donating to NGOs by a required "registration" of which many businesses are wary. Businesses commonly give currency to NGOs in unofficial capacities.

Description of USAID Activities

USAID's DCOF funded the Christian Children's Fund (CCF) to implement the Supporting Orphans and Vulnerable Children (SOVC) program, a four-year activity (2005-2009). It is the only child welfare project that has been funded by the USG in Belarus. It began with $1,397,685 and with skepticism about what might be accomplished. The project formed strong connections with the MoE and developed pilots, community boards, parent support groups, and monitoring systems, and it is influencing national legislation.

SOVC is aimed at reducing the number of children in state-administered orphanages and boarding schools. The goals are to prevent institutionalization in selected communities by supporting at-home family care and by moving children into less restrictive environments when circumstances necessitate removal from their family home. The project targets "social orphans," i.e., the children of living parents who are unable to provide proper care or who have been denied parental rights. Activities focus on providing supportive services to families who work with social service professionals to maintain and reintegrate children within their original family unit. The project activities use and build on the Social Pedagogical Centers to provide services to families.

The main objectives are: to further develop and improve access to an integrated system of community-based prevention and rehabilitation services; to improve the training and education available to social service providers and to improve awareness of community members about the development of favorable family environments for children; to provide technical assistance to the Belarus Ministry of Education (MOE) on regulation; to strengthen the national regulatory and methodological base; and to

disseminate key leanings of the project throughout Belarus to build a foundation for replication and sustainability.[23]

Country Progress: Policy and Legal Framework

In President Lukashenko's January 31, 2008 address to the Council of Ministries, he sought to provide gradual transference of children and orphans from boarding schools and children's houses to family type homes by 2015.

These policies reflect current international thinking on child protection and child welfare. However, they are unfunded mandates directed to untrained bureaucrats. People in the territories espouse presidential directives because they must; yet they may be unable to implement them because of a lack of funds, human resources, or both.[24]

A negative incentive within the budgeting process discourages community-based and family care. The state budget provides funds for residential institutions. Salaries for foster parents must be provided locally. In spite of this, where local governments are convinced that family care is beneficial, they are paying these salaries, and the use of foster care has increased.

Country Progress: Structure of Services

Thirty-six new prevention and rehabilitation services have been developed and incorporated into a community child protection system with small grants through USAID and other donor efforts. The MoE solicited and adopted Standards for the Investigation of Child Abuse and Neglect. Public awareness of the problems of at-risk children has been heightened through campaigns, but anecdotal information suggests that the public is ambivalent. The citizenry cannot easily abandon principles accepted in the past for new assertions that large institutions are detrimental to the growth and development of children.

Nevertheless, extensive public awareness campaigns on child abuse and neglect have resulted in an increase in reports and complaints about child maltreatment, indicating that the public is more aware of child welfare issues. Following a public awareness campaign on family-type care, an increase in requests for fostering and adoption demonstrates the positive effects of such campaigns.[25] Currently, the GoB supports "family type" placements, which revamp institutions into smaller units of living space. These construction changes are costly and may still not produce the living situations that children need.

Country Progress: Human Capacity

The SOVC trained as many as 800 specialists, representing over 150 child welfare community organizations, in the conduct of proper child abuse and neglect investigation and in the methodology of case management.[26]

Country Progress: Performance Measures

The MoE has a data system to track the numbers of children in different services, but it is not always reliable and contains little information about quality of services. The MoE has expressed interest in improving the tracking system.

[23] Midterm Assessment and Recommendations, Christian Children's Fund Belarus, 2006.
[24] Mid-Term Assessments and Recommendations, Christian Children's Fund Belarus, 2006.
[25] CCF OVC Annual Report, 30 October 2008, p. 2.
[26] CCF OVC Annual Report, 30 October 2008, p. 2.

USAID projects are spearheading an effort to develop an NGO network database on disadvantaged families and children at risk. Special equipment was purchased to maintain the network, and the software is under development.

Costs

No official estimation of the costs of keeping a child in an institution is available, but according to data from the MoE, the cost is around 1800 USD per month versus approximately 200 USD per month in foster care. Mission staff reports that the cost of a traditional institution is approximately $1650/year per child. In a family type institution (large institution divided into smaller units), the cost is about $930.

Sustainability

The driving force for child welfare programming in Belarus moves from the community to NGOs to local government to central government. The government might claim to be the driving force, and certainly government approval brings a frenzy of activity, but the energy comes from the grassroots level. The government can negatively influence program sustainability; when the relationship between the GoB and United States is tense, for example, the regional authorities reflexively pull away from US programming, causing a temporary hiatus in the reform of child welfare.

Many of the USAID-funded project activities are inherently sustainable because they involve activities such as training, which require no additional funds after the original investment. Community Boards and development of standards for services are also sustainable activities that, once created, continue to produce positive results without additional outlay of funds.

Bosnia and Herzegovina

Population Issues

According to World Bank data, the population of the Bosnia and Herzegovina Federation (BiH) was 3.8 million in 2000. The Agency for Statistics of Bosnia and Herzegovina published a negative natural population growth of 1,209 people in 2007, bringing the total population number to 3,842 thousands.

Current Child Welfare Status

The number of children without parental care in BiH increased as a result of the war in the 1990s. International attention to human rights issues and child protection provided a driver for the development and introduction of new models of social work, child protection and care, alternative forms of care such as foster care, and professional standards.

Acording to the Agency for Statistics of BiH, there were 3,151 children living in 19 institutions in 2005. The number of children in institutions increased every year between 2000 and 2005, with the most notable increase in the number of children with both parents living (from 22.74% to 29.26% of the total institutional population). Reasons for placement in residential care include dysfunctional families or family breakdown, poverty, and child neglect and/or abuse.[27]

Data related to children without parental care for the period 2000-2005[28] showed a 44.5 percent decrease of children placed in foster families, with an increase of 14 percent of institutionalized children.

Foster care relies on kinship care. Estimates indicate that more than 95 percent, and in some areas of the country up to 99 percent, of foster families are extended families. Institutional placement is favored even in areas where the foster care model has been promoted and developed. In 2007 in Tuzla Canton (TC), 35 children were placed in institutions—a 15.6 percent increase—including multiple children less than three years old, forgoing placement in the 30 immediately available foster families. This demonstrates that making foster care services available is not enough to change the routine in the state decision-making practice of child institutionalization.

According to the Final Project Performance Report of the USAID-funded Promotion and Development of Alternative Forms of Care for Children Deprived of Parental Care in Bosnia and Herzegovina project, the pace of reform varies throughout the country. The international community is influential, but its approaches have been fragmented for a long time, and they differ in type and volume. Contemporary child-focused initiatives have been developed by different local and international organizations; however, those initiatives are rarely integrated into the child welfare system.[29]

Description of USAID Activities

Since the signing of the Dayton Peace Accords, USAID has spent over $1 billion to help rebuild Bosnia. However, child welfare reform was never among the funding priorities. The last USAID child welfare reform project, Promotion and Development of Alternative Forms of Care for Children Deprived of Parental Care in Bosnia and Herzegovina, with a budget of $1,413,985, was implemented by STC UK between July 2, 2004 and October 31, 2008.

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[27] Agency for Statistics of Bosnia and Herzegovina (2006), 'System, in support of children without parental care in Bosnia and Herzegovina'. Sarajevo: Agency for Statistics of Bosnia and Herzegovina.
Country Analytical Report prepared for the MONEE Project, UNICEF IRC.
[28] BHAS, Social Welfare in 2005, December 2006.
[29] Promotion and Development of Alternative Forms of Care for Children Deprived of Parental Care in Bosnia and Herzegovina. Final Project Performance Report, Project Period: July 2, 2004-October 31, 2008.

STC UK has been in BiH since 1996, focusing on the rights of children in two thematic areas: child protection and inclusive education. Key activities have included (i) strengthening systems of alternatives to institutional care, (ii) strengthening the juvenile justice system, (iii) developing and implementing quality standards in planning and monitoring of child protection services by Centers for Social Work.

The USAID-funded STC UK activities started in TC and extended to three other regions in the country (Zenica-Doboj Canton, Herzegovina-Neretva Canton, Brčko District and Una-Sana Canton). The project also informed national level policy and legislative framework development.

Results summarized in the Final Project Performance Report include the development of foster care in TC in partnership with the TC Ministry of Labor and Social Policy, Centers for Social Work, and the TC Foster Parents' Association. Significant interest was generated in this initiative among policy makers, professionals, and other agencies across BiH, who were interested in the development of public relations and advocacy materials. Other results include the following:

- The creation of technical resources: a standard training package for foster parents, publication of the trainers' manual, and assessment of the foster family's guide for professionals.
- Strengthened and standardized social protection services through the development, publishing, and piloting of standardized professional instruments for use by Centers for Social Work in BiH for social and child protection beneficiaries (currently in use in more than 40% of BiH Centers for Social Work).
- The drafting of uniform foster care standards for Bosnia and Herzegovina (not yet implemented).[30]
- Creation of the BiH Foster Care Association Network, the first of its kind in the region.
- Development and piloting of municipal action plans in three project locations (Doboj, Mostar, and Zenica) to support community-based child protection services.
- Awarding of six NGO grants to pilot community-based services for children and families at risk in partnerships with Centers for Social Work in three locations (Doboj, Mostar, and Zenica).

Country Progress: Policy and Legal Framework

The child protection strategic orientation, as provided by all relevant policy documents of Bosnia and Herzegovina, prioritizes family and community-based care for the most vulnerable children. However, institutional placement is still favored *in practice*. The legislation allows a larger range of family support services, including outreach, psychological counseling, and mediation, but the lack of resources and the bureaucratic overburden and excessive workload makes the implementation impossible. Moreover, entity laws charged local level and cantonal level governments in BiH with implementing social protection services in accordance with their financial capacity. This transfer of responsibility resulted in unequal standards for services and institutions across BiH.

Country Progress: Structure of Services

Social protection of children in Bosnia and Herzegovina is a complex mixture of the pre-war inheritance and weakened capacities of duty bearers conflicting with increasing and changing typology of post-war and transition-related social issues. A strong network of almost 100 Centers for Social Work operate throughout BiH. Centers for Social Work have been the main receivers of TA and reform programs initiated by donors.

[30] Implementation is subject to the adoption of new social protection laws.

A UNDP study described the BiH social welfare system as "incoherent financing mechanisms which, in all parts of the state, have one thing in common—inadequate distribution of funds, with social protection cash transfer system heavily dominated by measures to protect war veterans: transfers to child protection are almost 10 times lower in BiH and almost 6 times lower in the Republika Srpska, compared to transfer payments to war veterans."[31]

Due to an inadequately developed and funded system of family care, placement in residential care occurs throughout the country. Financial investments and support for institutions from both the government and the international organizations are high. Few, if any, early identification and prevention interventions exist in the local community. Lack of alternatives caused over 1,000 children to be placed in residential care every year.

Country Progress: Human Capacity

As early as 1950 in the former Yugoslavia, professional social work was recognized as important for combating social problems. Centers for Social Work were created in most urban municipalities since the early 1960s (Stubbs 2001, Zavirsek 2008). Social work schools were opened at the University of Banja Luka (2000) and at the University of Tuzla (2004).[32] Today, the major threat for human capacity development is the lack of consistent procedures and the overwhelming workload that prevent professionals from implementing best practice principles.

Country Progress: Performance Measures

No consistent data collection and processing system exists at the national level. The World Bank developed a framework for a functional information system for social protection and the Social Sector Technical Assistance Credit (SOTAC) program (2001-2004), and it provided each center with a personal computer and software to create infrastructure for an information system. Professionals lack the technical skills to use this system.

Sustainability

Predicting the sustainability of the results achieved in the social sector reform in Bosnia is difficult. The fact that children continue to be placed in institutions, despite the availability of foster care, raises serious concerns. The lack of national-level data makes the situation difficult to monitor by the international community that is a driving force for reform. The current increase in the number of institutions—part of a trend for the last 10 years—is an indicator that the number of institutionalized children will continue to increase.

[31] Social Inclusion in Bosnia and Herzegovina, National Human Development Report, UNDP, 2007.
[32] Davis, Rebecca (2008), Social Work Education and the Practice Environment in Europe and Eurasia, Rutgers University Center for International Social Work in cooperation with Creative Associates International Inc., USAID/E&E/DGST, JBS International, Aguirre Division.

Georgia

Population Issues

Like the other countries in the region, the general population and child populations are decreasing in Georgia. Anecdotal evidence suggests that the child population in state orphanages has been increasing since the war with Russia in 2008. No UNICEF TransMONEE data is available for the number of children and the percentage of children in residential care. Anecdotal reports estimate that the child population is currently about 1,000,000, the number of children in residential/institutional care is about 2000 and the number is increasing in response to the recent war.

Current Status of Child Welfare

Child Welfare reform in Georgia has a short history (2004 to present). Capacity building has begun as the first universities revitalize their social work programs. Services have been affected by the war and the economic downturn, and the number of children in state care has increased.

UNICEF, USAID, European Union, and the European Commission are donors, along with World Vision and Every Child. The Iavnana Foundation organizes charity celebrity concerts and co-operates with the mobile phone company to buy houses for street children and families in need. They have bought about 10 flats for families since 2005. International oil and banking companies in country also hold promise for a future public-private initiative along with universities, which can contribute to human resource development. Businesses may donate sporadically to social causes, but there are no incentives to encourage public-private partnerships.

Description of USAID Activities

USAID began child welfare activities in 2004 and has provided approximately $4,000,000 thus far.

STC is implementing (1) Supporting Equal Opportunities for People with Disabilities, funded by DCOF and USAID/Georgia, to foster equal opportunities and full participation of people with disabilities in the political, economic, and social realms and (2) Rebuilding Lives, funded by DCOF, to promote the physical, cognitive, emotional, and psychological well-being of children unattended on the streets.

Country Progress: Policy and Legal Framework

The responsibility for child welfare was moved from the Ministry of Education and Science (MoES). Now, all children are centered under the Ministry of Labor Health and Social Affairs. The USAID funded Rebuilding Lives Project worked with MoES to build capacity and now must build the capacity of the Minister of Labor, Health, and Social Affairs (MoLHSA).

Country Progress: Structure of Services

The government has mandated standards through a decree and published tenders for social services that include and mandate standards. Services such as day care, reunification of children with families, and referral to health services have been developed. A case management approach has been developed and is used.

Country Progress: Human Capacity

STC and Technical Aid to the Commonwealth of Independent States (TACIS) developed complementary modules for training social workers for a certificate level of training, and 50 social workers have been trained, 25 of whom the government has hired as trainers. A new university graduate program will soon graduate the first class of 35 social workers.

Country Progress: Performance Monitoring

MoLHSA has assumed the system of data collection that belonged to MoES. One objective of the USAID Rebuilding Lives project is to provide technical assistance to the Government of Georgia (GoG) in data collection and policy development. Currently, data are collected, but the Ministries are not skilled in using it to improve quality of services or to develop policy.

Sustainability

In 2004 with the election of Saakashvili, the child welfare situation changed in Georgia. NGOs had been a force for reform, but there had been no GoG actions to support the idea. After 2004, the Interministerial Commission on Child Welfare and De-institutionalization was established to foster standards for alternative services, promote alternative approaches (foster care, adoption, small family homes, etc), prevent new cases, and look toward closure or transition of several childcare institutions.[33]

Sustainability is threatened by the lack of a clear vision of the MoLHSA or a possible change in the political situation. A lack of technical knowledge and understanding of why the projects are needed further undermines sustainability. Many services have closed because of the economic downturn and the move of child welfare to MoLHSA.

[33] Volpi, E and Tarkhan-Maurovi, G. Institute for Policy Studies, Georgia: Development Research Network; 2006 GEO: Evaluation of the Family Support & Foster Care Project and Prevention of Infant Abandonment and De-institutionalisation Project, p.1.

Romania

Population Issues

The Romanian population decreased from 23,211,000 in 1990 to 21,528,000 in 2009. The constant negative birth rate reduced the child population from 6,635,000 in 1990 to 4,207,000 in 2007. A higher percentage of children were born from non marital births—29.0 percent of total live births in 2006 compared to 17.0 percent in 1993.

Current Status of Child Welfare

Romania's horrific children's orphanages became the symbol of one of the gravest humanitarian concerns of the early 1990's. International public opinion placed significant pressure on the Government of Romanian (GoR) to prioritize child welfare reform. Only 15 years later, the country's status changed to a "model in child welfare reform."[34]

As of December, 2008, 20,033 children and young people over 18 lived in state-run institutions.

The reform efforts started in 1993 and the government's main reform objectives were to close the institutions and to create "alternative" child welfare services. Political will of the successive Romanian governments, coupled with donor support and commitment were the main forces driving the reform of the child welfare system. Admission of Romania to the European Union depended on improving the rights and conditions of children, and this requirement provided the necessary political pressure to develop alternative, community-based services for children.

According to UNDP (2008), Romania's robust macro-economic performance accompanied by public administration and justice reforms are starting to show significant results. During the recent years, severe poverty decreased by more than 60 percent, from 10.9 percent in 2002 to 4.1 percent in 2006, although it remains much higher in rural areas (7.1%, as opposed to 1.7% in urban areas, in the year 2006). Child mortality went from 13.9 percent in 2006 to 12 percent in 2007.

Domestic violence, a poverty related indicator, continued to produce a high number of victims (103 deaths in the first 9 months of 2007). A report by Eurostat, the statistics body of the EU, revealed that in Romania the unemployment rate among young people under the age of 25 was 20.7 percent in October 2007, a rate only outpaced by Greece.

Donors in Romania include the European Commission, the European Development Bank, UNICEF, International Labor Organization, other bilateral donors (DFID, Canadian International Development Agency, etc.), and foreign and international organizations.

Description of USAID Activities

USAID played a decisive role in child welfare reform in Romania. Overall funding for child welfare activities over 17 years was $44.7 million. USAID contributed to human capacity and policy development and to the creation of community-based, family-focused child welfare services. In the early 90s, programs focused on humanitarian assistance in the institutions. Pilot child welfare services followed between 1992 and 1996.

In 1996, USAID, in partnership with the GoR, led the creation of a modern child welfare system by bringing donors and government together around the vision of a decentralized, community-based system of services. Legislation that passed in 1997 enabled systemic reform by decentralizing child welfare service funding and decision-making from the national to the county level.

[34] Correll, Lucia, Correll Tim and Predescu, Marius (2006) – USAID and Child Welfare Reform in Romania Challenges, Successes and Legacy – USAID/EE/DGST, JBS International, Aguirre Division, p.1.

Starting in 1998, USAID funded two demonstration projects that implemented a continuum of community-based child welfare services in three target counties of Romania. The two projects—the Child Welfare Project by World Vision and Bethany Christian Services and the Child Welfare and Protection Project by Holt International Children's Services—demonstrated preventive services, piloted family reintegration, created foster care networks (including networks for HIV-positive children), and implemented domestic adoption services in the three pilot counties. World Vision piloted the first local social assistance administration with exceptional results. The US-based training of the county-level child welfare decision makers, administered by World Learning, was one of the most successful USAID training programs.

From 2001 to 2007, the ChildNet program implemented by World Learning rolled out the reform benefitting from the lessons learned and experience gained to date. As a result of this program, the GoR decided in 2001 to create Programs of National Interest (PIN) to support the reform principles. PIN support marked the first funding available to both public structures and NGOs for the creation of alternative services and deinstitutionalization of children.

USAID continued to assist the GoR with policy and procedures for child welfare. It also supported the development of ProChild (an NGO Federation), assisted social workers' associations, and created the first child monitoring system at the national level.

Country Progress: Policy and Legal Framework

The current Romanian child welfare legislation, passed in 2004, is based on the UN Convention on the Rights of the Child and is considered progressive. Implementing regulations were approved almost simultaneously, giving precedence to preventive services, kinship care and guardianship, foster care, and domestic adoption. Child institutionalization is the last resort. No child under two years of age can be placed in an institution unless serious health issues that cannot be addressed in a family-type setting are involved. Funding is provided (and administered by the counties) on a historical basis (number of children in care in the previous year). The national budget continues to support 50 percent of the costs for children without parental care by supplementing county budgets. Inter-country adoption was banned in 2001, and the legislation passed in 2004 made this permanent. Overall, Romania has the necessary legislation and procedures in place to implement a modern, sustainable child welfare system.

The withdrawal of assistance from all major donors (with the notable exception of UNICEF) when Romania acceded to the EU in 2007 was a major setback to the reform. The number of children in institutions continued to decrease, mostly through the graduation of young people from institutions. Accessibility to child welfare services has not expanded, and a lack of investment in local services has stalled development. This raises concerns for the safety of children in biological or foster families. The legislation passed in 2004 "is consistent with the international conventions ratified by Romania, but some of its provisions are hardly put into practice."[35]

Country Progress: Structure of Services

Early efforts to improve living conditions in over 700 large institutions were ineffective and took valuable resources from real reform. Therefore, reform strategy focused on closing large institutions in conjunction with the creation of a continuum of alternative child welfare services.

The Romanian child welfare system was the first system to be decentralized in Romania, followed by administration. All decisions for child welfare services are made by County Directorate for Social Assistance and Child Protection (administrative structures responsible to county government). A

[35] Report of ProChild, the NGO Federation for Children to the UN Committee on the Rights of the Child – Geneva, with reference to the Third Romanian Government Periodic Report for 2003-2007.

continuum of child welfare services at the county level exists, but the decentralization efforts have not consistently reached the local level. Development of local services is uneven throughout the country.

According to official statistics, as of September 2008, 18,135 children and 5,991 young people over 18 years old lived in residential care. 20,719 children were placed in foster care and 21,085 in kinship care. Although many Romanian families are willing to adopt, the number of adoptions in 2007 was 1,294, a reduction of nine percent compared to the 1,421 children adopted in 2006.

The cost per child in the public placement centers and in foster care was made public in 2004. At that time, the cost in public placement centers was 1.3 times higher than the cost in foster care. In 2001, World Vision, under the USAID-funded Child Welfare Project, demonstrated that a very small amount of money—$20 in 2000—would allow a family to maintain their child and avoid institutionalization.

Country Progress: Standards of Services

With USAID support, Romania started to develop standards for services in 2000. By 2007, twenty standards had been legislated by GoR. Currently, the standards for child welfare services are mandatory for accreditation of services. Other social welfare structures are following suit and developing standards for services.

Standards were developed when the services achieved a certain degree of "maturity." The process used in standards development, lead by the ChildNet program (World Learning), contributed to developing human capacity because Romanian child welfare professionals, involved throughout the process, became resident experts. One of the central issues in implementation of standards is the attraction and retention of qualified staff, whose payment and social status are significantly lower than in other sectors of the economy.

Local and national campaigns on child welfare significantly impacted the number of children in institutions in Romania. The EU Pologne, Hongrie Assistance a la Reconstruction Economique (PHARE) programs, with which USAID worked, implemented a year-round campaign entitled "The Children's House Is Not a Home," educating the population on the effects of institutionalization. Other national campaigns targeted domestic violence and violence against children; at the local level, NGOs ran more issue-focused campaigns, such as recruitment of foster or adoptive parents, fundraising, or recruitment of volunteers. The campaigns resulted in a more responsive attitude toward children who were institutionalized. The media became a partner, which resulted in a better-educated and more responsive public.

Country Progress: Human Capacity

Romania re-initiated social work education in 1990. The first post-communist graduates started to work in 1994. Approximately 1,000 social workers graduate every year from public and private facilities. Masters programs are available for social workers, as well as PhD programs in sociology. In 2006, the National Federation of Social Workers created a licensing structure—the National College of Social Workers—to ensure that only qualified social workers work in specialized services.

According to the ProChild report to the UN Committee on the Rights of the Child, Geneva:

> [E]ven if, at county level, GDSCCPs (General Directorate for Social Assistance and Child Protection) have become large structures playing the role of the leading social field employer and possessing a great deal of the trained human resources, almost all of them are facing problems when it comes to providing their services with the right staff in terms of structure, qualification and skills.[36]

[36] Ibid.

Country Progress: Performance Measures

A national data collection system was developed by USAID in cooperation with the National Authority for the Protection of Children's Rights and the World Bank. The system included three modules: on individual children in the child protection system, on staff and on budget. Full usage stopped in 2007, as the new leadership of the National Authority considered there were issues related to the security of the data. The counties returned to manual calculations, with no attempts by the National Authority to resolve the allegated issues.

Sustainability

Donors, NGOs, and public authorities created a critical mass of quality child welfare services at the county level. The reform is sustainable, and there is virtually no risk of returning to the pre-1990 situation. Placement outside the family is only approved after consideration of all factors. Written procedures and regular practices for child welfare services are used. State-of-the-art services by NGOs, although difficult to fund, continue to exist. University training is available to professionals working in the field. Criteria have been established for licensing social workers, psychologists, speech-therapists and other professionals involved in working with children. Over 85,000 children currently receive alternative child welfare services (day care and rehabilitation services, parent education and counseling, foster or kinship care and guardianship, and mother and child residential centers.) Foster parents are licensed after formal training and examination. A legislated case management procedure is in place, drafted with USAID assistance in 2004.

The County Directions for Child Protection continue to administer each county. The model services created are operational, and the philosophy of family-based care has taken root. A reduction in the number of children in institutions continues. The standards for services developed are guiding the service accreditation process.

The NGO federation supported by USAID merged with another child welfare NGO federation but continues in its role. ProChild drafted and presented the Alternative Report to the UN on Romania's compliance with the UNCRC.

At the national level, three examples indicate that despite this progress, Romania is backsliding. First, the PINs that were created in 2001 to fund child welfare service providers to implement the reform were halted in 2007. In 2008, they were available only to public services providers and not to NGOs. Second, the national data gathering system (CMTIS), implemented in 2007, was abandoned for reasons that were never explained and third, in the absence of donors and political pressure, contracting services with NGOs that were initiated prior to 2007 were not finalized.

The economic crisis has already resulted in Directions for Child Protection laying off staff and in GoR freezing all vacant public positions (including child welfare staff). Child Welfare budgets are expected to be reduced as well.

Despite this regression, some advances in child welfare reform are being made. United Way of Romania (UWRo), a local organization accredited by United Way International, is making impressive progress. In 2004, the organization started with a pilot program in Bucharest and raised $40,000. In 2007, the funds raised by UWRo in the Bucharest campaign reached $1.2 million. In 2008, the organization opened two new offices in Cluj and Timisoara.

Other corporations created their own foundations (Vodafone: Dinu Patriciu – Rompetrol) or support corporate social responsibility programs, including programs for social services (e.g., BRD, Unicredit Bank, Provident, A&D Pharma). Interest in social welfare programs, including individual donations and volunteerism, increased in the last years, but it is expected to decrease with the economic downturn.

The public-private partnership grew roots in parts of Romania, with NGOs being funded by state or even by county authorities to deliver services. Many of these partnerships are based on excellent local working relationships encouraged by USAID and the National Authority for the Protection of Children's Rights.

Russian Federation

Population Issues

Russia's population and child population is declining. In 1989, the population was 147,022,000, declining dramatically to 142,221,000 in 2007. The child population decreased from 40,048,000 in 1989 to 27,014,000 in 2007. Despite the population decrease and a slight improvement in child risk factors (such as a decrease in the rate of non-marital births), the percentage of children residing in institutional care has increased.

Current Status of Child Welfare

Even with Russia's recent efforts, over 170,000 orphans and abandoned children, including 34,000 disabled children, reportedly live in 1,657 orphanages. 14,100 children aged 0-4 live in 254 infant homes. Many of the children from infant homes move on to orphanages. In 2007, 122,600 new cases of orphaned and abandoned children emerged. Only about 10,000 children have been returned to their rehabilitated biological families countrywide; 33 percent of these were in USAID/Russia's child welfare reform pilot regions.[37]

A network of social services centers operates in each USAID target region and works with at-risk families. The services are not yet complete and need to expand outreach, obtain and train staff, and apply case management techniques. Administrative policies, clear job descriptions, and guidelines and standards for services need to be developed as well as a system for monitoring and evaluating services.

Description of USAID Activities

The Russian Federation is one of two countries in the region to benefit from major consistent funding for reform. USAID is the biggest donor, spending approximately $31,000,000 across all programming that included a focus on child welfare since 1999. Other donors support complementary smaller-scale child welfare activities. UNICEF, the British Charities Aid Foundation, the EU, Swedish World Childhood Foundation, and the International Labor Organization (ILO) support isolated services or policies in one or more technical areas of child welfare in this country. USAID's Assistance to Russian Orphans (ARO) program was launched in 1999 to develop a comprehensive system of services for vulnerable children and to develop new services and policies at municipal and regional levels. This first iteration was subsequently followed by ARO2 and ARO3. The results of these programs to date include: the development of innovative services (1999-2002); the piloting of model interventions and systems in Khabarovsk, Tomsk, Magadan oblasts, and Irkutsk (2002-2004).[38]

> [T]he ARO2 project implemented a reform model that consists of five levels of program development, which rise from support for innovation on the local level to the replication and institutionalization of best practices on the regional level, and finally to the consolidation of resources and reform on the national level. This leveled approach allocates resources according to the unique needs of each of the regions. It also allows the program to generate ideas locally, but apply them nationally.[39]

[37] USAID Child Welfare background Notes: Alyssa Leggoe June.
[38] USAID Russia Briefer, Vulnerable Children in Russia, June 2008.
[39] Assistance to Russian Orphans 2 Program (ARO2), Russia, Eric Chetwynd, PhD, Christopher Carver, Social Impact, Inc., November 2006.

ARO2 was followed by ARO3, which used the models of the first two programs and rolled out to additional areas of Russia.

With ARO support the governments of Tomsk, Novosibirsk, Altaisky and Khabarovsky Krays, and Tambov oblasts are estabishing an effective regional child welfare system which needs to be disseminated. The quality assurance in disseminating this effective system is viewed by many in the child welfare community as critical to bringing Russia's child welfare services up to international standards

In July 2004, the Displaced Children and Orphans Fund (DCOF) funded the four-year, $1,000,000 Community Support for Street Children Project in St. Petersburg implemented by Doctors of the World USA. The activities strengthened alternatives to institutionalization for orphans and unaccompanied children. The project facilitated community-based assistance to street children and adolescents, mobilized community-based responses to child-related issues, and raised public awareness to create a supportive environment for family-based care for street and at-risk children and adolescents.[40]

The USAID Russia Mission is exploring plans to build on regional-level improvements to institutionalize best practices at the national level.

Country Progress: Policy and Legal Framework

In Russia, responsibility for children belongs to the regional governments, and change and education occur region-by-region as implementers work with local governments. USAID innovations have been carried out in 6 of the 89 administrative districts, but the majority of the country has not benefited from the reforms.

In the oblasts where USAID has worked, legal and policy developments have helped establish an effective child welfare system. The ARO program, for example, introduced systemic abandonment prevention policy through enhanced advocacy and broad policy dialogue at all levels. In Tomsk, virtually all of the policy changes and innovations are in place to reduce child abandonment.[41] The Duma adopted the law and approved a budget to establish a separate child welfare department, the Department of Children's and Family Issues.

In 2005, Tomsk Oblast Duma adopted a decree to increase the number of pilot sites from four to seven and approved the transition from orphanages to foster care agencies. All orphanages must have support services for foster families, and all 15 orphanages have foster family support (recruitment, screening, training and support to families). Legal norms on guardianship have been adopted in Tomsk, Khabarovsk, and Novosibirsk.

With the new Departments of Children's and Family Issues, district-based Social Rehabilitation Service Centers have been established as part of the Tomsk reform. These centers shift the focus from institutionalizing children to providing rehabilitation services for families at risk of abandoning children. All services for children with disabilities have been transferred from the Department of Health to the Department of Children's and Family Issues; this ensures early intervention assistance and assessment of children to expedite placement into guardianship families.[42]

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[40] http://www.usaid.gov/our_work/humanitarian_assistance/the_funds/dcof/russia.html, Community Support for Street Children Project.

[41] Assistance to Russian Orphans 2 Program (ARO2), Russia, Eric Chetwynd, PhD, Christopher Carver, Social Impact, Inc., November 2006.

[42] Assistance to Russian Orphans 3 (ARO3), Interim Report, September 1, 2007-February 29, 2008.

Country Progress: Structure of Services

ARO and its Russian co-implementing partner - the National Foundation for the Prevention of Cruelty to Children (NFPCC) developed and tested standards for early crisis identification and intervention services. These standards have been implemented in Tomsk oblast. Tenders for new projects specify the standards in the proposal requirements.

The following services have been developed in USAID project oblasts:

- abandonment prevention services to children and families at risk, including children with disabilities;
- family rehabilitation, preservation and reunification;
- promotion of family-based care as an alternative to institutionalization; and
- community integration of street youth and orphanage alumni and public awareness and policy development related to abandonment prevention and deinstitutionalization.

In St. Petersburg, Doctors of the World implemented two drop-in centers for street and at-risk children that provide services in a case management framework to approximately 500 clients per year. In January 2007, the organization launched an overnight shelter at its Frunzensky drop-in center—the only center for street children providing low-threshold round-the-clock access to services. Through a mass media campaign, it also developed unified child and family protection standards and raised awareness of the need for foster parents. With local government partners, it jointly implemented projects, transferring operations to government partners after two years. It documented and disseminated its service models in a series of best practice publications.[43]

Country Progress: Human Capacity

Through USAID efforts, social workers throughout Tomsk oblast have been trained in case management practices. A team of regional experts has been created to train staff and provide ongoing supervision. A system of supervision for social workers has been established in Tomsk provided by a team of NGO experts who serve as an oblast-level institute for family issues. A partnership of NFPCC, Alaska and Tomsk Universities, and the regional administration developed a curriculum with practicum for training social workers at pilot sites. A model retraining program for social workers working with street children has been developed in St. Petersburg.

Country Progress: Performance Measures

No comprehensive system of tracking and counting children is in place although regions may have their own systems. Without a national tracking system with clear definitions, discrepancies in figures are not uncommon as one organization or ministry may measure and define differently from others; gathering an accurate picture may not be possible.

Sustainability

About 10 years ago when the population of residential institutions rose by 100 percent in just one year, concerned NGOs became the impetus for child welfare reform. Donors began to plan interventions, the government followed suit, and two years ago, the President began talking about "Child Abandonment."

The USAID-funded reforms in Russia are highly sustainable. The regions made a major investment in reform and have expertise in place. The USAID program provided technical assistance to improve services and promote child welfare reform. Local government bore the costs of the programming,

[43] http://pdf.usaid.gov/pdf_docs/PDACL943.pdf

staffing, and other vital expenses. Training materials were developed, and administrators and staff were trained. Human capacity is long lasting and has a multiplier effect. Standards for child welfare services were developed and tested to ensure quality and consistency. Six standards were developed by USAID funded activities, and these have been institutionalized in Tomsk oblast.[44]

The Fund for Assistance to Children in Difficult Life Situation, a mechanism for government funding of non-governmental organizations, was established by the President of Russia to facilitate reform and reduce the number of children in institutions. Using a think tank of local experts (as well as the NFPCC) to determine the regions and programs to fund, the Fund for Assistance to Children in Difficult Life Situation issues requests for proposals to NGOs and conducts grant competitions in Russian regions for local and regional programs in child welfare. The Fund for Assistance to Children in Difficult Life Situation is young and the competition procedures were finalized only recently with assistance from the World Bank. The first round of grant competitions was announced in the beginning of 2009.

Cost

A Russian study using Tomsk oblast as an example, shows considerable cost savings when transitioning from institutional care to community-based care. The number of abandoned children is projected to decrease, and public cost savings will occur as well. Even with considerable start-up costs, reform expenses are expected to pay off by 2015 or 2016. Subsequently, the costs of child welfare will be 25-30 percent lower than in the baseline scenario. [45]

[44] Analysis of Long Term Impact of Child Welfare Reform in Tomsk Oblast, 2007, Center for Fiscal Policy.
[45] Analysis of Long Term Impact of Child Welfare Reform in Tomsk Oblast, 2007, Center for Fiscal Policy, p.2.

Ukraine

Population Issues

The Ukrainian child population declined by almost one million within three years. In 2008 Ukraine registered a negative population growth of minus 5.3 per thousand. Overall the population decreased in the past 7 years by almost 2,500 thousands, from 48,457 thousands in 2001 (census) to 45,963 thousands as of January 1, 2009 (official statistics). This dramatic reduction will have significant economic effects in the following years if social policies are not adopted to stabilize the demographic figures.

Current Status and Driving Force for Child Welfare Reform in Ukraine

In the last four years, Ukraine developed legislation aimed at reforming child welfare. The driving force for reform was President Victor Yushchenko, who has demonstrated a strong commitment to improving the situation of children since he took office in 2004.

In the early 1990s, about 90,000 children lived in residential care in Ukraine. According to the Ministry of Family, Youth and Sports (MoFYS), currently 103,000 orphans and children are deprived of parental care in Ukraine, a 10 percent increase in the past ten years. As of October 1, 2007, 66,094 children lived in institutions. Every year another 10,000 children enter institutions. Only 10 percent are orphans while the others have at least one parent; the burden of economic transition and the scarcity of social services to support families in crises continue to fuel the institutionalization of children.

USAID is the most important donor in the area of child welfare reform. Other donors include UNICEF, Hope and Homes for Children, SIDA's "Child Well-Being Fund," and Technical Aid to the Commonwealth of Independent States (EU/TACIS).

Description of USAID Activities

USAID initiated programming in Ukraine in 1992. Child welfare assistance began in 2004 with the DCOF-funded Families for Children Program (FCP), implemented by Holt International Children's Services. This USAID-supported program found a fertile environment aided by the 2004 Orange Revolution, the political will of the new President, and reinvigorated public interest for social affairs. The overall positive attitude toward child welfare reform added greatly to the success of this program.

The investment in this five-year program is $3,929,790, with a goal to build a continuum of family-based services for children who are institutionalized or at risk. The continuum of services includes family preservation, domestic adoption, foster care, and family type homes. Programs are tailored to the needs of individual communities, including support to children affected by HIV/AIDS, which has been fully integrated into FCP's approach. The project works in seven localities in five regions: Brovary (Kyiv); Uman, Umansky rayon (Cherkassy); Dnipropetrovsk, Novomoskovsky rayon (Dnipropetrovsk); Gorlivka (Donetsk); and Bilgorod-Dnistrovsky (Odessa). Through the USAID's FCP, 1,763 children and 1,131 families received psycho-social services.

The program objectives include five goals: (1) strengthen commitment of government and NGOs to family preservation, adoption, and foster care/family type homes; (2) improve knowledge, skills, and competencies among child welfare service providers and beneficiaries; (3) shift placement decisions to promote the best interests of a child; (4) increase public awareness and community involvement in child welfare; and (5) increase local capacity to deliver services to HIV-affected families and children.[46]

[46] USAID/Ukraine briefer and Annual Project Review.

Country Progress: Policy and Legal Framework

From systemic legislation to guidelines and methodologies, the national government approved many necessary legislative pieces to create a modern child protection system. In October 2007, the Government of Ukraine (GoU) approved the State Program to Reform the System of Institutional Care for Orphans and Children Deprived of Parental Care. Local governments, who have been exposed to child-centered practice models, are interested in and committed to family-based alternatives for at-risk children.

In January 2009, a new law provides adoptive parents with the same financial incentives as natural parents. According to a survey[47] completed in January 2009, 57 percent of the Ukrainian population believes that adoption is the best placement option for orphans and children deprived of parental care, although only 14 percent of the surveyed group has considered adopting. In 2006, an increasing trend began in the number of adopted children as compared to the previous years. Inter-country adoption is seen as the last resort for children deprived of parental care.

FCP developed child welfare guidelines and methodologies based on international best practice models, which were approved by the MoFYS. The program also designed a pilot foster care program for HIV-infected children and a related training module on care and support for HIV-infected children. It was approved by the MoFYS and incorporated into the state mandatory training program for foster parents.

Country Progress: Structure of Services

Funding of institutions from the national budget is managed by local governments and depends on the number of children placed. This creates an unintended incentive for maintaining or increasing the number of institutionalized children. The high costs for maintaining institutions makes it difficult to also invest in child welfare reform efforts, without external or donor support.

An estimated 182,000 children live in families in crisis. The number of Ukraine's street children is increasing, with an estimated number between 40,000 and 300,000 children living and working in the street. Approximately 30 percent of them could be HIV positive.[48]

Ukraine has a solid tradition of kinship care and guardianship. However, some children in kinship care may also be placed in institutions at times, especially if the kin is an older relative facing social and psychological risks. In November 2008, 6,036 children lived in foster care and family type homes.

Country Progress: Human Capacity

Professional child welfare training has been in place since the early 1990s. Fifty universities now provide BA degrees in social work and social pedagogy, graduating about 1,350 social workers and social pedagogues annually. Despite the numbers, their social status is low.

The USAID program trained a team of 111 national and regional foster care trainers. This team will operate as a master training cadre to roll out enhanced child welfare services. At least 9,890 service providers, decision-makers, parents, children, and media representatives were trained to deliver quality child welfare and child protective services. Eighty-seven foster families were created, and 513 cases of child abandonment were prevented.

[47] Survey made by IPSOS sociological company, at the request of the Ministry for Family, Youth and Sports and with the technical support of USAID's FCP.

[48] Ukraine's 2006 application to GF shows about 115,000 children up to 18 on the street. NGOs estimate that 20% of Kyiv street children and 69% of street children in Odessa were HIV positive.

Sustainability

An August 2006 mid-term evaluation of the FCP noted that local partners in current project sites were ready to accept greater responsibility for management of their service development activities and for long term maintenance and sustainability of child welfare services in their communities. In 2007, with support from the FCP, the GoU announced a 10-year plan to reform state children's institutions. This reform proposes to significantly reduce the number of children in institutional care and to shift placement decisions toward family-based alternatives. The plan is for the child care institutions to be progressively downsized and to evolve into community-based structures that will allow children living in these institutions opportunities to integrate into the local community by attending regular schools, participate in community events, and maintain relationships with their relatives and friends.

The continuum of child welfare services is still embryonic, however, and so are the family preservation programs across the country. Through Holt International Children's Services, pilot and model services have been created in a number of regions with USAID support. Other donors like UNICEF, Hope and Homes for Children, also contributed to this effort. But these services have not yet been able to create a critical mass of educated population able to influence systemic change. Sustainable child welfare reform remains a long-term goal, threatened by the socio-economic complications associated with the closing of institutions and concomitant layoffs, with the lack of funding for alternative child welfare solutions, and with a large number of at-risk or street children who require specialized interventions.

Rinat Akhmetov's Foundation for Development of Ukraine (FDU) is a private fund for social and cultural development. Recently FDU has invested in public education/public awareness campaigns under the Foster Care Promotion and Family Building project initiated on June 1, 2008 with the support of the Inter TV channel, TRK Ukraine Broadcasting Company, and STB TV Channel. Rinat Akhmetov's FDU provides funding for programs on a wide range of issues, from improvement of children's lives to cultural and health initiatives. The project aims to increase awareness and interest in foster care in Ukraine. While this is a limited initiative, it demonstrates that the corporate social responsibility is an area that can be further explored for child welfare reform sustainability in Ukraine.

Performance Measures

Very recently, UNICEF developed the DevInfo, an electronic database to monitor children deprived of parental care. This database will soon be transferred to the MoFYS. The National Plan of Action in the interest of children passed two readings in Verkhovna Rada (Ukrainian Parliament), and a law is going to be passed on Plan implementation. The monitoring of this Plan of Action is based on the DevInfo.

Regional Lessons Learned

Many lessons were gleaned from the eight countries in the study as they reformed their child welfare systems. The overview assessment of eight countries simultaneously through a single prism discloses lessons that may not be apparent if one looks at only one country. The authors have synthesized the following information:

Some of the first things to develop when moving from an institution-based to a community-based system are:

- Public awareness programs to help the population change its belief that the state can raise children better than the family. The lesson learned is that change in the beliefs of a population occurred much more slowly than anticipated. Beliefs that have been sternly inculcated over many years are difficult to change. Reaching rural areas of countries poses problems and delays efforts to bring about universal knowledge of the detriments of institutionalization. Public awareness campaigns are re-educating against the population's strongly held views, and the progress is slow but steady.
- A shared vision is critical to the effectiveness of the interventions. Government and many donors work together for reform, but if they do not share a common vision, their interventions may conflict. Working with all players to develop a common vision and plan of action is essential and allows all participants to contribute to aspects of a coordinated plan for reform.
- Cost-effective successful models are critical. Before they will fund reform, authorities need evidence of the cost-effectiveness of proposed interventions. Too often, donors fund model programs that are too expensive for the government to continue. To be replicable, pilot models must be cost-effective and in line with the country's economic status and provide a visible model that can be replicated.

As countries or communities move to implement a system with community alternatives, another set of issues must be considered:

- The humanitarian attempt to improve the conditions in institutions can have unintended consequences**.** The refurbishment of institutions to a level that is above the living conditions of the general population will work against the goal of deinstitutionalization and will increase the perception that the state can provide better care than the family does. Moreover, such refurbishment will hurt family reunification, as children find it difficult to re-adapt to poor physical family living conditions and the community-at-large comes to resent the perceived preferential treatment.
- The cost of transitioning from the orphanage system to a modern child welfare system was not properly conceived, and the available funds have been insufficient. The outlay of money necessary to run the institutional system while the alternative services are being developed is substantial. Since systems for children are comparatively low in priority when governments are faced with many competing priorities in transitioning countries, the allocated funds are seldom sufficient.
- Determining the best place to intervene with reform is important. If a reform-minded central government is in place, that may be the starting place. In other cases and for most of these eight countries, reform is best begun at the local government level and systemic change goes in a "bottom up" direction. A community-based approach is the best way to introduce innovations and changes. Community support is the building block and can educate local government to embrace social service models**.** The highest political level feels more comfortable if pressure

comes from the field. Central government approval is easier to attain if local government is on board and is fed by grassroots movement for change.

- Leaders with a vision and a will to make things work fuel reform. Pilots should be located where leaders are committed to making the program a success. Success begets success and other communities will want to be included when they see positive results.
- All critical elements of the system—policy, alternative services, human capacity, and standards and performance monitoring—must be developed simultaneously. Failing to develop one of them in a manner that is complementary to the others may cause all of them to fail and discredit the idea of alternative care. Services must be performed according to standards in order to avoid harming children and undermining reform efforts.
- Enthusiasm for rapid child welfare system reform may harm children if the pieces of the system are not in place first. Child welfare reform is still unknown territory for many governments. A hasty large-scale deinstitutionalization before a prevention system and human capacity are in place may lead to a negative situation for children. Government has to be restrained at times to:
    - Prevent unplanned, unfunded mandates; and
    - Plan carefully for the closing of an institution, only after community alternatives are in place to assure that children are not put out on the street.
- Planning and petitioning for budgetary changes should be included in any strategic plan to develop a child welfare system. Budgetary incentives must be planned carefully otherwise the use of institutions may be encouraged rather than discouraged. In the typical budget for the region, national budgets contain allocations for institutions' operating costs, yet local budgets must find funding for alternative services. These discrepancies reinforce the use of institutions instead of family care.
- Training is needed **at many levels.** Assuring the quality of staff prior to or during program implementation is critical. Anecdotal evidence shows that the amount of necessary support is far greater than project implementers expect, and extensive training and technical assistance (TA) is needed as new activities are implemented.
- The institutions (buildings) themselves represent community assets, patronage jobs, spending centers, and political importance. Any attempt to move from institutions to alternative care must consider the following:
    - The economics of a community are tied to the institutions and any plan to close institutions must deal with economic issues such as employment and physical plant. Other employment options must be developed for the staff. Without such planning, reform can raise resistance as staff see their livelihoods being eliminated.
    - After the alternatives are in place, the institutions should be closed or designated for another use. If residential institutions are available, the communities and authorities fill them with children. The more institutions are created, the more children are institutionalized.

Finally:

- A child tracking system must be developed. Assessing the status and well being of children in the eight countries is still difficult, if not impossible. Several governmental entities count various data fields, and none of the countries in this report have devised a method to coordinate the data from different ministries. Definitions differ; children are double counted; numbers may be manipulated if the budget is based on the numbers in care. Until a child tracking system is in

place, measuring true improvement in the status of children or the need for further assistance in this region will be difficult.

- A critical mass of reformed services is necessary to ensure sustainability of countrywide reform. The reform must be tried and successful in several areas of the country to reach the "tipping point" that brings the rest of the country on board.
- The Europe and Eurasia region is one of educated and proud people. They respond favorably when donors recognize their competence by using their citizens as project leaders.

Conclusions

The eight countries in this report progressed through similar stages and encountered comparable barriers. The common experience is striking and transferable. Some countries benefitted from the experience of neighboring countries, but in too many cases each country discovered problems through mistaken reforms and reinvented solutions that could have been learned from the experience of others. Each country has best practice models. Some of them developed standards for services and created a wealth of training materials for different cohorts. Many have begun the process of replication and are looking to the state to adopt programs, pass child welfare legislation, and adopt service standards.

Child Welfare Funding in the E&E Region Should Be Continued

The countries in this report are on the path to child welfare systemic reform and would greatly benefit from an additional time period and extended funding of the programs they have begun so well. The rationales for continued funding are many and were voiced by those working in the countries studied for this report.

I. The region cannot afford the continuing social and economic costs of industrial childcare.

A. The decline in E&E populations requires an investment in socialized capable youth.

The human and economic costs of non-reform are considerable. Declining and aging regional populations raise concern for long-term economic stability. At the beginning of the transition, in 1990, the population of the eight countries was 254,033,000. By 2007, according to the UNICEF TransMONEE database, there were only 240,997,000 people in the region, a reduction of over 13 million. *The most dramatic decrease, however, is in the number of children -- from over 70 million to less than 47 million – a reduction by over 23 million.* Investing in the young generation is critical to the continuation of the economic, democratic and social reform of the region. Construction of modern, sound social systems can maximize the value of each person's contribution. Ensuring the psychosocial health, education, and training of children allows them to contribute to the labor market and a prosperous society. Raising generations of institutionalized children that will not have the capacity to integrate into the social and economic structures of the country will be a significant burden to a population that is already in decline.

B. Institutionalization has been proven to damage children.

The Bucharest Early Intervention Project, the most in-depth study ever conducted on an institutionalized child population, demonstrates that children in institutions, contrasted with children in families, exhibit serious developmental issues: physical growth failures (stunting), disturbances of attachment (Reactive Attachment Disorders), and significant deficits in IQ. The study argues that early institutionalization and deprivation are most detrimental and that no child under three years of age should be placed in an institution.

Unstable youth emancipated from orphanages are volatile with higher rates of imprisonment, unemployment and infectious diseases. Oftentimes these children lack life skills. They do not know how to find work, budget money, pay rent, buy clothing and food, or prepare food. If not properly prepared and protected, a large number of children may end up on the streets where they are easily

neglected and exploited; they face significant risks associated with HIV/AIDS, criminality and trafficking. [49] Any of these factors has the potential to destabilize population and economy.

USAID should strive to convince all the governments in the region to ban institutionalization of children under the age of three. USAID is in the best position to promote a model of child welfare that is less detrimental to the children both for humanitarian reasons and for the economic future of these countries whose child population has already been institutionalized in detrimental conditions for too long.

C. Residential institutions are more costly than community-based alternatives.

Deinstitutionalization occurs in a rapidly changing economic environment which makes it difficult to track. A Russian study showed considerable cost savings after transition from institutional care to community-based care. Even with considerable initial capital outlays, reform efforts will pay off by 2015 or 2016. [50] Subsequently, the costs of child welfare will be 25 to 30 percent lower than in the baseline scenario. All eight countries should expect similar savings.

II. De-institutionalization has not been achieved.

A. The institutional model of care continues to be used and accepted in much of the region.

The time and effort to bring lasting change to the E&E region has been greater than expected. Because this region had infrastructure in place, it was believed that transition to a society with democratic institutions could be achieved relatively quickly. The surprise was the sustained pressure needed to bring change and build community. The policies of communist regimes were sternly inculcated into the population for periods of 50 to 70 years. The roots of institutions are very deep in these societies. Creation of alternative, community-based services is complicated by the lack of human resources, a shared cultural model of state care, ignorance of the effects of institutionalization and unintended budgetary incentives that favor institutions over alternative forms of care. This situation is not quickly changed.

Bureaucrats continue to think of orphanages as economies of scale and as an efficient way to care for large numbers of children. Poor communities and poor families continue to think of state-run institutions as alternative providers of shelter, food, and clothing when family resources are short. These thought patterns became well-established over the life of the communist states.

It is not an easy matter to bring community-based services to a community in which child institutions have become entrenched and the short-term costs of transition—which require continued operation of existing institutions while community-based services go through their start-up phases—may be daunting to budget officials faced with falling revenues and growing poverty, but in the face of the economic downturn, it is important that the host countries keep longer term cost benefits in sight.

B. In seven of these eight countries the rate of institutionalization has increased, and the movement toward reform is not sustainable without further assistance.

Each of these eight countries is on the path to reform child welfare, but in seven of them deinstitutionalization has not achieved sustainability. Per capita residential placements have increased or remained constant in these countries. If we remove Romania from the data, between 2000 and 2006 the children in residential care per 100,000 population in the other seven countries ***increased*** from

[49] Carter, Richard, Family matters: a study of institutional childcare in Central and Eastern Europe and the former Soviet Union: London: *EveryChild,* 2005, 2.

[50] Analysis of Long Term Impact of Child Welfare Reform in Tomsk Oblast, 2007, Center for Fiscal Policy. Works under the auspices of the Ministries for Economics and Finances and with World Bank.

991.89 to 1055.69, a six percent proportional increase in the children in residential care per 100,000 population.

With sufficient money and time, lasting and meaningful results will be obtained. Romania, which benefited from consistent and sizable USG help, made significant progress, and the number of children in residential care per 100,000 population ***decreased*** from 1165.6 to 625.4, a nearly 45 percent decrease. No other country in the region has received comparable assistance, but the success in Romania, though still incomplete, shows what can be accomplished.

C. Governments and society at large are only partially persuaded of the need for reform.

After a period of suspicion and distrust, and of competing priorities in their mandates, authorities who were exposed to USAID pilot programs realized that child protection is important to their communities and that alternative care is better for children. But this attitude is not shared everywhere. Demonstration programs implemented by USAID and other donors continue to build these attitudes and the successes will continue to fuel public support for community-based forms of care. Embryonic forms of community and corporate support are present in most of the countries, and although they are still not strong enough to sustain the momentum, they are a good indicator that societies are giving up the old model of care and starting to realize that investment in social capital is a valuable long-term investment.

III. Unless there is a continued USAID presence and pressure, existing gains will be lost.

A. Reforms that have been achieved are not sustainable without further support.

In most of the eight countries the basis for systemic reform has been created, but sustainability is still weak. International pressure to close institutions resulted in updated legislation, but in most cases, it has not been implemented, and it lacks budgetary allocation. In principle, the legislation favors community care; social work education is becoming available; local governments are starting to invest in child welfare; local NGOs are being created (some receive state or corporate support), but nationwide reforms have not been rolled out.

Reform efforts in E&E target countries prove that sustainable reform cannot be achieved by changing the situation in only a few regions. Models must be made public and shared with as many decision-makers as possible. Local leadership can bring about local reforms, but to achieve widespread change those results must be shared with reform-minded regional and national leaders. Moreover, the reforms that have been made are fragile. They have not yet been absorbed into the popular culture, and minor changes in the political or economic environment will likely increase the numbers of citizens seeking child placements in state institutions. States lack the alternatives to protect children at risk if families deteriorate due to a new crisis in the economy.

Romania required ten years (1990 – 2000) to roll out alternatives to institutions at the national level. But once the momentum was created, it took only five to seven more years for the fundamental nature of the reforms to be irreversible. We do not fear that Romania will return any time soon to the use of residential childcare institutions. We cannot speak with equal confidence of the other countries in the study. In seven of these countries reforms have not achieved critical mass; they have not passed the tipping point.

Mission and project staff in the seven countries reports that they do not have sufficient personnel to assure continuity. But they do have momentum, and relatively minor funding and pressure will keep services operating. Continued operations will give other communities the opportunity to observe and to eventually add critical mass.

USAID, which was a champion of reforms and has already invested in improving the child welfare systems, should strive to continue to support the investment in the youngest generation in the region. USAID is in the best position to build an understanding that the sustainability of the economic and democratic transition of these countries depend to a large extent on their investments in social and human capital.

B. Continued external and domestic public pressure for reform is necessary to prevent backsliding.

Considered a model of successful child welfare reform, Romania is also an example of the need for funds and pressure on the government from donors and international organizations in order for reforms to succeed. By 2007 institutional alternatives were well established throughout Romania, and local and central governments were on board when the international advocates for change withdrew.

Nonetheless, as a result of USAID's withdrawal, external funding was dropped, and local NGO advocates were left without resources to continue to push for reform. Without popular citizen-based support, the reforms slid backward. Romania's model Performance and Monitoring system is being abandoned, leaving the public, the government, and USAID without a clear sense of the status of children in the country (and resulting in both central and local governments reprogramming child welfare funding without proper accountability.) If, when USAID Romania closed, child welfare reforms had not been widely implemented throughout the country, and if new routines had not been in place, the chances of deinstitutionalization in that country would have been seriously jeopardized.

Without the continued pressure of NGOs and international funders, nascent reforms are not sustainable. Donors function best as providers of pressure for reform. Remaining in country as forces for change, they help reform to progress. This development can be accomplished without massive resources (although more is better than less). A continuing donor presence reminds governments of the need to care for their most vulnerable citizens.

C. Costs to complete reforms are small compared to the costs of failed reforms.

The costs to sustain momentum are small compared to the costs of failed reforms. Large amounts have been spent on child welfare reform in E&E. The development of models, training materials, standards, and public awareness campaigns are well under way. Donors or state and local governments contribute to the work that USAID started. Funding required to continue the process is minor compared to what has been spent, but it is essential to avoid the erosion of the gains of the past 20 years. Comments from USAID/Russia are typical of all countries in the study:

> A slight increase in funding in the social services area would allow the Mission to respond to the increasing requests from regional governments for programming in this sector. The major work has been done of establishing relationships, developing service models and curricula. Now it takes a small amount of funding for technical assistance to roll out the things that have been laboriously created.[51]

The current economic crisis is affecting all of the eight countries in our assessment. In most cases, governments are planning cutbacks in spending. It is very likely that the budgets of child welfare services, even funds to institutions, will be among the most affected by the cutbacks. Child welfare reforms will be competing with new priorities (including maintenance of reasonable conditions in the institutions that have not closed). Private donations are drying up, and international businesses are becoming cautious. As these countries go through economic slowdowns, it is critical that they adopt the cost saving measures that community-based services can provide.

[51] Telephone conversation between Lucia Correll and Olga Kulikova, Feb 4, 2009.

Non-orphan children who live in institutions are usually from poor families. This population will be the most exposed in the event of an economic crisis. Without adequate abandonment prevention and family support services in place, poverty-stricken families will increase the pressure for child institutionalization. Where a supportive regime is in place, child welfare could continue to progress. However, if, as is likely, shortsighted cost-cutting measures are applied to child welfare programs, all of the reform progress made in these countries (with the exception, perhaps, of Romania) will be lost.

D. Child welfare reform programs are among the most successful democracy-building programs USAID has ever put into the field.

In times of crisis, even robust democracies are challenged. In an extended recession or global depression, countries without well-established civil societies may be tempted by the extremes of populism, nativism and statism. Their embrace of child welfare, democracy, and capitalism will be at risk. During this time, USAID support for child welfare can foster robust democratic social values. Host governments, central and local, are eager to see child welfare reform. And citizens see child welfare reform as an immediate benefit to themselves and to their communities.

In communities where child welfare reforms have been instituted, community activism starts with parents and bureaucrats joining in a dialogue and it rapidly progresses to constituent-driven, issue-driven reform. No program does more to develop grassroots democracy.

E. Success with E&E child welfare reform is essential to successful PEPFAR child welfare reform.

It is crucial that USAID have successful demonstrations in these eight countries in order to support child welfare reforms elsewhere. If we expect our advice and counsel to be trusted in new ventures, we must demonstrate success in completed reform efforts.

The eight countries in this study are obvious models for other countries in the region that may wish to undertake child welfare reforms. These eight are also global models, applicable to Haiti, Cambodia, and African countries struggling with the rising tide of HIV-affected children and orphans in the PEPFAR program. To maintain credibility in a global child welfare reform movement, we must complete what has started in E&E. Successful E&E reforms may provide critical information to help ensure successful reforms in the PEPFAR countries.

Measurable Markers of Success

The USAID contribution resulted in important steps toward the reform in all countries, but critical sustainability components are not yet in place in seven of the assessed countries. Funding to date created a strong basis for reforms, and momentum for achieving sustainability. While the time and efforts these reforms required may seem discouraging without an indication that the system is evolving in the right direction, there are markers for progress toward a sustainably modernized child welfare system. The following elements are helpful indicators to determine if child welfare reform has become irreversible:

1. **Modern legislation implemented** – Legislation, although passed (in many cases with considerable efforts) is likely to be part of the organic law. Before it can be implemented, the host country must follow up with the nuts and bolts of how the agents and actors will interact, be funded, etc. Principles of sound child welfare practices are included in the newly-passed laws in all of the countries included in this report, but in many cases it is still not certain that the rain has reached the ground. USAID is in the best position to bring all players to the table and to persuade governments to fulfill their mandate.

2. **Resource allocation mechanisms that favor community-based services** – if not in place, the embryonic reforms may slide back easily; despite all promising statements or legislation, funding guides the system development. As long as national funding will continue to be allocated for institutions, empoverished communities will use them. Until there is funding in place for community-based services, they will not be in place—or used.
3. **Critical mass of community-based services** – families in crises need support for protecting their children. If the support is not available in the community, through community-based services, they will resort to institutions and increase the pressure for maintaining them. Services must be scaled-up and available to children in a significant proportion before the pressure to maintain institutions can be visibly reduced.
4. **Human resources in place** – reforms need to continue after countries graduate from USAID assistance. This can only be achieved by educated, well-paid child welfare staff. Investing in the training and retention of staff creates the foundation for current and future development.
5. **Strong citizen base** –public awareness campaigns need to inform populations on the detrimental effects of institutionalization; citizens must be engaged in the planning and execution of community-based child welfare programs.
6. **Strong local NGOs** – will ensure that pressure will continue to be present in the countries when donors leave. The NGOs have a double function – as service providers and advocates for the rights of the children. Neither of these functions can be absent.
7. **A new routine for dealing with children of impoverished families** – it is not enough to pass legislation and procedures. Decision makers and child welfare staff need to learn a new habit pattern for protecting children. This takes some time after the legislation has passed and procedures have begun to be implemented.
8. **Monitoring mechanisms** – the reform results must be visible and its effects must be carefully monitored.
9. **Private funding streams** – corporate and community support for child welfare must be educated and leveraged to achieve sustainable funding of local NGOs.

Suggested Activities

The following ideas require relatively small amounts of money and yield a large return on the investment; they can leverage other funding, either from new donors or from previous USAID contributions.

Best Models Blueprints. Each program reviewed for this paper has its best practices candidate, many of them clearly effective. However, independent reviewers using objective categories and criteria should determine best practices. The ChildNet Program in Romania held best practices competitions where panels of experts chosen from the program implementers selected best practice models. These models were then publicized at conferences, and funds were provided to allow other interested parties to make site visits and to see the models in action.

USAID could undertake a best practices study of child welfare in the region. Once best models have been identified, blue prints can be developed to help with implementation. Site visits can be provided.

Center for Study of Best Practices. Each of the countries in this study is developing standards, curricula, and reports. A physical or virtual collection of relevant materials such as reports, films, PowerPoint presentations, and conference proceedings that would be accessible to the region would

make these investments more cost-effective and would support a quicker pace of the reforms. Sites for this "Center" already exist in the Better Care Network or the USAID Library. Small amounts of funding to provide the means for people to visit a program they wish to implement or to provide TA from a successful implementer to a new implementer would be funding well spent. This idea would work well in conjunction with the determination of best practices; when a model is determined to be effective, funds would be available for TA to roll it out.

Study Tours. Program implementers have found it valuable to bring government officials and NGOs to visit and observe best practices in use. In Romania, for example, county directors who went on study tours and had the political will found they could return home to implement the programs without another dollar of USAID funding. Funding study tours are not cheap, but they are effective. With so many good models available in the region, study tours do not have to be as expensive as they were when implementers traveled to the US to see child welfare models.

Conferences. Coordinating regional meetings to discuss common problems and share best practices is a proven measure for arriving at best solutions.

Community-based Private Fund Raising. Funds are available from the growing corporate and commercial interests in the region looking for a way to contribute to their communities. Many international corporations have policies that mandate contributions to their communities, but they don't have the knowledge to determine to whom they should give. A reliable and responsible agency that can identify capable civil society programs and monitor performance is a welcome partner for these multinational donors. And international corporations can lead the way for others by modeling good corporate citizenship.

Under the United Way model, corporate donations augment employees' contributions, and the employees learn citizenship by contributing, by setting priorities, and by directing the expenditure of funds. United Way-type programs not only raise money for child welfare programs, they also develop voter support for child welfare programs in the legislatures.

Micro Credit Projects for Youth. Many of the youth who are emancipating from institutions and state care are disadvantaged. A Web site such as KIVA would leverage funding from donors around the world for youth projects. KIVA is a program which connects people through lending in order to alleviate poverty for women. KIVA showcases real women who need funding to start a business. Usually the amount needed is small- about $100. A lender learns about the individual and the business that he/she wishes to start via the KIVA website. A lender can browse the site, choose someone to lend to and know that they are helping a real person to get on a course leading to independence. If the business is successful and a very high percentage of them are, the lender's funds are repaid and can of course, be reinvested in another person's business. More information can be found at http://www.kiva.org. Something similar could be developed for young people emancipating from institutions or foster care. Such a website allows a lender to sponsor a young adult or child without excessive costs. Small seed money to start this site, coupled with basic business and entrepreneurial training, can develop an interactive path which allows many donors to contribute to the success of youth emancipating from state care.

Appendix I: Acronym List

ANPCA	NATIONAL AGENCY FOR CHILD PROTECTION AND ADOPTION
ARO	AID TO RUSSIAN ORPHANS
BiH	BOSNIA AND HERZEGOVINA
CAB	COMMUNITY ADVISORY BOARD
CBO	COMMUNITY BASED ORGANIZATION
CCF	CHRISTIAN CHILDREN'S FUND
CCSP	COMMUNITY BASED CHILD SUPPORT PROGRAM
CEDC	CHILDREN IN ESPECIALLY DIFFICULT CIRCUMSTANCES PROGRAM
CEB	COUNCIL OF EUROPE DEVELOPMENT BANK
CEE	CENTRAL EASTERN EUROPE
CFSC	CHILDREN AND FAMILY SUPPORT CENTER
CIS	COMMONWEALTH OF INDEPENDENT STATES
CIDA	CANADIAN INTERNATIONAL DEVELOPMENT AGENCY
CMTIS	CHILD MONITORING AND TRACKING INFORMATION SYSTEM
CPN	CHILD PROTECTION NETWORK
CW	CHILD WELFARE
DCOF	DISPLACED CHILDREN AND ORPHANS FUND
DFID	DEPARTMENT FOR INTERNATIONAL DEVELOPMENT (UK)
DPC	DEPARTMENT FOR CHILD PROTECTION (department in charge of child protection: 1997)
E&E	EUROPE AND EURASIA
EU	EUROPEAN UNION
GDA	GLOBAL DEVELOPMENT ALLIANCE
PHARE	POLOGNE, HONGRIE ASSISTANCE A LA RECONSTRUCTION ECONOMIQUE (Originated in July 1989 to support the transition of Poland and Hungary to democracy and to market economies, PHARE is now the main channel of European Commission assistance to countries of Central and Eastern Europe.)
FCP	FAMILIES FOR CHILDREN PROGRAM
FDU	FOUNDATION FOR THE DEVELOPMENT OF UKRAINE
GDP	GROSS DOMESTIC PRODUCT
GO	GOVERNMENT ORDINANCE
GoA	GOVERNMENT OF AZERBAIJAN
GoAM	GOVERNMENT OF ARMENIA

GoB	GOVERNMENT OF BELARUS
GoG	GOVERNMENT OF GEORGIA
GoR	GOVERNMENT OF ROMANIA
GoU	GOVERNMENT OF UKRAINE
HIV	HUMAN IMMUNODEFICIENCY VIRUS
IBRD	INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT
IT	INFORMATION TECHNOLOGY
MoE	MINISTRY OF EDUCATION
MoFYS	MINISTER OF FAMILY YOUTH AND SPORT
MoLHSA	MINISTER OF LABOR HEALTH AND SOCIAL AFFAIRS
MoF	MINISTRY OF FINANCE
NACPA	NATIONAL AUTHORITY FOR CHILD PROTECTION AND ADOPTION (department in charge of child protection and adoption: 2001-2004)
NFPCC	NATIONAL PREVENTION OF CRUELTY TO CHILDREN
NGO	NON GOVERNMENTAL ORGANIZATION
PEPFAR	PRESIDENT'S EMERGENCY PROGRAM FOR AIDS RELIEF
PHARE	EUROPEAN UNION PROGRAM TO ASSIST ACCESSION COUNTRIES
PIN	PROGRAM OF NATIONAL INTEREST
SIDA	SWEDISH INTERNATIONAL DEVELOPMENT COOPERATION AGENCY
STC	SAVE THE CHILDREN
SEED	SOUTH EASTERN EUROPE DEVELOPMENT FUND
SOVC	SUPPORTING ORPHANS AND VULNERABLE CHILDREN
TA	TECHNICAL ASSISTANCE
TACIS	TECHNICAL AID TO THE COMMONWEALTH OF INDEPENDENT STATES (a foreign and technical assistance program of the European Commission to help CIS states in their transition to a democratic market oriented economy.)
TC	TUZLA CANTON
UN	UNITED NATIONS
UNCRC	UN CONVENTION ON THE RIGHTS OF THE CHILD
UNDP	UNITED NATIONS DEVELOPMENT PROGRAM
UNICEF	UNITED NATIONS CHILDREN'S FUND
US	UNITED STATES
USAID	UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT
USG	UNITED STATES GOVERNMENT

Appendix II: Best Practice Models

The following are a group of models designated by the USAID Missions as effective models. For the designation of best practice model to have meaning, the models should be viewed through a set of criteria and categories that allow purposeful comparisons. In this paper, the best practices are determined by anecdotal evidence provided by the Mission staff.

The Child Protection Network (CPN): An affiliation of NGOs, international NGOs, and government officials, has monthly meetings, develops annual strategies, and specifies needs for Child Welfare (CW) development. The CPN sends a letter each year to the government with CW needs. (Azerbaijan)

Foster Care and Adoption: The 14 step model for recruitment and development of foster and adoptive parents significantly decreased the risk of institutionalization for children who were removed from their families for substantiated child maltreatment. Two communities (Chausy and Zhodino) stopped putting their children into institutions (no new admissions); the others significantly decreased institutionalized placements. (Belarus)

A Task Force: The MoE, UNICEF, and other partners and stakeholders meet regularly to discuss and agree upon pertinent issues. Through this process, the MoE requested the Task Group to develop Standards for Investigation of child abuse and neglect. (Belarus)

Multidisciplinary Child Protection Team: A 24-hour multidisciplinary team targets the early detection investigation of child maltreatment and comprehensive treatment of child abuse and neglect. The Team uses tools including a database E&E electronic referral system for tracking reports and 36 prevention and rehabilitation services for child maltreatment. (Belarus)

Community Advisory Boards (CAB): Representatives of local authorities, mass media, and NGOs began a forum to improve family care and to make positive changes in their communities. Kobrin CAB members identified the need and lobbied the local government for a coordinating body on child protection and a socio-pedagogical center. The CAB improved child protection and implemented new initiatives like recruitment and development of foster and adoptive parents. (Belarus)

The Rebuilding Lives Model: Rebuilding Lives is funded by DCOF (USAID/Washington) and expands local capacities to promote the physical, cognitive, emotional, psychological, and social well being of unattended children. The model includes mobile services where peers (youth from the program) reach out to provide services to other homeless youth. It has worked well as the government assumed the original four project sites and funded NGOs to build the model in other parts of the country. The capacity building and case management aspects of this program are two of the most important and potentially affect the whole environment of child welfare. Case plans are individualized, include the family when feasible, and have short and long-term components (see DCOF Website: http://www.usaid.gov/our_work/humanitarian_assistance/the_funds/dcof/georgia.html). (Georgia)

Disability Program: Developmental assistance is provided for disabled orphans and reorganization of 22 baby homes to use this new type of rehabilitation in their everyday functioning. Results include: an average of 20 percent increase in adoptions and family reunifications; 100 percent decrease in the developmental delays in children involved in the program; about 20 percent decrease in the number of children in need of constant medical care. (Russia)

Babushka Model: Home assistants support families with alcohol problems. The Babushkas come three times a week to help clean houses, cook meals, talk to mothers, and play with children. (Russia)

Disabled Youth Help Elders: The NGO hosts a center for children aged 16 to 18 with Down syndrome and cerebral palsy. Tomsk youth, who previously faced institutionalization, are volunteering to help disabled elderly people. This socialization for disabled youth and elderly is successful and now fully funded by the government. (Russia)

Appendix III: Acknowledgements/Contacts List

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The statistics used were largely based on the UNICEF TransMONEE database associated with the UNICEF Innocenti Research Centre's MONEE project. The TransMONEE database captures a vast range of data relevant to the social and economic situation and well-being of children, young people, and women in the countries of Central and Eastern Europe and the Commonwealth of Independent States (CEE). The data, which is updated annually, is a particularly useful tool for governments, civil society organizations, funding institutions, and academia in considering their decisions, policies, program, and agendas.

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Appendix IV: Country Statistics

UNICEF collects data and maintains The TransMONEE Database. Since countries in this report are inconsistent in the manner and type of statistics kept, country-to-country comparisons are only meaningful, using the TransMONEE Database.

Armenia	**2000**	**2005**	**2006**	**2007**
Total Population (in 1000s)	3802	3216	3219	3223
Child Population (0-17) (in 1000s)	1145	885	856	828
% of Children in General Population (0-17)	30.1	27.5	26.6	25.7
Children in Residential Care (in 1000s)	6.0	7.3	8.3	7.6
Children in Residential Placement (per 100,000 population)	545.6	970.0	917.9	NA
NA: Not available				

Azerbaijan	**2000**	**2005**	**2006**	**2007**
Total Population (in 1000s)	8016	8,347	8,436	8,533
Child Population (0-17) (in 1000s)	2961	2,675	2,632	2,593
% of Children in General Population (0-17)	36.9	32.0	31.2	30.4
Children in Residential Care (in 1000s)	22.1	23.3	17.0	NA
Children in Residential Placement (per 100,000 population)	756.0	886.6	655.4	NA
NA: Not available				

Belarus	**2000**	**2005**	**2006**	**2007**
Total Population (in 1000s)	10019	9800	9751	9714
Child Population (0-17) (in 1000s)	2397	2008	1934	1869
% of Children in General Population (0-17)	23.9	20.5	19.8	19.2
Children in Residential Care (in 1000s)	29.8	25.5	24.3	NA
Children in Residential Placement (per 100,000 population)	1279.6	1317.6	1303.1	NA
NA: Not available				

Bosnia and Herzegovina	**2000**	**2005**	**2006**	**2007**
Total Population (in 1000s)	3997	4388	4461	4522
Child Population (0-17) (in 1000s)	942	909	899	887
% of Children in General Population (0-17)	23.6	20.7	20.2	19.6
Children in Residential Care (in 1000s)	1.8	2.2	2.2	NA
Children in Residential Placement (per 100,000 population)	190.0	247.2	253.5	NA

NA: Not available

Georgia	2000	2005	2006	2007
Total Population (in 1000s)	4435	4322	4401	4395
Child Population (0-17) (in 1000s)	1165	1047	1032	1007
% of Children in General Population (0-17)	26.3	24.2	23.5	22.9
Children in Residential Care (in 1000s)	8.0	NA	NA	NA
Children in Placement (per 100,000 population)*	696.0	NA	NA	NA
*Last year for which data is available is 2003: 761.6 NA: Not available				

Romania	2000	2005	2006	2007
Total Population (in 1000s)	22,455	21,659	21,610	21,565
Child Population (in 1000s)	5108	4477	4340	4207
% of Children in General Population	22.7	20.7	20.1	19.5
Children in Residential Care (in 1000s)	58.4	29.1	26.3	NA
Children in Residential Placement (per 100,000 population)	1165.6	671.7	625.4	NA
NA: Not available				

Russian Federation	2000	2005	2006	2007
Total Population (in 1000s)	146,890	143,474	142,754	142,221
Child Population (0-17 in 1000s)	34,583	29,054	27,939	27,014
% of Children in General Population (0-17)	23.5	20.3	19.6	19.0
Children in Residential Care (in 1000s)	423.5	372.8	360.9	NA
Children in Residential Placement (per 100,000 population)	1264.6	1,334.5	1,336.1	NA
NA: Not available				

Ukraine	2000	2005	2006	2007
Total Population (in 1000s)	49456	47.100	46.749	46.466
Child Population (0-17) (in 1000s)	11.143	9.129	8.802	8.536
% of Children in General Population (0-17)	22.5	19.4	18.8	18.4
Children in Residential Care (in 1000s)	44.2	44.8	42.6	NA
Children in Residential Placement (per 100,000 population)	410.8	508.6	499.5	NA
NA: Not available				

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