



HealthProm

Ensuring vulnerable children have the best start in life

Putting Families First – the Tajikistan ‘Baby Homes’ transformation process

Year 1 evaluation report

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Table of Contents

| | | |
|-----|-----------------------------------------------------------------------------------------|----|
| 1 | Introduction | 3 |
| 1.1 | The evaluation | 3 |
| 1.2 | Putting Families First project overview | 4 |
| 1.3 | The project in numbers | 5 |
| 1.4 | Sources for the evaluation | 6 |
| 2 | The legal and administrative context | 7 |
| 2.1 | Legislative framework for child protection and alternative care | 7 |
| 2.2 | The Child Rights Unit and Commission on Child Rights | 8 |
| 2.3 | The Committee on Women and Family Affairs | 8 |
| 2.4 | Promoting family life and changing attitudes towards use of institutions | 9 |
| 3 | Context of project | 10 |
| 3.1 | Building on previous projects around the BHs | 10 |
| 3.2 | The contribution of Mellow Parenting programmes | 10 |
| 3.3 | Grand Challenges Canada – ‘Saving Brains programme’ – measuring child development | 11 |
| 3.4 | Adoption | 11 |
| 3.5 | Vitamin injections rather than physiotherapy for CWD | 11 |
| 4 | Current operation of the BHs | 13 |
| 4.1 | Number of children in the BHs | 13 |
| 4.2 | Who are the children in the Baby Homes? | 14 |
| 4.3 | The rural/urban split in relation to use of the BHs | 15 |
| 5 | The work and impact of the PFF project in 2017 | 16 |
| 5.1 | Engaging with officials in the MoHSPP | 16 |
| 5.2 | Training – summary of training provided | 16 |
| 5.3 | BH transformation overview – a work in progress | 17 |
| 5.4 | Specific progress in each BH | 18 |
| 6 | Foster care service development – slow progress | 22 |
| 7 | The functioning of the CRUs and Developing child protection capacity | 24 |
| 7.1 | Child protection awareness | 25 |
| 8 | 8 Conclusions and Recommendations | 27 |
| 8.1 | Key issues in 2017 | 27 |
| 8.2 | Recommendations | 29 |
| 8.3 | References | 30 |

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Acronyms

| | |
|-----------|--------------------------------------------------------------------------------------------------|
| BH(s) | Government-run Baby Home(s), for children under 4 |
| CCR | Commission on Child Rights |
| CRU | Child Rights Unit (since January 2017, <i>Secretaries of Guardianship</i>) |
| CWD | Children with disabilities |
| ECD | Early childhood development |
| FSC | Family Support Centres (NGO run) |
| GCC | Grand Challenges Canada, International NGO funding innovation in low and medium-income countries |
| GoT | Government of Tajikistan |
| HDO | Dushanbe-based NGO, Hayot dar Oila, operates UMED FSC in BH2 |
| Internats | Boarding schools, originating in Soviet era, for children with family problems and special needs |
| MoHSPP | Ministry of Health and Social Protection of the Population |
| MOES | Ministry of Education and Science |
| MP | Mellow Parenting (Scottish-based NGO) |
| PEO | Presidential Executive Office |
| PFF | Putting Families First project |
| UNICEF | United Nations Children's Fund |

1 Introduction

1.1 The evaluation

CELCIS was commissioned by HealthProm to provide a series of independent evaluations during the course of the *Putting Families First* project (January 2017 – June 2020). This 1st evaluation was conducted by Dr Ian Milligan, based on an examination of project reports, data and other relevant literature and also in-country interviews carried out in November 2017. Interviews were carried out with Directors and groups of staff from the BH, with Directors and staff from the NGOs, and with local CRC and CRU officials in Khujand. For administrative reasons in Tajikistan it was not possible to meet with any official from the relevant Ministries; the MoHSPP and MOES or from the Protection of Child Rights Department within the PEO. The full list of interviewees is provided in Appendix 1.

This reports aims to provide an evaluation of the 1st year of a 42-month project, *Putting Families First: safe sustainable families in rural and urban areas of Tajikistan* (PFF) principally funded by the European Union. This report will focus mainly on the beginning of the change process, which represents a major change in the mode of operation of any Government-run residential facilities. The Baby Home transformation process is a key feature of a range of Government reforms which include new legislation and changes in Ministry responsibilities. This report will examine the development of services and progress on the approval of regulations which will authorise new services and guide the transformation process from closed institutional Baby Homes to community oriented integrated Family and Child Support Centres. This report will consider how these changes are building upon new services piloted by local NGOs which have been working closely with the BHs since 2008. Subsequent evaluations will look in more depth at practice development and the impact of the new services on children and families.

The project was officially launched on 20 December 2016 after HealthProm successfully obtained funding. The project has multiple components and is delivered by local NGOs and Tajikistan social services experts in association with UNICEF, aiming to shape policy and practice. It operates in several sites, with direct services provided through Family Support Centres located in the grounds of two of the government-run Baby Homes (BHs) – Mavorid FSC in Khujand (managed by Sarchasma NGO) and Umed FSC in BH2 (run by HDO NGO). Each of these provides outreach support to the other BHs, Istaravshan in Sughd Oblast and BH1 in Dushanbe respectively). The project is primarily focussed on supporting the 'transformation' of the four BHs and the development of community-based family support centres on the same sites. The project also funds the development and delivery of substantial parent support courses called *Mellow Parenting* (see below p.11).

The project recognises that a move away from traditional institutional care towards family support and day-care (community-based care) requires a new approach to child protection. For this reason, the project introduces aims to build awareness of child

protection issues and the need to develop 'community-based' responses and interventions. The project aims to support this process through delivering child protection awareness training and building up the skills and knowledge of staff in the CRUs and Bhs.

The PFF project builds on the foundational work, supported by UNICEF, to revise the BH regulation in 2015. It also continues and builds upon previous EU-funded projects which pioneered the development of re-integration, foster care, alternative family care and preventative family-support services, all with the aim of reducing separation of children from parents and reducing institutionalisation and social exclusion of young children and children with disabilities (CWD) and their families.

The evaluation is concerned with monitoring progress towards achieving the specific objectives of the project, and the process of change, noting achievements to date and challenges that may hinder achievement of the project's ambitious aims – which include many levels of change; from legislation and guidance to operationalising changes in policy and practice at municipality (CRU) and service levels (BHs).

1.2 Putting Families First project overview

The overall objective of this project is further to support the development of community-based social services in Tajikistan, to reduce the social exclusion of young vulnerable children and their families and reduce institutionalisation.

The three specific objectives (outcomes) are:

1. Transformation of the BHs into centres for early intervention and family support.
2. Further development of foster care services and support for the implementation of new regulations.
3. Strengthening the capacity of local authorities in child protection within the community.

The overall Project direction and management is provided by HealthProm, a UK-based NGO which has been operational in Tajikistan for over 10 years. HealthProm manages projects across the CIS and Central Asia that support families, promote safe childbirth and develop best professional practices in child protection and inclusive education. For this project HealthProm provides overall management and external expertise and has engaged a number of agencies to bring family work expertise to the project. This includes staff from a Scottish local authority, Falkirk Council, who have been involved with HealthProm as partners in previous projects in Tajikistan. Falkirk Council social services have hosted study visits and provide consultancy for the current project– via e-mail, skype and in-country visits. Another partner is the Scottish-based NGO, Mellow Parenting, which is also operational in Tajikistan and provides parent support programmes in the Family Support Centres, funded under this project.

The operational project delivery is provided by Tajik NGOs; Sarchashma and HDO, under the leadership of national project manager, Ms. Kouysinoy Maksoudova. Professional

practice development and training delivery is led by ECD consultant Dr. Nazira Muhamedjanova.

The overall project budget is €1.1m, of which 80% is provided by the EU. The other funder in 2017 is *Grand Challenges* Canada. The UK Department for International Development (DfID) are committed to provide funds in 2018. UNICEF Tajikistan separately provides some funding through its regular programming. GCC provides expertise and capacity-building for measuring child development, and using these measurements to monitor the effectiveness of interventions.

1.3 The project in numbers

Previous projects have provided funding for the staff posts within the various NGOs (Sarchasma, HDO and IRODA), to develop the two family support centres. The current project continues this much of this funding but with a number of new posts providing new services, principally to promote the development of child protection, respite care services and a small Mother & baby service. External professional consultancy is also part-funded and Falkirk Council gives 'in-kind' support by releasing staff to undertake mentoring and in-country training and consultancy. The bulk of the project budget is spent on staff salaries, covering all or part of the multiple posts including:

- Project managers, professional experts and administration (UK and Tajikistan)
- Family centre workers (NGOs)
- Mellow parenting trainers
- Respite care and Mother and Baby service staff in the 'transformed' centres
- Falkirk Council staff consultancy days

Below are the beneficiary targets established at the outset of the project:

- 400 families supported in new CEIFS
- 160 children in the baby homes
- 100 rural families access services
- 80 CEIFS staff trained in case management
- 30 Mellow Parenting groups
- 50 foster placements
- 100 professionals trained in child protection
- 200 children protected from harm
- 1 parent support group at each CEIFS
- MoHSPP quarterly meetings
- 200 families given respite within:
 - 30 child respite places
 - 4 mother and baby places

1.4 Sources for the evaluation

This evaluation was conducted through desk review and interviews carried out with multiple stakeholders during an in-country visit from 19th – 24th November. Various project documents and monitoring data provided by the UK project manager were examined and interviewees included Government and Hukamat (Municipal) officials, NGO staff, parents and UNICEF child protection officers. The full list of interviewees is provided in Appendix 1.

The evaluation therefore covers the initial 11-month period of the project from the formal launch of the project on 20th December 2016.

2 The legal and administrative context

2.1 Legislative framework for child protection and alternative care

2.1.1 Government structures

The main authority in charge of children issues in Tajikistan is the Commission on Child Rights under the Government of the Republic of Tajikistan (CCR). The Commission is responsible for coordinating policy on child protection at national level. It was established by Decree No. 423 of the 7th September 2001 following the recommendations of the UN Committee on the Rights of the Child. The Commission is a permanent, interdepartmental, consultative body, established to coordinate the activities of the State and institutions working with children in need of special measures of protection. The Deputy Prime Minister of Tajikistan is the head of the CCR.

In 2015, a new Department was set up in the Directorate of Human Rights Guarantees of the Presidential Executive Office (PEO) to serve as the Secretary of the Commission on Child Rights and to coordinate and oversee children's issues in the country. The same structure exists at the province (Oblast) and district (Raion) levels. The Commission on Child Rights at province level is comprised of substructures working with children at province level and the same applies at district level. The Commissions on Child Rights at province and district levels are led by the Deputy Governors and Deputy Mayors respectively. Based on the Regulation amended in 2008, the CCR took the responsibility for the tasks formerly performed by the Commission on Minors (COM) and Guardianship Authority. As per the 2008 Regulation, the Commission on Minors was abolished and its responsibilities transferred to the CCR. As a result, the functions of the COM are to be performed by the new Commission on Child Rights established in each Local Authority at province and district levels. Despite the fact that such changes took place eight years ago, practice varies widely in different parts of the country. In January 2017, the Government of Tajikistan introduced new revisions to the Regulations on CCR and on Guardianship. The various Government stakeholders concerned with children's issues at all levels are now expected to apply the revised regulations.

The members of the CCR include representatives from all relevant agencies including the Ministries of Health and Social Protection of the Population, Education and Science, Internal Affairs, and the Committee on Women and Family Affairs, among others Child Rights Units have been established at district and province levels, to act as the secretariat for the Commissions. Under the revised regulation on Guardianship (issued in January 2017) these have been renamed as Secretaries of Guardianship. Throughout the fieldwork interviews these important entities were universally referred to by their 'old' name, the CRUs.

(The above information was supplied by UNICEF Tajikistan)

2.1.2 The development of operational guidance

Child protection and alternative care legislation has been evolving recently, and the Law on Child Protection was passed in 2015. However the adoption of subordinate by-laws and the regulations required to implement the law is still pending and this is hindering the operationalisation of the legal provisions.

During many of the interviews conducted for this report, respondents mentioned the 'Baby Homes Regulation' – which are still awaiting final 'sign off'. Baby Homes Directors, for example, explained that they needed to wait for the new regulations to be issued before they could begin to embed the changes in services that they have been planning and preparing for. This Regulation has been accepted by the MoHSPP and is now awaiting final approval from the Presidential Executive Office, who are consulting other relevant Ministries.

Similarly the Fostering regulations (Foster Care Procedure), is currently sitting with the MOES awaiting development and approval (see below p.22).

2.2 The Child Rights Unit and Commission on Child Rights

At both the Oblast (Provincial) and Raion (District) levels the Child Rights Unit has been established to act as the Secretariat to the Commissions. When cases of individual children are presented to the Commissions at District level for a decision on whether a child should be placed in a Residential facility then it is the job of the CRU to implement the decision and process the paperwork authorising placement of the child in a Baby Home, for example. The CRC and CRU at Oblast level are responsible for providing direction and oversight and gathering information from all the Raion Commissions.

However the staffing of the CRUs is very small, often just one person, and they have a wide range of responsibilities, being required to deal with all cases of children in need of special care due to disability, abandonment, juvenile offending etc. Under the new BH Regulations the CRUs will be expected to refer only the most severe and urgent cases to the BHs for residential placement. This will require an increased level of professional capacity for which they require additional personnel, expertise and procedures. The head of the Sughd CCR recognised that much training and development of the CRU staff will be required. The need for this development has been recognised by the PEO, and UNICEF have committed to providing some of this crucial support.

In December 2017, UNICEF conducted a Functional Assessment of CCR/CRU under the leadership of PEO. The findings of this FA will be presented in Feb 2018. UNICEF have indicated they will support some of the recommendations, in particular related to the staff capacity building and development of 'methodological guidance'.

2.3 The Committee on Women and Family Affairs

The PFF project has not so far engaged with any of the Women and Family Affairs Committees which exist at all levels of Tajikistan Government administration; at District,

Jamoats (village-level councils) and neighbourhood level (Mahallas). These structures, especially at the lowest administrative level - the neighbourhood 'mahallas' which cover just a few streets - constitute a potential resource for identifying and supporting vulnerable families and children in need of protection. The role of the Women and Family Affairs Committee at all levels is advisory rather than service delivery. At the lowest level, the Mahalla committee has two key elders; one male and one female, who have responsibilities for monitoring the needs of families in the neighbourhood and linking up the communities needs to the local government structures. At district level there is a statutory structure of the Committee on Women and Family Affairs staffed and funded by the Local Authority and it is called Women's Unit. They have at least 4 staff at each district and oversee issue of women and families, but due to limited resources are confined only to review the cases referred to this Unit.

Discussion with the Director of Sarchasma NGO discovered that they have been engaged with the Mahallas across Sughd province for a number of years and now have an MOU with them. Sarchasma provides regular information meetings with Mahallas on various women's rights issues, recently undertaking a series of meetings on the issue of domestic violence. This channel, at least in Sughd, provides access to rural and street level communities and seems to provide a promising advocacy opportunity for sharing information about children's rights, raising awareness about child protection, and receiving referrals about vulnerable children and families. The potential to engage with these structures in Dushanbe should be explored.

2.4 Promoting family life and changing attitudes towards use of institutions

Project leaders are well aware of the wider public attitude toward the use of institutions – which were developed during the Soviet era. They have been seen by the general public as a benign alternative for parents in poverty and under pressure, perhaps because the child has been born out-of-wedlock, or to a young mother, or where the children of a first marriage are excluded from reconstituted families. However the need to avoid institutionalisation has featured in speeches of Government ministers in recent years, and 2015 was designated as the 'Year of the Family'.

As noted elsewhere in this report the FSC staff are able to provide examples of parents who were on the verge of placing their child in one of the BHs but who changed their mind when offered some emotional and practical support through the FSCs.

There has been a recent poster campaign in Dushanbe promoting the importance of keeping children with their families. It was undertaken by a number of NGOs who work with families. Further, a group of NGOs - UMED, IRODA and CIDA - have also come together to commission a short film promoting the benefits of keeping children in their families, 'When Mother is Near'. It features the family of a child with disability.

3 Context of project

3.1 Building on previous projects around the BHs

The current project builds upon a previous 3-year EU-funded project *Keeping and Finding Families* (KFF) (Milligan, 2016). That project demonstrated that family support, community-based outreach and alternative family-based care are viable alternatives to institutional care in Tajikistan. During that project the local NGOs built up the Umed and Mavorid 'Family Support Centres', located in the grounds of BH2 in Dushanbe and Khujand BH respectively. The staff in these two centres are described as 'Mobile Outreach Teams' to emphasise the fact that they are largely focussed on work *outside* the Baby Homes - to prevent the separation of children, by providing 'community-based' (rather than institution-based) services. These centres provide individual and group support for parents and physical therapy classes for CWD in order to prevent distressed and under-supported parents from placing their disabled children in the BHs. They also provide support to other vulnerable families where the parents may be struggling to support their children. During the KFF project a pilot foster care programme was initiated to find foster parents for babies or toddlers currently in the BHs. This involved the placement of 8 children into foster families. The further development of the fostering service is a key outcome for the current project but progress this year has been limited due to changes in Government oversight (see below p. 22).

3.2 The contribution of Mellow Parenting programmes

Mellow Parenting courses in Tajikistan are managed by the NGO IRODA, a parent-led NGO which provides support for children on the autistic spectrum and their families. MP trainers run 14-week structured parenting courses which are aimed at parents who are experiencing difficulties in taking care of their children – for a variety of reasons, either because of their own problems or because the children may have disabilities or other disadvantages. The 1-day per week courses allow groups of parents to meet together and share their experiences of parenting, while receiving non-judgemental guidance and feedback from approved MP trainers. Crèche facilities are provided while parents are attending the groups. Mr Zu Ruzievs is the lead trainer in Tajikistan – his post is funded by HealthProm under the PFF project, and he is managed by the IRODA Director. MP is continuously developing more courses and is about to launch a new course *Mellow Dads*, aimed at fathers, and is developing a course for pregnant women.

During the course of 2017 MP has run 10 courses with on average 8 parents attending each group. Two of the courses have been run within Mavorid FSC and two in Umed FSC, while others have been run in day centres for CWD in Dushanbe, and one has run serving the Panjakent district where there is no relevant NGO but with parents referred by local paediatricians. These programmes are seen as extremely valuable by the staff of the FSCs as they provide good support for parents, and build the skills and knowledge of FSC staff who assist in the delivery of the courses. One of the parents attending a group run in the FSCs had been considering placing their child in the BH but with the support they

gained from participation in the MP group they changed their mind. Mr Ruzievs estimated that about 90% of the parents attending the MP groups have children with disabilities.

3.3 Grand Challenges Canada – ‘Saving Brains programme’ – measuring child development

Grand Challenges Canada is supporting the PFF project through their *Saving Brains* scheme. It is idiosyncratically named, but perhaps makes sense in the context of the widespread dissemination of developmental neuroscience knowledge. Their aspiration is promoting child development by creating most suitable conditions, thus ‘saving brains’ from incomplete development. The rationale for their programme is elaborated on their website: <http://www.grandchallenges.ca/programs/saving-brains/>

The GCC funding will make a specific contribution, equipping the NGO teams and the BH colleagues to use a number of measures which will help them monitor the quality of children’s development over the course of the project. They will do this using tools relating to: growth and development, school readiness, adult child observation, and a photographic project. This contribution will also support the development of case management skills in the new centres. GCC specifically funds a developmental psychologist who helps staff to administer these tools, and a data manager to help collect and record data.

3.4 Adoption

This project is not tasked with any work around adoption however adoption is one of the responsibilities of the CRUs and the Baby Homes. Domestic (national) adoption is functioning system within Tajikistan. A number of healthy babies from the BHs are placed with adoptive parents, and it is reported that there is a long waiting list of prospective adoptive parents. Figures from Khujand BH (Table 2, p.14) show that between 24 to 52 babies were adopted annually from that home in the period 2015-2017. Figures from the other BHs were not sought for this report. Assessing prospective adopters, and placing babies, is one of the duties of the CRUs. The CRU serves as the ‘case manager’, but decisions are made by the CCR at local level. Currently assessment focusses mainly on material standards of the family, and there is no ‘matching’ process. The couple at the top of the waiting list are simply offered the next child who is available for adoption. Most of the babies and toddlers in the BHs are not legally available for adoption because their parents have not given up their parental rights. The PFF is not actively engaged with any practice development associated with the adoption process, although it is likely that if the aims of ‘prevention’ of the reasons for placement in the BHs are achieved, there will be fewer babies available for adoption.

3.5 Vitamin injections rather than physiotherapy for CWD

Senior staff in Khujand report that there has been a tendency for parents of CWD to seek out medical treatment for their disabled child due to their desire to do something - *anything* - that might help. This is especially costly for parents in rural areas who have to

travel a distance to a doctor. Unfortunately - in the absence of widely available State-run physiotherapy and speech services for CWD, some doctors have been willing to provide 'treatments' such as vitamin injections - which in fact have no therapeutic value in terms of treating the child's disability. Many parents of CWD make these costly appointments on a regular basis.

More positively, when parents like these are referred to the FSC they discover that there are a range of physical and speech therapies which are effective in helping their child. A number of parents interviewed for this evaluation strongly confirmed this outcome - they came because a friend or neighbour had told them about this centre which was offering *free therapies* for CWD. Then, after they had taken part in the groups and activities they could see how some of the physical and language exercises were helping their child. The staff in the FSCs also built up the confidence of the parents to continue many of these at home.

4 Current operation of the BHs

4.1 Number of children in the BHs

PFF Project leaders keep note of overall numbers of children in each of the homes. There was a sharp reduction in overall numbers in 2016 but as the can be seen in the Table below numbers have remained static during 2017.

Table 1: Number of children - Baby home numbers –snapshot figure

| BH1 | BH2 | Khujand | Istaravshan | Total | Date | Notes |
|-----|-----|---------|-------------|-------|----------|--------------------------------------------------------------------------------|
| | | | | 309 | End 2015 | Info from Agency for Statistics |
| | | | | 195 | End 2016 | Info from Agency for Statistics. 164 children returned to families during 2016 |
| 52 | 49 | 68 | 29 | 198 | May 2017 | Figures obtained by PFF Managers. |
| 66 | 53 | 61 | 29 | 209 | Nov 2017 | Figures obtained by PFF Managers. |

As can be seen from the table there has been a slight rise in the overall number of children recorded in the BHs at two points in the past year. Over the last 6 months BH1 has seen a significant rise in children while BH2 numbers have increased slightly and Khujand reduced slightly while Istaravshan has remained the same. Of course, as already noted the new BH Regulations have not yet come into effect.

These figures show that the PFF work has not yet had a significant impact on overall number of babies and toddlers resident in the homes, although that snapshot figure may disguise other changes, for example, an increased throughput may be occurring as more children are moved on more quickly, either to adoption or to reintegration with birth families.

More detailed figures have been collated for the Khujand BH. This very useful Table shows both snapshot numbers plus the throughput; admissions, adoptions, reintegration and moves to other placements. It reveals that in fact there has been a significant reduction in referrals in 2017 but numbers reintegrated and adopted have also fallen significantly - hence the static overall numbers in residence.

Table 2: Khujand Baby Home numbers, admissions and discharges¹

| Year | Children Resident as of 1 st January | accepted during the year (Admissions) | Adopted | Returned to biological families | Transferred to boarding school | Foster families | Died |
|------|-------------------------------------------------|---------------------------------------|---------|---------------------------------|--------------------------------|-----------------|------|
| 2015 | 63 | 94 | 51 | 34 | 4 | 5 | |
| 2016 | 63 | 88 | 42 | 42 | 2 | | 2 |
| 2017 | 61 | 51 | 24 | 22 | 5 | | |

4.2 Who are the children in the Baby Homes?

4.2.1 CWD

Khujand and BH1 take all those children with disabilities, while Istaravshan and BH2 do not. In the case of Istaravshan which serves a large rural area, it means that CWD are separated by greater distance from their families when placed in Khujand. The range of conditions and disabilities is wide, from relatively mild to severe physical and learning disabilities. The overall numbers are not available from BH1. However figures collected for Khujand BH indicate that just under half of the children (28 out of 61) have disabilities, ranging from two with speech delay and five with Down’s Syndrome, to four with cerebral palsy and three with hydrocephaly.

4.2.2 Abandoned and relinquished children

The other significant group of children found in the BHs are those abandoned or relinquished by their parents. There can be many reasons associated with abandonment or relinquishment, including parents being in prison, mental illness, or the impoverished circumstances of the family. According to staff in the BHs the cause of relinquishment is frequently given as the young age of the mother and/or the child being born out-of-wedlock. In these situations the family may reject the child and even if the mother wishes to care for the child she may not have the resources to do so, and she may therefore reluctantly place the child in one of the Baby Homes.

From discussions on this point with teams in Khujand and Dushanbe it appears that there is variation in CRU practice in relation to very young mothers and their babies. In Khujand we were informed that when a child is born to a mother aged under 18, and where the mothers’ families are unwilling to accept it, then the CRU will place the child in the BH – even if the mother wants to keep her child. The staff of the BH said they had a number of cases where a child was placed compulsorily in the BH and the young mother visited as regularly as she was allowed, and then reclaimed her child as soon as she

¹ Information provided by BH Director

turned 18. However in Dushanbe the staff of BH2 reported that this kind of placement was unknown to them.

4.2.3 Children in care in Russia

There are also a group of children appearing in the BHs who were in fact fostered or adopted in Russia where they had been abandoned or relinquished by their Tajik parents working there. Despite these placements being apparently stable and satisfactory, these children were being compulsorily repatriated by the Tajik authorities and then placed in the BHs, a far from satisfactory outcome from the point of view of the child's best interests. This matter has been brought to attention in the Alternative Report on the implementation of the UNCRC provided by a group of NGOs at the Anti-Discrimination Centre in Dushanbe.

4.3 The rural/urban split in relation to use of the BHs

Professionals interviewed for this report were also unanimous in their view that a high proportion of the children in the BHs came from families in rural areas, and not from the cities. They cited two main reasons why more children were relinquished by their parents; extreme poverty on one hand but also the persistence of what were described as traditional, conservative and patriarchal attitudes where a young woman having a child, or a child being born out-of-wedlock, was a matter of deep shame leading to the extended family rejecting the child and refusing to support a mother who might want to keep her child.

Cases were cited of young women from the countryside studying in the cities and becoming pregnant but having to abandon their babies because they could not take them home.

5 The work and impact of the PFF project in 2017

In this section of the report the project work associated with the **PFF Objective 1** is examined (see p.4):

'Transformation of the BHs into centres for early intervention and family support.'

5.1 Engaging with officials in the MoHSPP

Senior project staff report a significant change in their relationships with Ministry of Health officials since the start of the project. The Ministry has taken ownership of the development of the BH Regulations and the inter-Ministry process of approval towards final sign-off by the PEO. In previous years the NGO staff had developed positive professional relationships with MoHSPP officials but they felt they were in the role of pushing the Ministry to support the development of family support. In 2017 a different partnership emerged; now the Ministry take the lead and invite the NGO experts to assist them in developing and refining the Regulations and also in preparing for meetings with senior officials and other Ministries.

5.2 Training – summary of training provided

The project works towards its aims through a considerable volume of capacity-building activity; through dissemination of external professional social work expertise, via coaching, mentoring and training. In this section of the report the volume and pattern of training is reported. The PFF project supports training delivery through the funding of the Mellow Parenting trainer as previously noted (Section 4.b, p.11). The project also funds Dr Nazira Muhamedjanova's post. She contributes extensive ECD input to the Practical Training Unit for Social Work and Innovations and is the major contributor of professional training on the modular course in family social work knowledge and skills for BH staff. Dr Nazira also provides short courses to FSC and BH staff around a number of therapeutic methods for working with CWD.

The Government of Tajikistan has recognised the Practical Training in Social work skills course (PTSW1) offered by the Practical Training Unit for Social Work and Innovations under the MOHSPP (PTUSWI) and has provided the resources for over 50 care staff from the Dushanbe BHs to attend the course, which is designed to prepare them for the operation of the new centres. It is a 240-hour in-service course.

The PTUSWI has also provided a number of courses in the past year including refresher training on ECD and attachment, case management, cleft palate care, child protection training and a 2-day course 'Intensive interaction' to promote therapeutic activities with CWD to promote their motor skills and speech and communication development. The Director of the centre also, in conjunction with the Directors of the NGOs, provides a programme of weekly half-day seminars for the NGO teams.

The PTUSWI also draws in funding from other sources. In the past year specific courses have been funded by the British Embassy, the Soros Foundation and UNICEF.

5.3 BH transformation overview – a work in progress

The draft regulations

The staff of the CRUs and the Directors of the BHs have been very much impacted by the delay in signing off the new regulations. These changes cannot happen haphazardly or piecemeal but rather in a methodical and orderly manner. UNICEF will facilitate the development of a detailed roadmap to support implementation of all the changes provided for in the revised BH regulation, once approved. Nevertheless awareness of the new regulations and commitment to a new way of working seems high, certainly in the three BHs visited. BH1 is somewhat behind in its development but Dr Nazira has held a series of meetings with the new Director of that home, staff training has taken place and a number of practice developments are under consideration.

Project staff have been closely involved in contributing to drafts of the BH Regulations. The regulation has now been finalised and issued in both Tajik and Russian and project staff believe they do provide the basis for the new kind of early intervention and family support centres that they have been advocating for. It is understood that the Ministry has accepted that the new centres should be renamed as Family and Child Support Centres, and they will be able to offer a range of support services for families with children from 0-7 years of age – a significant extension of the previous 0-4 remit of the BHs.

The regulations affirm that the main duties of the centres will be to support parents to take care of their own children. The centres will provide a range of activities to support the needs of a wide range of vulnerable children and families, including children with disabilities. The Regulation directs that the transformed BHs will provide:

- Diagnostic and consulting services
- A short stay service
- An early intervention department
- A mother and child health department
- Support services, including advocacy for young parents to assist them with accommodation and entitlements

The regulations will also likely promote a wider focus on child development to include a focus on emotional and psychological well-being, and will also adopt an individual care-planning approach to those children in residential care in the centres. The professional orientation of staff will be expected to move towards a more of a 'partnership with parents' model of addressing the children's needs.

Practice development

As noted above there has not been any reduction in overall numbers of children resident in the BHs, based on snapshot figures. In discussions with project and CRU staff in Khujand there was agreement that despite the desire to reduce placements (in anticipation of the new regulations) there were increasing pressures on the BHs as a result of poverty and migration of parents. The CRU officer reported that on a number of occasions they had refused parents who wished to place their child in the BH because they wanted to go abroad to work.

A senior paediatrician and health service manager who liaises closely with the Khujand home is very supportive of the changes. He has proposed that the new centre develop its own local 'Commission' to assess and monitor all referrals. Given the challenges facing the CRUs (identified elsewhere in this report) – and the wide range of their duties this seems a very promising idea and further elaboration of it would be valuable.

In discussions with BH staff it is clear that many of them are concerned about what the future changes will bring and the implications for their own jobs. Directors of the BHs interviewed are also concerned that the Government will need to find resources to redevelop their buildings to make space for new services and to re-model the buildings.

Despite the lack of new structures and services pending the signing-off of the regulations, there has continued to be a substantial amount of practice development in all the BHs in the current year. In BH2 and Khujand the FSC staff and the staff of the BHs are now working more closely together than ever, and the BH staff recognise that the focus of their work will change to include more work with families of children with disabilities, and to undertake regular reviews of family circumstances with the view to promoting reintegration where possible. The former task has involved staff receiving training around activities for CWD and with regard to the latter there is the requirement for more frequent 'family visits' – assessment and support visits by BH staff to parents in their homes. Staff from NGOs have also been involved in reaching out to the Directors and staff of the other BHs (BH1 and Istaravshan), in order to discuss practice change and provide on-going staff development and training opportunities. Links between the Mavorid and Istaravshan are much more advanced than the links between UMED and BH1 – in the former case there have been regular meetings and the delivery of many training sessions. In the latter case the UMED Director has begun to make specific proposals to the Director of BH1 but there has been little practice exchange so far. The NGO Ishtirok which continues to operate a service for adults with disability in the grounds of BH1 but is not participating in the transformation process so far.

5.4 Specific progress in each BH

Istaravshan BH serves a large rural area. It is not currently mandated to receive CWD and such children from the districts served by this BH have always been placed in Khujand BH. It is anticipated that Istaravshan Family Support Centre will start to provide a day-care based service for families of CWD, once the new regulations are approved.

The Director is undoubtedly positive about this new direction and has actively engaged the help of Mavorid staff to provide regular training for his care staff in the care of CWD. This Director seems less committed at this point to develop outreach from the centre, delivering preventive, family support work and the possible reintegration of abandoned, non-disabled, babies. This will require permission for the staff to work 'off-site' and for family visiting skills to be added to his staff's current skill-base. It must be possible to address this issue as staff at Khujand BH are already working 'off-site'; undertaking home visits alongside the FSC staff.

Unless this issue is addressed soon there is a possibility that Istaravshan will simply add a CWD day service to the existing residential provision, and opportunities for a community-based, family support service for vulnerable families may be missed.

Khujand – The FSC and BH teams are working closely together and there appears to be a very positive ethos developing as the Director of the home waits for the new regulations. Near the end of 2017, a new Director came in post and she is wholeheartedly committed to the proposed reforms. BH staff are now involved in family visits with Mavorid staff and reintegration of children is a regular occurrence. Further, a number of families are receiving short and longer-term support to enable them to keep their families together and prevent recourse to placing the children in the BH. A senior Paediatrician is taking an active role in thinking about the transition and he is keen to see a Mother and Baby unit set up so that young and/or vulnerable single mothers who lack family support may be able to remain with their babies.

The Director is concerned about the issue of a lack of space for setting up new services. This home is much smaller in size and facilities compared to BH2 in Dushanbe, for example. The FSC is also operating in a very small building. It is clearly going to be very challenging to develop a new day centre and Mother and Baby unit unless there is a reduction in number of babies referred, thus freeing up one or more of the bedrooms.

There is a need to develop more concrete plans for the transition and think about where the proposed Mother and Baby unit can be located and how to find more space for the family support work which has to date been undertaken in the Mavorid premises.

Parents' views

A number of parents put themselves forward to talk to the author of this report. It was clear that all had a very positive view of the services provided. Some of the parents had only recently started coming to the centre, for example for 1 month, while others had been bringing their children for various physical exercises and speech development activities individually or in groups, for periods of 3 to 6 months. One parent with a severely disabled child had been coming for over 3 years. Nearly all the parents interviewed had children with some form of disability. While we did not attempt to gain a detailed diagnosis about each child it seemed clear, from the parents' description and from observation, that there was a wide range of needs being addressed. All the parents

reported that their children had progressed in relation to physical development and language delays. They reported that their children really liked coming to the centre, and they enjoyed the company of the other parents they met, parents who shared many of their experiences of caring for a child with disabilities. A number of parents spoke about the challenges of getting their child accepted into mainstream education, and one in particular spoke of her frustrations about her child receiving a very limited curriculum when she did attend school.

Dushanbe BH2 – Here also the Umed and BH teams seem to be working closely together and in fact to be ready to merge under the BH Director. It is likely that this BH will be the first to implement the new regulations. The UMED FSC has one room where its staff are based and has the use of three large rooms within the BH as well as accommodation for two mothers and their children when the mother and baby unit is able to start. Staff undertake family assessment visits, and engage with a large number of parents and children who are receiving day services, especially structured activities for CWD. It seems clear that there is a very well-structured programme in place and a time-limited period of services offered to parents. I was told and parents seemed to confirm that 6 months was usually the maximum that parents were involved in daily activities at the centre. The team have made a start on a Mother and baby support service, using a day-centre model. The Director would like to make this a residential facility but current regulations and funding prevent him from providing overnight accommodation and food for this group of women and children.

The Director of the BH reported that the CRU in Dushanbe had recently refused to authorise the transfer of a group of older children to the next stage 'internat' (for 4-7 year olds). This is apparently on the basis that their families should be assessed first to see whether reintegration is possible. Although the author of this report was not able to meet with the CRU officer in Dushanbe, this seems a very hopeful development and indicative that the CRU want to work in a new way, seeking family placement rather than accepting the inevitability of further years in a large-scale 'institution'. Senior staff from the project are reaching out to the new Director of BH1 with the aim of equipping that home to be ready for the 'transformation' process.

Parents' views

A number of parents agreed to take part in a group interview and a number of questions were put to them – all were keen to contribute. They were asked where they had heard about the FSC. All the parents seemed to have children with disabilities. Interestingly all had learned about the FSC from official sources, such as the Polyclinic or Health centre. One had heard from a neighbour who was taking their own child there. They came because the polyclinic staff and other praised the expertise that was available, and the therapies that they provided that would help their children. Parents had been attending the centre for between 1 to 6 months.

When asked what benefit they and their child gained from attendance at the centre the message was consistent that the children enjoyed coming and were making progress in movement, socialising and speech and language development. For themselves the mothers (the group were all women) talked about enjoying the company of other mothers in similar situations and that being part of the group had led to new friendships continuing away from the centre. Several of the mother talked about how they had learned now used the exercises and activities they had learned at home.

Dushanbe BH1 – The very first FSC was set up in the grounds of BH1 a number of years ago in partnership with a local NGO, Ishtirok – the Disabled Women’s League. Originally this had similar aims to the other FSCs in Khujand and BH2. Unfortunately that NGO has not collaborated in the development of new ways of working in the BH or with the development of new family support services. However the new Director of the BH1 entered into an agreement with Umed in July 2017 to begin to provide training opportunities for her staff. The Director also undertook to consider the deployment of a group of volunteers into the home to provide extra help to undertake therapeutic play activities, especially with some of the CWD who are reported to lack even very basic stimulation, or outdoors experience.

6 Foster care service development – slow progress

In this section of the report the project work associated with the **PFF Objective 2** is examined (see p.4).

'Further development of foster care services and support for the implementation of new regulations.'

The quotation below is from the previous pilot fostering evaluation,

There has been a thorough process of scrutiny and approval by numerous professionals at locality, provincial and ministry level. However it is clear that there is as yet no proper system in place, with appropriate resources, protocols, guidance and procedures, mandating roles and responsibilities to various government and municipal bodies.

(Milligan, 2016, p.21)

At the start of the current project in January 2017 the project managers hoped that it would be possible to push forward with the development and approval of the Fostering procedure to authorise and guide the development of fostering, building on the pilot stage. The MoHSPP had been leading on this area of work, as the pilot fostering service had been developed as an alternative for under-4s, as part of the proposed transformations of the BHs. Early in 2017 however, following a change of personnel in the PEO, and perhaps due to a lack of handover of information, the PEO looked into the fostering developments and began to ask questions. The PEO assigned the General Prosecutor to investigate the legitimacy of the pilot. The Tajikistan Project Manager was called into the regional prosecutor's office to account for the development of the pilot and, with the support of UNICEF, was able to show the officials all the national plans and case-management files. They explained the whole project had been authorised by the CCR (PEO) themselves and followed on from the inclusion of fostering within the recently-passed Child Protection law (2015).

The Project Manager has not heard back anything official from this investigation but she was told that the pilot programme should not be continued until the Fostering Procedure is in place. This means that the project can't continue with the foster care pilot as a means of informing the procedure. Overall responsibility to coordinate Child Protection Law (2015) was given to MoES in August 2016, and as Article 44 on Foster Care is in this law, responsibility to develop guidelines for foster care was also transferred to MoES. However they are understaffed to perform this duty and unfortunately since this transfer there has been little progress in terms of further development and approval of the fostering procedure. Hence, they sent an official request to the Government to fund nine

staff and establish a Directorate on Child Rights under MOES to address issues addressed in the Law. A new senior official in the MoES is now leading on the procedure and has initiated a working group, and the Project Manager has attended a number of meetings with them during 2017 to try to keep things moving forward, although progress is slow to date.

Recently the MOES has received permission to recruit a group of eight staff to work on implementation of the Law on Child Protection including the Foster Care procedure, although it is not clear when recruitment for these posts will start.

Current status of the families and children in the pilot

There were 8 single children placed in 8 families in the original pilot group and one of the children was reunited with his birth family within a few months of being fostered. Two of the children were adopted by their foster parents. The five remaining foster parents have continued to care for the child, although they do not receive any in-kind supports – which had been provided by UNICEF under the *Keeping and Finding Families* project, which finished in January 2016. The FSC staff from Marvorid and Umed continue to liaise with the CRUs, and provide guidance and emotional support for the remaining foster parents and their children. FSC members visit them at home and the families are able to visit the FSCs.

Despite the lack of regulatory follow-up which leaves the remaining foster families in something of a limbo, the pilot produced much useful learning. It demonstrated that it was possible to recruit foster parents, and staff gained experience in implementing selection procedures and providing training and ongoing support. NGO staff worked under the supervision of the local CRU and worked closely with the BH Directors, and the whole fostering programme was integrated into the work of the FSCs. Once the new procedure has been developed and launched it is likely that, though some time has passed, it will be possible to build on the experience and lessons learned from the pilot.

7 The functioning of the CRUs and Developing child protection capacity

In this section of the report the project work associated with the **PFF Objective 3** is examined (see p.4):

'Strengthening the capacity of local authorities in child protection within the community.'

In the preparation of this report the author had a meeting with a group of officials in Khujand which included the CRU chief from the Sughd commission and the Khujand CRU officer, along with the Director of the Khujand BH and others. This meeting was very useful in providing an explanation of the operation of the current system and their views about the changes that are underway. He also had detailed discussions with child protection staff in UNICEF who are currently closely involved in this aspect of child protection system development.

The Child Rights Units function as the secretariats of the Child Rights Commissions, and like the commissions they operate at Oblast and Raion levels. Under the existing structures the CRUs play a critical role in the operation of the BHs – they manage each single case and present it to the CCR at local level to make a decision, including about original placement and moves to adoption, internats, fostering or returns homes. Recent UNICEF research discovered that CRUs may deal with 50 cases each month. Given the lack of social workers and social service structures in Tajikistan these Commissions are comprised of officials from Health, Education and Justice Ministries and children are largely assessed, in their absence, on the basis of written reports. The CRUs are very small-scale operations, and the one in Khujand only has one official. The Chief of Child protection for UNICEF in Tajikistan, noted that 'There is a Law on Child Protection that is mostly focused on children with disabilities, children without parental care and orphans. Very little on protection from violence, abuse, exploitation and neglect'. This issue has been noted in the recent UNCRC Committee report on Tajikistan in which it called for the harmonisation of various laws pertaining to children and to ensure adequate resources to the Department for the Protection of Children's Rights in the PEO and the CCR.

UNICEF are currently cooperating with the GoT in a Functional Assessment of the CCR/CRU system and the briefing note associated with the review notes that despite the legislative changes the CRUs are operating in different ways in different parts of the country, and undoubtedly their role is under strain. The NGO staff noted that there is a high turnover of CRU staff, which seems very likely related to the very high demand of the role.

It is envisaged that they will continue a vital, though somewhat different role under the new BH regulations. The regulations will emphasise the need for families to take

responsibility for their children and for BH placement only to be used for residential purposes in only the most urgent or serious of cases. However this will require the Commissions and the CRUs to operate in a significantly different way, undertaking more extensive assessment of individual families, especially to identify those cases where there are severe child protection risks, warranting removal of the child from the family, and have access to further resources and training. In the cases of children under 4, this will involve meeting with parents and in all likelihood working collaboratively with the transformed BH staff to undertake parental assessments. It also requires that child protection responses are strengthened. The current staffing levels and skill-base of CRU officials does not readily prepare the Units to undertake this task although the official in the CRUs in Khujand and Dushanbe are reported to be very positive about the new developments and already engaged in joint work with the BHs and family centres. In Sughd province and Khujand city officials are well aware of the changes that are coming and are keenly awaiting the authorisation of the Regulations so that they can proceed in new directions.

Under the PFF project there is funding for a 'child protection officer' to be appointed into the CRUs in Khujand and Dushanbe (see next section) and this has in fact started in Khujand. The remit of these staff is firstly to develop their own awareness and understanding of the range of child protection concerns that children may face in Tajikistan and then to help increase knowledge among relevant local professionals. It is also anticipated that placing these staff in the CRUs would add capacity to deal with the changes coming under the BH transformation plans, especially in relation to visiting families and making assessment as described above. However in discussion with the Khujand member of staff it was discovered that he has mainly been used to undertake home visits to families considering adoption, rather than looking at cases where children are being considered for placement in the BH or where reintegration of a child in the BH is being considered. As noted above there is considerable pressure on the CRUs and it is perhaps understandable that the out-posted staff member has been tasked with taking on well understood duties, such as in relation to adoption, however this is clearly not what is intended under the PFF project, and the work of this staff member clearly needs to be reviewed.

It seems clear that the CRU is well-placed to take on a 'case manager' role but perhaps in future the *case-work* could be undertaken by others, under the guidance of the CRU. 'Family case work' could potentially be undertaken by a range of officials - trained in child protection and family support - but perhaps located in schools and health centres as well as in BHs and internats. Such family case-work should be undertaken before cases come to the CCR for decision and then afterwards following a placement decisions etc.

7.1 Child protection awareness

Helping professional staff in CR Commissions and Units grow in understanding of the range of child protection challenges is an important facet of the *Putting Families First* project. The PFF project has within its budget provision for 4 'Child protection Officer'

posts; two in each of the cities. The original operational plan was for one post in each city to be located within the FSC/BH team, and the other to be out-posted to the CRU. These deployments have taken place in Khujand but so far it has not been possible to move forward on these appointments in Dushanbe.

As the Tajik child care system moves towards a greater focus on supporting families in the community and the development of family-based options, such as fostering, it is vital that mechanisms are developed which can respond when children are at risk of significant harm, either in their own or in substitute/alternative families. The UN Committee on the Rights of the Child recommended in 2017 that the GoT puts in place systems to comply with Article 19 of the CRC, concerning the right to protection from neglect and abuse.

Growing in awareness is one dimension towards the development of child protection capacity but the development of referral pathways when there are child protection concerns is another essential component in providing protection to children. There is currently no 'child protection law' which addresses this issue although as already noted the GoT is working with UNICEF to review the current framework of legislation and structures and the question of the need for a child protection law is under discussion.

The PFF project is further contributing to this overall issue by offering one-day trainings in child protection awareness to Ministry staff, senior professionals and officials at the practitioner level. These have been delivered by the Project Director and local experts to a mixed group of professionals in Khujand and also to an inter-ministry group of officials from four ministries (Health and Social Protection, Justice, Education and Science, and Interior) in Dushanbe. The project Director reports that while most of the key staff in the MoHSPP have developed a good general understanding of child protection issues, the recent inter-ministry day revealed that many officials find this whole area of discussion, notably any reference to child sexual abuse, very problematic and there is a considerable level of denial, and lack of knowledge.

8 8 Conclusions and Recommendations

8.1 Key issues in 2017

In this section of the report some of the major themes emerging from the evaluation are summarised, with a focus on the significant challenges which are now beginning to hinder progress. Positive developments are also noted, albeit more briefly, but that is not in any way to deny that very significant progress is being made with much closer joint working between the NGO-run FSCs and the Directors and staff of 3 of the 4 BHs. Many parents, especially those who have children with disabilities are receiving very helpful services. Furthermore significant numbers of children are now being reintegrated from the BHs into their families although this issue was not explored in depth for this report.

The main issues emerging from the evaluation in 2017 are:

i) The delay in approving the draft BH Regulation and the bylaw on Fostering is hindering the transformation process

The draft BH regulations have been fully developed and in circulation for some time and the delay in signing them off is now halting progress towards the transformation of the Baby Homes. Similarly the lack of progress of the Fostering Care Procedure is significantly hindering the development of a fostering service. The Directors of the BHs and their colleagues in the CRUs need both of these to be approved in order to progress new ways of working and the implementation of new services. The Regulations contain much valuable guidance about the importance of supporting families and developing services which will prevent the need for children to be placed in group care facilities.

With regard to the CCR and CRU there has been more progress in Sughd, compared to Dushanbe, in terms of joint consultations with the BHs and NGOs about the new modes of operation. In Dushanbe BH2 there has been good progress in preparing for new services, such as a Mother and Baby day-care unit, and a large number of families are receiving targeted and time-limited support through the FSC. The FSC and BH staff teams in BH2 seem to be working well together and already on the way to full integration. There is naturally a significant degree of anxiety among the BH staff about what the transformation will mean for their jobs, however some of the staff at least can see that there will be opportunities for new kinds of roles in the transformed centres.

ii) Lack of continuity and capacity in CRUs

The new system will require the CRUs to change their way of working; assessing children and families for a wider range of services, and assessing child protection risks. They will need guidance, new procedures and new resources to carry out these functions. There is also reported to be a high turnover of staff in some of the CRUs, perhaps indicating the demands on the job, but also weakening the readiness of the CRUs to undertake their new roles.

iii) No reduction in numbers of children placed in the BHs during 2017²

Snapshot figures gathered by the PFF project from BH directors suggest that there has not been a reduction in the number of children living in the BHs during 2017 (see Table 1, p.18). This is despite the ongoing work of the BHs to undertake preventative work with parents and to return children to families where it is safe and possible to do so. One of the reasons for the continuing pressure for admissions may be related to the economic difficulties facing many Tajik families, especially with an apparent increase in numbers of families where *both* parents are seeking work in Russia, and elsewhere outside the country. Another reason could be the delay in developing alternative family care services. While the two FSCs continue to provide services to support families and thus reduce admissions to the homes the lack of approved regulations and guidance means that new day-care and temporary fostering services cannot be started. New approaches to individual care-planning are being developed in the FSCs and the BH Directors and staff have accepted the principle of working more collaboratively with parents and prioritising family strengthening and reintegration, as opposed to settling for long-term placement of babies and young children in the BHs.

iv) Service development

There is good progress in developing capacity and new services in the BHs and joint working of NGO and BH staff teams, including:

- The NGO staff have developed expertise in providing physical therapies for CWD, and passing on this understanding and skill to parents and some of the BH staff
- Project staff have promoted the importance of working more collaboratively with parents and family members
- NGO staff, including MP, have developed expertise in engaging with families facing difficulties and then setting up, and delivering, parenting programmes
- The NGOs have recruited groups of volunteers to provide physical stimulation to CWD in the BHs
- Senior personnel from the PFF have delivered numerous trainings to a variety of professional audiences
- NGO and BH staff have developed expertise and experience in conducting home visits to identify and support needs and to assess readiness of families to resume care of children currently placed in the BHs.
- Project staff are influencing BH staff about the potential for individual care-planning and the development of associated care-planning tools

In particular there has been a substantial development of expertise in the field of caring for children with disabilities and supporting families – one of the NGO managers estimated that at least 80% of the families they engage with have children with

² Based on figures gathered by the PFF project, see Table 1, p.13

disabilities. However there appears to be much less focus on preventative work with families/mothers who abandon or relinquish babies – though there are plans for Mother and Baby units and respite services aimed at reducing separation and abandonment (relinquishment). This is an area of work that needs to remain in focus.

8.2 Recommendations

In the light of the above the following recommendations are offered.

The specific PFF objectives which the individual recommendations relate to are given in brackets (see p.4).

1. Project managers need to consider a more strategic effort to mobilise support for the transformation process. They could perhaps seek to take advantage of some of the complementary work that the EU is funding through other components of its assistance to Tajikistan. The EU, World Bank and UNICEF all have a major focus on ECD. (Ob.1)
2. Project managers should seek to influence the PEO, perhaps through the CCR and with the support of UNICEF, in order to explain the impact of the delays and to pursue final approval of the BH regulations. (Ob.1)
3. Project managers should seek to engage with MOES in order to progress fostering procedures. Senior staff from the project could offer briefings and training to the new group of Ministry staff responsible for implementation of the Law on Child Protection once they come into post. (Ob.2)
4. Funders will need to be informed about these issues as lack of progress in these areas will significantly hinder comprehensive achievement of project aims. The delay in approval of the transformation process has implications' for the ultimate sustainability of the project which depends on the merger of the FSCs into the Khujand BH and BH2 and the FSC staff (currently externally-funded) being taken into the transformed BH operations. (Ob.1 & 2)
5. It is important to engage with the Heads of the CRUs to take forward the preparation for the new ways of working. The Functional Assessment of the CCR/CRUs that is about to be published by UNICEF on behalf of the PEO will be a very valuable tool to inform the transformation process and the steps for setting up new ways of working of the CCR/CRU and the new range of services in the Family and Child Support Centres. (Ob.1 & 2 & 3)
6. Reviewing the work load and role of the child protection worker currently based in Khujand CRU. In Dushanbe establishing regular meetings with the CRU is vital. (Ob.3)
7. Engage with the Director and staff of Istaravshan BH to develop their capacity to undertake home visits, aimed at a) preventing admission to the BH, and b) returning children to live with family where it is safe for them to do so.(Ob.1)
8. Seek to involve the Kishti FSC in BH1 (run by the NGO, Ishtirok) to engage with the BH transformation process and to participate in the development of knowledge and skills to implement the new regulations and procedures.(Ob.1)

9. Training – set out plans for the remaining years of the Project to offer training in child protection awareness to Ministry, Municipality and other staff at all levels – perhaps on an annual basis. (Ob.3)

Subsequent to, and dependent on, progress on these areas, then a number of steps will come into focus.

10. Detailed planning for gradual transition to the new services, including staffing transition plans. This task will be greatly facilitated by UNICEF following on from its Functional Assessment of the CCRs/CRUS. It will be important for the Directors of the four BHs to share learning about the transition. The creation of a 'learning group' to share learning from challenges and successes, involving the heads of the new Centres and senior project staff should be created once the regulations have been approved. The Directors, and key CCR/CRU staff could benefit from exposure to learning from other countries in Eastern Europe and Central Asia. (Ob.1)
11. The FSCs should explore the possibilities afforded by meetings with Mahallas (the neighbourhood level of the women and Children Committees, see p.13), following on from the work done by Sarchasma in Sughd. This could provide a channel for promoting public awareness about child protection and the new approaches to supporting vulnerable families. If this engagement does provide possible and positive, then some of the Mahallas may be a potential source of support for families in difficulty or foster families, and also ultimately to acting as a 'referral channel' to Centres and CRUs for child protection concerns. (Ob.1 & 2 & 3)
12. The two FSC teams should continue to work with on the development of family support visits to provide support and assess and monitor reintegration, especially seeking to increase work with cases of relinquished, non-disabled children and not just those with disabilities. (Ob.1)
13. It is important that MOES progresses the development of foster care through developing the procedure and integrates learning from the pilot. The development of a foster care service will require a multi-stage process, and involve the development of foster care knowledge and skills among a wider group of BH staff. Progress on a substantial number of areas will be required, including recognising different types of foster care; short term, pre-adoption, and long-term where adoption is not possible. (Ob.2)

8.3 References

Anti-Discrimination Centre Memorial. (2017). Alternative report on Tajikistan implementation of the UNCRC.

Milligan, I. (2016). Changing mind-sets and pioneering family social work in Tajikistan. Glasgow, UK: CELCIS.

Appendix 1 - List of interviewees

| Name | Role | Organisation |
|----------------------------|-------------------------------------------------------------------------------------------------------|------------------------------------------------|
| Jonathan Watkins | Putting Families First Project Manager | HealthProm |
| Kouysinoy Maksoudova | National Project Manager | HealthProm |
| Dr Nazira Muhamedjanova | Independent consultant – responsible for training courses and development of respite service | HealthProm |
| Mizrobsho Sharipov | Director | BH2, Dushanbe |
| Umida Ergasheva | Manager Family Support Centre, Baby Home 2 | NGO Hayot Dar Oila (HDO) |
| Zu Ruzievs | Mellow Parenting lead trainer and programme coordinator | NGO Iroda |
| Lola Nazriddinova | Director | NGO Iroda |
| Fahkruddin Hakimov | Chief Specialist in Child Development | Health Department, Sughd Region |
| Mohira Saidnasulaeva | Director | Khujand BH |
| Farida Nouredine | Chief, Child Protection | UNICEF, Tajikistan |
| Salohiddin Shamsiddinov | Child protection officer | UNICEF, Tajikistan |
| Luba Fedotova | Director | NGO Sarchasma (Socio-legal Centre, Khujand) |
| Zamira Nuridinova | Project coordinator (Khujand) | NGO Sarchasma |
| Firuzha Alieva | Child Protection worker, Mavorid Family Support Centre | NGO Sarchasma |
| Muhabbat Hamidova | Head of Child Rights Unit, Secretary of the | Child Rights Unit, Sughd Oblast |

| Name | Role | Organisation |
|-----------------------|----------------------------------------------------------|---------------------------------|
| | Commission on Child Rights | |
| Manizha Umarova | Specialist Child protection worker | Child Rights Unit, Sughd Oblast |
| Muhayo Dadobeova | Head, Child Rights Unit, Secretary of the CCR of Khujand | Khujand |
| Huseinkhon Okhunjonov | Specialist Child protection worker | Khujand CRU |
| Mirzoali Hotamov | Director | Istaravshan Baby Home |

About CELCIS

CELCIS, based at the University of Strathclyde in Glasgow, is committed to making positive and lasting improvements in the wellbeing of Scotland's children living in and on the edges of care. Ours is a truly collaborative agenda; we work alongside partners, professionals and systems with responsibility for nurturing our vulnerable children and families. Together we work to understand the issues, build on existing strengths, introduce best possible practice and develop solutions. What's more, to achieve effective, enduring and positive change across the board, we take an innovative, evidence-based improvement approach across complex systems.

For more information

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