

Working in partnership to promote health and social care
for women and children in Eastern Europe and Asia



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ACKNOWLEDGEMENTS

This project is co-funded by the European Union and has been produced with the assistance of the European Union. The contents of this publication are the sole responsibility of HealthProm and can in no way be taken to reflect the views of the European Union.

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FORWARDS

Having started as a pilot in 2006, HealthProm's initial "babies at risk" project has now developed into a unique model, recognised by parents and other stakeholders as providing a highly desirable family-based alternative to the placement of babies and young children in institutions.

By pooling professional expertise around the needs of disabled children, and by training and empowering families to provide the care needed by their own children, HealthProm and its local partner Ishtirok have acted as catalysts for the establishment of an inspiring and sustainable community alternative to institutionalisation. The project provided further evidence that love and supported care do have a significant impact on the development of disabled children and the overall well-being of their families.

Since its inception, the project has enlarged its circle of stakeholders, with new actors taking an active interest and playing a part in the success of the model.

HealthProm and Ishtirok look forward to this model being scaled up, reaching out to more families in Tajikistan and other parts of Central Asia.

Valérie Amato
Chief Executive Officer
HealthProm

Public Organisation Disabled Women's League "Ishtirok" has run the Kishti Centre in partnership with HealthProm and the City Health Department (CHD) since December 2008.

The EYSC project has enabled us to develop a stronger partnership with CHD and later on with the Ministry of Health and the Ministry of Labour and Social Protection. Through this collaboration the Kishti Centre's expertise was increasingly recognized among stakeholders. Staff trainings delivered by international experts from the UK and Russia built our capacity. The trainings on Mellow Babies and Mellow Parenting were new and particularly useful. Mellow Babies and Mellow Parenting are evaluated programmes, which have been shown to be effective in engaging hard-to-reach families with children under five and babies under one. The programme helps parents make changes in their relationships with their children. 53 beneficiaries participated in Mellow Parenting Groups and reported improvement in mother and child interaction, child behaviour, mother's well-being and mother's effectiveness and confidence in parenting.

The EYSC project supported families to prepare their children for and integrate them into kindergarten. Kindergarten staff were provided with trainings on disability models and how to develop children with disabilities in an integrative environment. The staff of Baby Homes also received trainings from Kishti staff and international volunteers. The result was that children with disabilities in the Baby Home received better care.

Thanks to the EYSC project a building that was in very bad condition was renovated and the Kishti Centre increased in size. The crisis room was opened and team has started to provide support to women who want to place a child in the Baby Home.

Through the EYSC project we participated in study tour to the UK where we have learned activities and practice of different centers for children with disabilities. Staff parents and MOH officials participated in an international conference and a study tour to Bishkek learning from HealthProm's partners in Kyrgyzstan. This was a key moment as we realized that the EYSC project was recognized as one of the only successful Early Childhood Development models in Central Asia. Being able to share our practice internationally and see similar projects was very empowering for the local staff.

I believe that through Ishtirok's partnership with HealthProm we will continue to be able to further develop our skills and capacity. This in turn will enable us to provide better care for children with disabilities, children at risk and their parents thus promoting a more inclusive society in Tajikistan.

Saida Innoyatova (Chair)
Public Organisation Disabled Women's League "Ishtirok"

EXECUTIVE SUMMARY

This Action has sought to contribute to the Millennium Development Goals and the Tajik government's Poverty Reduction Strategy to decrease the number of children in poverty in Dushanbe. There has been a growing demand in Tajikistan for a cross-sector approach in Early Childhood Development (ECD), where critical gaps exist in both the knowledge and the provision of adequate community services for vulnerable young children. The Tajik government recognises the need to improve both community and family-based social care. It has also begun to acknowledge the key and complementary role non-state actors can play in the provision of such support and services.

The Action's specific objective was to establish a comprehensive Early Years Service Centre (EYSC) to provide modern fit for purpose community alternative to institutional care for families experiencing difficulties in Dushanbe. International research consistently shows that institutional care has a negative impact on children's development and ability to reach their full potential. With an emphasis on inclusion, enterprise and innovation the EYSC project focused on 4 key areas:

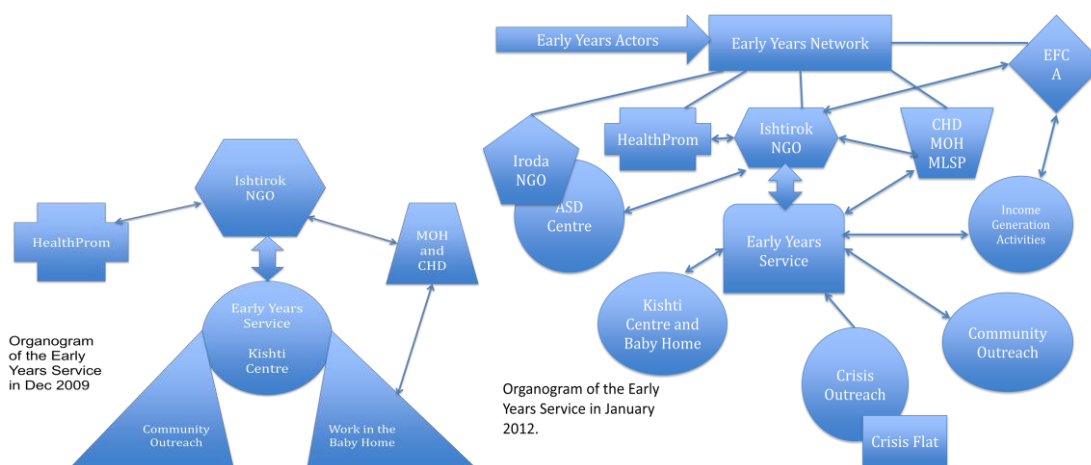
- Increasing the capacity of professionals to provide ECD and crisis support
- Improving the standards of care in Baby Homes 1 and 2
- Outreach to families in the community
- Strengthening partnerships between state and non state actors

The results show that the Action has been successful in meeting these objectives. It has tackled some of the root causes of child abandonment and placement in residential care, educated professionals in ECD and provided direct learning experiences for families in a community setting. It has improved the physical, social and emotional well being of young children in Dushanbe enabling some to access mainstream education. Partnerships between all the different actors have been strengthened through the implementation period.

A structured training plan meant that the Action was able to create an innovative learning hub, where all the target groups benefitted from ongoing development opportunities and capacity building in ECD issues. The project brought experts from the UK and Russia to focus on particular learning needs and study tours to the UK and Kyrgyzstan, allowed the beneficiaries to learn and share experiences internationally. As a result standards of care in Baby Home 1 and to some extent Baby Home 2 have been improved.

Synergies between the EYSC project and the EU Technical assistance project enabled a new multidisciplinary team to develop and provided the local team with new qualifications in physiotherapy, occupational therapy and social work.

The Action has promoted inclusion, enterprise and innovation with new teams, services and partnerships developing over the 2 years. The two organograms show the changes and expansion that has occurred over the life cycle of the project.



Whilst originally meant to have the characteristics of a daycare centre, the EYSC project has helped the Kishti Centre ultimately develop into an Early Years Resource Centre. Providing assessment and support to families for a time-limited period means that the service is more cost effective and efficient. It can now reach more children and promote an inclusion agenda, preparing children for mainstream kindergarten where possible. An additional and positive unanticipated outcome has been the creation of a separate centre for children on the autistic spectrum and the creation of a new NGO IRODA who will focus solely on providing support to families with children on the autistic spectrum.

Parents have benefitted from Mellow Parenting groups, education seminars and income generation activities. The results of a survey conducted by the Eurasia Foundation in July 2011 showed that the EYSC project has had an impact on parents who have children with disabilities it has; decreased parent's isolation, increased their knowledge and understanding and empowered them to help their own children.

Throughout the course of the EYSC project, the team has focused on building partnerships and connections with both state and non-state actors, with the objective of raising awareness of the need for effective ECD and joined up services. This led to the launch of an Early Years Network at the final round table conference in December 2011.

Another key success has been the commissioning of Early Years Services by the Tajik Ministry of Labour and Social Protection for 2012 paving the way to ensure sustainability of the project in the longer term.

The team has identified 10 key components as being essential to the success of the EYSC model

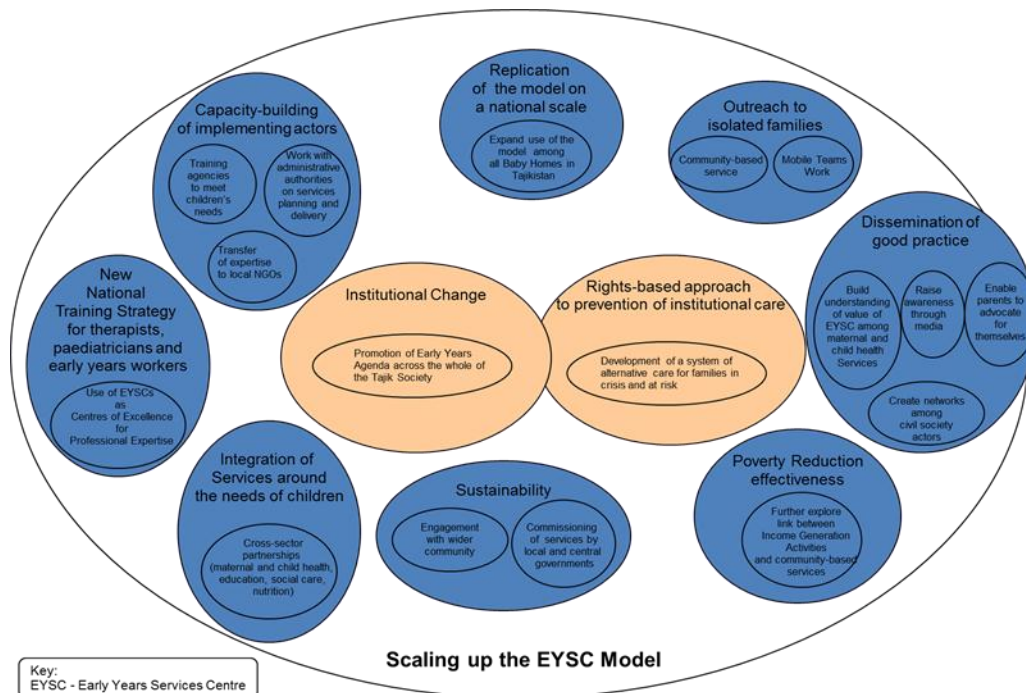
1. Individual assessments and care planning for each child.
2. Access to appropriate and timely therapy.

What impact has the Early Years Service had on parents of children with disabilities?

- 71% of parents realise that they are not alone and that there is help available.
- 65% acknowledge that they have improved understanding of their child's condition.
- 59% feel that they have increased abilities to help their own children.

3. Parent education and support.
4. Home visiting
5. Family Crisis Intervention
6. Creating a learning hub where everyone learns from each other and share what they know.
7. Supporting and advocating for children to be included in mainstream kindergartens.
8. Using and valuing both local and international volunteers.
9. Developing opportunities for families to be involved in income generation activities.
10. Networking with other actors to spread the word about ECD and share resources.

Lessons learnt from the project have been manifold. These have enabled the partners to identify how the EYSC model can be replicated and scaled up and this is illustrated in the diagram below.



You can watch a short film about the work of the EYSC project on YouTube.
www.youtube.com/watch?v=IH9MqDVkRoM&feature=youtu.be

Introduction

This report is Result 4 of a two-year EU funded project “An Early Years Support Centre (EYSC) service in Dushanbe: Reducing poverty, empowering vulnerable families, strengthening partnerships and advocating for rights”. It will outline the model of support that was developed through the EYSC project in Dushanbe, the capital of Tajikistan.

We envisage that this document will be used as a guide/template to recapitulate best practice and assist the development of EYSC services in Tajikistan and elsewhere in Central Asia. In addition, it will help to consolidate the learning of the project participants and reinforce the good working partnerships that have been established between the different actors, both state and non-state. The table below shows some key project statistics.

This document has four parts: a literature review, the development of the EYSC Model, lessons learned and conclusion.

| Final Beneficiaries | Male | Female |
|--|-------------|---------------|
| Children in Baby Home 1 | 70 | 92 |
| Baby Home 1 staff | 9 | 62 |
| Children in Baby Home 2 | 87 | 94 |
| Baby Home 2 Staff who participated in trainings | 0 | 15 |
| Children at risk of referral to Baby Homes but referred directly to EYSC service | 118 | 175 |
| Children benefiting from new Autistic Spectrum Disorder centre. | 20 | 5 |
| Target Groups | Male | Female |
| Health and Social Work Professionals who participated in trainings | 83 | 334 |
| Parents Participating in Income Generating Activities | 0 | 30 |
| Parents who completed 12 week Mellow Parenting Groups | 3 | 50 |

Part 1 - Literature Review

Tajikistan

Tajikistan lies to the north of Afghanistan and the south of Kyrgyzstan. It gained independence in 1991 and is the most southerly of the Commonwealth of Independent States (CIS). It is also the poorest state in the CIS, ranking 127th out of 187 countries on the UNDP Human Development Index¹. The population is currently estimated to be around 7 million with 34 percent under 14 years old (<http://data.un.org>), (Tajikistan UN Human Development Report 2011).

Child poverty in Tajikistan

Poverty is a major cause of harm to children in Tajikistan. The UN Convention for the Rights of the Child emphasises a rights-based approach to child poverty, which underlines the role played by different actors including the family, the community and the state in enabling children to reach their full potential. Young children need a nurturing family environment but also require other services such as access to safe water, health care and adequate economic resources.

In Tajikistan, child poverty varies by age and gender with younger children particularly those aged under 3 being more likely to be poor than older children (UNICEF, 2007). With state benefits inadequate many Tajik families now rely on cash remittances from household members currently living abroad, which provide a crucial source of income.

Recently published research in The Lancet has shown that investment in Early Childhood Development (ECD) is a key component in helping to break the cycle of inequities and poverty that many children and families face. Early childhood is the *most effective and cost-efficient time* to ensure that all children develop their full potential (Walker et al, 2011).

Child poverty in Tajikistan

17 percent of children under 5 are underweight (low weight for age).

7 percent of young children are wasted (low weight for height).

27 percent of children under 5 are stunted (low height for age).

10 percent of children aged 36-59 months currently attend some form of organised early childhood education programme.

**Baschieri and Falkingham,
University of Southampton,
UNICEF 2007)**

¹ http://hdr.undp.org/en/media/HDR_2011_EN_Table1.pdf

Early childhood development in Tajikistan

The ‘Early Years’ of childhood² are internationally recognised as being from birth to eight (UNCRC, 2005). Care and education are seen as inseparable and both are needed to maximize a child’s potential to develop (BERA, 2003). Throughout the literature, Early Childhood Education and Care (ECEC) and Early Childhood Development (ECD) are used interchangeably, which can cause confusion. This report will use Early Childhood Development (ECD) as a ‘catch all term’.

In Tajikistan ECD has been a low priority. Tajikistan’s 2010 Millennium Goals Development Report reveals that preschool education suffers from a lack of provision and is a low priority for many families. The enrolment in preschool education in urban and rural areas was 17 percent and 2.4 percent respectively (MDG Report, 2010). Other research showed that many parents have limited knowledge about the needs of their child at an early age (OECD, 2009).

A lack of schools in the local community, or the ‘non- inclusiveness’ of schools may influence parents to place children with disabilities in institutional care. Inclusive education has recently been recognized under Tajik law (The National Concept of Inclusive Education 2011-2015) but there remains substantial physical and attitudinal barriers that need to be broken down.

Nurseries are also often reluctant to include children with disabilities because they are already squeezed for space and staff. In many cases mothers/families feel compelled to give up their children because it is the establishment that gives them a feeling of inadequacy, especially if the child has a disability. They can even be actively encouraged by the authorities to give up their child (Tainsh and Badcock, 2003).

With social work still in its infancy, little thought is given to care planning for individual children and their need for stability, security and attachment. Although things are changing, Tajikistan still retains the health and welfare services that existed in Soviet times. Children with disabilities are still seen as ‘special cases’ who are ‘better together’ (Tainsh and Badcock, 2003). State support interventions are based on a system of classification of children into disability groups and there are still very few community alternatives to institutional care.

Increasing access to preschool programmes for all, alongside building parents knowledge about the need for a positive learning environment for their preschoolers, has been recommended to improve the situation for very young children in Tajikistan (OECD, 2009). The ‘twin tack’ approach, as advocated by DFID and WHO, encompasses a focus on both the system and the child and is much needed to shape these newly developing community services (WHO, 2011). A poor country like Tajikistan cannot afford not to invest in these programmes:

² Definitions of early childhood vary in different countries and regions, according to local traditions and the organization of primary school systems. In some countries, the transition from preschool to school occurs soon after 4 years old. In other countries, this transition takes place at around 7 years old. In its consideration of rights in early childhood, the Committee wishes to include all young children: at birth and throughout infancy; during the preschool years; as well as during the transition to school. Accordingly, the Committee proposes as an appropriate working definition of early childhood the period below the age of 8 years; States parties should review their obligations towards young children in the context of this definition.

The economic benefit of ECD could give a seventeen-fold return on investment if a developing country increased pre-school enrolment to 50%. So investing in ECD now will quite literally yield billions of dollars in later years (Alexander, 2011).

Cross sector approach to service development

A cross sector approach to service development would seek to involve both state and non-state actors in ECD including health, education and social services. Ensuring that children's best interests are always the starting point for service planning and provision is a challenge for newly developing services. The United Nations Convention on the Rights of the Child (UNCRC) 2005 encouraged states to develop "comprehensive frameworks that have a systematic and integrated approach to law and policy development in relation to all children up to 8 years old". Services that involve families through parenting interventions and centre-based programmes are seen to be the key to improve child development (Engle et al, 2011).

In Tajikistan, there is a growing demand for a cross-sector approach in ECD, particularly in the case of ending institutional care for young children. The Convention on the Rights of the Child has created space for new ideas and approaches to child protection and highlighted the importance of children growing up in a family environment (CRC, Article 9).

The Tajik government has initiated a reform of social services outlined in its 2010-2012 Poverty Reduction Strategy. It includes improving community and family based social services, the development of alternative family support and family-based care and implementing a multi-tiered and unified system to protect children's rights, including gate-keeping functions. Reform of the Ministry of Labour and Social protection in Tajikistan means that there is recognition of the role that non-state actors can play in the provision of these key services. It is important however that these services should be seen "as complementary to - not a substitute for - the role of the State", who have a key role to play in coordination, monitoring and evaluation (UNCRC 2005).

Services for children with disabilities

Community-based Rehabilitation (CBR) is one strategy that has been used successfully in many low income countries to create new services and meet real needs in a cost effective way. CBR has recently developed in Tajikistan in a more formal way due to the polio outbreak in 2010 (Mackey, UNICEF 2011):

It focuses on enhancing the quality of life for people with disabilities and their families, meeting basic needs and ensuring inclusion and participation. CBR is implemented through the combined efforts of people with disabilities, their families, organizations and communities, relevant government and non-government health, education, vocational, social and other services (www.who.int/disabilities/cbr/en/).

Strategies for situations where services are limited to:

- Developing basic rehabilitation services within the existing health infrastructure.
- Strengthening rehabilitation service provision through community-based rehabilitation.
- Prioritizing early identification and intervention strategies using community workers and health personnel.

WHO World Disability Report 2011

In rural Khatlon in Tajikistan, mobile teams have had some success in providing a home based service that meets the needs of children and families (Handicap International, 2011). CBR can be seen as a 'pick and mix' series of options. ECD is one of these components, though given the recognition of its growing importance, it will be essential that CBR projects place more focus on ECD in the future.

In Tajikistan, while CBR services are developing there is a recognition that more qualified professionals such as physiotherapists, occupational therapists, orthotists, preferably with paediatric experience, are needed to work alongside government workers, until these professions are upgraded to include community paediatric rehabilitation skills. It also suggested that exchanges within country would be very helpful, recognising that the Ishtirok/HealthProm Kishti Centre in Dushanbe and the Operation Mercy 'All About Children' project in Khojand region are both good models of 'in country' child therapy practice (Mackey, UNICEF 2011).

The CBR matrix does, however, show the need to focus on the whole family in addressing ECD, disability and poverty. Another model that seeks to visualize the link between poverty and disability is KIPAF (Ortiz 2004, DFID 2000). It uses five key domains to chart progress: knowledge, inclusion, participation, access and fulfilling obligation. The EYSC project has developed a participatory monitoring, evaluation and planning tool in line with these domains to help us measure the impact of the project on the child, family, wider community, state actors and non state actors (see Appendix 1).

The impact of institutional care

Tajikistan, like other countries in the CEE/CIS, has traditionally relied on institutional care for children at risk, from difficult social circumstances to disability. There is much in the international literature that shows how residential care negatively affects children's development, particularly in early childhood. "Institutional rearing starting early in life increases children's risk for adverse outcomes including poor growth, ill-health, attachment disorders, attention disorders, poor cognitive function, anxiety, and autistic-like behaviours" (Walker et al., 2011). Children also face greater risks than their non disabled peers of being abused while in residential care (Higgins, 2008; Haarr, 2011).

In recent years in Tajikistan, the number of children being placed in care for 'social reasons' e.g. as a result of parents migrating for work, has increased. Parents are generally poorly informed about the effect that long periods in care can have on their children's welfare and development. A recent study showed that many children are strongly affected by their parent's migration, showing symptoms of withdrawal and depression and increased aggressiveness and rebelliousness (Impact of Migration, UNICEF 2011). The concept of child protection in Tajikistan currently relates to limited income support and health services rather than to an individualised approach to community care, family support and promoting opportunities for ordinary living and protecting children from harm as required by Article 19 of the UNCRC. Decisions on children's placement in institutions and on when they should return to their families are still being left to different organs at local or regional levels and the 'one-stop shop' model facilitating gate-keeping is not yet functioning. Foster care, guardianship or other family type care is still underdeveloped (At Home or in a Home, UNICEF, 2010).

Alternative models to large institutions

Globally alternative models to large institutions have been developed. These include small group homes and children's villages. It has been shown that both these solutions can lead to similar problems that occur in institutional care. "People have been relocated from large isolated institutions to mini institutions in the community....the lives they lead are often still highly impoverished" (Goble, 2008). This type of 'community care' is unsatisfactory on a number of levels, it fails to tackle the root causes of child abandonment, fails to promote reintegration and support the wider family unit of origin, and denies the child the right to a single, loving, long term caring figure. Other schemes, which we entitle "Residential Care Plus" have sought to tackle the issues of lack of stimulation and key attachment figures by providing extra staff to the institution such as 'Grannies or Aunties' who act as key workers for a few children, visit daily and are involved in intensive stimulation and activity programmes. (www.halfthesky.org; wwo.org)

Alternative family care

Extended family care (kinship care), foster care and adoption are seen as the gold standard of alternatives to institutional care because they offer children the chance of a consistent relationship with a loving adult. However, these services take time to set up and require identification and appropriate training of carers and careful planning and selection when matching children to families. In Central Asia, Guardianship Authorities are sometimes able to arrange the formal placement of a child with relatives through 'kinship care'. Foster care by new families is very rare, and when it happens, the foster carers choose the child, rather than the local authority recruiting foster parents to meet the needs of specific children. In Russia, over-emphasis on the development of foster care has been to the detriment of services to assist birth families to keep their children (Foster Care, Every Child 2011). Foster care and adoption works better the younger the child. In order for these services to develop in Tajikistan there is a need to learn from the mistakes made in Russia and elsewhere.

Models for supporting birth families to continue to care for their children and not abandon them

In Russia and the CIS there are few if any sustained models of support for birth families who are in difficult life situations and who care for children with additional needs. The UNCRC, article 9³, requires that children shall not normally be separated from their parents. This objective is made more difficult to achieve when, as in Tajikistan, children and families experience widespread difficult life situations. In the UK, separation of a child from parents is only justified when the child has suffered significant harm that is attributable to the care. This contrasts sharply with Tajikistan, where the main causes of separation are the main cause of difficult life circumstances experienced by the child, usually relating to poverty and lack of state support.

It is clear that not all parents are able to care for their children due to a number of factors. However, research has shown that a combination of both economic and social programmes can help mitigate many of the most extreme risks for children and the need for alternative care.

³ States Parties shall ensure that a child shall not be separated from his or her parents against their will, except when competent authorities subject to judicial review determine, in accordance with applicable law and procedures, that such separation is necessary for the best interests of the child.

(Save the Children, Family Strengthening and Support, 2010). Tackling some of these root causes has been shown to be effective. For example, in Moldova parents were given access to cash benefits, and in Russia, children with disabilities were given ‘short break care’ away from the family home (Scaling Down, EveryChild, 2011).

Part 2 - The development of the Early Years Service Centre model

The most effective programmes are those that provide direct learning experiences for children and their families, are high intensity, targeted towards younger and more disadvantaged children, are integrated with other systems such as nutrition or family support, and are of long duration (Engle et al 2011).

HealthProm began working in ECD in Tajikistan in 2006 through a project entitled ‘Babies at Risk’ (a timeline of ups and downs in developing the Early Years Service can be viewed in Appendix 2). The project came out of initial discussions with the City Health Department, the Ministry of Health and local partners.

HealthProm and partners identified a gap in the de-institutionalisation programme lead by UNICEF and the Ministry of Labour and Social Protection. This programme targeted children over the age of seven but was not working with the Ministry of Health to prevent younger children entering the institutions and supporting families in crisis.

Two research projects in particular helped shape the model of ECD that we developed through the EYSC Project. The research showed the reasons why children were being placed (see text box).

2 Research Projects

A Dove should be with other Doves.
Tainsh and Badcock 2003

- 27 focus groups (146 participants in total)
- Children over 7
- Why do families place children with disabilities?
- What would help families keep their children at home?

The Earth is Hard the Sky is High.
Tainsh, Watkins and Nazarova, 2007

- 9 Individual interviews
4 Focus Groups
- Children under 7
- Case Analysis of 20 admissions to Baby Home
- Exploration of Pathways into early institutional care

Pathways into Care

Observations in the Baby Home showed that children with disabilities were not receiving adequate care or access to rehabilitation. Dangerous practices such as leaving children lying with a bottle propped up and feeding children in bed were commonplace. These findings led to the opening of the Kishti Centre in the grounds of Baby Home 1 to provide a community alternative to institutional care.



NGO Ishtirok (Disabled Women’s League) now runs the Kishti Centre in partnership with HealthProm, the City Health Department, and the Ministry of Health. The Ministry of Labour and Social Protection joined this partnership in January 2012.

The Kishti Centre exists in order to:

Enable vulnerable young children and children with disabilities to develop physically, socially and emotionally;

Support and give hope to parents to overcome the barriers that having a child with a disability brings;

Assist parents keep their children at home and prevent them being placed in institutional care;

Educate professionals who work in the health and social sectors by providing a model of good and up to date practice in early intervention.

The Early Years Service model that our state and non-state partnership has developed seeks to tackle some of the 'root causes' of child abandonment and placement in residential care as well as providing 'direct learning experiences' for children and their families. The research showed that children were placed in the Baby Home for a variety of reasons. Since then the number of admissions due to migration for economic reasons has increased (Baby Home 1, Chief Doctor). Postnatal depression was not mentioned in this initial research but we have subsequently found that a number of mothers have experienced this.

The Early Years Service and Kishti Centre initially focused on:

- Providing a CBR service for children with disabilities and their families.
- Parent support and education.
- Care planning and rehabilitation for children with disabilities in the Baby Home.
- Educating health and social work professionals in modern methods of care for children with additional needs.

Creating a learning hub

The majority of the staff that we employed had a history of working in community development or CBR programmes. A number had participated in a six-month social work training programme conducted by HealthProm and partners as part of the 'Babies at Risk' project.

In setting up the Kishti Centre, local staff were supported by international volunteer therapists and others with experience in Early Years work. We deliberately placed an emphasis on the importance of continuing education and sought to be a learning hub where all the stakeholders (Baby Home staff, Kishti staff, parents, Ministry of Health staff and the children) benefited from ongoing development opportunities and capacity building. HealthProm has supported this through a structured training plan, which has brought experts from the UK and Russia to focus on particular learning needs.

From the beginning of the service, local staff have been involved in training others and passing on the knowledge they have gained. This is often in direct contrast to other professionals in Tajikistan, who can be reluctant to share what they have learned, fear what they don't know, and don't see the need for ongoing opportunities to develop in their practice.

"Public sector professionals (from baby homes, PMPCs and other bodies) have received valuable training from Kishti centre and its UK partners HealthProm in early years intervention, up-to-date medical techniques and social work skills. These are much appreciated."

C Buxton,
Intrac evaluation Nov 11

As one Tajik Speech Therapist said, “I studied in St Petersburg in the 1970s. I don’t need any further training”.

Five members of staff have had the opportunity to attend the three-month Community Initiatives in Inclusion (CII), which is an annual course held in Mumbai for trainers and planners of community disability services from the Asia Pacific Region (www.womenscouncil.org.uk/courses.html). The staff greatly benefited from this cross - cultural learning experience and saw how low-cost solutions can be effective in meeting children and families needs.

The EYSC project offered professionals and parents the opportunity to participate in an international conference and study tour to Bishkek to learn from HealthProm’s partners in Kyrgyzstan, who are mainly parents’ organisations. Two key members of staff also participated in a study tour to the UK.

A number of conferences and round tables brought key professionals together to discuss pertinent issues such as Autism, Post Natal Depression, the Negative Effects of Institutional care, the Importance of the Early Years and Care Planning.

As the service has developed, staff have had the opportunity to link theory and practice in a more structured way. Initially everyone worked very generically, following a traditional CBR model. After a while, the staff became dissatisfied with this way of working. Pressure from the Tajik government to become more ‘professional’ meant that they saw the need to develop a multidisciplinary team. Through support and cooperation with the EU Technical Assistance Project, key staff have received training and been able to gain qualifications in physiotherapy, occupational therapy and social work.

There remains, however, a tension between ‘good practice skills’ and ‘having the piece of paper’, which proves you are qualified to do what you are doing. Tragically, in Tajikistan many professionals have the ‘paper’ but don’t have the skills to back it up. In contrast, the EYSC staff have the skills but not the ‘paper’. In order to resolve this situation, the Tajik government and those helping them need to create opportunities for professionals to gain recognised qualifications through structured learning linking theory and practice together. Centres such as Kishti, which seek to be models of good practice, could be used in a future national training strategy to enable therapists, pediatricians and early years’ workers to gain the key modern skills that they need, while working to gain a professional qualification.

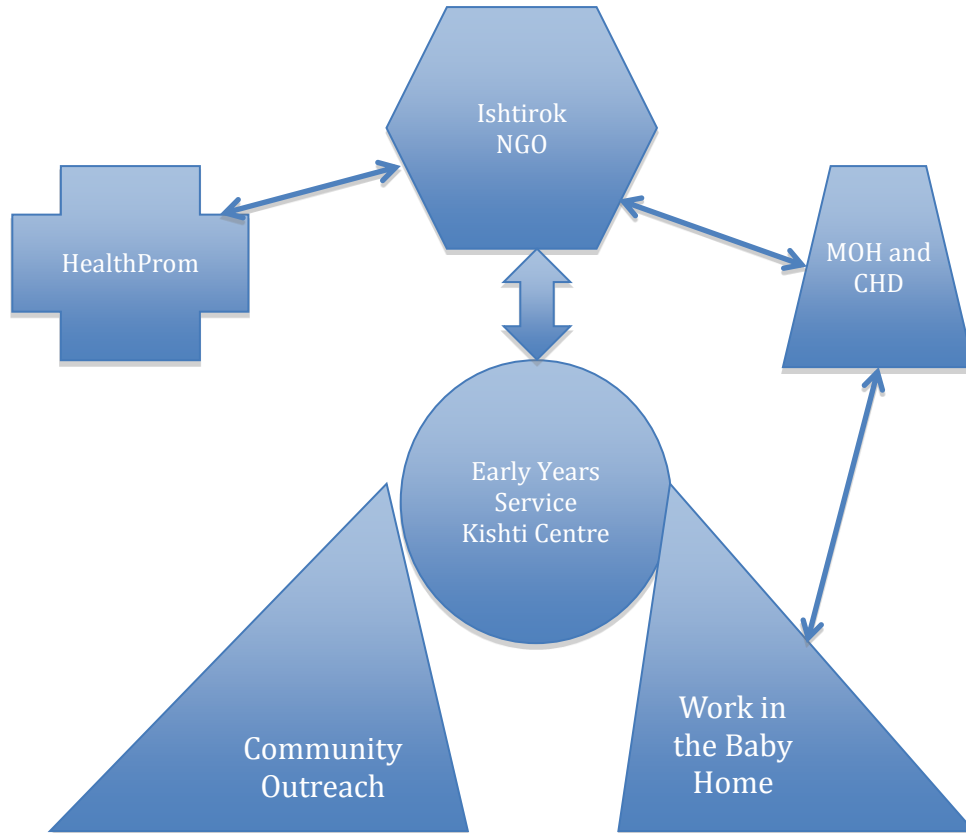
Work with children on the autistic spectrum

The Early Years Service has developed organically over time in response to the needs of the children and families. A service for children on the autistic spectrum initially met twice a week at the Kishti Centre. A growing demand, coupled with pressure from parents to expand and lack of space at the Kishti Centre, led to the ASD team moving to their own building in March 2011. The Kishti Early Years Specialist then moved to work full time to develop the ASD centre and the growing team of staff and parents.

“The Autism Centre has found new premises. Clearly this provides a set of opportunities that could not be organized in the two buildings at Kishti. This third building can be seen as a kind of “unexpected outcome” of the EU project.”

C Buxton
Intrac Evaluation Nov 2011

Organogram of the Early Years Service, Dec 2009



In September 2011, the parents of children with autism established their own NGO called IRODA. They now have 25 children who attend the centre regularly. IRODA have also been instrumental in setting up CAAN, the Central Asian Autism Network. The second meeting of this will take place in April 2012 in Dushanbe.

CASE STUDY - Makhmud, aged 8

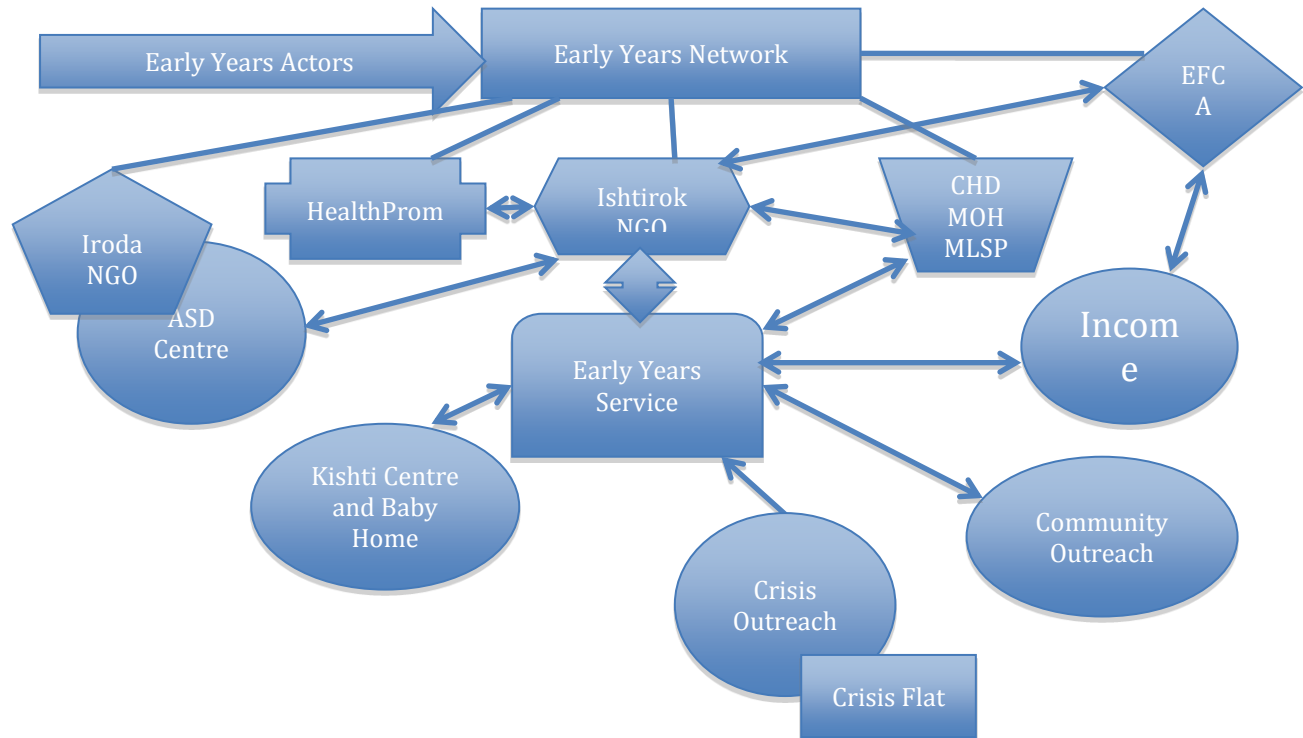
Makhmud first came to the development program for children with Autistic Spectrum Disorder (ASD) in May 2010. His mum was concerned about his communication, academic skills and behavior. She was depressed because of the length of time it had taken to get a diagnosis and frustrated by the ignorance of health professionals who had prescribed strong medications for her child.

Makhmud was reassessed, diagnosed with autism and started individual sessions using the ABA system. He has progressed in a number of areas including social communication and expressive language. He can now follow visual support schedules independently and his self-help skills (dressing, grooming, and washing) have improved. The team has also targeted his pre-academic skills to prepare him to attend a mainstream school in September 2012 with the help of assistant.

His mum became an active member of the Parents of children with Autism Initiatives. "IRODA ", she completed the 3-month ASD training and became the disability support worker in the "Development program for children with autism". She is delighted that she can now help other children with ASD and their parents.

Work with children and families

Organogram of the Early Years Service in January 2012



What Kishti mums say:

"I felt alone and depressed but now I feel less isolated because of the knowledge I gained".

"Kishti gives life to us and a belief that everything is possible".

"I sat at home alone with my child....coming to Kishti is like a door being opened and we have both become ourselves again".

"We would like to take our knowledge and help the children in the Baby Homes".

"We would like to learn to use the media to help other families and children".

"I have started to take my child to the park. Before coming to Kishti I wouldn't take him outside".

"I have started taking my child to family gatherings. I feel more confident to explain to my relatives about my child's disability".

KIPAF Participatory Workshops June/ Dec 11

When Kishti was first conceived, it was envisaged that it would have more of the characteristics of a daycare centre. However it soon became evident that an Early Years Resource Centre where children and their parents could attend for consultation advice and participate in a time -limited programme would be more valuable (see Appendix 3 for number of referrals). The EYSC enables the team to provide a service to more children and promotes an inclusion agenda, preparing children for mainstream kindergarten where possible. Children who attend the Kishti Centre with their families receive an individual assessment. The child is assigned a key worker who coordinates their programme and sets goals for the child in conjunction with the parents.

A survey of 31 parents whose children attend either the Kishti Early Years Centre or the ASD centre was completed by EFCA in July 2011, before they started their IGA work. The results showed that the EYSC project has had an impact on parents' knowledge and understanding about educating them on the nature and causes of disability. It has given hope to parents to overcome the barriers that having a child with disability brings (see Box A).

The project has helped improve the lives of children with disabilities assisting them to develop physically, socially and emotionally. Parents report that children who attend the Kishti centre have made progress in a number of areas. (See Box B) The survey also revealed that the majority of parents (70%) want their children to have the opportunity to attend mainstream school. This result is in line with our previous research and supports the project's focus on inclusion and helping children access mainstream. One of the aims of the project has been to assist parents ability to make choices about their child's schooling. The new Tajik Government Law on Inclusion will also support this. Recently the Kishti Centre Manager reported that an official from the Ministry of Education has requested a list of Kishti children who will be ready to attend school in September 2012.

Box A. What impact has the Early Years Service had on parents?

- 71% of parents realise that they are not alone and that there is help available.
- 65% acknowledge that they have improved understanding of their child's condition.
- 59% feel that they have increased abilities to help their own children.

Adapting to changing circumstances and recognizing barriers to growth

The team has learnt some valuable lessons over the last two years in terms of managing parents' expectations about what the Kishti Centre can and can't provide within its remit of an Early Years Service. Modern social services are still in their infancy in Tajikistan and there are limited options to refer families on to. In care planning, with parents we have recognised that we need to better prepare parents and their children for when the service comes to an end. In response to this issue the Kishti Centre now runs a weekly six plus club for older children. The EYSC study tour to the UK provided new ideas of how to deal with this issue and the community team is now developing an Activity and Befriending Scheme which will be rolled out in 2012.

Box B What Impact has the Early Years Project had on Children?

- 68% have improved physical mobility
- 37% have improved social interaction
- 37% have improved their ability to eat and drink
- 26% have improved their speech and communication

Children who attend between 5-10 months are more likely to see progress in a number of areas.

A member of the Kishti staff went to visit a mother at home. Her child had attended the centre for only 2 months. The staff member was surprised to see that she had set up a room in her house just like Kishti. She had copied all the things that she had seen and was continuing the programme at home. When asked why she was doing this, she stated that she realised she had an important role to play in her child's development.

The Kishti Centre also hosts a parents group who run activities for their children once a week. The EYSC project has had a big focus on empowering parents, increasing their capacity and self-confidence in caring for their children. Giving parents a voice in how the service is run has been challenging for the local team. Strategies such as the development of a management board and a parent council could allow parents to assist the team shape the future service, ensuring that professionals are 'on tap and not on top' (Werner, 1995).

The EYSC project staff have also identified a number of barriers that prevent them from being a mobile community based service and complete a regular home visiting schedule. These barriers include:

- Increase in the price of fuel and knock on transport costs
- Concerns about safety in the community
- Distance and time spent on public transport
- Not enough access to the project vehicle
- Staff are not confident to drive themselves
- Some parents refuse home visits
- Staff motivation because the Kishti Centre is 'comfortable' compared with community settings.

Efforts are being made to address these areas and a new community focused team was launched towards the end of 2011.

CASE STUDY - Zuhkro, 5 years old

Zuhkro's mum heard about the Kishti Centre when her daughter was undergoing a course of treatment for her disability. Zuhkro's mum tried to enrol her into a kindergarten, but the management refused to take Zuhkro because she was disabled.

Again the Kishti Centre was recommended and finally Zuhkro and her mum came to Kishti. Zuhkro was unable to sit, stand or walk and spent most of her time lying. She was withdrawn, afraid of strangers and unable to communicate her needs effectively. Her mum had suffered stigma and felt lonely and isolated.

A year on from her first visit to Kishti, and thanks to effective assessment and multidisciplinary care planning, Zuhkro can communicate her needs, respond to commands and interact with other children. Her cognitive skills have developed and she can do simple puzzles and differentiate colours and objects. She is able to sit, walk and eat independently.

Zuhkro's mum now has hope she has made friends, learned how to care for her child and has received a lot of new information about how to care for a child with a disability. After eight months of intensive work, Zuhkro finally secured a place at a kindergarten. Nine other children from Kishti also attended with Zuhkro on the first day. Everyone wondered how the children would settle in and if the staff and their peers would accept them. However, the kindergarten staff had been prepared by the Kishti team and gave all the children a warm welcome. The class had prepared special sketches and welcome songs. Now Zuhkro likes the kindergarten even better than the Kishti Centre and her mum is very happy too!

Income generation activities (IGAs)

Reducing poverty and empowering vulnerable families has been a key focus of the EYSC project. Previous experience in other projects in Tajikistan and India had shown the team the potential benefits of IGAs in conjunction with social care. The EYSC project gave us the opportunity to formally develop IGAs for parents and families.

As part of the EYSC project we signed an MOU with the Eurasia Foundation of Central Asia (EFCA; www.EF-CA.org). EFCA completed a parent survey in July 2011. We anticipated that families would like to learn activities that they could do from home; however, the survey showed that parents would like the IGAs to be based at the Kishti and ASD centres. The ASD parents particularly wished to focus on activities that they could do with their children. The results have enabled the team to shape activities around the skills and wishes of the parents.

Delays in the building renovation due to ongoing negotiations with the MOH and CHD regarding long-term use of these buildings meant that the IGA work began towards the end of the EYSC project. It is too soon to assess their long-term impact. The IGA work has wider objectives than just 'making money': we

"These women give so much for their children and they really appreciate having time set aside for themselves and for improving their own lives."

Nazira Muhammadjonova, Kishti Manager

we envisage that it will increase opportunities for inclusion. For example, building parents' self esteem, providing opportunities to learn new skills and experience team work. These activities also provide parents with a break from the responsibilities of caring for their child. As part of enhancing the IGA work the Kishti Team is currently planning a week -long childcare course for parents and other interested parties. Participants will learn the basics of child development and how to plan and run inclusive activities for children. At the end of this course they will then take responsibility for running the children's group while others take part in IGAs.

EFCA Report January 2012: *One month into the IGA program, the number of participants has grown from 16 parents to 24, with new sign-ups nearly every day. The old activity room has been refurbished into a combined sewing studio and fully-outfitted bakery. Since the start of the baking trainings, one participant has contacted a local store about selling her cakes and pastries and is encouraging other participants to do the same. With computers donated from Kishti and EFCA and small class sizes, participants in the computer course are able to receive focused individual attention.*

One mother, after many years as a homemaker, is looking to become an accountant. She said that without knowledge of Excel this is very difficult. After an Excel lesson, she is hopeful the course will open up opportunities. English classes are perhaps the most popular IGA activity; mothers stressed that even knowing how to introduce themselves, discuss their families, and talk about their children's disabilities in another language gave them confidence. Thanks to early feedback from sewing training participants, the course will now include both sellable handicrafts.

Importantly, new mothers are starting to attend therapy sessions at Kishti. One of these mothers commented that she was nervous at first to attend as she didn't know anyone. But after meeting other mothers at the baking and English training she now feels much closer to them and feels more comfortable asking questions and advice. Kishti staff agree that since the IGA trainings, mothers seem to have more energy and are forming even closer bonds with one another.

Work with families in crisis

“Parenting interventions and centre-based programmes can improve children’s cognitive and social–emotional development and school readiness.” Engle et al, Lancet, Oct 11.

Parenting programmes have been shown to be one of the keys to reducing childhood inequalities. The EYSC staff have received training in Mellow Parenting (www.mellowparenting.org). Mellow Parenting is an intensive programme delivered over one day a week for fourteen weeks. Parents attend one full day each week, with their children being cared for in a children’s group/creche. The programme uses video feedback from footage of the families themselves to enable us to do this in a much more direct and powerful way. Practitioners are trained to observe parent child interactions and feedback.

The EYSC project has pioneered the use of Mellow Parenting in Central Asia. Feedback from the course has been very positive. One local trainer commented, “it is very interesting to see how mothers are changing after the group, they are different with their children. Sometimes mothers don’t want to leave, they want to continue talking.” Over the course of the EYSC project, they ran five Mellow Parenting Groups. “Mellow Parenting is good for Tajikistan because young women who get married mainly live with their husband’s family. They are often isolated and unable to express what they feel. When they come to the group they can share their thoughts and feelings with others in a similar situation. The groups are also very empowering. After participating in a group, three of the mums decided to apply and study for a higher education” Zukhra Ruzieva, Crisis Team Leader.

The EYSC project allowed the Kishti Centre to double in size by renovating a derelict building next to the current centre. This new building has a self-contained crisis flat and the Early Years Service now has a dedicated crisis team. The team has started to provide support to women who want to place a child in the Baby Home. The flat will provide a ‘breathing space’ to enable the mothers to think through the consequences of their decision in a supportive environment. The team will support the family where possible to keep the child at home. Through the course of the EYSC project, the team have realized that this aspect of the crisis service will take time to build up. Alliances are being made with other non-state actors in this sector, for example the Tajik Association of Social workers. The state actors have been reluctant to support the development of the crisis flat and are concerned that it will be abused. The crisis team is new and there is much capacity building still to be done. The situations that they have had to deal with so far are complex and require back up from state structures like the Child Rights Department (CRD), however these are also still developing and lack the required

“The program was developed according to the Mellow Parenting Session Plan, but extended up to five days. We included the presentations on attachment, emotional needs of young children and postnatal depression – these concepts are absolutely new for the professionals from Russia and Post Soviet countries. We also included more warm-ups from the manual to give the participants the feeling of how it is to work as a group (most of the participants had never taken part in personal groups or other kinds of group work).”

Dobnya and Morozova
Mellow Parenting 1 Report May 2010

“Social work is still developing in Tajikistan and it is often difficult to find back up services to refer clients to. The crisis team need additional training in post- traumatic stress disorders, anger management, case - work and family conferences.”

Dobnya and Morozova
Mellow Parenting 4 Report Dec 2011

capacity and knowledge. More resources need to be put into this area alongside interventions such as Kinship Care, Short Break and Foster Care.

CASE STUDY – Ali , aged 5

Ali was born with a club-foot which was corrected through surgery. His mum travelled from rural Vahdat and requested that he be placed in the Baby Home. She wanted him to be well educated and felt that this would only happen if he was raised in the capital. Kishti centre staff explained to her that placing Ali in the Baby Home at such a young age without love, care and family support would mean that this would delay his development and impair his chances of getting a good education. They helped her to see that children achieve through the joint efforts of both the parents and the school. Following this conversation, Ali's mum took him home.

Child Protection

Article 19 of the UNCRC requires states to take measures to protect children from all forms of violence and abuse. The EYSC project has developed a child protection policy that commits staff members to taking appropriate action when they suspect that a child has been abused. They are trained to recognize and respond to signs of abuse, including abuse from within Kishti. We have worked with the local authorities to make sure arrangements are in place for the team at Kishti to contact the local offices of the Child Rights Department if a child shows signs of abuse. The local authority's arrangements for protecting children at risk, and for responding to allegations of child abuse, are not well developed. For example, a comment was made that child abuse would not happen because of all the good work that Kishti was doing. The team at Kishti is aware that the services offered in Kishti are not an alternative to the local authority's primary role. Kishti tries to work in partnership with the child rights department to support them in fulfilling their role under Article 19 of the UNCRC.

Work in the baby homes

Our work in Baby Home 1 and to a lesser extent Baby Home 2 in Dushanbe has focused on improving the situation for children with disabilities. Baby Home 1 staff members were initially very reluctant to work with the Kishti Team. They accused the staff of bringing infections into the Baby Home. The healthy snacks were said to give the children diarrhea and water play would give children colds.

The Kishti team initially focused on two key areas that they would like to improve in the Baby Home: feeding and positioning. A training course was designed to address these issues. Information posters and photographs of the children were put up in the children's playrooms. Slowly, the Baby Home staff began to see positive changes in the children in their care. Children from the Baby Home came across to the Kishti Centre twice a week.

Initially we had mixed groups, the Baby Home children participating with the community children. However, the Baby Home staff's concerns about cross infection and the 2010 Polio Outbreak in Tajikistan put a stop to this. Over the last year of the EYSC project relationships with the Baby Home staff improved. Two changes have been key in facilitating this. Firstly, the new Kishti manager took time to build relationships with key Baby Home staff. She spent time

trying to encourage them and see things from their perspective. Secondly, an international speech therapy volunteer decided to dedicate every morning to work in the Baby Home. He assisted the staff to set up the stimulation programmes and modeled how to work with the children. This has had a major impact on the staff, who now see this volunteer as an insider who understands how difficult it can be for them to manage the number of children in their care. As a result, of this insider knowledge the EYSC project has been able to provide funds to renovate the bathrooms on the second floor of the Baby Home and put in new hot water systems. This will directly benefit the children and staff.

"A new law from the President has urged families to take responsibility for their children. The Baby Home is using this law to encourage parents not to place their children in care. I tell parents "Don't give them (babies) away, Kishti will help you, someone will help you, don't give up"."

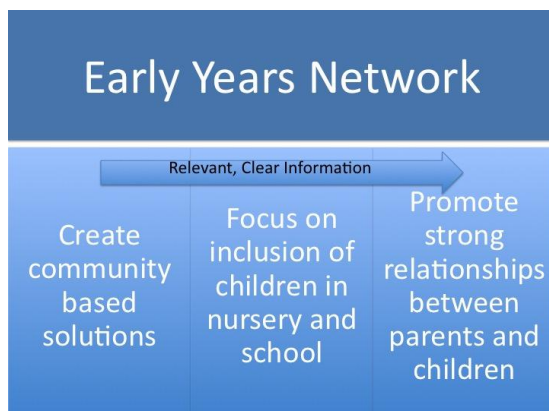
Dr Sabohat, Baby Home 1 Clinician and key "gate- keeper". KIPAF Participatory Workshop Dec 11

The EYSC project has also allowed the creation of a 'Family Room' in Baby Home 1. This will be a space where visiting parents can spend time alone with their children in a welcoming environment, building their relationship and strengthening family bonds. Alongside this, in 2012 the team hopes to host a series of family days at Baby Home 1 to encourage parents and wider family members to visit. Key Baby Home staff have now started to work with the Kishti team to try and prevent children being placed in the Baby Home, and will regularly refer families to the Kishti team for support. They have commented on the good working relationships in the Kishti team and realize that this is something they lack.

There are currently 88 children in Baby Home 1. The EYSC staff have been able to work with the children with disabilities but the Baby Home staff remain reluctant to allow the team to input into the 'non-disabled' children. As shown above, it has taken time to build trust with the Baby Home. The EYSC project has enabled the team to see that a specific targeted intervention is needed to focus on all the children in Baby Home 1. Ishtirok, HealthProm and the Association of Social Workers have recently formed a new partnership. In 2012, they will pilot a six- month project with a specific focus to map the situation for all children in Baby Home 1 and target key families who may be able to take their children home.

One unexpected result of locating the Kishti Centre at Baby Home 1 has been that Baby Home 2 sent all their children with disabilities to Baby Home 1 and renamed themselves a 'specialist' centre. This has negatively affected the children who came from Baby Home 2, as previously they were part of inclusive groups with non-disabled children. Baby Home 1 has resisted 'mixed' groups despite the fact that this would decrease the workload for staff and provide more opportunities for stimulation. We hope and anticipate that the new Tajik Government law on inclusion will support mixed groups within the Baby Home.

Networking and advocacy



Throughout the course of the EYSC project, the team have focused on building partnerships and connections with both state and non-state actors with the objective of raising awareness of the need for effective early years interventions and joined up services (Appendix 4 shows key networking events). One of the final outcomes of the EYSC project has been the launch of an Early Years Network at the round table conference in December 2011.

The EYSC project has highlighted the need to increase advocacy for Early Years Care and Development, working across sectors and involving key state and non-state partners. It is envisaged that this network will be a key long-term sustainable outcome of the EYSC Project.

As well as the Early Years Network, the EYSC project has also linked in with other national initiatives, including a recent UNICEF round table to create a platform to strengthen the inter-agency cooperation and jointly identify steps required to improve services for children with disabilities in Tajikistan, using a CBR approach (www.unicef.org/tajikistan/media_18798.html).

"I really appreciate Kishti. It should stay in the early intervention field, which is a priority for child development, and continue to try to prevent children going into homes."

S. Barkin, UNICEF Intrac Project Evaluation Oct 11

A final advocacy event that the project held was a music project with La Folia. La Folia are a group of musicians and artists who work creatively with children and young people with additional needs. 2 members of the group came to Dushanbe in November 2011 and worked with children at the Kishti and ASD Centre as well as the Baby Home. They also put on a concert at the conservatoire and did some master classes for the students. A link was made with the Bactria Cultural Centre in Dushanbe. Further future collaborations are planned.

Part 3 - Lessons Learned

It takes time to make a significant change

It takes time to achieve change and meaningful development. Sometimes this is longer than anticipated by the grant funding awards! The Early Years Support Service was conceived in 2006 when the City Health Department was far sighted enough to consider alternative ways of responding to children at risk of being separated from their parents. Bringing the service to life required two main achievements: first, the practical tasks of setting up and running a service that met the needs of vulnerable children and their families; second, creating partnerships and collaborations with key local and national government actors, with local NGOs and with potential funders. These tasks ran in parallel.

We discovered it takes time to put down roots and create an institutional presence where none existed before and where there was no precedent for the work we advocated. The history of establishing Kishti over the past six years has involved changing minds and recruiting allies as well as developing skills and targeting resources. In the UK, the change from institutional care to community care took between 20-30 years and was backed by government legislation. It is unrealistic to expect a sudden change in Tajikistan.

We have learnt that change will not happen unless the time is right. This is not a vague philosophical statement, rather an acknowledgement of the strong and hard-to-predict influence that different actors can have on whether something happens or not in Tajikistan. Over the course of the EYSC project, we have witnessed a developing momentum and recognition of the needs of children under six. The UNICEF moratorium on placing children under three in institutions, a number of reports by Every Child, the WHO Disability Report and growing international recognition of the importance of early childhood e.g. the recent academic articles in the Lancet journal, convince us that now is the right time. Kishti has played a significant part in creating conditions for change by highlighting the needs of young children and their marginalisation within the health and social welfare sectors in Tajikistan.

It's a learning process

When starting a social enterprise it is essential to build up a map of the social, health and political landscape within which you have to operate. Some analysis and research can be done in advance but it was only through the implementation of the EYSC project that we more clearly understood the power dynamics and barriers to change.

It became clear at an early stage that young children were ill-served and marginalized by the traditional state structures for child support. In particular, the social needs of these children were not recognized; all matters relating to the care of children under seven fall to the Ministry of Health (MoH). In turn, we found that the MoH was itself marginalized, in that almost all of the international support through the EU and the UN was targeted on older children through the Ministry of Labour and Social Protection. ECD Services were languishing in a 'medical model' backwater, perhaps illustrating that young children (and by inference, their parents) were not seen as having social care needs. Parents place their children in institutions for many complex reasons. It is more difficult to get a child home after they have been placed in an institution than to prevent placement. There are vested interests in present arrangements that are not in the

interests of children and parents. As a result of this, there is a need for a clear, joined up Early Years Strategy agreed by the MOH and CHD, which moves towards prevention. Understanding this helped us to raise the profile of social care as well as health needs.

On a more political note, we observed the way that individual ministries have only small degrees of autonomy and little or no scope for innovation. Individuals fear making decisions that will later rebound on them. Decision-making is often postponed until there is a clear go ahead from the 'top'. Influence and action depends to a significant degree on personalities and power positioning, and less on strategic planning, analysis and a child centered approach.

Identify the barriers to change and demonstrate good practice

We identified two barriers that would be a disincentive to state structures to change. First, the long term benefits of ECD were not understood and beyond the scope of most of the decision makers. Second, reform of the institutional care of young children went against the status quo and questioned the traditional edifice of childcare, supported by long-standing attitudes and financial counter-incentives.

Advocacy for ECD involves making the connection between early years and better outcomes for society and the state. The Kishti Centre is working far in advance in the expertise of most professionals in Tajikistan. It is therefore necessary to provide continuing examples of best practice and new methods of working to demonstrate that institutional change is possible.

An effective way of advocating for the importance of ECD was to bring key decision-makers to the Kishti Centre and allow them to see the work being done. Senior officials from the Ministry of Health, the City Administration, the City Health Department, the President's office, the Ministry of Health the Ministry of Labour, the EU , UNICEF and countless other organisations have seen and experienced the work of the EYSC project first hand.

The EYSC project created partnerships between diverse agencies encouraging agencies to work together and to provide a more seamless service to children and families. These partnerships need nurturing if they are to persist. To this end, we made sure that key decision makers were included in discussions about the direction of service development through frequent visits to their office, inclusion in an international conference, and ultimately establishing the Early Years Network.

Invest in trust building and key relationships

The Tajik government generally distrusts the non-government sector, and the idea of public private partnerships and commissioning NGOs to provide services is new and perceived as threatening. Local NGOs have adopted a "play safe" policy, and opportunities for influencing government are limited by a highly personalised regime and resistance to collaboration from official at all levels. Local NGOs can be supported through partnerships with international NGOs, who can provide assistance and clout from a 'safe' distance (Chadwick, ENWG Bond 2010).

Parent power is vital to create pressure for change. Building the capacity of parents to advocate for their children's rights is important. However, lobbying government ministers is risky in the

current political climate. There is a balance to be struck between raising parents' expectations of change and the political reality.

A relationship of trust was easier to establish with parents than with other stakeholders. Once parents became aware of the opportunities that EYSC project provided and saw improvements in the level of skills achieved by their children, they developed confidence in the Kishti Centre and saw it as a service they could rely on. Mellow Parenting Groups have been key in empowering parents and providing opportunities to share in a safe environment. Building trust with baby home workers was not so easy because Kishti represented a possible threat to their livelihood. Once it became clear to the Baby Home staff that stimulating babies has benefits for their quality of work life, as well as for the babies, a degree of trust and respect was established. We experienced some resistance from certain health professionals; again, the EYSC project represented a threat to their jobs.

The EYSC project overcame some of this resistance by offering opportunities for professional development. A key way of doing this was by bringing in two experienced clinicians from Saint Petersburg. They share their knowledge and experience widely and in Russian with other professionals and the confidence that they engendered was extended to Kishti.

A further problem is the lack of legal instruments to support the implementation of social care for young children. The existing law on social services is widely considered only to relate to the Ministry of Labour and Social Protection. This means that the Ministry of health and the city health department are unwilling to use this law and consider that they do not have the authority to commission services or enter into a partnership with a non-governmental actors. The EU technical assistance project has been able to support the work of the EYSC project by advocating at the government level.

People are more important than buildings

All services ultimately depend more on the people that work in them than on the buildings or equipment (McConkey, 2007). We have been struck by the long-term commitment involved in setting up a team of staff able to work with a vulnerable children and families, and relate to local professionals in health and social care settings. The EYSC project allowed the setting up of an innovative service leading the way in the provision of ECD in Tajikistan and the staff have been willing to experiment and learn as it developed. One of the bigger challenges was being sensitive to the need of children who were presented to us and yet being able to provide an established program of work. As time passed, new challenges and opportunities emerged, for example establishing an autism service. A continuing challenge is how to increase the influence of parents in the management of the Early Years service.

Different actors play different roles

"The role of the outside agent is to increasingly transform power relationships by transferring the responsibility to the community through a systematic process of capacity building" (Laverack, 2004).

The Kishti Centre began as a partnership between two international organizations concerned about the need to improve ECD in Tajikistan. Within a year of opening, the operational

management of day-to-day activities within Kishti Centre was handed over to the local NGO, Ishtirok, the Disabled Women's League. In 2012, not only will the operational management be locally delivered, but the service itself will be partly locally commissioned by the Ministry of Labour and Social Protection. At the end of the project, HealthProm and Ishtirok held a strategic workshop in December 2011. Both partners sought to reflect on their respective roles in the project.

A common purpose was the empowerment of parents. The perceived added-value brought by each partner was outlined as followed:

| Ishtirok (in the eyes of HealthProm) | HealthProm (in the eyes of Ishtirok) |
|---|--|
| Experience | Capacity-building (training, shared experience, experts) |
| Knowledge | Funding / Fundraising |
| Local intelligence | Expertise |
| Source of learning | Introductions / door opening |
| Evidence of impact (stories) | Support/assistance to develop and grow |
| Closeness to beneficiaries | Resources / capacity |
| Needs identification | Facilitating role |
| Links with government | Sharing with and among NGOs |
| Reputation | |
| Credibility | |
| Ideas | |

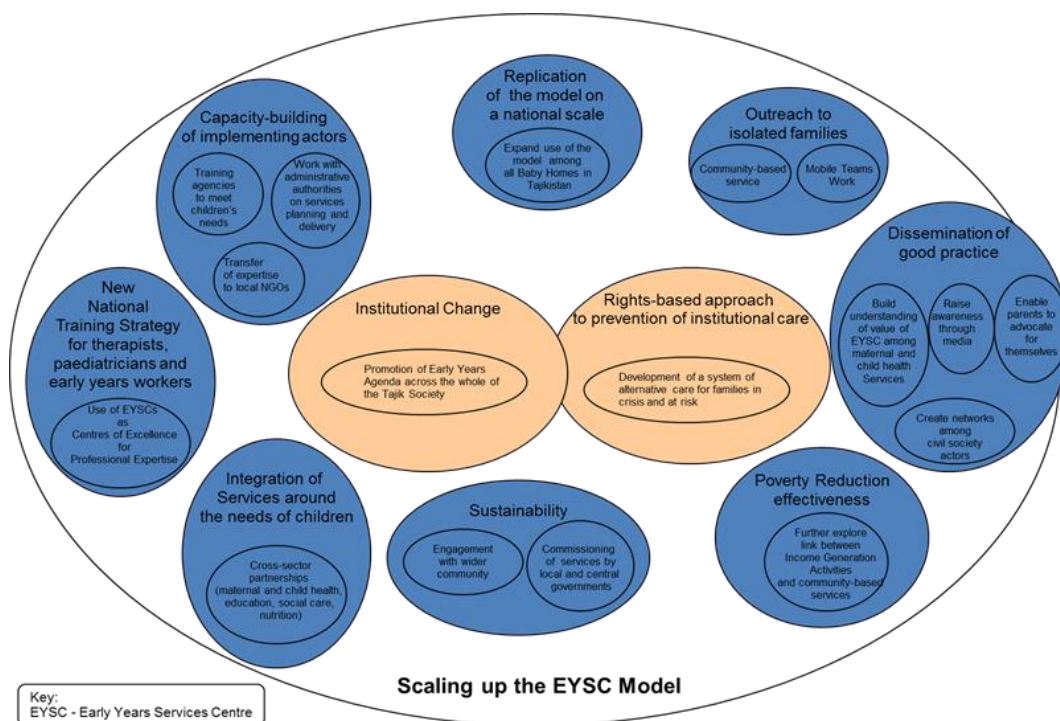
Going forward, Ishtirok will continue to value additional training and transfer of expertise from HealthProm acting as a catalyst for innovation and clout in relationships with the Tajik government. HealthProm also brings its experience and opportunities to learn from other community based projects in the region. It continues to provide expertise and support monitoring and evaluation and the dissemination of results. The Kishti Centre will act as a "centre of expertise", "establishing a link between the UK and Tajikistan". Ishtirok also expressed the desire and will to "establish new things".

Part 4 – Conclusion

Ten key components were identified as being essential to the EYSC model

1. Individual assessments and care planning for each child.
2. Access to appropriate and timely therapy.
3. Parent education and support.
4. Home visiting.
5. Family Crisis Intervention
6. Creating a learning hub where everyone learns from each other and share what they know.
7. Supporting and advocating for children to be included in mainstream kindergartens.
8. Using and valuing both local and international volunteers.
9. Developing opportunities for families to be involved in income generation activities.
10. Networking with other actors to spread the word about ECD and share resources.

This model needs to remain flexible and will continue to adapt, change and expand depending on the local circumstances and needs of the service users. The EYSC project has helped to pioneer a new community based Early Years Service but acknowledge there is a lot more to do to meet the Tajik government's Poverty Reduction target of creating modern social services that are fit for purpose. Though reflecting on the EYSC project we realize that all the actors have a number of key challenges to face in terms meeting 'real needs' and ensuring that the service embeds, becomes fully sustainable in the long term and is ready to scale up.



This report has outlined the model of support that has been developed through the EYSC project in Dushanbe, the capital of Tajikistan. The project itself has been a learning process and we hope the lessons that we have learned will be useful to others. This project has helped to produce good working partnerships between the different actors, both state and non-state. It has helped to advocate for the rights of young children and their parents and played a part in getting ECD onto the

strategic agenda of the Tajik government. We hope that it lays the foundation for further work in the development of alternative forms of care for young children and support for parents and families in crisis.

We would like to thank the Tajik Ministry of Health and all our partners. We especially thank the families and children that we have had the privilege of working with. Thank you to the European Union Tajikistan team for their advice, financial and moral support over the past two years.

Appendix 1 - KIPAF Framework, Ortiz 2004, DFID 2000



Appendix 2 - Early Years Service timeline

| | |
|---------------|---|
| October 2003 | Through a UNICEF funded training programme in Baby Home 1, ORA International and other local disability NGOs begin discussing the need for support for families in crisis and support gate-keeping at the entry point to institutional care. |
| July 2005 | HealthProm visits Tajikistan. A partnership between ORA International and HealthProm is established. |
| 2005 to 2007 | ORA International and HealthProm conduct research into the causes of child abandonment and raise funds to renovate an outbuilding in the grounds of Baby Home 1. They run a six month Social Work and Disability Training Programme for key NGO staff and government ministries. |
| February 2008 | The Kishti Centre opens and core activities begin: promoting the development of new skills in children from Baby Home 1 and, in the community, supporting families to care for their children who have disabilities. |
| June 2008 | The Kishti Centre is forced to close because the Ministry of Foreign Affairs bans ORA International from working with beneficiaries. Kishti staff participate in an intensive period of training and service planning. |
| January 2009 | ORA International closes and operational management for the day-to-day running of Kishti is handed over to Ishtirok, the Disabled Women's League, in partnership with HealthProm. |
| December 2009 | HealthProm and Ishtirok receive the EU Grant through the non-state actors in development call. The project is entitled: An Early Years Support Centre service in Dushanbe: Reducing poverty, empowering vulnerable families, strengthening partnerships and advocating for rights. |
| January 2010 | EYSC Project begins. The Dushanbe City Administration reneges on their promise to fund and commission the core Kishti service in 2010. The EYSC budget is rewritten to include the core Kishti staff. This means social work provision and a full gate keeping service to Baby Homes 1 and 2 cannot be provided within the scope of the EYSC project. |
| October 2010 | Early Years Conference in partnership with the MOH. |
| Summer 2011 | A second outbuilding is renovated and the Kishti Centre doubles in size. |
| April 2011 | A new centre for children on the Autistic Spectrum is opened. |
| August 2011 | Two years of grant funding awarded by DFID in their Global Poverty Action Fund: An Early Years Service for families in Dushanbe creating an alternative to the institutionalisation of vulnerable young children under 6 years old |
| December 2011 | An Early Years Network formed to bring together all interested parties in promoting the wellbeing of young children and their families. |
| January 2012 | The Ministry of Labour and Social Protection commissions Early Years Services from Ishtirok NGO. |

Appendix 3 - Key Early Years networking events created by the EYSC Project

| | |
|---------------------------|--|
| October 2010 | <p>Early Years Conference Held at the MOH 100 participants</p> <p>Early Years Planning Round Table MOH, UNICEF, Kishti staff, ARDI (Kyrgyz partners) and HealthProm. 20 participants</p> |
| March 2011 | <p>Social Commissioning Round Table MLSP, City Finance Minister, EU Technical Assistance Project, Aftobak Centre Gissar, Parents Association and HealthProm 12 participants</p> |
| September 2011 | <p>Early Years Strategy, Round Table Hosted by the MOH included senior national and international experts. 20 participants</p> |
| December 2011 | <p>EYSC Project Presentation and Network Launch MLSP, CHD, EU, MOE UNICEF other experts and parents. 40 participants</p> |

Appendix 4 - Referrals to the EYSC Project in 2010

| | CP | ASD | Down's Syndrome | Polio | Speech and Language | Microcephaly | Hydrocephalus | Intellectual Disability | Polynuropathy | Encephalopathy | Cranial trauma | Prenatal development | Total |
|------------------------|-----------|-----------|-----------------|-------|---------------------|--------------|---------------|-------------------------|---------------|----------------|----------------|----------------------|-----------|
| Polyclinic №1 | 5 | | | | | 2 | 1 | 1 | | 1 | | | 10 |
| Polyclinic №2 | 1 | | 2 | | | | | | | | | | 3 |
| Polyclinic №3 | 1 | | | | | | | | | | | | 1 |
| Polyclinic №4 | 1 | | | | | | | | | | | | 1 |
| Polyclinic №5 | 1 | | | | | | | | | | | | 1 |
| Polyclinic №6 | 2 | 3 | 2 | | | 1 | | 1 | | | 1 | | 10 |
| Polyclinic №7 | 2 | | | | | 1 | | | | | 1 | | 4 |
| Polyclinic №8 | 5 | 1 | 1 | | | 1 | | | | | | | 8 |
| Polyclinic №9 | 2 | 1 | | | | | | 1 | | | | | 4 |
| Polyclinic №10 | 3 | 1 | 1 | | | | | | | 1 | | | 6 |
| Polyclinic №11 | 2 | | | | | | | | | | | | 2 |
| Polyclinic №12 | 4 | 1 | | | | 1 | | 1 | | | | | 7 |
| Polyclinic №13 | 1 | | | | | | | 1 | | | | | 2 |
| Polyclinic №14 | 1 | 1 | 1 | | | | | | | | | | 3 |
| PMPC | | | | | | | | 1 | | | | | 1 |
| SHIFO (Private Clinic) | | | | | | | | | | | | | |
| Karabalo Hospital | 1 | | | | | | | | | | | | 1 |
| Self-Referral | 11 | 1 | 2 | | 1 | 1 | | 3 | | 1 | | | 20 |
| Khurgan tube | 2 | | | | | | | | | | | | 2 |
| Vahdat | | | | | | | | | | | | | |
| Khujand | | | | | | | | | | | | | |
| Shaartuz | | | | | | | | | | | | 1 | 1 |
| Rudaki district | | | 1 | | | | | | | | | | 1 |
| Tursunzade | | | | | | | | | | | | | |
| Chorbog | | | | | | | | | | | | | |
| Hamadoni | 1 | | | | | | | | | | | | 1 |
| Dangara | | | | | | | | | | | | | |
| Ayni | 1 | | | | | | | | | | | | 1 |
| Hisor | 1 | | | | | | | | | | | | 1 |
| Baby home№1 | 2 | 1 | 2 | | | | | 1 | | | | | 6 |
| Total | 50 | 10 | 12 | | 1 | 7 | 1 | 10 | | 3 | 2 | 1 | 97 |

Appendix 5 - Referrals to the EYSC Project in 2011

| | CP | ASD | Down syndrome | Poliomyelitis | Speech retardation | Microcephaly | Hydrocephalus | Intellectual Disability | Polynuropathy | Encephalopathy | Consequences of cranial trauma | Consequences of prenatal development | Total |
|------------------------|------------|-----------|---------------|---------------|--------------------|--------------|---------------|-------------------------|---------------|----------------|--------------------------------|--------------------------------------|------------|
| Polyclinic №1 | 6 | 1 | | | 1 | | 1 | 1 | | | | | 10 |
| Polyclinic №2 | 4 | | | | | | | | | | | | 4 |
| Polyclinic №3 | 5 | | 1 | | | | | 1 | | 1 | | | 8 |
| Polyclinic №5 | 7 | 2 | 1 | | 1 | 1 | 1 | 1 | | | | | 14 |
| Polyclinic №6 | 8 | | 1 | | | | | | | | | | 9 |
| Polyclinic №7 | 2 | | | | | | | 1 | | | | | 3 |
| Polyclinic №8 | 3 | | 2 | | 1 | | | | | | | | 6 |
| Polyclinic №9 | 3 | 2 | | | | | | | | | | | 5 |
| Polyclinic №10 | 3 | 1 | 1 | | | 1 | | | | | 1 | | 7 |
| Polyclinic №12 | 15 | 6 | 4 | | 1 | 2 | | 4 | | 2 | 2 | 1 | 37 |
| Polyclinic №13 | | | | | | | | | 2 | 1 | | | 3 |
| Polyclinic №14 | 6 | | 2 | | | | 2 | | | | | | 10 |
| Shifo (private clinic) | 14 | | 2 | | | 4 | | 3 | | | | | 23 |
| Self-referral | 4 | 1 | 1 | 2 | | 1 | | 1 | | 3 | | 1 | 14 |
| Kurgan-tube | 3 | | | | | | | | | | | | 3 |
| Vahdat | 3 | | | | | | | | | | | | 3 |
| Khujand | 1 | | | | | | | | | 1 | | | 2 |
| Shaartuz | 1 | | | | | | | | | | | | 1 |
| Rudaki district | | | | | | 1 | | | | 1 | | | 2 |
| Tusunzoda | 3 | | | | 2 | | | | | | | 2 | 7 |
| Chorbog | | | | | | 1 | | | | | | | 1 |
| Dangara | 1 | | | | 1 | | | | | | | | 2 |
| Hissor | 3 | | 1 | | | | | | | | | | 4 |
| Baby home №1 | 18 | 1 | | | 2 | | | 3 | | | | | 24 |
| Total | 113 | 14 | 16 | 2 | 9 | 11 | 4 | 15 | 2 | 9 | 3 | 4 | 202 |

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