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## **REVISED EUROPEAN SOCIAL CHARTER**

2nd report on the implementation of  
the Revised European Social Charter

submitted by

**THE GOVERNMENT OF GEORGIA**

(Articles 11, 12 and 14 for the period 01/10/2005 – 31/12/2007)

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**CYCLE 2009**



**EUROPEAN SOCIAL CHARTER (revised)**

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the Revised European Social Charter  
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**THE GOVERNMENT OF Georgia**  
(Articles 11, 12 and 14  
for the period 01/10/2005 – 31/12/2007)

**CYCLE 2009**

**Ministry of Labour, Health and Social Affairs of Georgia**

**Second report**  
**of Georgia for the implementation of Articles 11, 12 and 14 of**  
**the European Social Charter (revised)**

**Tbilisi**

For the period **1 October 2005** to **31 December 2007** made by the Government of Georgia in accordance with Article C of the Revised European Social Charter and Article 21 of the European Social Charter, on the measures taken to give effect to the accepted provisions of the Revised European Social Charter, the instrument of ratification or approval of which was deposited on **01 July 2005**.

In accordance with Article C of the Revised European Social Charter copies of this report have been communicated to the:

- Georgian Trade Unions Confederation
- Georgian Employers Association

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## **Article 11 – The right to protection of health**

*With a view to ensuring the effective exercise of the right to protection of health, the Contracting Parties undertake, either directly or in co-operation with public or private organisations, to take appropriate measures designed inter alia:*

- 1. to remove as far as possible the causes of ill-health;*
- 2. to provide advisory and educational facilities for the promotion of health and the encouragement of individual responsibility in matters of health;*
- 3. to prevent as far as possible epidemic, endemic and other diseases.*

### **Information to be submitted**

#### **Article 11§1**

Ministry of Labour, Health and Social Affairs is realizing an important reform in the healthcare sector. The reform aims to improve general health state of the population of Georgia through increasing life expectancy and quality of health, to decrease the burden of non-transmitted and infectious diseases, indicators of the increased immunization, and to reduce maternal and children's mortality.

To improve public health condition and provide availability of high quality medical service, healthcare sector initiated serious changes in the direction of the inpatient and outpatient/polyclinic service delivery and efficiency of state structures.

According to the #11 resolution of the Georgian government issued on January 26, 2007 - "General development plan of the hospital sector", investment program was planned for creating the sustainable hospital sector in Georgia. Investments attracted within the framework of this program will be directed to building a new medical infrastructure. This resolution defined the major principles of the hospital sector arrangement, agreed standards of buildings and equipments and timeframe for completing the construction activities.

In the nearest future will be implemented "State program of supporting private practice development of the village doctor". The programme aimed to develop and support the sustainability of the primary healthcare in villages. Simultaneously, the Ministry works on the General Development Plan of the Primary Healthcare which will define the major approaches for developing the sustainable primary healthcare system nationwide.

Provision of financial accessibility of medical services and protection of the population from financial risks related to the medical service was defined as key objectives of the healthcare system. Respectively, population below the poverty line was named as the main target group of state programs and the priority was given to meeting medical needs of the mentioned population. Medical assistance program of the population below the poverty line has been operating since July, 2006. It has covered more than 600 000 people. The same program had 674 000 beneficiaries in 2007, 700 000 beneficiaries in 2008. Beneficiaries have received primary healthcare as well as hospital services "free of charge". In the upcoming years, socially vulnerable population will again be the main beneficiary of the sources allocated for the healthcare sector of Georgia

Significant activities are carried out in terms of the development of professional human resources, since reformed healthcare system should be structured with human resources of appropriate qualification. Respectively, larger part of investments considered within the framework of reform programs is directed to developing the competence and capacity building of healthcare professionals which will become the ground for system development and quality provision. In 2007, within the framework of the “2007 state program of training-retraining of medical personnel”, 292 family doctors, 241 general practice nurses, 192 healthcare sector managers and 300 patrol police staff were trained. The main goal of these trainings was to improve the quality of medical services. Capacity building of human resources will be continued in the next years.

These are the programs approved by the Minister of Labour, Health and Social Affairs:

- a) State program of transplantation of human organs and tissues and kidney replacement therapy ;
- b) State program of providing population with specific medications
- c) State medical insurance program for population below the poverty line
- d) State program of medical treatment of hemophilic children and adults
- e) State program of medical service of veterans
- f) State program of psychiatric service
- g) State program of urgent service of the population
- h) State program of medical examination of recruits in the military service.
- i) State program of phthisiology service
- j) State program of early identification and treatment of HIV infection/AIDS
- k) State program of diagnostics and treatment of oncological diseases
- l) State program of heart surgery
- m) State program of obstetrical service
- n) State program of prevention of diseases
- o) State program of primary healthcare
- p) State program of children’s medical service
- q) State program of referral service
- r) State program of treatment of infectious diseases

According to the 2007 data of the department of statistics:

Average life expectancy - 75,1; men - 70,5; women -79,4.

Indicator of maternal mortality -20, 2

Infant mortality - 14,1

Diseases related to blood circulation system - 66, 9

Number of doctors per 100 000 citizens - - 454, 6 doctors

Number of beds provided per 100 000 citizens - 331, 9

According to the national healthcare reports, total expenditures of the Georgian healthcare system amounted to 1159 million GEL in 2006, which is 8, 4% of GDP.

## **Article 11§2**

State healthcare programmes include the campaign of promoting the healthy lifestyle rules in order to support active identification of diseases and facilitate healthy lifestyle of Georgian citizens. Doctors-specialists provide medical preventive healthcare examinations (including instrumental) to reveal diseases more actively.



State healthcare programs have been developed and are being implemented. They consider consultation and educational activities. Free medical examination of pregnant women and children are carried out through “State program of obstetrical service” and “State program of outpatient service”. These state programs include free medical visits to the doctor during the pregnancy period, during and after childbirth. Programs also include screening of phenylketonuria and hyper-phenylalaninemia among new born babies and children as well as outpatient surveillance of children (0-15 age group). Besides, state healthcare programs also cover screenings for early identification of genetic pathologies among high risky group of pregnant women.

One of the important activities for improving the health condition of Georgian population is to increase their awareness level regarding the risky health behaviors.

Today, tobacco consumers make about 27-39% of the population of Georgia. Among them, men amount to 50-65%, as for women, the progress of tobacco addiction among women has increased by almost 6 times by this reaching 24% (tobacco addiction is also frequent among pregnant women).

In 2006-2007, a research on the risk factors of non-transmitted diseases was conducted in Georgia. 2472 people participated in the survey (1260 women and 1212 men). Based on the survey results, only 12.5% of respondents were informed about the risks related to tobacco consumption, 13.5% about the negative effects of excess weight (in order to decrease the consumption of greasy food), 14.2% on restriction of salt consumption, 3.9% on increasing the physical activities and 3.9% on reduction of alcohol consumption. The survey was implemented by Ministry of Labour, Health and Social Affairs (MoLHSA) contractor – European regional office of the World Health Organization.

Restriction of drug consumption and reduction of the number of drug addicts still remains one of the major priorities of the country. Currently, the ministry has elaborated National Action Plan of Anti-narcotic Strategy of Georgia which is submitted to the Georgian government for final approval and its formalization is in process. Besides, 2007 state healthcare programs consider provision of rehabilitation of people diseased with drug abuse.

### **Article 11§3**

. In 2006, the number of cases registered under the diagnosis of infectious and parasitic diseases for the first time in life reduced by 16.6% compared to 2005. Reduction is mainly observed among children and adults.

As a result of the state program operation, in 1997-1998, significant increase of sexually transmitted diseases (due to active identification) was observed and in 1999-2000, this indicator showed the trend of reduction which was conditioned by sanitation of areas. In 2000-2003, proportion of syphilis and gonorrheal infections (1:0,7; 1:0,8; 1:0,9; 1:0,9) was relatively different from international indicators (1 : 2,5) which proves that gonorrheal infections were not identified in most of the cases. In 2004, a change in this proportion was observed (1:1,4), in 2005 - (1:2,4) and in 2006 – proportion of syphilis and gonorrheal infections almost reached international indicators, i.e. 1:2,5 which is at the expense of reduction of syphilis's cases.

Currently operating national calendar of preventive vaccinations was approved in 2003. Within the framework of this calendar children are vaccinated on 9 major manageable infections – tuberculosis, diphtheria, tetanus, whooping-cough, poliomyelitis, virus hepatitis, measles, mumps and German measles (since 2004). According to the reports for various vaccines, total (full) as well as timely coverage varies between 76-100%.

“state program of prevention of diseases” aims to improve general health state of the Georgian population through early identification of diseases and implementation of efficient preventive medical measures for transmitted and non-transmitted diseases. The program also includes immunization component which aims at protecting the population through immunization on manageable infections. It also covers commissioning of vaccines and strategic serums and vaccination-visits.

“State program of prevention of diseases” for preventing the socially dangerous diseases includes the component of provision population with “safe blood” which aims at testing donor blood on B and C hepatitis, HIV infection/AIDS (with immune-ferment method), syphilis.

HIV infection/AIDS is one of the major problems of public healthcare sector since it is a big threat for the health state of population, economic stability of the country and human development in general.

Georgia belongs to one of the former Soviet States which responded to the “Three unified” principles (unified coordination mechanism, unified strategic plan, unified monitoring and evaluation system) and “three for five” (availability of antivirus treatment for HIV/AIDS infected people) approach of the World Health Organization.

By 31 December, 2006 data, 1156 cases of infectious pathology were registered in the Center of Aids and Immunology (AIDS center), among them 897 are men, 258 – women. The majority of patients are between 29 and 40 years old. 470 patients have AIDS and 244 died.

Specific antivirus therapy of AIDS patients is carried out under the support of Global Fund, the rest of expenses (AIDS accompanied diseases, symptom disease treatment, salaries of the medical personnel, laboratory-instrumental examinations, etc.) are covered by the state program of treatment of AIDS-infected patients. The program aims at a) restrict spread of HIV infection/AIDS b) treatment of HIV/infection/AIDS. The program provides consultation and testing of high risk group of HIV infection/AIDS patients and outpatient and inpatient treatment of infected people

One of the increasing problems of the healthcare system is the road/transport traumatism. In 2006, 499 people died in Georgia due to the violation of transport movement and exploitation rules by the drivers. This indicator is increasing annually. State takes measures to avoid this kind of accidents. New legislative initiatives and amendments are being elaborated to provide safety of transport movements.

State healthcare programs in Georgia also include the component of prevention of professional diseases which aims at protecting the health of employed population through identification and prevention of professional diseases.

## **Article 12 – The right to social security**

*With a view to ensuring the effective exercise of the right to social security, the Parties undertake:*

- 1. to establish or maintain a system of social security;*
- 2. to maintain the social security system at a satisfactory level at least equal to that necessary for the ratification of the European Code of Social Security;*
- 3. to endeavour to raise progressively the system of social security to a higher level;*
- 4. to take steps, by the conclusion of appropriate bilateral and multilateral agreements or by other means, and subject to the conditions laid down in such agreements, in order to ensure:*
  - a. equal treatment with their own nationals of the nationals of other Parties in respect of social security rights, including the retention of benefits arising out of social security legislation, whatever movements the persons protected may undertake between the territories of the Parties;*
  - b. the granting, maintenance and resumption of social security rights by such means as the accumulation of insurance or employment periods completed under the legislation of each of the Parties.*

### **Information to be submitted**

#### **Article 12§1**

The social security system of Georgia consists of the following components:

- 1) Pension for elderly;
- 2) State compensation and Academic scholarship;
- 3) Disability pension;
- 4) Sickness benefit (medical bulletin);
- 5) Maternity leave;
- 6) Insurance for households who are under poverty lines;
- 7) Family benefit;
- 8) Employment injuries;
- 9) Survivor's benefit.

The social security system of Georgia is mainly regulated by the following legal acts:

- 1) Law on State Pension (23.12.2005);
- 2) Law on State compensation and Academic scholarship (27.12 2005);
- 3) Decree of Minister of Labour, Health and Social Affairs on Sickness benefit for employees (2005)
- 4) Labour Code (25.05.2006)
- 5) Governmental Regulation #145 on Social Assistance (28.07.2006)

In Georgia all benefits are financed directly from the State budget (except sickness benefit and employment injuries) and taxes (25%) are paid by employees and employers from wages.

Law on State pension regulates pension for elderly. Elderly pension can be received by men from 65 and women from 60. Amount of minimum pension is defined as 28 GEL by the law and each year state budget increases the amount of the pension based on countries economic and social development. In 2008 Georgian government increased the pension up to 65 GEL. Only criteria to receive elderly pension is age. On August 29, 2007 Georgian Government adopted new regulations

defining additional benefits for elderly pensions in connection with servant (length of service) years.

Servant years	amount
up to 5 years	2 GEL
5-15 years	4 GEL
15-25 years	7 GEL
over 25 years	10 GEL

At the end of 2007 the pension was received by 611 879 beneficiaries and total budget amount per month was 33 760 638 GEL.

By the law on state compensation and academic scholarship - benefits can be received by following categories of beneficiaries:

1. Members of Georgian Parliament
2. Members of Constitutional Court of Georgia
3. Judges
4. Persons who are retired from Military and Interior services, Prosecutor's office
5. The members of family of Former High level Politicians
6. High level Diplomats
7. Staff of Georgian Parliament
8. Scientists
9. Servants of Civil Aviation

The amount of compensations and scholarships are calculated separately for each group based on their wages over the years, age and servant years. The law also limits amount of compensations/scholarships per person per month, which is equal to 560 GEL.

At the end of 2007 state compensation and academic scholarship was received by 31 258 beneficiaries and total budget amount per month was 3 613 544 GEL.

Law on State pension regulates disability pensions. Disability by Georgian legislation is divided in 4 categories based on health conditions, from which 1st and 2nd categories receive pensions and additionally to all categories state provides various social services. According to current legislation minimum pension was defined as 35 GEL for 1st category, and for 2nd category – 28 (in 2005). During the last years amount of disability pension was increased several times and for beginning of 2008 it was 55 GEL for both categories.

At the end of 2007 disability pension was received by 160 638 beneficiaries and total budget amount per month was 9 000 000 GEL.

Sickness benefit was regulated by the Decree of Minister of Labour, Health and Social Affairs of Georgia. Any employees have right to receive sickness benefit, for the whole period of sickness and cash benefit calculated based on wages. During the last years significant reforms were held in Georgian tax legislation, which aimed liberalization of legislation and reduction of Taxes. After the consultations with Employer organizations it was decided to let employers to provide sickness benefits for their employees.

Maternity leave is regulated by Labour Code and Public service Law. Article 27 of Labour Code defines length of paid Maternity leaves:

#### Article 27. Pregnancy and Maternity Leave

1. An employee, upon request, is entitled to a total maternity leave of 477 calendar days to cover pregnancy, delivery and child care.
2. Of pregnancy, maternity and child care leave, 126 calendar days will be paid, while in case of a complicated delivery or if mother gives a birth to two or more children – 140 calendar days of paid leave will be granted.

#### Article 29. Compensation of Pregnancy, Maternity or Adoption Leaves

Compensation of pregnancy, maternity or adoption leaves is paid from the State Budget according to the rule set by the legislation. An employer and an employee can reach an agreement regarding an additional compensation paid by an employer.

Cash benefit for Maternity leave is calculated based on wages but it is limited up to 600 GEL. Cash benefit for maternity leave is received by approximately 500 women per month.

Insurance for households who are below the Poverty Line was launched in July 2006 as a part of State Stationary Treatment Program and continued as a separate program in January 2007. In 2007 (Governmental decree # 166, 31.07.2007) program covered just 2 regions. The problem description of the program pointed out that “at the current stage of economic development a significant part of the population experience severe economic hardships and consequently do not have access to elementary health care services” (MoLHSA 2006). Thus increasing financial access to health care for population below the poverty line was asserted as the objective of the program.

In 2008 program covered 654 936 people from every region of Georgia who were registered at “Integrated Database of Socially Vulnerable Families” and whose score did not exceed 70 000.

Family benefit was regulated by the Governmental decree on Social assistance #145, 28.07.2006. In Georgia, earlier the social security system allowed for efficient utilization of funds assigned by the state. By that time, the so called “family aid” was divided in 5 main categories as follows: the families of one or more persons of unemployed single pensioners; the orphan children; the disabled and unemployed blind persons of the first group; the disabled children under the age of 18; and the families of dependent children, which got 7 or more children under the age of 18. Nowadays there is transitional period from old system to new one and persons who received family benefits can make choice between new and old one. For the end of 2007 still 29 000 families received family benefits.

Employment injuries are regulated by Labour Code. By the Article 35 of Labour Code:

“ An employer shall fully reimburse to an employee the damage resulted from the worsening of the employee’s health due to his/her official duties, as well as the expenses of necessary medical treatment”.

Law on State pension regulates survivor's benefit. Children under 18 can apply to get survivor's benefit in case of death of one or both parents (Article 5, Law on State Pension). Amount of survivor benefit according to the law (article 19) equals to 28 GEL in case of one parent and 35 GEL in case of death of both parents.

During the last years amount of survivor benefit was increased several times and for the beginning of 2008 it was 55 GEL.

At the end of 2007 survivor benefit was received by 55 862 beneficiaries and total budget amount per month was 3 075 874 GEL.

### **Article 12§3**

As a result of the reform of social systems, as of the year of 2006, the government program of social security was operated, the main purpose whereof is targeted and needful distribution of an aid and thus, drastic reduction of the poverty indexes at the national level.

Within the scope of the social security program, registration of poor and development of the integrated database were commenced in 2005. The social security system existing in Georgia by that time was truly inflexible and ineffective and therefore, the reform of social system turned into actual necessity.

By 2005, in Georgia, there was operated the social security system, which nowise allowed for efficient utilization of funds assigned by the state. By that time, the so called "family aid" was divided in 5 main categories as follows: the families of one or more persons of unemployed single pensioners; the orphan children; the disabled and unemployed blind persons of the first group; the disabled children under the age of 18; and the families of dependent children, which got 7 or more children under the age of 18.

Such form of distribution of the aid, despite being subject to easier administration, includes the numerous defects, following whereto, in some cases, the monetary aid is rather given to those, who do not need it, than to those, whose need therein is vitally important.

Based on all the above, it appeared necessary to reform the social security system and to elaborate such a program, which could allow the state to utilize the available resources in the targeted and efficient manner.

The Government has elaborated the new program, which shall distribute the social aid through the different principle. And the concept of the program is as follows: to create the database, which shall ensure for targeted and "as per necessity" distribution of the social aid.

The State Program of Development of the Database of Population living under the poverty line is unique due to the concept thereof and its high level of targeting constitutes the major advantage.

As of 2005, the Social Assistance and Employment State Agency is in charge of implementation of the state program of "development of the database of poor families", which aim registration of the poorest families at the national level. Any family that deems itself in beggary due to its social and economic state, requires an aid and is willing to get such aid may receive an application form at a

communication point as per place of residence, fill that out and deliver back to such communication point.

Following to a delivered application, the social agent representing the Agency shall visit such family and study the social and economic state of that family, whereafter, along with a duly authorized representative of the family, s/he shall fill out a specific document – “the family declaration”, which shall contain an information (demographic data, revenues living conditions, a property in possession, etc.) declared by such duly authorized representative of such family.

Prior to fill out of the declaration, the social agent shall notice the family that in case of any inaccuracy of or false data disclosed in the course of examination thereof, such family should be unregistered and they forfeit the right of repeated application for registration with the database for subsequent 3 years.

After the said procedure, the family shall receive the so called “database registration certificate”, which constitutes a document of a specific form and may be issued only to the families registered with the database. The certificate shall include the rating corresponding to the family. Any capable member or an authorized member of the family may receive the certificate. For the purposes of determination of an identity, the family representative shall, for the purposes of receipt of the certificate, furnish a document proving his identity (an identity (residence) card or a passport of the Georgian citizen), otherwise, no certificate shall be issued. By issue of the certificate, the registration procedure is deemed completed.

After completion of fill out of the declaration, accuracy of data provided there under shall be proved by signatures of an authorized representative of the family and the social agent. At the next stage, the Agency shall ensure processing of data provided under the declaration and following to the established procedure, shall set the rating of the family, which shall correspond to the living conditions thereof. As lower is the rating so much the family is poor.

The rating constitutes a solid unit, which determined whether the family shall receive the aid envisaged under the program.

For the purposes of effective implementation of the social security program, setting the so called “poverty threshold rating” bore the exclusive importance. At present, the threshold rating was set to 57,001 which means that the monetary social aid shall be given out to the families, which get lesser than 57,001 rating points upon registration with the integrated database.

Within the scope of the social security program, the special importance is assigned to the so called “healthcare policies”, where under poverty line is offered the enough wide range of healthcare services. Those policies are issued to the families registered with the integrated database and which rating is lesser than 70,000 points.

At the end of 2007 121,880 families (320,344 persons) were granted the cash benefits and total amount per month was 7 202 569 GEL.

Amount of families at the same period receiving medical insurance was 245 006 (706 336 persons)

Government of Georgia continues work to increase the effectiveness of social security system and to reduce the poverty.

## **Article 14 – The right to benefit from social welfare services**

*With a view to ensuring the effective exercise of the right to benefit from social welfare services, the Parties undertake:*

*1. to promote or provide services which, by using methods of social work, would contribute to the welfare and development of both individuals and groups in the community, and to their adjustment to the social environment;*

*2. to encourage the participation of individuals and voluntary or other organisations in the establishment and maintenance of such services.*

Information to be submitted

Spending on social welfare—including pensions, child benefits, disability benefits and targeted social assistance—represents an enormous (and growing) share of the state budget and is a huge priority for the government. It has historically been amongst the largest expenditures by the state budget. government spending on social welfare stood at GEL 101 million in 2003 (11% of total expenditure); by 2008 this had increased 10 times to GEL 1.1 billion, or 20% of total expenditure. The budget for 2009 is the most socially orientated of all, with planned expenditure on social welfare of 25%. A factor in the increase of the social welfare budget, apart from increases in pensions, has been the introduction of a means-tested targeted social assistance programme in 2005. By January 2009 over 140,000 households (395,000 people) were receiving cash social assistance. Since children are found among the poorer households it might be expected that this assistance will bring particular benefits to children.

The government has developed child welfare reforms separately from other social welfare reforms. In 1994 it signed the UN Convention on the Rights of the Child (CRC). Since then the reform has taken place in three phases. First, in 1999, came pilot projects on deinstitutionalization in Tbilisi, Telavi and Rustavi. The first social workers were recruited, and some cash was provided to families at risk of placing children into institutions. A State Programme for Prevention of Abandonment and Deinstitutionalization was passed in 2001; a National Plan of Action for child welfare for 2003–07 was developed in 2002–03 but was never enacted and was later abolished.

The second phase started in 2004, after the Rose Revolution, when the government undertook an extensive restructuring of the bodies responsible for child welfare. It removed the Commission for Minors and medical-psycho-pedagogical commissions, and introduced regional gatekeeping councils. In April 2005 the inter-ministerial Government Commission for Child Protection and Deinstitutionalization was established. Responsibilities for guardianship and care and adoption were transferred from the Ministry of Education and Science to its regional structures, the Education Resource Centers.

Until now, child welfare issues have not formed part of the general discourse on social protection in Georgia. Yet the well-being of the child is inseparable from that of the household, and a policy that provides social assistance to a parent is likely to bring benefits to the child. Children are the targets for many of the state health care and education programmes which have attracted additional allocations in the state budget in recent years. The child welfare budget has also increased, from GEL 6.7 million in 2004 to GEL 11.6 million in 2008. However, this total is small compared with allocations to other social welfare issues, health and education. So, a big relative increase in allocations to child welfare could potentially be achieved with only a fractional



increase in the total budget in absolute terms, or with a small shift in the distribution of resources between sectors.

State and external funding has been made available to set up university degrees in social work at Bachelors and Masters Level. The idea of professionalizing the social worker's role had been discussed for several years and became a reality in 2005 with the start of the EU TACIS TEMPUS project, 'Establishment of a social work programme in Georgia', for 2005–08. This aimed to provide three qualifications: a Bachelors programme, a Masters programme and a certificate for social workers who were previously qualified in a different discipline. But no formal arrangements yet exist to standardize the in-service training programme for social workers, which, at the moment, consists of a wide selection of unconnected courses run by several organizations.

Government is planning to develop the comprehensive training plan for the specialists involved in childcare and child protection, including local guardianship and care panels, statutory workers and caregivers. This will enhance consistency in needs based allocation of training resources, and support filling the gaps in capacity building initiatives. The government has not yet outlined how it will support provision of extensive training for a large number of social workers, without adversely affecting the quality of the process.

Staff in residential institutions remains a large part of the workforce in child welfare. Directors of the institutions and main care givers were retrained in order to meet child care standards and regulations. Long term Plan for trainings has not been yet developed. But before transformation of the institutions skills assessments of the institution personnel is done with the purpose for their employment in new services or as the foster families. Many former care givers were successfully retrained and employed as foster careers, and some were re-qualified as social workers.

Nowadays reform is still going and aims to develop social services and establish an agency under the Ministry of Labour, Health and Social Affairs which will coordinate all kind of social services. It is planned to increase number of social workers up to 200 for 2010.