INSTITUTIONAL CONSULTANCY ON SUPPORTING THE MINISTRY OF HEALTH AND SOCIAL DEVELOPMENT IN STRATEGIC AND EVIDENCE-BASED PLANNING (ROADMAP) OF DEVELOPING INTEGRATED FAMILY ORIENTED SOCIAL AND HEALTH SERVICES FOR CHILDREN UNDER THREE AND CHILDREN WITH DISABILITIES OF PRE-SCHOOL AGE WITHIN THE TRANSFORMED CARE SYSTEM

FINAL REPORT

UNICEF KAZAKHSTAN

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## Contents

1. **Introduction** ........................................................................................................................................... 3
2. **The methodology for the development of the Road map** ....................................................................... 6
3. **Analysis of the Kazakhstan Legal Framework on Social Protection of Children from 0 to 7 Out of Parental Care/with Disabilities** ......................................................................................... 8
4. **The Profile of Children from 0 to 7 in Residential Institutions to be Transformed** ............................ 14
5. **The draft Roadmap on reforming/modernization of social care services for children from 0 to 3 years and for children with disabilities preschool age** ................................................................. 16
6. **The training/retraining plan for the staff from the infant homes and medical social facilities based on the road map concept** ........................................................................................................... 22
7. **Comments/suggestions for improvement/revision of the Statute and standards of the infant home and medical social facilities** ............................................................................................... 24
8. **Annexes** .................................................................................................................................................. Error! Bookmark not defined.
1. Introduction

The purpose and objectives of the consultancy. UNICEF Kazakhstan assigned Keystone Human Service International and Keystone Moldova to support the Ministry of Health and Social Development of Kazakhstan to develop a long term roadmap for the service development based on existing data on the profiles of children in infant homes and medical social facilities for children with disabilities and the needs of the communities. The consultancy was also focused on supporting the regional authorities in the development of detailed re-training, M&E and sustainability plans for their modernization processes.

The specific objectives of the consultancy were as following:

1. Provision of technical assistance to the MoHSD in strengthening the gender disaggregated data management system (monitoring and analyses) on the current state of children 0-7 years of age at risk of being abandoned or without parental care, including children with disabilities, their families and communities in line with internationally recognized indicators for children in formal care and data collected in selected regions.

2. Provision of technical assistance to the MoHSD and the akimats in selected regions in elaborating and implementing a test roadmap for development of services within the transformed operation of infant homes and medical social facilities for children with disabilities into a modern form of family oriented care, including budgetary consideration.

3. Provision of technical advice to the MoHSD on the good experience in transforming the infant homes and medical social facilities for children with disabilities and providing feedback to the draft strategies included into the statute on infant homes and medical social facilities for children with disabilities.

The Consultancy was performed during the period of time December 2014- December 2015.

The activities performed by the Consultant. During the consultancy period (December 2014- December 2015) Keystone Moldova performed all the activities included in the TOR, as described below:

Under the strengthening the gender disaggregated data management system (monitoring and analyses) on current state of children of 0-7 age in risk of being abandoned or without parental care, including children with disabilities the following activities were performed:

- Conducted the desk review of the international experiences and lessons learned during the transforming of institutions and the development of community-based social care services for children of 0-7 age at risk of being abandoned or without parental care, including children with disabilities;
- Conducted the desk review of the Kazakhstan legal framework regarding social protection and social assistance of children from 0 to 7 years at risk of being abandoned or without parental care, including those with disabilities;
- Conducted the desk review of the available data on children of 0-7 age at risk of being abandoned or without parental care, including children with disabilities;
- Identified the profile of children from 0 to 7 in residential institutions to be transformed;
- Visited the service sites in Kazakhstan, including the statutory services, the family support services and the family substitutive services in order to better understand both: social protection system of children from 0 to 7, including children with disabilities and the referral mechanism;
Conducted the technical discussion with the main stakeholders (MoHSD, MES), local authorities (department of social protection, department of health and department of education), services providers, civil society and UNICEF) on implementing and assessing the modernization process at the level of the infant homes for children of 0-3 age and medical social facilities for children with disabilities; and regarding the development of the integrated and different types of social care services for vulnerable families and children at risk, especially in support of mothers with babies 0-3 age and with disabilities.

Conducted technical discussion with the representatives of the National statistics regarding the data collected on both children from 0 to 3 at risk of being abandoned and children with disabilities up to age 7.

Developed the methodological approach for the development of the roadmap on transforming the residential institutions for children from 0 to 7, including those with disabilities.

**Under elaborating and implementing of a test roadmap for development of services within the transformed operation of infant homes and medical social facilities for children with disabilities into modern form of family oriented care, including budgetary consideration the following activities were performed:**

- Developed the draft Roadmap on reforming/modernization of social care services for children from 0 to 3 ages and for children with disabilities preschool age.
- Developed the cost for the draft Roadmap on reforming/modernization of social care services for children from 0 to 3 ages and for children with disabilities preschool age.
- Consulted the draft road map with UNICEF, central and local governments from Astana and Kyzylorda, services providers, NGOs.
- Developed a training/retraining plan for the staff from the infant homes and medical social facilities based on the road map concept.

**Under the technical advice on the good experience in transforming the infant homes and medical social facilities for children with disabilities and provide a feedback to the draft strategies and standards they included into the statute on the infant homes and medical social facilities for children with disabilities.**

- Presented the revised “Roadmap for modernization of infant homes and medical social facilities for children with disabilities” to UNICEF and the central and local government for comments and suggestions.
- Finalized the final draft of the “Roadmap for modernization of infant homes and medical social facilities for children with disabilities”
- Revised the Statute and standards of the infant home and medical social facilities and developed comments/suggestions for their improvement based on the road map concept.

**Keystone Moldova developed all the required deliverables as per the TOR, including:**

1. An analysis of current state of children of 0-7 age in risk of being abandoned or without parental care, including children with disabilities and the profile of children in residential institutions to be transformed (see Annexes 2 & 3).
2. A final draft of central/regional “Roadmap for development of modernized services (see Annexes 4 & 4.1).
3. A draft Staff Re-Training Needs Plan (see Annex 5).
4. Comments to the draft statute and standards on the infant homes and medical social facilities for children with disabilities with the proposed vision of the transformation (see Annex 6).
Additionally to the TOR’s requests, Keystone Moldova conducted the desk review of the Kazakhstan legal framework regarding social protection and social assistance of children from 0 to 7 years at risk of being abandoned or without parental care, including those with disabilities and developed the recommendations for improvement of the legal framework (see Annex 1). The recommendations were included as part of the draft Road map. As per the UNICEF request, the Consultant revised the Child Needs assessment questionnaire and presented comments for improvement of the document.
2. The Methodology for the Development of the Roadmap

The draft Roadmap was developed through the following steps:

1. Analysis of the national and international practices on transforming the residential institutions and development of community based social care services;
2. Analysis of existing legal framework related to social protection and social assistance of children from 0 to 7, including those with disabilities, without parents or at risk of being abandoned;
3. Situational analysis of the children of ages 0-7, including of those with disabilities, without parents or at risk of being abandoned;
4. Analysis of the profile of children from 0 to 7, including of those with disabilities, in residential institutions (infant homes and medical-social institutions);
5. Meetings with the main stakeholders interested in transformation of residential institutions and who will be involved in the implementation of the Roadmap. The Consultant conducted the meetings with the following stakeholders: MoHSD, ME, Committee on children’s rights, National Agency of Statistics, Astana and Kyzylorda akimats (representatives of the directions of education, health and social protection), directors and staff of four residential institutions (Baby homes and medical social facilities from Astana and Kyzylorda), NGO representatives (Mother home, DEMEU, Children villages SOS), international organizations (UNICEF, UNDP, USAID). The discussions with MoHSD, ME, akimats, directors and staff of residential institutions were focused on the following aspects: a) profile of children in residential institutions, b) factors influencing the children institutionalization, c) referral system for children in difficult situation, d) prevention of institutionalization of children in difficult situation, e) community services to prevent the institutionalization, f) services delivered within the residential institutions, g) staff of residential institutions, h) relationships among institutionalized children and their parents, i) factors influencing deinstitutionalization of children, j) vision regarding the community based services to be developed in the institution, k) recommendations for children deinstitutionalization/prevention of institutionalization. The discussions with NGO representatives were focused on alternative community based services to be developed for deinstitutionalized children at community level. The discussions with the donor organizations were focused on identification of additional resources for deinstitutionalization and development of community based services to prevent the institutionalization of other children in difficult situation. The meetings were held on February 16-21, 2015.
6. Draft the Road map and the costs of the roadmap. The Road map was drafted based on both: the analysis of the current situation in social protection of children without parental care or in risk to be abandoned, and the best international practices in the field of deinstitutionalization and community living of children in risk to be abandoned or without parental care, including of those with disabilities. The results of discussions with the main stakeholders also served as a basis for the road map development.
7. Consultation of the Draft road map with the main stakeholders. In this regards, the Consultant presented and discussed the draft Road map with the representatives of the MoHSD, Committee on children’s rights, UNICEF, Astana and Kyzylorda local public administrations (directions of health, social protection and education), civil society organizations and services providers. The discussions on the draft road map were holding on September 21-26 in Astana and Kyzylorda. The majority of the stakeholders appreciated the developed draft road map and
manifested their understanding of the needs to reform the institutional care. The representatives of local public administration and UNICEF requested to include the case management algorithm, to develop the chapter on budget with explanations and to develop an annex with key concepts and terms.

8. Revision of the Road map after the consultations. The consultant revised the Road map after the consultations with the main stakeholders and introduced all the required changes.

9. Presentation of the final Road map to UNICEF and MoHSD. Consultant presented the final draft of the Road map to UNICEF and MoHSD by the end of October, 2015.
3. Analysis of the Kazakhstan Legal Framework on Social Protection of Children from 0 to 7 Out of Parental Care/with Disabilities

The detailed analysis of the legal framework on social protection of children from 0 to 7 out of parental care /with disabilities is done in the Annex 1.

Based on the desk review of the legal framework, the Consultant concluded that despite the existence of the appropriate legal framework for social protection and social inclusion of children, including of those from 0 to 7, and with disabilities, however the country still faces problems with the implementation of the national policies in practice. In this regard, the following challenging aspects were identified:

- The country lacks a comprehensive strategic framework on child protection to guide the reform process. At the moment, the institutional responsibilities for social protection of children are divided among a large number of central and local authorities: the Ombudsman, the Committee on the Protection of Children’s Rights (CPCP), the Interagency Commission on Issues of Children and Protection of their Rights under the Government, the Ministry of Health and Social Development (MoHSD), the Ministry of Education (ME), the Ministry on Internal Affairs (MIA), the local public administrations. The Ombudsman represents the national human rights institution responsible for independent monitoring of human rights including those of children as well as for promotion of bringing human rights legislation into compliance with international norms and standards. The ME hosts the CPCP that manages residential institutions for children left without parental care and family support services. Despite the fact that the CPCP is mandated to develop and implement state policy on child rights protection and establish an effective system to guarantee the rights of all children, however his abilities in this field are limited due to the subordination to the ME. The MOHSD oversees primary health care social workers responsible for work with vulnerable families, the delivery of social services and the development of an integrated child protection system. The MIA keeps records of vulnerable families and works on prevention of child delinquency. At local level, the territorial Children’s Rights Protection Departments of the CPCP which functioned until mid-2013 have been abolished, their coordination functions being taken over by the akimats (regional and local public authorities), at a much lower scale, through the newly-set up Children’s Rights Protection Units. Following a Government Decree in January 2014, these units have been also abolished, with staff planned to be transferred to the Guardianship and Care Unit and the new Moral and Spiritual Development Unit (within the Education Department of the oblast akimat). Currently all departments hold their own data bases leading to fragmentation, significant amount of duplication and a total/limited awareness from professionals as to which professionals are working/involved with specific families and what services are being delivered. These fragmented institutional framework and limited inter-agencies cooperation lead to disconnected reform efforts and limited results in such areas as transformation of residential institutions, gatekeeping and development of community-based family support services.

- The Law on Specialized Social Services has introduced the social work functions, which were assigned to the MLSPP, ME and MH as well as to local government. All three ministries started to develop the social work service provision, but in a way specifically designed to fit closely within their ministerial mandates. They have developed their own quality standards for the services which fall

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2 Integrated Model of Specialist Social Services. Analysis of findings and the proposed implementation plan following intensive training in each of the three pilot areas, Report developed by Bozena Allen, UNICEF and CLC consultant, 2011
under their own responsibility. Their outcomes are unclear and they lack provisions concerning the minimum requirements for continuous training of the staff working in the respective services, the supervision procedures and the performance indicators. There are 27,000 social workers in health, education and social welfare (another category of crucial duty-bearers), but the quality and integration of services and linkages to other sectors to sustain family reunification and better outcomes for the most excluded children are not yet fully accomplished.

- 2012 assessment of implementation of the Law on Specialized Social Services reveals that not all children with the right to receive such services under the Law can in fact access the services. While under the Law children with disabilities are entitled to access day-care facilities, the analysis shows that children with disabilities face waiting lists for these facilities, though they can still easily be admitted to residential care. Children with disabilities in some rural areas that have neither state-run day care centers nor NGO service providers have no access to day care services at all. There are significant variations in the cost of specialized social services between regions, meaning that children in different regions may receive different qualities of services.

- The assessment for support for children with special needs remains focused on the medical categorization of the child’s disability rather than determining the needs of the individual child. This assessment is undertaken by the Pedagogical, Medical and Psychological Committee (PMPC), a group of professionals from different disciplines who describe and define the additional needs children may have, so that the children can be allocated an appropriate level or type of education. The PMPC can recommend to the Guardianship Authority that a child should be placed away from the family home or sent to a special school. Experts suggest that the PMPC needs to move away from isolating children with additional needs by limiting educational and social opportunities and become an organization facilitating the educational and social integration of children.

- Another study notes that even with a reduction in the number of children with special needs who are institutionalized; it is rare to see children with special needs in the community. A lack of infrastructure makes it difficult for children with mobility limitations to move around. Furthermore, there has been a lack of ongoing support to parents of disabled children for respite care, financial support, and appropriate educational facilities.

- Education is a significant issue for children with disabilities. The 2005 Law on Social Protection of Disabled Persons guarantees children with disabilities access to free primary, basic secondary and general secondary education. One of the priorities of the State Education Development Program for 2011–2020 is the development of an inclusive education system. However, most of the children with special needs who are studying are generally not integrated into mainstream schools, but are being taught either in special correctional schools or under home programs that are heavily reliant on the child’s family providing support. In rural areas in particular, the acute shortage of inclusive schools, lack of access to health and rehabilitation services, and generally high medical costs trap disabled children in severe social isolation, and contribute to high rates of institutionalization of disabled children. In urban areas, the situation is marginally better, as some day schools are available for children with special needs.

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4 Analysis of the situation of children and women in Kazakhstan, UNICEF, 2013
5 Ibidem
7 Analysis of the situation of children and women in Kazakhstan, UNICEF, 2013
With the ratification of the UNCRPD, the Republic of Kazakhstan will need to revise the legal framework on social protection of children with disabilities to ensure better the rights of children with disabilities to live in a family and in a community and to access the regular community educational institutions and other services. In this regards, it would be required the following: 1) to develop a national strategy on social inclusion of persons with disabilities, including children with disabilities; 2) to revise the concept of “disability”, the criteria for distribution of children per types of disabilities, the assessment tools for assessing the needs of children with disabilities; 2) to develop the concept and to implement nationwide the case management approach; 3) to switch from services in institutions for children with mental disabilities to community based social services developed based on person centered planning approach; 4) to focus more on development of services for prevention of institutionalization and community inclusion; 7) to develop and implement the evaluation and monitoring mechanism of the progress of children with disabilities.
4. Situational Analysis of both Children from 0 to 3, and Children with disabilities up to age 7, at risk of being abandoned or without parental care

The detailed situational analysis of children from 0 to 3 and children with disabilities up to 7 is described in the Annex 2. It shows the following tendencies:

- **During the last five years (2010-2014), the total number of children has increased by 9% in the Republic of Kazakhstan due to increased birth rate, decreased number of abortions and decreased infant mortality rate.** The number of children from 0 to 3 increased by 15% and the number of children from 0 to 7 years by 20%. Children from 0 to 7 constitute 50% of the total number of children. Children from 0 to 3 constitute 27% of the total number of children.

- **With the growth in population, the decrease of infant mortality rates and better identification of child disability, the number of persons with disabilities, including the children with disabilities, increased significantly during the last four years.** Thus, the total number of persons with disabilities increased 11% and the number of children with disabilities increased 18%. Children with disabilities constitute 14% of the total number of persons with disabilities in 2014, and 1.4% from the total number of children from 0 to 18 years.

- **90% of children with disabilities are up to 16 years, and 10% are 16 to 18 years.** Unfortunately, there is no available data on children with disabilities from 0 to 7 years, but based on the extrapolation of data of the sociological survey on persons with disabilities conducted in 2014, each fourth child with a disability is up to 6 years old, and each second child with a disability is from 7 to 13 years old.

- **The analysis of the number of children with disabilities per region shows that each fifth child with a disability lives in Southern Kazakhstan region, and each 7th child in Almaty and Almaty region.** 6% of children with disabilities live in the Kyzylorda region, and 4% in Astana city. In the Kyzylorda region, 89 children with a disability are up to 16 years and 11% from 16 to 18 years. In Astana city, 92% of children with a disability are up to 16 years and 8% from 16 to 18 years.

- **During the last five years, the number of newly registered disabled children increased 15%.** In 2014, 10,751 new cases of disabled children were registered in Kazakhstan, of which 5% were registered in Astana city and 6% in the Kyzylorda region. Based on the considerations that 87% of primary disabilities are established up to 6 years, we can consider that more than 2/3 of new cases are related to children up to 6 years (9,353 cases).

- **The distribution of primary disability cases identified in 2014, per nosocomial forms of diseases, shows that 70% of primary disabilities are related to malformations, mental disorders and nervous system (35% malformations, 10% mental disorders and 25% nervous system), 4% to musculoskeletal diseases and 26% to other diseases.** In Astana city, 69% of primary disabilities were related to malformations, mental disorders and nervous system (including 38% to malformations). In the Kyzylorda region, 75% of primary disabilities were related to malformations, mental disorders and nervous system (including 41% to malformations). This classification is still based on medical model of disability and constitute a barrier for social inclusion of children with disabilities.

- **According to the statistical data of the Ministry of Education, 138,513 children with special educational needs were in Kazakhstan in 2014.** As per their age distribution, 5.8% were from 0 to 3 years, 26.5% from 3 to 6 years, 28.4% from 7 to 10 years, 27.4% from 11 to 15 years, and 11.9% from 16 to 18 years.
As per state agencies reports, only 25.5% of children with special education needs were covered by inclusive education in 2013-2014 educational years. 10% of them were included in kindergartens and 90% in schools. It is important to mention that “inclusive education” in Kazakhstan is more likely to be integration, rather than inclusive education as per the international definition. All children covered by inclusive education are studying in special educational institutions or in special classes of regular educational institutions. The children with mental disabilities are studying in social-medical institutions according to the Individual Rehabilitation Plans. As per the sociological research done by the National Agency of Statistics in 2014, parents of children with disabilities said that the main reasons for not going to school are: due to the health status (44%); no educational institutions in the locality (10%); and they do not know whom to address (4%). 34% of parents consider that children are not able to study; 8% that children can study but are not accepted; and 18% refused to give an answer.

The research mentioned above shows that only each second parent considers that society has a positive attitude toward persons with disability. 32% of parents do consider that society is indifferent or has a negative attitude toward this group of people, and 14% do not know.

The major form of occupation of children with disabilities during the day is walking (75%), playing games (43%), and communication with friends (50%). Only 10% of children said that they go to theatre, films, in other public spaces for distractions. 56% of children with disabilities do not participate in any cultural, sport, or other distractive activity.

The analysis also show that parents need more information and more support on how to care for their children with disabilities. Some parents have limited knowledge on how to support the development of their children (20%), understand partially or at all their children (30%), and have limited knowledge regarding different legislative acts concerning persons with disabilities (around 80%). Each fourth parent does not know of the possibilities on how to address a social worker for support, and only each second parent said that the social worker could help.

32,362 children out of parental care were in Kazakhstan at the end of 2014. Of them, 49% were female and 51% male. Per age distribution, around one third of children out of parental care were from 0 to 3 years of age.

2/3 of children out of parental care have parents and only 1/3 are orphans. The literature review shows that the main reasons why children with close relatives who are still alive are placed in institutions include: poor family living standards, unemployment, and parents’ refusal to support and raise their children. The research project in East Kazakhstan province indicated that about 40% of cases of child abandonment in the province could have been prevented if the future mother had been provided with support. 84% of the mothers questioned in the study who had abandoned their children in maternity hospitals believed that children should be brought up in families. Most mothers who had given up their children were unaware of any state bodies that provide support during pregnancy, at birth, and after giving birth. This highlights the need for stronger and more visible community-level social services.

28% of children out of parental care were living in residential institutions and 72% in other types of services (67% in guardian care, 5% in foster care) in 2014. Compared to 2010, the number of children out of parental care living in residential institutions decreased by 14%.

In 2013, 49,137 children from 0 to 4 ages were living in residential institutions in Kazakhstan. From this, 99% were living in public residential institutions, and 1% in private. Per the type of institutions, 37% of children were living in social-medical institutions, 35% in boarding schools, 14% in other institutions (centers for adaptations, SOS villages etc.), 10% in orphanages, 3% in infant homes, and 1% in family type homes and temporary shelters.
• In 2013, 1,407 children were living in 25 infant homes. Of these, 27% were up to one year, 46% from 1 to 3 years and 27% more than 3 years. 6% of them were children with disabilities.

• In 2013, 18,052 children with disabilities lived in residential institutions (around 26% of the total number of children with disabilities). Compared to 2010, the number of children with disabilities in residential institutions decreased by 4%. The analysis shows that the majority of children with disabilities are placed in residential institutions due to lack of community based services in their communities, limited knowledge of parents on how to support the development of their children, financial constraints of families with children with disabilities (in more than 60% of those families, only one parent works) and access of children in residential institutions with 100% of state support (housing, meals, medications, rehabilitation services, clothes, etc.).

• The families with children with disabilities have access to three types of social transfers: poverty targeted transfers, social assistance for vulnerable groups facing social and economic risks, and state support for family, motherhood, childhood (guaranteed benefits). The state also provides for children with disabilities the guaranteed package of free medical assistance and covers all expenses for their housing, meals, and clothes in residential institutions. However, as per the literature review, the situation of children with disabilities and their families is still very poor due to ineffective targeted social assistance benefits, low amount of social transfers, lack of social services and huge discrimination of poor children and children with disabilities.
5. The Profile of Children from 0 to 7 in Residential Institutions to be Transformed

The analysis of profile of children from 0 to 7 in residential institutions to be transformed is described in the Annex 3. The deck review shows the following:

Astana Residential Institutions

- **In the Medical-Social institution**, the number of children in 2014 increased with 15% compared to 2010. The share of children in residential placement increased from 58% in 2010 to 64% in 2014. The share of children in day care services decreased from 42% in 2010 to 36% in 2014. In total, 208 children with disabilities were living in this institution at the end of 2014. 132 children were placed in residential placement and 76 – in day care center. Per age distribution, 27% were from 3 to 7 years, 42% from 8 to 12 years, 26% from 13 to 16 years and 5% from 16 to 18 years
- 68% children with disabilities have parents, 27% were abandoned/dropped out, and 5% orphans/the parents lost custody/parental rights. For the last five years, children with parents have increased in the institution by 14% and children out of parental care decreased by 12%. The increase of children that have parents is due to the opening of the day care center for children with disabilities at the level of the institution.
- As per the discussion with the staff of the institution, the reasons for placement of children with disabilities in the institution are as follows: lack of similar services in the community, makes it possible for parents to get a job, limited financial possibilities of parents, and 100% of coverage of all expenditures related to children (housing, clothes, meals, medications etc.).
- The number of staff in the institution has increased by 22% since 2010, however it still constitute only 72% of planned staff. The proportion of the total number of staff to the total number of children is 1.06 staff to 1 child.
- Compared with 2011, the expenditures per one child increased by 32% in 2014. Unfortunately there was not available data on the types of expenditures per child.
- **In the Baby home**, 82 children were living there at the end of 2014. During the years 2010-2013, the proportion of entered/moved children was almost equal or the number of moved children was higher than the number of entered children. Per gender distribution, 47 were male and 35 female. Per age distribution, 34 children were up to one year, 31 children from 1 to three year and 17% from 3 to 4 years. 32 babies (39%) have disabilities.
- The distribution of children who entered the Baby home in 2014 per causes, show that 24% of children were drop out, 31% of children were abandoned, 18% were temporarily children and 27% were children of mothers in a crisis situation. As per the discussions with the staff of the institution, it was clarified that the abandonment of children is caused by limited financial resources of women to raise the child, single mother statute and lack of support on behalf of the relatives, limited knowledge of women of the available state support and whom to address and lack of community based services in their communities. Opening of a crisis center in the Baby home was forced by the lack of other similar services in the communities (45% of infants in institution were placed temporarily by mothers in crisis situation).
- The analysis of expenditures per child per year shows a decrease in overage of 13% compared to 2010. However, the expenditures are 40-45% higher compared with other similar type institutions, i.e., Kyzylorda.
Kyzylorda Residential Institutions

- **In the Social Medical Institution**, 171 children were living there in 2014 (34% more than in 2010). Per gender distribution, 61 were female and 110 were male. Per age distribution, 46% were from 0 to 14 years, 12% from 14 to 18 years and 42% 18 years and up.
- The analysis of persons in the institution per causes of institutionalization, show that 6% are orphans, 44% abandoned or dropped out, 2% out of parental care and 54% due to disability and poverty problems.
- Regarding disability status, from the total number of institutionalized children (0-16 years) 87 have disabilities, 8 have the I grade of disability, 7 have the II grade of disability. Regarding institutionalized adults, 20 persons have I grade of disability, 41 persons II grade of disability and 8 persons with III grade of disability.
- The number of planned/hired staff in the institution increased in average by 3% compared to 2010. In 2014, 276.5 persons were employed in the institution. The proportion of employed staff to the total number of children was 1.61 staff to one child. 21% of staff are pedagogues, educators, and psychologists, and 79% are other staff (not described in the informative note and need to be clarified further).
- The expenditures per child increased by 52% during the last five years. The distribution of expenditures per types, need to be clarified during the visit to the institution.
- **In Kyzylorda Infant Home**, 52 children were living there at the end of 2014 (15 children more than in 2012). 23 children were female and 29 children male. As per the age distribution, 11 children were up to one year, 30 children from 1 to 3 years and 11 children from 3 years and up.
- For the causes of institutionalization, only 1 child was orphan, 6 children were abandoned and other 45 children were placed due to poverty issues. During the last five years the proportion of orphans/abandoned children decreased by 34% (from 46% in 2010 to 12% in 2014).
- Per the disability status, 6 children have disabilities and 46 children without disabilities in 2014. In 2012, the children with disabilities in the institution decreased by 29% and the proportion of typical children increased by 29%.
- The number of employed staff was higher than the number of planned staff during the last five years (in 2014, 84.5 units were planned, and 89 units were employed). The proportion of the staff to the children was 1.7 staff: 1 child in 2014.
- The expenditures per child per year increased to 58% in 2014 compared to 2010, however they are compared 10% less than with other typical institutions (i.e., Astana medical-social institution).
6. The draft Roadmap on reforming/modernization of social care services for children from 0 to 3 years and for children with disabilities preschool age

The detailed Draft road map is attached to the Intermediate report (see Annexes 4 and 4.1).

Key problems addressed through the Roadmap. The literature analysis and the discussions with the main stakeholders show that despite the existence of the appropriate legal framework for social protection and social inclusion of children, including of those from 0 to 7, and with disabilities, the country still faces problems with the implementation of the national policies in practice. In this regards, the following problematic aspects were identified and addressed through the Roadmap:

a) The absence of comprehensive strategic framework on child protection to guide the reform process\(^8\). Currently, the institutional responsibilities for social protection of children are divided among a large number of central and local authorities: the Ombudsman, the Committee on the Protection of Children’s Rights (CPCP), the Interagency Commission on Issues of Children and Protection of their Rights under the Government, the Ministry of Health and Social Development (MHSD), the Ministry of Education (ME), the Ministry on Internal Affairs (MIA), and the local public administrations. This fragmented institutional framework and limited inter-agencies cooperation lead to disconnected reform efforts and limited results in such areas as transformation of residential institutions, gatekeeping, and development of community-based family support services.

b) The absence of an independent comprehensive body responsible for the protection of children rights. In spite of the active work of the Committee for the Protection of Children’s Rights, the transfer of the Committee to the Ministry of Education and Science considerably decreased its level of independency and limited its primarily responsibilities to the education sector. As a consequence, the transfer of the regional Committee for the Protection of Children Rights to the Department of Education of local akimats, significantly increased their dependency on the local executive bodies and limited their autonomy and power to protect the rights of children.

c) Limited and confused statistical data in the field of children with disabilities in different settings (families, services, educational facilities). Different ministries use different terminology for children with disabilities (the Ministry of Health and Social Development uses the term “handicapped”, and “children with disabilities”; and the Ministry of Education and Science uses the term “children with special educational needs”) and also different tools are used for data collection in function of purposes. This approach creates barriers for development of effective evidence based policies in the field of social protection of children with disabilities.

d) Low level of cooperation among social workers from different sectors. There are 27,000 social workers in health, education and social welfare (another category of crucial duty-bearers), but the quality and integration of services and linkages to other sectors to sustain family reunification and better outcomes for the most excluded children, are not yet fully accomplished\(^9\).

e) A clear and comprehensive mechanism on the implementation of case management based on the person centered planning approach has not yet been established. The various interpretations of case management, the lack of tools for case management implementation, and limited capacities of social workers to implement the case management approach, create barriers for social development and social inclusion of children in difficult situations, including those with disabilities.

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\(^8\) Evaluation of Norway-supported Project “Strengthening the Ombudsman’s Child Protection System in Kazakhstan”, Final Evaluation Report, developed by Camelia Gheorghe, UNICEF, 2014
f) Lack of a gatekeeping mechanism at the community level, limited responsibilities of local
governments to prevent child abandonment, and the institutionalization and undeveloped
community based social care services continue to lead to the referral of children from 0 to 3 and
those with disabilities into residential institutions.

g) Lack of the following mechanisms: continuous education and improvement of qualifications for social
care providers; accreditation of service providers; and monitoring the quality of delivered social care
services continue to create barriers for the development of qualitative, based on needs, and social
care services for children in difficult situations, including those with disabilities.

h) Limited access for children to developed social protection services. The 2012 assessment of the
implementation of the Law on Specialized Social Services reveals that not all children with the rights
to receive such services under the Law can in fact access the services. The limited access to
services is due to the low level of information of parents regarding the existing services, and limited
level of accountability of local governments to deliver social care services based on needs and
undeveloped services, especially in rural areas.

i) Limited access for children, 0 to 3, and with disabilities up to 7 years in risk of abandonment, to
community based social care services, including family type services due to lack of those services at
the community level, limited capacities of social workers to address the abandonment problem, and
limited interagency cooperation for prevention of child abandonment and institutionalization.

j) Limited financial resources to support the prevention of child abandonment and development of
community based social care services. There is limited financial resources planned to support the
national and regional programs focused on the prevention of child abandonment and development
of community based social care services and the lack of a mechanism for transferring money from
residential institutions to the community based services based on the principle – funding follows the
individual.

k) Limited access for children with disabilities to the mainstream preschool facilities. One of the
priorities of the State Education Development Program for 2011–2020 is the development of an
inclusive education system. However, most of the children with special needs that are of preschool
age are generally not integrated into mainstream educational facilities, but are being taught either
in special correctional educational institutions or under home programs that are heavily reliant on
the child’s family providing support. In rural areas in particular, the acute shortage of inclusive
kindergartens, lack of access to health and rehabilitation services, and generally high medical costs,
trap disabled children in severe social isolation, and contribute to high rates of institutionalization of
disabled children.

l) Stigma against persons with disabilities and poor families is reducing, but is still to be addressed as
the barrier on public attitude on the local and national levels.

The Scope of the Roadmap. The scope of the Roadmap is to provide the national and local governments
with a long term strategic vision and action plan on developing integrated family oriented social and
health services for children under 3 and children with disabilities of pre-school age within the
transformed care system. This long term vision will be achieved through the following objectives:
1. Articulation and implementation of policies, programs and practices to frame and guide
   a) Integrated family-oriented social and health services for children 0-3 and children with
disabilities 0-7; and
   b) Modernization of infant homes and medical-social internats.

2. Prevention of the institutionalization of children below age 3, including children with disabilities 0-7, by stimulating community-based support services with a strong gatekeeping, multi-sectorial mechanisms, and through the development of alternative family care/placements;

3. Amalgamation and transformation of current infant home and medical social internats into hub(s) of modernized integrated community-based family-oriented social and health services.

**Roadmap Target Indicators.** As a result of the Roadmap implementation and development of policies and social care services to prevent the institutionalization of children from 0 to 3 and children with disabilities up to school age, by 2021, the following results will be achieved:

- the number of children aged 0-3 entering the institution each year and the number of those already in institutional care will both decrease by 50% ;
- the number of children with disabilities aged 4-7 who entered the institution each year and the number of those already in institutional care will both decrease by 50%;
- the number of children aged 0 to 3 and children with disabilities up to school age in alternative family care/placements will increase by 20%;
- the national policies (strategies, laws, regulations and standards) will be adjusted to the ratified international conventions related to children’s rights and to the rights of persons with disabilities and will promote family and community living of children from 0 to 3 and children with disabilities up to school age. (See Table 1)

**Table 1. Baseline and Impact Indicators of the Roadmap**

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>1. Children age 0-3 in institutional care</td>
<td>1337 (-5%)</td>
<td>1266 (-10%)</td>
<td>1125 (-20%)</td>
<td>984 (-30%)</td>
<td>844 (-40%)</td>
<td>703 (-50%)</td>
<td></td>
</tr>
<tr>
<td>2. Children with disabilities age 4-7 in medical social institutions</td>
<td>561</td>
<td>533 (-5%)</td>
<td>505 (-10%)</td>
<td>449 (-20%)</td>
<td>392 (-30%)</td>
<td>336 (-40%)</td>
<td>280 (-50%)</td>
</tr>
<tr>
<td>3. Children in alternative family care/placements</td>
<td>897</td>
<td>897 (0%)</td>
<td>897 (+5%)</td>
<td>942 (+5%)</td>
<td>987 (+5%)</td>
<td>1032 (+5%)</td>
<td>1076 (+20%)</td>
</tr>
<tr>
<td>4. Children age 0-3 entering institutions</td>
<td>1209</td>
<td>1148 (-5%)</td>
<td>1088 (-10%)</td>
<td>967 (-20%)</td>
<td>846 (-30%)</td>
<td>725 (-40%)</td>
<td>604 (-50%)</td>
</tr>
<tr>
<td>5. Children with disabilities age 4-7 entering medical social institutions</td>
<td>214</td>
<td>203 (-5%)</td>
<td>192 (-10%)</td>
<td>171 (-20%)</td>
<td>150 (-30%)</td>
<td>128 (-40%)</td>
<td>107 (-50%)</td>
</tr>
<tr>
<td>6. Developed/improved laws/policies, regulations/standards</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
The Chart 1 shows the decreasing trend of children from 0 to 7 entering/in residential institutions and the increasing trend of those children in alternative family care.

**Chart 1. Number of children from 0 to 7 in/entering residential institutions per years**

The Key Intervention Areas of the Roadmap are as follows:

1. Development of the legal and institutional framework to ensure the rights of children from 0 to 3 and children with disabilities up to school age to live in a family environment.
2. Prevention of institutionalization of children from 0 to 3 and children with disabilities through the development of community based social care services with a strong gatekeeping, multispectral mechanisms.
3. Reorganization of residential institutions (baby homes and medical social facilities into the hubs of modernized integrated community based family oriented social and health services.
4. Ensuring the quality of newly developed community based social care services through capacity building and monitoring and evaluation.
5. Communication and community mobilization to support the modernized system of social care for children from 0 to 3 and children with disabilities up to age 7, and to prevent/combat their discrimination.

**The Road map theory of change framework: inputs, outputs, outcomes and impact.** The Roadmap was developed based on the theory of change framework, and includes: inputs, outputs, short term outcomes, long term outcomes and impact. See in the figure below the outputs, outcomes and impact of the Road map implementation.
**Figure 1. THEORY OF CHANGE FOR THE ROAD MAP ON TRANSFORMING THE SYSTEM OF CARE FOR CHILDREN FROM 0 TO 7 AGES**

<table>
<thead>
<tr>
<th><strong>Impact:</strong> Children from 0 to 3 and children with disabilities preschool age live in a protected family environment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Long term outcomes</strong></td>
</tr>
<tr>
<td>The vulnerable families and families with children with disabilities feel good in a community environment</td>
</tr>
<tr>
<td><strong>Short term outcomes</strong></td>
</tr>
<tr>
<td>Social norms: Established moratorium and stopped the institutionalization of children from 0 to 3 years in 8 regions</td>
</tr>
<tr>
<td>The legal framework: approved the legal framework for development of community based social care services approved by the Government</td>
</tr>
<tr>
<td><strong>Outputs</strong></td>
</tr>
<tr>
<td>Inter-sectorial gatekeeping and case management mechanism</td>
</tr>
<tr>
<td>Developed/adjusted legal and institutional framework of family and child protection to the international policies</td>
</tr>
<tr>
<td>Developed/revised legal framework for family support and family substitutive services</td>
</tr>
<tr>
<td>Improved capacities of the key stakeholders involved in the reform process</td>
</tr>
</tbody>
</table>

**Inputs: implementation of the road map**
The Cost of the Roadmap. Implementation of the Roadmap activities largely depends on the funds availabilities. Roadmap implementation period coincides with period when the budget is austere. So, it appears that most of the expenditure must be on the account of reorganization and reorientation of existing money flow from the institutions to the family type services. In this regard the costing was done based on following principles:

a) All costs should be justified – the costs must comply with the financial requests of the service;

b) Equitable distribution – public funds must be distributed wisely, openly and targeted according to the children needs;

c) Cost effectiveness – the planned funds must provide quality services for children with special needs.

The total cost for 6 year of the Roadmap implementation is 122.0 million US dollars. The cost is increasing year by year. The trend is presented in the table below.

Table 2: Roadmap action plan costs per years

<table>
<thead>
<tr>
<th>Implementation Year</th>
<th>Amount, million US dollars</th>
<th>Share in total, %</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL</td>
<td>122,0</td>
<td>100%</td>
</tr>
<tr>
<td>2016</td>
<td>3,2</td>
<td>3%</td>
</tr>
<tr>
<td>2017</td>
<td>9,0</td>
<td>7%</td>
</tr>
<tr>
<td>2018</td>
<td>24,4</td>
<td>20%</td>
</tr>
<tr>
<td>2019</td>
<td>26,2</td>
<td>21%</td>
</tr>
<tr>
<td>2020</td>
<td>28,7</td>
<td>24%</td>
</tr>
<tr>
<td>2021</td>
<td>30,5</td>
<td>25%</td>
</tr>
</tbody>
</table>

The cost for two first years is lower because during this period of the Roadmap the work is oriented towards legal framework development and trainings. The new services development starts in the year three.

The costs per key interventions per year are showed below.

Table 3: Roadmap costs per intervention areas, thousand US dollars

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>3 196,1</td>
<td>8 997,6</td>
<td>24 336,6</td>
<td>26 229,7</td>
<td>28 709,4</td>
<td>30 533,3</td>
<td>122 002,7</td>
</tr>
<tr>
<td>Area 1</td>
<td>215,0</td>
<td>101,0</td>
<td>0,0</td>
<td>11,0</td>
<td>11,0</td>
<td>0,0</td>
<td>338,0</td>
</tr>
<tr>
<td>Area 2</td>
<td>2 700,8</td>
<td>7 897,8</td>
<td>23 364,7</td>
<td>25 531,7</td>
<td>27 693,1</td>
<td>29 859,7</td>
<td>117 047,9</td>
</tr>
<tr>
<td>Area 3</td>
<td>112,9</td>
<td>113,2</td>
<td>32,7</td>
<td>32,7</td>
<td>32,7</td>
<td>21,8</td>
<td>346,0</td>
</tr>
<tr>
<td>Area 4</td>
<td>143,4</td>
<td>785,5</td>
<td>815,2</td>
<td>554,3</td>
<td>848,6</td>
<td>551,8</td>
<td>3 698,8</td>
</tr>
<tr>
<td>Area 5</td>
<td>24,0</td>
<td>100,0</td>
<td>124,0</td>
<td>100,0</td>
<td>124,0</td>
<td>100,0</td>
<td>572,0</td>
</tr>
</tbody>
</table>
7. The training/retraining plan for the staff from the infant homes and medical social facilities based on the road map concept

The detailed training/retraining plan is attached (see Annex 5).

The discussions with the staff from the infant homes and medical social facilities show the needs to develop two types of training/retraining programs for the Baby homes and Medical social facilities under the transformation.\(^{11}\)

**The first type of the training program** shall be focused on both: a) increasing the knowledge and improving the attitudes of the residential institutions staffs regarding the modernization of social care services for children deprived of parental care from 0 to 3 age and for children with disabilities preschool age and b) increasing capacities of the staff in the evaluation of children needs. The impact of this training program shall result in transforming the residential institutions staffs in partners for the implementation of the road map and in the end – for ensuring better community living of children from 0 to 7 ages out of parental care or with disabilities.

**The second type of the training program** shall be focused on building the capacities of the residential institutions staff in providing new qualitative social care services within the transformed institutions.

*Under the first type of training program, we suggest the following seminars:*

- The Kazakhstan legal framework for prevention of child abandonment and promotion of community living of persons with disabilities.
- National and international practices of modernization of social care services for children from 0 to 3 ages and for children with disabilities preschool age.
- Family support services as a premises for prevention of child abandonment.
- Social role valorization philosophy as a basis for social inclusion of persons with disabilities.
- The institutions staffs as partners in the modernization of social care services for children from 0 to 3 ages and for children with disabilities preschool ages.
- Complex assessment of children needs (psychological, social and medical).
- Assessment of family’s needs.
- Participatory elaboration of action plan for modernization of institution.
- Development of individual plan for biological/substitutive family reintegration
- Preparation of families and children for reintegration.
- Families support for social and community inclusion of children transferred from the institution.
- Partnering with local public administration for development of family support services based on children needs
- Monitoring and evaluation of the process of family and community inclusion of children.
- Other trainings as per the identified needs.

*Under the second type of training program, we suggest the following seminars:*

- Case management and gatekeeping mechanism
- Prevention of abandonment of children from 0 to 3 ages and of children with disabilities preschool age.
- Person centered planning approach in social care services.

\(^{11}\) The detailed training/retraining program for the residential institutions staff will be developed after the assessment of human resources in each residential institution under the transformation.
- Development, implementation and monitoring of individual assistance plan.
- Community based social care services.
- Behavior management.
- The value of family.
- Child development.
- The process of grief and loss.
- The dynamic of attachment and separation.
- Identifying the Strengths and Needs of Families and Children.
- Behavior as an expression of Underlying Needs
- The Value of Partnerships
- Confidentially issues.
- Other training as per identified needs.
8. Comments/suggestions for improvement/revision of the Statute and standards of the infant home and medical social facilities

The analysis of the Draft statute of infant home and of the statute of medical social facility show the need for their revision/improvement after the approval of the Case management and Gatekeeping mechanism and after the governmental decision on transforming/modernization of system of care of children from 0 to 7 ages.

Based on best international practices, the Consultant is suggesting to develop the Statute and standards per types of services established in modernized facilities and based on the internationally adopted principles in social care, like

a) respect personal dignity and integrity;
b) service delivery based on person centered planning;
c) beneficiary participation in the planning and provision of services;
d) the multidisciplinary approach to the care and social inclusion;
e) the individualized approach based on identified beneficiaries needs;
f) promoting valued social roles and positive image of people with disabilities;
g) family reintegration and community inclusion;
h) sustainability and continuity of service;
i) public-private partnership in developing services;
j) Transparency and openness of services to communities. See detailed comments and suggestions in the Annex 6.