

TAJIKISTAN COUNTRY REPORT – VOLUME 1

Formative and Summative Evaluation of the Childcare and
Deinstitutionalisation Reforms in eight countries in Europe and Central
Asia from 2009 to 2022



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List of acronyms

CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CESCR	International Covenant on Economic, Social and Cultural Rights
CPD	Country programme document
CRC	UN Convention on the Rights of the Child
CRC Committee	UN Committee on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
DAC	Development Assistance Committee
DI	Deinstitutionalisation
ECARO	Europe and Central Asia Regional Office
ERG	Evaluation reference group
EU	European Union
FGD	Focus group discussion
GTA	Guardianship and trusteeship authorities
KII	Key informant interview
MoES	Ministry of Education and Science
MoF	Ministry of Finance
MoHSPP	Ministry of Health and Social Protection of the Population
MoLME	Ministry of Labour, Migration and Employment
NPA	National Plan of Action
OECD	Organisation for Economic Co-operation and Development
RI	Residential institution
SIDA	Swedish International Development Cooperation Agency
SSW	Social service workforce
ToC	Theory of Change
ToR	Terms of reference
UN	United Nations
UNEG	UN Evaluation Group
UNICEF	United Nations Children Fund

EXECUTIVE SUMMARY

This report presents the main findings, conclusions, and recommendations of a formative and summative evaluation of the childcare and deinstitutionalisation (DI) reforms in Tajikistan for the period from 2009 to 2022. The evaluation was commissioned by the United Nations Children's Fund (UNICEF) Europe and Central Asia Region Office (ECARO), as part of its multi-country evaluation of the impact of national childcare reforms across eight countries in Europe and Central Asia and conducted by Coram International.

A. Object, Purpose, Objectives and Users

The **object** of this evaluation is the national childcare reforms undertaken in Tajikistan between 2009 and the end of 2022, with a focus on DI, children with disabilities and children for whom it is often difficult to find a durable family-based placement ("hard to place children"). The evaluation does not include the detention of children in conflict with the law but does include children at high risk of coming into conflict with the law for so-called "delinquent" behaviour. The evaluation does not provide an assessment of inclusive education, early detection and intervention in disability cases, broader social protection programming to alleviate poverty but instead identifies any barriers or bottlenecks for children in the child protection system in accessing these services.

The **purpose** of the evaluation is to provide a rigorous assessment of the results of DI and childcare reforms undertaken by the government of Tajikistan and UNICEF, with a particular focus on girls and boys with disabilities and children (girls and boys) for whom it is often difficult to find a durable family-based placement (referred to as "hard to place" children). The evaluation's geographical scope covers programming across Tajikistan at both national and sub-national levels. The evaluators reconstructed a theory of change (**ToC**) in consultation with stakeholders to capture childcare and DI reforms during the evaluation period, based on national policies, CPDs and their ToCs where available.

The **objectives** of the evaluation, as stated in the terms of reference (ToR), are to:

- Assess the impact of government child care policies and understand what worked and what did not in the DI of children, in particular children with disabilities and other hard to place children, how and why;
- Determine the effectiveness, impact, coherence, relevance and efficiency of national childcare reforms;
- Assess the actual and potential contribution of UNICEF's work to national progress (including the outcomes and impacts of programming) in DI and childcare reforms, including children with disabilities and other hard to place children; and
- Identify lessons and provide recommendations for refinement and potential scaling up of good practices to further support national governments in strengthening child protection systems.

The intended **users** of the evaluation are UNICEF ECARO, UNICEF Tajikistan Country Office, the government of Tajikistan (most notably, the MoES, MoHSPP, MoLME and Ministry of Finance), local governments of the regions and districts in Tajikistan, public organisations, international NGOs, UN agencies and donors.

B. Methodology

The methodology is based on the Organisation for Economic Co-operation and Development / Development Assistance Committee (OECD/DAC) criteria of relevance, effectiveness, impact, efficiency, sustainability and coherence. The methodology was equity, gender and rights-based and adopted a theory-based approach to determine whether, how and why (or why not) childcare reform initiatives have led to the changes set out in the reconstructed ToC. The evaluation was also consultative and participatory and involved a gender-responsiveness methodology.

The evaluation applied a **mixed-methods approach** to data collection and analysis, incorporating both quantitative (using secondary/administrative data) and qualitative methods to gather data that is rich and explanatory, as well as accurate and measurable and to improve the validity of results through triangulation. The evaluation involved a desk review, analysis of secondary or administrative data and primary data collection through KIIs, individual interviews and focus group discussions (FGDs) with children, young people, parents/carers and professionals and practitioners. Data collection was carried out with stakeholders at the national level in Dushanbe or, where necessary, online and at the sub-national level in three locations: Dushanbe; Sughd Province; and Khatlon Province. **A total of 38 KIIs with 54 participants, 13 FGDs with 53 professionals/practitioners/staff members, 16 individual interviews with children, three individual interviews with young people who were care-leavers, two FGDs with 12 children, seven individual**

interviews with seven parents, and three FGDs with 13 parents, were carried out. This included at least seven children with known disabilities and 12 boys and 14 girls (gender was not indicated for two child participants).

An **evaluation reference group** (ERG) of representatives from key stakeholder bodies provided oversight at strategic points in the evaluation process. This included participating in an evaluability assessment, consultations during the inception phase and consultation and validation of the final report. Views of rights-holders provided during interviews were incorporated into the recommendations.

C. Key Findings

Relevance: Legal and policy reforms in Tajikistan have been extremely relevant to DI, have been based on international child rights standards and have paid close attention to the DI of children with disabilities. More recently, these reforms have paid closer attention to the children left behind and children at high risk of coming into conflict with the law. However, little attention is given in the policy framework to the gendered dynamics of institutionalisation. Services introduced during the evaluation period have been relevant to DI but have focused more on preventing family separation and the institutionalisation of children with disabilities than on family-based alternative care. Stakeholders' views on the relevance of childcare and DI reforms vary. UNICEF's input has been intrinsically linked with national childcare and DI reforms though the indicators on strengthening the social service workforce (SSW) in CPD 2023-2026 is generic and does not pay specific attention to the need to develop a specialist SSW *for child protection*.

Effectiveness/Impact: DI reforms resulted in a 35 per cent reduction in numbers of children in RIs between 2009 and 2022, although numbers fluctuated during this period with little overall change between 2010 and 2015. Despite a gradual decrease in numbers of children in formal residential care between 2015 and 2021, the number increased marginally in 2022. Between 2014 and 2022, there were almost twice the numbers of boys than girls in residential care, with similar results for boys and girls with disabilities. Further, there was little overall change in the numbers of children with disabilities in residential care by the end of the evaluation period. There are at least 84 RIs across the country, the majority of which are boarding schools under the MoES/departments of education though the MoES has concrete plans to reduce their number. Data suggests increasing use of family-based alternative care, though this relates predominantly to guardianship and trusteeship arrangements, as fostercare was not operational at the time of writing. The reorganisation of the baby homes into Family and Child Support Centres has been particularly effective in contributing to positive outcomes for the health and wellbeing of younger children, particularly children with disabilities, and in preventing their abandonment. However, the reforms have not reached boys with so-called "delinquent" behaviour or older children with disabilities as effectively as other children. Serious concerns also arise with regard to the safety and wellbeing of these children in RIs.

Efficiency: A cost analysis was not part of the ToR for this evaluation. Government funding in childcare reforms and DI overall appears to have been extremely low, though local government funding of the Family and Child Support Centres, and MoHSPP funding of daycare and community-based rehabilitation services are notable achievements. There is a strong general perception among stakeholders that there is a severe lack of financial and material resources within the childcare system, particularly in terms of equipment for government services. However, government continues to invest in large-scale RIs, the financial resources for which are (based on the data available) largely dedicated towards staff salaries including teachers, doctors and nurses. There is limited data available on how funds freed up from the reform of RIs (if at all) will be redistributed. There is a need to continue supporting the government to develop its capacity in child-sensitive and child rights-based budgeting at both the national and local levels, a challenge which is foreseen in UNICEF CPD 2023-2026.

Coherence: There has been strong alignment between stakeholders involved in the transformation of the baby homes, without which the reforms would not have been possible. Further, the designation of an "authorized body for child rights protection" in the Child Rights Protection Law 2015 and the appointment of the MoES, contribute to establishing a clear coordination framework for the child protection system. In practice, however, most of the DI initiatives have occurred in the health sector/MoHSPP and the MoES itself did not consider there to be one Ministry leading the efforts towards DI. The coordination bodies – the Child Rights Commissions – are insufficiently resourced to be able to perform their mandates, including with regard to the coordination of DI and childcare reforms. Ambiguities remain on the division of responsibilities between Commissions at different administrative levels, and between Commissions and guardianship and trusteeship authorities (GTAs), resulting in inconsistent gate-keeping practices. Children also continue to be placed in RIs under the MoH without going through these gate-keeping bodies. Government-civil society collaboration is not consistent throughout Tajikistan and, while examples of good practice arise with regard to

the Family and Child Support Centres, service delivery is often siloed, contributing to inconsistent quality and availability.

Sustainability: There have been sustained changes in the legal framework through the adoption of laws and policies on childcare which broadly align with fundamental international standards. Steps are being taken towards sustaining interventions to upskill and professionalise the SSW, though the impact of these efforts on the childcare system and DI specifically, remain to be seen. The Family and Child Support Centres rely on NGO / external assistance to provide training for staff though at the time of writing, local authorities have committed to funding the four existing Centres. There is a reliance on NGOs for the provision of community-based services to prevent institutionalisation more generally. Stakeholders at the sub-national levels reported that UNICEF's added value in childcare reforms is the provision of training, awareness-raising and funding for equipment at the sub-national levels and bringing NGOs and national level government stakeholders together to progress reforms.

D. Conclusions

ToC: Tajikistan is in the first phase of its childcare reform journey and has made good progress towards achieving the intended outcome of the ToC, particularly by completing task-shifting of the Family and Child Support Centres and progress in aligning its national legal framework with international standards (intermediate changes 5 and 6). Though activities have been implemented towards achieving intermediate changes 1 to 4 (child-sensitive budget allocations; child-focused monitoring and evaluation (M&E) system; capacitated SSWF; capacitated foster carers), they are not yet complete. The pre-conditions for achieving these (national stakeholders are aware of funding gaps, are convinced of efficiency of allocations and have improved M&E capacity and tools; new model of social work provision is conceptualised, approved and piloted; accredited curricula for social work and implementing fostercare) are still developing. There is a need to refine the reconstructed ToC by explicitly mentioning the key barriers to the reforms as identified in this evaluation and hard to place children, and incorporating these issues within the ToC's outputs.

Relevance: Tajikistan's legal and policy reforms have been extremely relevant to DI and childcare and have broadly been in line with international standards in these areas. However, the lack of attention to the gendered dynamics of institutionalisation is a gap. Further, there is no action plan or roadmap towards DI or childcare reform which brings the various policy statements together into an actionable vision. This is a notable gap given that stakeholders' views on the relevance of the reforms vary. There is a pressing need to develop family-based alternative care, which is fundamental for DI. UNICEF's input has been intrinsically linked with national childcare and DI reforms. CPD 2023-2026 also largely addresses one of the key issues from CPD 2016-2022, which was the absorption of child protection programming into the broader social protection agenda. However, as the indicator on SSW strengthening in CPD 2023-2026 is generic, UNICEF will need to pay special attention to supporting the development of a specialist SSW for child protection, particularly within the designated gate-keeping/ child protection authority.

Effectiveness/Impact: DI reforms have been successful in reducing the number of children in formal residential care, as per the intended outcome of the ToC. The 35 per cent reduction in the numbers of children in RIs between 2009 and 2022 and the transformation of the baby homes are significant achievements, which contribute to this outcome. The inter-sectoral collaboration of stakeholders in establishing the Family and Child Support Centres, particularly between government and civil society, can also be used by stakeholders as an example to progress DI in other areas (large scale RIs for children with disabilities; boarding schools; special (vocational) schools). However, the reforms have not fully achieved the intended outcome of the ToC as several of the historic barriers and bottlenecks remain. MoES plans to close boarding schools are unlikely to make a significant impact without addressing these challenges.

There is a pressing need to develop, plan and support a dedicated cohort of skilled social workers *within the child protection* system to participate in gate-keeping and undertake case management. At present, these functions are either non-existent or remain fragmented between civil servants / non-specialists within different stakeholder entities at various administrative levels. Similarly, limited progress has been made in developing the capacity of these stakeholders to provide *social work* input to families where the child is at high risk of separation or to reintegrate children from RIs with their families. This stems in part from the absence of dedicated social workers in the child protection system and a misunderstanding of what social work entails and how it can help keep families together.

Coherence: There is, overall, good coherence in policy documents regarding DI but some incoherence in practice. Except with regard to the Family and Child Support Centres, key duty bearers at the national level and local levels are not aligned in their visions for childcare and DI. There is a need to support the role of the MoES in leading childcare and DI reform efforts, particularly given the vast numbers of remaining boarding schools. The National Child Rights

Commission has not been fully effective in convening stakeholders around this issue during the evaluation period. There is a need for UNICEF to leverage its strategic advantage in being able to convene stakeholders from across sectors and administrative levels around this issue, and become more vocal, persistent and consistent in its advocacy for childcare reform and DI. At the sub-national levels, there is a need to resolve the ambiguities in the roles and responsibilities of the GTAs and Child Rights Commissions and introduce a uniform referral and gate-keeping pathway for all children into the childcare system. There is a window of opportunity to address the barriers/ambiguities in the institutional structure through the new draft law on guardianship.

Efficiency: The use of national resources (human, financial and material) within the childcare system is highly inefficient. Continued government investment in large-scale RIs indicate significant inefficiencies in the use of human, financial and material resources in the sector, rather than a lack of funding. Pending the development within government of child-sensitive and child rights-based budgeting, which will take time and possibly more than one CPD to achieve, there is a critical need for UNICEF to work with the MoES, MoLME, MoHSPP, Ministry of Interior, Ministry of Finance, and local government to develop plans for transferring the resources of the remaining RIs, including its staff, to developing a continuum of care and community-based services.

Sustainability: There have been sustained changes in the legal framework through the adoption of laws and policies on childcare which broadly align with international childcare standards. However, without a clear roadmap for the closure/ transformation of RIs and reallocation of resources from RIs to establishing a continuum of care and community-based services, there is a risk that the progress in reducing the overall numbers of children in RIs will be reversed or remain stagnant. The reliance on NGOs and siloed approach for the provision of community-based services will also require a sustained commitment from government to fund these services.

E. Lessons Learned

Lesson 1: The evaluation highlights the importance of promoting buy-in of key stakeholders across all sectors and at all administrative levels, in order to achieve DI, which requires sustained and vocal advocacy and effective inter-sectoral coordination. This is especially important in contexts where RIs fall under different line Ministries and administrative levels and buy-in varies among stakeholders. All stakeholders responsible for RIs (education; health; labour; interior) at the national and local levels, and, importantly, the Ministry of Finance, need to work together *with civil society* towards DI, a lesson reinforced by the transformation of the baby homes. At the local levels, it will be essential to include the management of RIs in these efforts.

Lesson 2: The evaluation highlights the importance of developing a continuum of services in all districts to support DI. In Tajikistan, emphasis has been paid to developing primary- and some secondary-level services to prevent family separation, particularly of children with disabilities, which is essential for DI. However, without specialist social work input for families at high risk of separation and to support family reintegration, and without tertiary-level services such as (specialist) fostercare, the impact of the reforms are likely to be limited.

Lesson 3: The evaluation shows that, in order for DI reforms to reach all children with disabilities, efforts to expand the availability of community-based rehabilitation and support services and inclusive education should be accompanied by a clear and consistent social and behavioural change strategy to promote social inclusion. These interventions should not only target parents/carers but also school teachers, staff in existing RIs and potential specialist foster carers, the recruitment of which is essential for DI.

F. Recommendations

1. UNICEF advocacy and prioritisation of childcare reforms: UNICEF advocates with key duty bearers at the national level (National Child Rights Commission, MoHSPP, MoES, MoLME, Ministry of Finance, Ministry of Interior) and local levels (public organisations, Child Rights Commissions, RIs, local governments) to reinvigorate and place childcare and DI reforms back as a priority issue on the government's agenda. UNICEF should ensure that it continues to prioritise childcare and DI reforms in its CPD and that it is vocal, persistent and consistent in its messaging on childcare reform and DI, using its strategic position to convene stakeholders towards this aim. **(Short-term and ongoing)**

2. Costed DI roadmap and action plan: UNICEF uses its strategic advantage to convene the stakeholders outlined in recommendation 1 and provide them with technical expertise to develop a five-year costed roadmap and action plan for DI. These should include plans for the scaling down, closure or reorganisation of existing RIs and incorporate the recommendations below. The roadmap and action plan should be gender-based and include and a focus on children

with disabilities and other hard to place children. **(Develop roadmap and action plan in short-term; implement phase 1 of DI in medium-term).**

3. Continuum of care and social services: The costed roadmap and action plan developed by stakeholders in recommendation 2 should include time-bound steps for the development of primary, secondary and tertiary level social services to support DI and include:

- A commitment to redistribute funds from reformed/closed RIs to funding a continuum of services, inclusive education and other services essential for DI **(short-term)**.
- Adoption of the fostercare regulations by the MoES **(short-term)**.
- MoES recruiting, training and supporting the first cohort of foster carers **(short-term)**, followed by subsequent cohorts and specialist foster carers **(medium-term)**.
- The MoHSPP expanding primary and secondary level services for children with disabilities and their parents/carers in all districts to prevent institutionalisation and support family integration **(medium-term)**.
- The MoES and MoLME committing to redistributing funds from closed/reformed special (vocational) schools to funding community-based prevention programmes for children at high risk of coming into conflict with the law, **(medium-term)**.
- The Ministry of Interior and other key line Ministries (MoES, MoLME, MoHSPP, Ministry of Justice) introducing amendments to the national legal framework to implement the NPA on the Prevention of Delinquency Among Minors 2020-2024 **(medium-term)**.
- MoES, MoLSPP, MoHSPP or local authority (i.e. the stakeholder responsible for the RI), with the support of public organisations and/or UNICEF, planning and implementing the first phase of the DI of children from RIs **(medium-term)**.
- MoES and MoLME introducing social services (including pastoral support) to facilitate the safe transition and social integration of children aging out of the childcare system **(medium-term)**.

4. Case management: The MoES, with UNICEF's technical expertise, leads efforts to finalise the legal, procedural and institutional reforms at the local level to ensure a uniform referral pathway and gate-keeping mechanism for children entering the childcare system, including: removing the distinction and ambiguities between the Child Rights Commissions and GTAs; introducing child protection case management protocols and standards; and ensuring that trained social workers are designated to manage child protection cases on behalf of the designated child protection authority.

5. Strengthening SSW for child protection: With UNICEF's technical support, key line Ministries (MoHSPP; MoES; MoLME) and capacity-building stakeholders (e.g. Academy of Public Administration) involved in the implementation of the Social Protection Strategy and Comprehensive State Programme of Training of Personnel in the System of Social Protection of the Population for the Period Until 2030, pay specific attention to professionalising and supporting social workers for *child protection*. This includes developing education curricula and training on working with children in the child protection system, including children with disabilities, establishing minimum standards and monitoring mechanisms for child protection social workers, and adequate remuneration and support mechanisms to encourage child protection SSW retention. **(Medium-term)**

6. Social behavioural change strategy: With UNICEF's technical support, the National Child Rights Commission leads of nation-wide, gender-responsive social behavioural change strategy to support childcare and DI reforms. The strategy should highlight the importance of a family-based environment and for children, social inclusion of children with disabilities, the negative impact of RIs on children, the scaling-up and availability of community-based support services and recruiting potential foster carers. Such campaigns should be coordinated with any other related campaigns, e.g. tackling stigma for children with disabilities and inclusive education. **(Strategy developed in short-term; implementation over long-term)**

Cross-cutting issues: UNICEF works with key line Ministries and strategic partners (Ministry of Finance; MoES; MoHSPP; MoLME; National Commission on Child Rights; local governments, public organisations, Agency on Statistics) to ensure that cross-cutting or linked programmes include a specific focus on child protection, childcare and DI. These include programming to strengthen government M&E systems, child-sensitive budgeting skills and tools, inclusive education, community-based healthcare services for children with disabilities and poverty-alleviation strategies. Specific consideration should be given to the gender-based inequities between children, particularly those who are hard to place.

1. BACKGROUND

1.1. Object of the Evaluation

The object of this evaluation is the national childcare reforms undertaken in Tajikistan between 2009 and the end of 2022, with a focus on deinstitutionalisation (DI). For these purposes:

- ‘Childcare reforms’ refer to reforms to support families to care for their children, prevention of family separation and reforms made to the system of providing care for children whose parents or guardians are unwilling or unable to provide the child with adequate care and protection.
- ‘Deinstitutionalisation’ refers to the process of planning transformation, downsizing and/or closure of residential institutions (RIs), while establishing a diversity of other child care services regulated by rights-based and outcomes-oriented standards.¹ DI therefore consists of four elements, namely, (i) the prevention of placing children in RIs, (ii) the reintegration of children in RIs back with their families; (iii) developing alternative family-based care; and (iv) transition of children out of the childcare system.²

The evaluation covers childcare and DI reforms targeting *all* children (i.e. boys and girls under the age of 18 years), who are the **rights holders** and ultimate **beneficiaries** of the interventions. However, the evaluation pays special attention to the following groups of rights holders and beneficiaries:

- Children with disabilities, including girls and boys with long-term physical, mental (psycho-social), intellectual (cognitive) or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others;³ and
- ‘Hard to place’ children, namely, boys and girls for whom it is often difficult to find a durable family-based placement.

The **primary duty-bearers** with responsibilities regarding these reforms are, at the national level, the Ministry of Education and Science (MoES), Ministry of Health and Social Protection of the Population (MoHSPP), Ministry of Labour, Migration and Employment (MoLME) and the National Child Rights Commission. At the sub-national levels, the primary duty bearers are the local Child Rights Commissions or Child Rights Units, Departments of Education, guardianship and trusteeship authorities (GTAs), Department of Health and Department of Labour, Migration and Employment throughout the territory of Tajikistan.

Though they are not ‘primary duty bearers’ (as international child rights obligations fall upon the state), the roles and responsibilities of **non-state actors** (namely, public organisations, non-State academic and training bodies, international non-governmental organisations (NGOs) and international organisations, particularly UNICEF) in implementing or supporting the implementation of childcare and DI reforms throughout the territory of Tajikistan are also examined. A summary of the rights holders, duty-bearers and other implementing stakeholders are summarised in [Table 1](#).

Table 1: Overview of rights holders, duty bearers and implementing stakeholders

Category of stakeholder	Relevance / roles and responsibilities and linkages	Geographical locations and numbers (where available and relevant)
Rights-holders and beneficiaries		
Children in Tajikistan	Potential beneficiary of interventions to prevent family separation and institutionalisation	Nation-wide – in 2009, 3,132,381 (total), 1,533,441 (female) and

1. Common European Guidelines on the Transition from Institutional to Community-Based Care, © European Expert Group on the Transition from Institutional to Community-based Care, November 2012. See also Care in Action., Website. Available: <https://care-in-action.org/en/events/volunteer-training-on-reforms-to-institutional-care-in-ukraine>, accessed 28 September 2022.

2. Based on the definition set out in the Common European Guidelines on the Transition from Institutional to Community-Based Care, © European Expert Group on the Transition from Institutional to Community-based Care, November 2012.

³ Convention on the Rights of Persons with Disabilities, Article 1.

		1,598,940 (male); in 2021, 3,759,782 (total), 1,800,168 (female) and 1,959,614 (male) ⁴
Children in with disabilities	Potential beneficiaries of interventions to prevent family separation and institutionalisation	Nation-wide - in 2009, 20,348 children (gender disaggregation unavailable); in 2022, 32,382 (total), 17,162 (male) and 15,220 (female), though actual numbers are expected to be higher (TransMonEE; refers to numbers registered on the government's database for obtaining social benefits)
Children in residential care	Beneficiaries of DI interventions	Nation-wide – in 2009, 10,146 children (gender disaggregation unavailable); in 2022, 6,616 (total), 4674 (male) and 1942 (female) (TransMonEE)
National-level primary duty-bearers		
MoES	Designated authority with overall responsibility for child rights protection; oversight of boarding schools for orphans and children with disabilities and special school for children with difficult behaviour and vulnerable children; overall responsibility for inclusive education	National-level stakeholder
MoHSPP	Responsible for residential institutions for persons (including children) with disabilities, funding and contracting NGOs to deliver daycare services, Social Assistance at Home Units / Centres for Social Services, Practical Training Centre for Social Work, overall provision of healthcare services in the country	National-level stakeholder
MoLME	Responsible for special vocational school for children with disabilities and special vocational school for children with difficult behaviours and vulnerable children	National-level stakeholder
Ministry of Interior	Overall responsibility for law enforcement personnel who identify and refer children with so-called “delinquent” behaviour to local Commissions on Child Rights for placement in special (vocational) schools and overall responsibility for temporary placement centres	National-level stakeholder
National Child Rights Commission	Multi-sectoral coordination body mandated to oversee childcare and DI policies and practices across the country	National-level stakeholder
Committee on Women and Family	Responsible for the centre for women and girls in Dushanbe	National-level stakeholder
Sub-national level primary duty-bearers		
Child Rights Commissions or Child Rights Units	Mandated to perform, among other things, gate-keeping functions for children entering the childcare system; some ambiguity over division of functions with GTAs	68 Child Rights Units at district/city level and four at provincial level
GTAs within local executive bodies	Responsible for certain child protection functions relating to children in the childcare system, including checking the housing and social conditions of potential foster carers, identifying orphans and children without family care, receiving referrals of children whose life, health, rights and interests are at risk, and identifying	68

⁴ TransMonEE Database, 2023; 2022 figures unavailable at the time of writing.

	placements for the child, monitoring children in institutions. GTA functions are carried out by education authorities, normally through the Child Rights Commissions or Child Rights Units.	
Departments of Education	Responsible for certain boarding schools and RIs for children in difficult life situations, including children without parental care, and children with disabilities	38 Education Departments which fund a total of 63 residential care institutions
Departments of Interior	Police identify and refer children with so-called “delinquent” behaviour to local Commissions on Child Rights for placement in special (vocational) schools and have responsibility for temporary placement centres	Data not provided or not available.
Department of Health, including Comprehensive Family and Child Support Units	Responsible for the Family and Child Support Units (transformed baby homes) and Comprehensive Family and Child Support Units	Four Family and Child Support Centres (two in Dushanbe; one in one in Khujand; and one in Istaravshan in Sughd province); and 10 Comprehensive Family and Child Support Units.
Relevant non-state actors		
Public organisations (e.g. Sarchashma; Manbai Mehr; Ghamkhor; Zumrad; Hayor Dar Oila; Hisor Day Care Centre)	Provide community-based services to prevent family separation and children being placed in residential care; provide rehabilitation and daycare services for children with disabilities; provide services to support children in residential care to reintegrate with their family or in a family-based care arrangement; provide services to support children and young people to transition from care; provide capacity-building to professionals and practitioners working within residential care settings and in Family and Child Support Centres; advocacy and activities for social behavioural change	Ad hoc based on interventions, programme priorities and locations of the public organisations
International NGOs (e.g. HealthProm; Caritas Germany; Good Neighbours)	Provide technical expertise to design and operationalise community-based services (particularly the reform of the baby homes to Family and Child Support Centres), advocacy and activities for behavioural social change to combat violence against children; delivery of community-based services including social services in emergency contexts, to prevent family separation and support reintegration of children from residential care	Ad hoc based on particular interventions and programme priorities of the organisations
International organisation - UNICEF	Strategic government partner providing advocacy, capacity-building and technical expertise to implement childcare and DI reforms - see detailed description of interventions in part 2.4 (Theory of Change)	Nationwide

Details of the interventions which comprise the object of the evaluation and the non-financial contributions of the key stakeholders involved are set out in [Part 4.1.1](#) under evaluation question 1.2. Details of UNICEF’s (non-financial) contribution are set out in [Part 4.1.6](#).

Regarding implementation status of the object of the evaluation, childcare and DI reforms in Tajikistan from 2009 to 2022 straddle several government-UNICEF country programmes (2010-2015 and 2016-2022). This evaluation therefore covers reforms which have already been implemented. However, given that this is a formative evaluation, it is also necessary to consider the government’s *planned* approach to childcare and DI reforms in Tajikistan. A summary of the object of the evaluation, as reflected in UNICEF country programme documents (CPD), is elaborated in [part 2.4](#) (Theory of Change).

The object of the evaluation covers all government childcare and DI reforms in Tajikistan, including those which were not implemented directly with UNICEF. As such, information regarding the cost or budget of both government and UNICEF-supported childcare and DI reforms is required. However, government financial data on childcare and DI reforms is extremely limited, a limitation which was identified during the evaluability assessment. This data gap is largely due to limited child rights- and programme-based budgeting and record-keeping within state bodies. In addition, under UNICEF CPDs, childcare and DI components were integrated within broader child protection or social

protection programming, without any official breakdowns for the amounts allocated towards the childcare and DI components. This creates additional challenges to identifying the total budget or cost for the object of the evaluation. However, a summary of the available budgetary and cost information is set out in [Table 2](#).

Table 2: Overview of the budget for childcare reforms in the UNICEF country programmes

Country Programme	Programme Component	Budget (USD)
2010-2015	Child protection programme component aiming to ensure that, by 2015, the child care system and residential institutions are optimized and transformed into services that rely on more alternative community-based social services and prevention of family separation.	5,540,000 for the whole component and 2,440,000 for childcare and DI. ⁵
2016-2020, extended to 2022	Childcare and DI is included in the programme component to establish a protective environment for children, with the aim of ensuring that, by 2022, children who are most at risk benefit from a better functioning protective environment that prevents and responds to deprivation, violence, abuse, exploitation and neglect.	9,305,000 for the whole component. No data was available for the allocation for childcare and DI specifically.
2023-2026	Childcare and DI is included in the programme component to ensure that the most vulnerable and excluded children and adolescents benefit from gender-responsive and operational child protection systems that promote inclusion and prevent and respond to separation, deprivation, violence abuse, exploitation and neglect.	6,167 for the whole component. No data was available for the allocation for childcare and DI specifically.

1.2. Context

1.2.1. Geographical and demographic context

Tajikistan has a total population of approximately 10.1 million people.⁶ Its population is predominantly Tajik (86.1 per cent), 11.3 per cent are Uzbek, 0.4 per cent Kyrgyz, 0.3 per cent Russian, and 1.9 per cent ‘other’.⁷

There are over 12,000 Roma or ‘Jughi’ people who are concentrated in the provinces of Sughd (in Panjakent) and Khatlon (in Balhki and Vose) and in the towns of Vahdat and Hisor.⁸ Sunni Islam is the predominant religion in the country.⁹ The country is geographically diverse with both low-lying and mountainous regions, large cities, and rural areas where approximately three quarters of the population live.¹⁰ Tajikistan is at high risk of natural disasters and the effects of climate change, resulting in emergency situations and fatalities, economic damage and displacement due to damaged housing.¹¹

The population of Tajikistan is young; in 2021, the median age was 23 and the population is reported to be growing faster than any other country in Eastern Europe and Central Asia.¹² The child population has been growing over the last two decades, with the total number of children reaching 3,759,781 in 2021.¹³ Approximately 30 per cent of the

⁵ The final results matrix for the country programme 2010-2015 states that a total of USD 5,540,000 is budgeted for the whole programme component, which includes child justice workstreams falling outside the scope of this evaluation; Summary results matrix to the Country programme document 2010 to 2015, accessed via https://www.unicef.org/executiveboard/country-programme-documents_on_21_December_2022. However, a *draft* of the results matrix for the country programme provides that USD 2,440,000 would be allocated to the childcare and DI component.

⁶ Agency on Statistics Under the President of the Republic of Tajikistan, *Population Dashboard*, <https://stat.tj/tj>, accessed 17 October 2023.

⁷ Dissemination of the Republic of Tajikistan Population and Housing Census Data 2020, accessed via <https://unece.org/statistics/documents/2023/09/presentations/dissemination-republic-tajikistan-population-and-housing>

⁸ Combined twelfth and thirteenth periodic reports submitted by Tajikistan under article 9 of the Convention, due in 2020, Committee on the Elimination of All Forms of Racial Discrimination, 3 July 2020, para. 23.

⁹ World Population Review, <https://worldpopulationreview.com/countries/tajikistan-population>, accessed 26 September 2022.

¹⁰ UNICEF, End of Year Results Summary Narrative 2021; UNICEF, Draft Situation Analysis of Children and Young Women’s Rights in Tajikistan 2019, p 13.

¹¹ Tajikistan, National Development Strategy of Tajikistan 2016-2030, p. 29.

¹² UNICEF, End of Year Results Summary Narrative 2021.

¹³ TransMonEE Database, 2021.

population is under 15 years of age and 17 per cent of the population under six years of age.¹⁴ In 2021, approximately 20 per cent (31,801 of 157,933) of persons registered with disabilities on the government's central database were children,¹⁵ though actual numbers of children with disabilities are expected to be higher as not all children with disabilities are officially registered.

1.2.2. Socio-economic and political context

Poverty and other “economic reasons” have historically been a significant driver of institutionalisation of children in Tajikistan.¹⁶ At the beginning of the evaluation period, coinciding with the global financial crisis, child poverty in Tajikistan was significantly higher than the overall poverty rate, with 66 per cent of children (compared to 61 per cent of adults) classified as ‘poor’ and notable regional disparities in the standard of living.¹⁷ However, Tajikistan has made some progress in reducing poverty and growing its economy.¹⁸ Between 2000 and 2019, its economy grew at an average rate of 7 per cent per year with poverty also falling from 83 per cent to 26.3 per cent.¹⁹ Between 2013 and 2016, the share of children living in poor households fell from 38 per cent in 2013 to 34 per cent in 2016 (according to the national definition of poverty).²⁰ Khatlon province contained the largest number of poor children while the Districts of Republican Subordination had the highest child poverty rate.²¹ Between 2016 and 2021, Tajikistan's GDP per capita marginally increased, overall, from US\$ 807 to US\$ 891.²²

International factors have affected Tajikistan's socio-economic progress. Tajikistan's economy was hit severely by COVID-19, which coincided with a polio outbreak.²³ Its economy was also projected to contract by 2 per cent in 2022 as a result of the war in Ukraine, due in part to lower remittances.²⁴

Emigration of parents has emerged as a significant driver to the institutionalisation of children. Tajikistan has experienced stable net out-migration since 2000, with approximately 0.2 to 0.25 per cent of its population migrating per year, while families remaining behind rely on remittances.²⁵ Parents migrating in search of work are a driver to children being placed in RIs or in kinship care where they may be exposed to further child protection risks.²⁶

Tajikistan is a presidential republic. The Constitution states that Tajikistan is a ‘sovereign, democratic, law-based, secular and unitary state.’²⁷ The National Development Strategy 2016-2030 indicates that Tajikistan faces some challenges to its system of public administration (relevant to DI given that local authorities are responsible for many residential care institutions and delivery of social services), due in part to weak mechanisms for ensuring transparency at the local levels.²⁸ Although certain issues (such as data on children's rights or mainstreaming child rights in budgeting

¹⁴ World Bank, *Advancing Early Childhood Development in Tajikistan*, 3 March 2022,

www.worldbank.org/en/country/tajikistan/publication/advancing-early-childhood-development, accessed 14 November 2022.

¹⁵ Combined sixth and seventh periodic reports submitted by Tajikistan under article 44 of the Convention, due in 2022, Committee on the Rights of the Child, 29 June 2022, para. 138.

¹⁶ CRC Committee, Concluding Observations: Tajikistan, 5 February 2010, para. 42.

¹⁷ CRC Committee, Concluding Observations: Tajikistan, 5 February 2010, para. 58.

¹⁸ World Bank, Tajikistan: Overview, <https://www.worldbank.org/en/country/tajikistan/overview>, accessed 26 September 2022.

¹⁹ World Bank, Tajikistan: Overview, <https://www.worldbank.org/en/country/tajikistan/overview>, accessed 26 September 2022.

²⁰ Defined as the share of the child population under the age of 18 living in households with total consumption below the national poverty line, in per capita terms; TajStat, UNICEF and the World Bank, *Child Poverty in Tajikistan*, draft as of 14 May 2018, p. 3.

²¹ TajStat, UNICEF and the World Bank, *Child Poverty in Tajikistan*, draft as of 14 May 2018, p. 3.

²² World Bank, *GDP per capital (current US\$) – Tajikistan*, <https://data.worldbank.org/indicator/NY.GDP.PCAP.CD?locations=TJ>, accessed 26 September 2022.

²³ UNICEF Country Programme Results Assessment Matrix 2021, p. 12.

²⁴ World Bank, *The World Bank in Tajikistan: Overview*, <https://www.worldbank.org/en/country/tajikistan/overview>, accessed 28 September 2022.

²⁵ Brownbridge, M, and Canagarajah, S., *Migration and Remittances in the Former Soviet Union Countries of Central Asia and the South Caucasus, What Are the Long-Term Macroeconomic Consequences?*, IMF Policy Research Working Paper 9111, World Bank Group Europe and Central Asia Region, January 2000, p. 3.

²⁶ Save the Children, *Save the Children Tajikistan Child Protection Situational Analysis*, 2011, pp 5-6; Lyalina, N. et al, *Analysis of the progress and remaining challenges in Child Care System Reform*, Second Child Protection Forum, Discussion Paper, Bishkek, Kyrgyzstan, 12-14 May 2009, p. 2.

²⁷ Constitution, Article 1.

²⁸ Tajikistan, *National Development Strategy of Tajikistan 2016-2030 (ENG)*, pp. 27 and 32.

processes at district level) have been identified as ‘politically-sensitive’ issues in a previous evaluation,²⁹ there has nevertheless been some momentum in these areas during the evaluation period (see also analysis in [part 4.2](#) (Effectiveness/Impact)).

1.2.3. Status and needs of beneficiaries

It is useful to consider the childcare status and needs of children in Tajikistan at the outset of the evaluation period, in order to contextualise the findings. At the outset of the evaluation period, approximately 80 per cent of children in RIs had at least one biological parent alive.³⁰ Most of the children in RIs were in boarding schools.³¹ In 2010, the UN Committee on the Rights of the Child (CRC Committee) concluded that there was a ‘preference’ by parents to place children in RIs due to poverty and economic reasons and in part due to families not being aware of the negative effects of institutionalisation on their children.³² Children who are left behind while one or both parents migrate (referred to as “children left behind”) were commonly placed in RIs; in 2010, the CRC Committee expressed its concern about the 38 per cent increase in the number of children placed in state institutions during the reporting period and noted “the new tendency of temporary institutionalization of children due to the migration of parents.”³³ The placement of children with disabilities in RIs was also “common practice”³⁴ due to difficulties of families to care for the child and severe social stigma towards the child and mother, driving abandonment of the child.³⁵ More broadly, “[t]raditional societal attitudes towards children” were a barrier to their voices being heard, including in schools, in the family and care settings.³⁶ Young people, particularly in rural areas, and persons with disabilities, were also insufficiently included in discussions on social and economic reform.³⁷

Throughout the evaluation period, girls, children living in rural and remote areas, children in care institutions, children with disabilities, Roma/Jughi children, asylum-seeking and refugee children and children living with HIV/AIDs, have been identified as particularly vulnerable to discriminatory practices.³⁸ The UN Committee on the Elimination of Racial Discrimination recently welcomed the steps Tajikistan has taken to protect children from discrimination. These include the passing of the Law on Equality and Elimination of All forms of Discrimination which came into force in 2022 and amendments to the Civil Registration Law in 2019 to provide for free birth registration within three months of the birth of a child, with recommendations for further action.³⁹ The use of corporal punishment against children as a disciplinary measure, particularly children with disabilities, remains an issue, as does violence against children generally.⁴⁰ The CRC Committee has expressed concerns about the ill-treatment of children, particularly children with disabilities, in residential institutions and has reiterated recommendations for Tajikistan to take steps to investigate and bring perpetrators to justice.⁴¹ The concluding observations in relation to Tajikistan’s most recent State report were not available at the time of writing.

²⁹ Gheorghe, C., Evaluation of UNICEF Tajikistan’s work in priority districts during the 2010-2015 Country Programme, Final Evaluation Report (vol. 1), January 2016, p. 60.

³⁰ CPD 2010-2015, p. 4; Better Care Network 2009, referenced in UNICEF, Study report on children in residential care in Tajikistan: An overview and prospectus for the future; 2014, p. 5.

³¹ Lyalina, N. et al, Analysis of the progress and remaining challenges in Child Care System Reform, Second Child Protection Forum, Discussion Paper, Bishkek, Kyrgyzstan, 12-14 May 2009, p. 22.

³² CRC Committee, Concluding Observations: Tajikistan, 5 February 2010, para 42.

³³ CRC Committee, Concluding Observations: Tajikistan, 5 February 2010, para. 44.

³⁴ CRC Committee, Concluding Observations: Tajikistan, 5 February 2010, para 50.

³⁵ CRC Committee, Concluding Observations: Tajikistan, 5 February 2010, paras. 26-27.

³⁶ CRC Committee, Concluding Observations: Tajikistan, 5 February 2010, para. 31.

³⁷ Tajikistan, National Development Strategy of Tajikistan 2016-2030, p. 27.

³⁸ CRC Committee, Concluding Observations: Tajikistan, 5 February 2010, paras. 26-28; CRC Committee, Concluding Observations: Tajikistan, 29 September 2017, para. 20.

³⁹ Committee on the Elimination of Racial Discrimination, Concluding observations on the combined twelfth and thirteenth periodic reports of Tajikistan, 24 May 2023, paras. 3 and 30.

⁴⁰ CPD 2010-2015, p. 4; CRC Committee, Concluding Observations: Tajikistan, 5 February 2010, para. 39; Save the Children, Child Protection Situational Analysis, 2011, p. 5; CRC Committee, Concluding Observations: Tajikistan, 29 September 2017, paras. 21-22; CPD 2023-2026, para. 16; Ministry of Health and Social Protection and UNICEF, Endline Study on Knowledge, Attitudes, Behaviours and Practices Related to Children and Women with Disabilities in Tajikistan, Analytical Report, p. 8 (ENG).

⁴¹ CRC Committee, Concluding Observations: Tajikistan, 5 February 2010, para. 37.

1.2.4. Policy context

Childcare and DI reforms have been underpinned by a series of policies and strategies aimed to protect a range of human and children's rights including a focus on the rights of children with disabilities. These include the NPA for Children 2003-2010, Strategy for a Modern Social Services System in Tajikistan 2006-2010, National Concept on Inclusive Education for children with disabilities 2011-2015, National Strategy on the Development of Education 2012-2030, NPA for the Implementation of Recommendations of CESC 2015-2020, Mid-Term Development Programme 2016-2020, National Development Strategy 2016-2030, NPA on Rehabilitation of Persons with Disabilities 2017-2020, NPA for Implementation of Recommendations of the CRC Committee, NPA on the Prevention of Delinquency Among Minors 2020-2024, NPA on the Readiness of Tajikistan to Approve and Implement the CRPD 2020-2024, Mid-Term Development programme 2021-2025, Action Plan for the Protection of Human Rights 2021-2023, National Strategy for Health and Welfare 2021-2030, National Strategy for Education Development 2021-2030, Social Protection Strategy 2022-2040 and the Comprehensive State Programme of Training of Personnel in the System of Social Protection of the Population for the Period Until 2030.

Tajikistan's childcare and DI reforms have taken place within its broader objectives of attaining its international commitments, most notably the Millennium Development Goals (for the period up to 2015) and the Sustainable Development Goals (SDGs) for the period 2016-2030 (though none of these goals specifically or explicitly relate to DI). Most relevant to this evaluation is SDG 16, Target 16.1 on significantly reducing all forms of violence and deaths; Target 16.2 on ending abuse, exploitation, trafficking and all forms of violence against and torture of children; and 16.a on strengthening national institutions for building capacity at all levels to prevent violence. However, the reforms also relate to the SDGs and targets in [Table 3](#) given the common drivers of institutionalisation.

Table 3: SDGs and targets relevant to this evaluation

Goal 1: No Poverty
Target 1.1: By 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than \$1.25 a day
Target 1.3: Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable
Goal 3: Good health and wellbeing
Target 3.5: Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol (note: substance abuse can be a key driver of child protection risks and family separation)
Goal 4: Quality Education
Target 4.1: By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes
Target 4.5: By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations (note: lack of inclusive education services or support is a key driver of institutionalisation of children with disabilities)
Goal 5: Achieve gender equality and empower all women and girls
Target 5.1 End all forms of discrimination against all women and girls everywhere
Goal 10: Reduce inequality within and among countries
Target 10.2 By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status
Target 10.3 Ensure equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard
Target 10.4 Adopt policies, especially fiscal, wage and social protection policies, and progressively achieve greater equality
Target 10.7 Facilitate orderly, safe, regular and responsible migration and mobility of people, including through the implementation of planned and well-managed migration policies (note: parents migrating can result in children left behind and being placed in alternative care)
Goal 16 Promote just, peaceful and inclusive societies
Target: 16.6 Develop effective, accountable and transparent institutions at all levels

1.2.5. Programmatic approach pre-2009

Tajikistan's approach to DI pre-2009 combined child protection and social protection interventions to address the use of residential care as a 'poverty coping strategy' and a belief by parents and families that the welfare of children would

be better in the care of the government.⁴² Tajikistan's first childcare and DI reforms took place in 2004 with the support of the Swedish International Development Cooperation Agency (SIDA) and UNICEF. The reforms included a pilot programme to reduce the number of children placed in institutions, strengthen gate-keeping by establishing a new child protection department at the local government level, develop the skills of social service workers in child protection, and establish alternative care programmes. Although the programme evaluation highlighted various successes, including the DI of 1,682 children who were reintegrated in their families, the closure of seven RIs and the transformation of three RIs to regular schools,⁴³ it did not consider the integration of the social protection component (micro-credit scheme) to be a success.⁴⁴ Rather than incorporating micro-credit schemes as a part of a child protection service,⁴⁵ the evaluation highlighted a need to develop "very basic services, including the development of parenting skills, that would address the need of families to organise and manage day to day living, budgeting and care of their children."⁴⁶ Further, the absence of a single designated authority with overall responsibility for child protection resulted in a lack of strategic direction for child protection reforms at the national level and the fragmentation of case management responsibilities and limited inter-sectoral coordination at the local level.⁴⁷

1.2.6. Legal context

Tajikistan is party to the UN Convention on the Rights of the Child (CRC)⁴⁸ and other key human rights treaties,⁴⁹ which apply automatically in its domestic legal framework, regardless of whether or not they are stipulated in the domestic law.⁵⁰ Further, key domestic legislation provides that, where there is an inconsistency between Tajikistan's international agreements and provisions of the domestic law, the international standard applies.⁵¹ Notably, Tajikistan is not party to the Convention on the Rights of Persons with Disabilities (CRPD), the Convention on the Status of Stateless Persons 1954 or the Convention on the Reduction of Statelessness 1961. However, Tajikistan signed the CRPD on 22 March 2018 and adopted a road map to ratify the CRPD by 2024 (the NPA on the Readiness of Tajikistan to Approve and Implement the CRPD 2020-2024).

The Child Rights Protection Law 2015 (as amended), the Family Code 1998 (as amended) and the Law on Parental Responsibility of the Education and Upbringing of Children 2011 (Law on Parental Responsibility) are the main laws governing the provision of alternative care and placement of children (defined as under 18s) in RIs. The Child Rights Protection Law, which was adopted during the evaluation period, reflects Tajikistan's policy approach of situating childcare within its broader policy of social protection. Article 3 sets out the purpose of the State's policy for child protection, which includes providing 'state support, full state material and social support' to orphans and children left without parental care, enabling a necessary environment for their upbringing.

The state policy for child protection is stated to be a 'priority area of activity of state bodies.'⁵² Article 3.2 of the Child Rights Protection Law sets out the ways in which the child protection policy must be implemented. Most relevant to this evaluation are (i) the establishment of 'state minimum social standards' for children, (ii) recognising the advantages of the rights, freedoms and legitimate interests of children with disabilities, orphans, and children left without the guardianship of their parents, with the goal of providing worthy conditions for their education and

⁴² Children's Legal Centre and UNICEF, Bulletin #4, Children of Tajikistan, 2006.

⁴³ Draft country programme document 2010 to 2015, 13 April 2009, para. 18.

⁴⁴ Due to the fact that many of the beneficiaries whose children were in institutions lacked the education and skills to start their own businesses and were averse to taking loans.

⁴⁵ Children's Legal Centre and UNICEF, Bulletin #4, Children of Tajikistan, 2006, p. 8.

⁴⁶ Children's Legal Centre and UNICEF, Bulletin #4, Children of Tajikistan, 2006, p. 8.

⁴⁷ Children's Legal Centre and UNICEF, Bulletin #4, Children of Tajikistan, 2006, pp. 7-8.

⁴⁸ Since 26 October 1993.

⁴⁹ The Optional Protocol to the CRC on the involvement of children in armed conflict, the Optional Protocol to the CRC on the sale of children, child prostitution and child pornography, the International Covenant on Civil and Political Rights, the International Covenant on Economic, Social and Cultural Rights, the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, the International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families, the Convention on the Elimination of All Forms of Discrimination against Women, the Convention Relating to the Status of Refugees 1951 and the Protocol Relating to the Status of Refugees 1967.

⁵⁰ Constitution, Article 10.

⁵¹ Family Code 1998, as amended, Article 6.

⁵² Child Protection Law 2015 (as amended to 2020), Article 3.2.

upbringing, and (iii) the provision of State support of organizations that protect the rights and legitimate interests of children.⁵³

The state minimum social standards for children are outlined in Article 4 of the Child Protection Law and include, among other standards relating to education and medical care, social services to support children and families in difficult life situations, and a focus on children with disabilities, orphans and children without parental care. These standards include:

- Providing social services, including guaranteed material support for disabled children, orphans and children left without parental care, through the payment of state benefits, as well as implementation of measures for their adaptation and social rehabilitation of children in difficult life situations;
- Ensuring the child's right to housing in accordance with the legislation of Tajikistan;
- Taking into account the interests of disabled children, orphans and children left without parental care, in the development and implementation of state programmes for the socio-economic development of the country;
- Assistance for the physical, mental, psychological, spiritual and moral development of disabled children, orphans and children left without parental care; and
- Provision of legal and psychological assistance to the child in accordance with the legislation of Tajikistan.

The law outlines the different categories of children who may be placed in RIs. Most relevant to this evaluation are:

- Child orphans and other children without parental care who, 'in the absence of opportunities for the upbringing of the child in a family,' are placed in 'educational, child-raising, medical and other similar institutions' (this includes cases where the parents have had their parental rights removed or restricted or pending such decisions by the court);⁵⁴
- Children in need of special conditions for education and upbringing, who are sent to specialised educational institutions for minors, in accordance with the laws of Tajikistan;⁵⁵
- Children who use alcoholic beverages, narcotic drugs and psychotropic substances and children who, for health reasons, cannot be placed in special educational institutions for minors, are sent to medical institutions for treatment instead, in the manner prescribed by the legislation of Tajikistan;⁵⁶
- Orphans and children left without parental care who are disabled have the *right* to free accommodation in social and medical institutions.⁵⁷

The Law on Parental Responsibility sets out the rights and responsibilities of both parents in the education and upbringing of their child and the consequences for breaching their duties. It is a key law as restrictions or deprivation of parental responsibilities result in the child being taken into alternative care. Further, the Law on Social Protection of the Disabled 2020, Law on Social Services and its related resolution (on the Procedure and Volumes for the Provision of Free Social Services 2012, amended in 2015) contain more detailed provisions on social protection services for individuals, including children and persons with disabilities.

In terms of the laws governing the institutional framework for childcare system, immediately prior to the evaluation period (in 2008), the government abolished the Commissions on the Affairs of Minors and replaced them with Child Rights Commissions at the national, city and district levels.⁵⁸ This was the result of the findings of a pilot programme supported by UNICEF and SIDA, which aimed to address the fragmentation and capacity gaps in gate-keeping. At the national level, the commission is responsible for (among other things) coordinating the implementation of state policy on children, including the childcare system. At the local levels, the commissions are mandated to perform, among

⁵³ Child Protection Law 2015 (as amended to 2020), Article 3.2.

⁵⁴ Child Protection Law 2015 (as amended to 2020), Article 34.1; Family Code 1998 (as amended), Article 73.

Article 39.7 contains the right to education of child orphans and children without parental care and states that educational institutions stipulated under that Article are obliged to provide the children with a hostel, clothing, food and scholarships.

⁵⁵ Child Protection Law 2015 (as amended to 2020), Article 23.1.

⁵⁶ Child Protection Law 2015 (as amended to 2020), Article 23.2.

⁵⁷ Child Protection Law 2015 (as amended to 2020), Article 38.4.

⁵⁸ Government Resolution on Safeguarding Protection of the Rights of the Child 2008; Government Resolution on the Commission under the Government of the Republic of Tajikistan on the Rights of the Child 2008 (as amended in 2017).

other things, gate-keeping functions for children entering the childcare system. In 2017, the government passed new regulations on the functions of the Child Rights Commissions.⁵⁹

2. Purpose, Objectives and Scope

2.1. Purpose, use and intended users

The **purpose** of the evaluation is to assess Tajikistan and UNICEF's results to date (outcome and impact level) in DI and childcare reforms, with a focus on girls and boys with disabilities and other 'hard to place' children. The evaluation aims to provide an objective assessment of the strengths and weaknesses in the approach taken by Tajikistan as well as insights on how to address barriers and bottlenecks. The focus is on the contribution of multi-faceted interventions and policies to the observed outcomes and impacts. The evaluation is both summative, evaluating interventions which have been completed, but also contains a formative element, providing an important learning opportunity both for UNICEF and its partners, especially the government of Tajikistan, in planning and implementing childcare and DI reforms in coming years.

The evaluation will inform a broader regional evaluation covering eight countries (Armenia; Bulgaria; Georgia; Moldova; Montenegro; North Macedonia; Serbia; Tajikistan) which will interrogate the progress that has been made in the region in terms of DI with the focus on outcomes and impacts. It will look specifically at key common bottlenecks and explore where and in what way solutions to those bottlenecks were implemented by national governments (with or without UNICEF's support), and why they were or were not effective. In particular, there is a need to look at the key accelerators to ensure that children, particularly children with disabilities, are appropriately included in DI efforts. The evaluation is important for documenting good practices and sharing experiences on what works across the region to inform the next stages of reforms.

The **intended use** of the evaluation is for UNICEF Eastern Europe and Central Asia Regional Office (ECARO) and UNICEF Tajikistan Country Office to support efforts by national and sub-national governments, NGOs and other partners in Tajikistan to progress childcare and DI reforms. In particular, the evaluation will allow UNICEF to identify the progress, gaps, and windows of opportunity to work with the government and other partners to ensure that the human (and child) rights-based recommendations are fulfilled and are in accordance with international standards. It is anticipated that UNICEF ECARO will support similar efforts by UNICEF Country Offices, governments and intended users in the eight target states (Armenia; Bulgaria; Georgia; Moldova; Montenegro; North Macedonia; Serbia; Tajikistan), and possibly even more widely in the region, using the lessons and recommendations of this evaluation via the regional report.

The primary **intended users** of the evaluation are therefore the UNICEF ECARO child protection and evaluation sections, UNICEF Tajikistan Country Office's child protection and evaluation sections, the government of Tajikistan (most notably, the MoES, MoHSPP, MoLME and Ministry of Finance), local governments of the regions and districts in Tajikistan, social work and academic and training bodies, as well as public organisations, international NGOs, UN agencies and donors working on child protection and social protection issues in Tajikistan. Secondary intended users of this evaluation are the education, health, justice, child rights monitoring and public finance teams within UNICEF, government, civil society, development and donor agencies working in Tajikistan, given the interlinked nature of childcare and DI reforms with programming in these areas. The UNICEF HQ child protection section and evaluation teams will also be a secondary audience, as will UNICEF country offices and their partners in the other seven states, and even in the region more generally.

2.2. Objectives and scope of the evaluation

The objectives of the evaluation were first developed by UNICEF ECARO and are set out in the terms of reference for this evaluation (ToR), enclosed in [Annex A](#). They were the subject of an evaluability assessment in each country taking

⁵⁹ Government Resolution on the Regulations on the Commissions on Child Rights, 2017.

part in the regional evaluation in 2021, except for Tajikistan, which took place in 2023, and Moldova and North Macedonia, which joined the regional evaluation later in the process. The objectives in the ToR apply to all countries involved in the evaluation, including Tajikistan, and are set out below. For each objective, references to ‘children’ include specific consideration of the results relating to boys and girls.

Objective 1: To assess the impact of government childcare policies and understand what worked and what did not in the DI of children and, in particular in the case of children with disabilities and other ‘hard to place’ children, how and why. In particular:

- To what extent were actual results for children achieved, how and why?
- Are there children who were not reached by DI? Who are they and what are the factors that contributed to that?
- To verify original assumptions and investigate what factors (or combination of factors) are necessary and / or sufficient for the DI reforms to produce results in certain contexts.
- To generate synthesis of lessons to learn from successful and unsuccessful cases.
- To identify and explain unintended changes and consequences, both positive and negative, for different groups (parents/ caregivers, children, professionals, other sectors and systems).
- To obtain insights about how DI changed the behaviour, attitudes and perceptions of stakeholders.

Objective 2. To determine the effectiveness, impact, coherence, relevance and efficiency of national childcare reforms.

Objective 3. To assess the actual and potential contribution of UNICEF’s work to the national progress (outcome and impact) in DI and childcare reforms for children in residential care, including for children with disabilities and other ‘hard to place children.’ In particular:

- To determine the extent to which UNICEF has met its objectives.
- To determine the impact and effectiveness of UNICEF’s contribution as well as the extent to which it has incorporated gender, human rights-based and equity-focused approaches.
- To assess UNICEF’s added value and comparative advantage in Tajikistan (in comparison to other stakeholders).
- To explore the trigger effect, if any, of UN guidelines on alternative care for children, EU guidelines and policies, Council of Europe strategies and recommendations, the CRC and CRPD (to the extent relevant) on national DI reforms.

Objective 4. To draw lessons and provide recommendations for the refinement and potential scaling up of good practices to further support national governments in their efforts of strengthening child protection systems.

2.3. Scope of the evaluation

The evaluation concerns childcare and DI reforms, as defined in [part 1.1](#), at the national and sub-national levels. In line with the ToR, the evaluation covered national childcare reform initiatives with a strong focus on DI including prevention and gate-keeping, provision for girls and boys with disabilities and other ‘hard to place’ children, planning for change, executing transformation, including redirecting resources from institutional care to expanded family and community-based services, and overall implementation frameworks and monitoring.

As stated in the ToR and inception report, given the resources available for this evaluation, the object of the evaluation does not include programming in the following sectors:

- Education sector: development of inclusive education as a key, linked component to a national or sub-national deinstitutionalisation agenda;
- Health sector: early detection and intervention in cases of disability, as a key factor to enable early intervention and prevention of secondary disabilities, and the provision of specialized services and additional family support services, rather than a rehabilitative, institutional approach to family support;
- Social Protection: increasing the coverage of children with cash transfers; universal and targeted services, especially for children with disabilities; reforming disability assessment towards a human rights-based approach to disability inclusion;
- Child justice: the detention of children in conflict with the law (suspected, accused or convicted of a criminal offence) or their reintegration after release.

Instead, the evaluation aimed to identify any barriers or bottlenecks for children in the child protection system in accessing inclusive education, early detection and intervention services and social protection programmes, with a focus on girls and boys with disabilities. The evaluation *did*, however, include the DI of children at risk of coming into conflict with the law or who are the subject of administrative offences or measures for so-called “delinquent” behaviour, particularly where these children are ‘hard to place.’

The geographic scope of the evaluation is the territory of Tajikistan though primary data collection was not carried out in the Gorno-Badakhshan Autonomous Region due to physical challenges of evaluating reforms in the region. The evaluation covers the period from 2009 until the end of 2022. It addresses the perspectives of a range of programme beneficiaries, including children and adolescents of all genders, and their families, and key stakeholders in the child protection sector.

2.4. Theory of change

The evaluators reconstructed the ToC to capture childcare and DI reforms during the evaluation period, based on national policies, CPDs and their ToCs where available (see [part 4.1](#) and [Annex B](#)). This exercise enabled the clear identification of the outcomes and intended impact of the reforms, which are the levels of the intervention that are being evaluated. The reconstructed ToC, was consulted upon and adopted at a workshop with UNICEF, government and civil society stakeholders on 11 August 2022.

The context in [part Error! Reference source not found.](#) explains why change was needed and the needs of girls and boys in the childcare system. The reforms aimed to change this through the following **outcome**: by 2022, boys and girls in institutions and those at risk of family separation have increased access to family- and community-based alternative care, measured through the reduction of the numbers of boys and girls in residential care institutions and an increase in the number of vulnerable boys and girls benefitting from quality, integrated social work interventions. This outcome was intended to contribute towards the overall **impact** of ‘girls and boys, who are most at risk, benefit from a better functioning protective environment that prevents and responds to deprivation, violence, abuse, neglect and exploitation.’

The outcome would be achieved via the following **six intermediate changes**: (i) budget allocations are child-focused and child-sensitive; (ii) a child-focused M&E system is in place and operational using disaggregated data including for girls and boys with disabilities; (iii) the SSW are capacitated to deliver community-based social services; (iv) fostercarers are capacitated to provide family-based alternative care for boys and girls; (v) task-shifting from baby homes to establishing Family and Child Support Centres is effective; (vi) the legal framework for the childcare system is aligned with international standards.

The intermediate changes would be achieved through the following **eight outputs**: (i) analysis of budgetary allocations is completed and national stakeholders are aware of funding gaps and convinced of efficiency savings; (ii) national stakeholders and government staff have improved M&E capacities and tools relating to childcare reforms; (iii) new model of social work is conceptualised and approved; (iv) training institution is mandated to provide State-accredited practical social work certificate course; (v) curricula for pre-service and in-service training on practical social work are developed and accredited; (vi) a fostercare model is adopted and operationalised as part of the pilot of new social work model; (vii) the roadmap for the transformation of the baby homes to Family and Child Support Centres is adopted and operationalised, as part of the new model of social work provision; (viii) amendments to the legal, policy and regulatory framework are adopted.

Inputs/activities leading to these results consisted of: (i) provision of technical expertise and advocacy to support the analysis and revision or development of normative frameworks (laws, policies, regulations, SOPs, working protocols and guidelines) in line with international standards on childcare and DI; (ii) provision of technical expertise and advocacy for evidence-based and child-focused policy-making, budgeting and M&E frameworks; (iii) provision of technical expertise to design, pilot and implement new models of social service provision for vulnerable families and children at local level and family- and community-based services, including alternative care and transition of baby homes to Family and Child Support Centres; (iv) provision and technical expertise and training to develop qualified professional and para-professional SSW.

The causal relationships between the inputs, outputs, intermediate changes, outcome and impact is summarised in [Figure 1](#).

Figure 1: Reconstructed theory of change



The risks and assumptions underpinning the reconstructed ToC ([Table 4](#)) are based on the risks and assumptions in (i) the CPDs and any ToCs underpinning national strategies or CPDs, (ii) cross-cutting or parallel programming which complement childcare reforms, and (iii) consultations with stakeholders.⁶⁰

Table 4: Reconstructed theory of change risks and assumptions

Risks	Assumptions
<ul style="list-style-type: none"> Inefficient use of resources Hazards that threaten business continuity and sustained progress towards results 	<ul style="list-style-type: none"> Government officials agree to revise legislation relevant to child rights in a coherent and coordinated manner

⁶⁰ CPD 2016-2022, p. 9; revised ToC based on the strategic moment of reflection of CPD 2016-2022 which took place in 2018;

<ul style="list-style-type: none"> • The inability to mobilize sufficient partners' resources due to the possibility of declining donor interest in Tajikistan • Challenges in advocating for an increase in government budget allocations for social services; • Major economic and social impacts (including economic recession, unemployment and fall in remittances > macroeconomic instability, reduced household consumption and increased poverty, especially for vulnerable groups) from the ongoing instability in Afghanistan, escalating conflict in Ukraine and international sanctions against Russia • Ongoing impact of COVID-19 • Impact of climate change • Continued exodus and high turnover if (already limited) skilled staff in various social sectors 	<ul style="list-style-type: none"> • Government does not reduce budgetary allocations for social sector due to economic crisis and emergencies and children remain a priority area on the government's agenda • Transparency and openness of the government remain at sufficient level • Disaggregated data collection will be supported by government structures and will support evidence-based decision-making • The Child Rights Commissions and Child Rights Units at national and local levels have enough authority and clout as well as human and financial capacity to successfully engage cross-sectorally to monitor and advocate for child rights • Local capacity exists to provide PSS and child protection services in emergencies • Local governments support application of innovative models to service provision (e.g. community-based rehabilitation for children with disabilities) • Government supports the gradual transformation of the four baby homes that exist in the country into family support services as well as finding alternative family care options for children already institutionalized • Central and local governments support the capacity development of the 'social assistance at home units' and other social services staff to provide quality services to vulnerable children • Caregivers believe that residential child care facilities are not the best living arrangement for children • Government and media stop promoting residential child care • Communities and parents believe in and support integration of children with disabilities and can access relevant services
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3. Methodology

3.1. Conceptual Framework and Evaluation Criteria

The methodology for the evaluation is framed around the evaluation criteria of the Organisation for Economic Co-operation and Development / Development Assistance Committee (OECD/DAC), namely relevance, effectiveness, efficiency, sustainability, and coherence. The methodology was developed according to the UN Evaluation Group's Norms and Standards for Evaluation (2016) and also incorporates UNICEF's guiding principles on gender equality, equity and human rights. The **approach taken is equity and rights-based**, rooted in the CRC, the Convention on the Elimination of all forms of Discrimination Against Women, the CRPD, other key international standards. These standards were integrated into formulating the evaluation methodology (including the evaluation questions, matrix indicators and tools), research processes (e.g. in the ethical protocol and sampling strategy) and the conceptual framework for the analysis, and development of recommendations and lessons learned.

In addition to the human and child rights standards above, the evaluation is framed around UNICEF's broader strategic priorities, including 'Leave No One Behind' (the approach to ensure that every child is protected, healthy and educated, focusing on children left behind by wider economic and social progress)⁶¹ and the UN Disability Inclusion Strategy.⁶² As such, special attention has been paid to vulnerable or 'at risk' groups of boys and girls (many of whom are likely to be regarded as 'hard to place') to ensure that their specific needs are identified, represented and addressed through data collection and sampling techniques, analysis and recommendations. These include: children with disabilities; boys and girls; children left behind by migrating parents; children from ethnic minorities; older children; and children with intersecting needs and circumstances.

⁶¹ UNICEF ECARO, *Our mandate: no child left behind*, accessed from <https://www.unicef.org/eca/our-mandate-no-child-left-behind> on 18 October 2023.

⁶² UN Disability Inclusion Strategy, accessed from https://www.un.org/en/content/disabilitystrategy/assets/documentation/UN_Disability_Inclusion_Strategy_english.pdf on 18 October 2023.

A **theory-based evaluation approach** was applied to determine whether and how childcare reform initiatives have led to the changes set out in the ToC, and why this may (or may not be) the case. This approach allowed the evaluators to analyse the mechanisms, assumptions, risks and contextual changes that either facilitated or impeded progress. This approach was considered most appropriate in light of the intricate and multifaceted nature of the reforms, which involve various stakeholders and sectors such as education, healthcare, and social protection.

The evaluation applied a **mixed-methods approach** to data collection and analysis, incorporating both quantitative (using secondary/administrative data) and qualitative methods and drawing on the strengths of both to gather data that is rich and explanatory, as well as accurate and measurable.

The evaluation has taken a **consultative and participatory approach** with UNICEF, stakeholders and beneficiaries in order to ensure that the findings are context-appropriate and high-quality and that stakeholders have overall ownership of the process and outputs. This approach was user-driven and learning-oriented to promote future implementation and sustainability of the findings, conclusions and recommendations after the conclusion of the evaluation. This approach also reinforces the accountability and ownership of the research. To achieve this, the evaluators adopted online consultations and workshops during the inception and report-writing stages of the evaluation, participatory research techniques and validation sessions. In undertaking the evaluation, a **gender-responsiveness methodology** was employed throughout the methods and tools and data analysis techniques.

3.2. Changes to the Terms of Reference

Changes to the ToR were agreed between the evaluators, UNICEF and the evaluation reference group (ERG, for which see [Part 3.8](#)) during the inception phase, though these were mainly methodological and did not affect the thematic scope. The changes to the ToR were as follows:

- The rounds of feedback from the ERGs were reduced from three to two given the resource and timing constraints for the completion of the project. The reduction of the rounds of comments from the ERG has not affected the quality of feedback received.
- Given resource constraints, a combined initial online stakeholder consultation for all focus countries was held rather than separate consultations for each focus country. However, breakout rooms were arranged providing time for country-specific consultations, such that this approach did not diminish the effectiveness of the session.
- To ensure that the voices of children were heard during the evaluation and to strengthen the equity focus of the evaluation, it was agreed that the methodology would include primary data collection with children, including girls and boys and children with disabilities, which was not included in the ToR.

3.3. Evaluation Questions

Prior to the start of the evaluation, an evaluation design workshop was held for key national stakeholders who were provided with a list of questions relating to the research questions set out in the ToR and, following the OECD/DAC criteria, were asked to rate their level of interest in the answers to these questions. The purpose of this process was to engage stakeholders from the beginning of the evaluation, to have a better understanding of their perspectives and increase the ownership of the evaluation outcomes.

Following the workshop and consultation with UNICEF country offices, UNICEF ECARO and stakeholders, some amendments were made to the questions chosen by stakeholders at the evaluability workshop. The amendments were made to enable a comparison across the countries participating in the regional evaluation, fulfil the overall objectives of the evaluation and to allow for better comparison with the earlier evaluation conducted in 2013. The original questions chosen by stakeholders at the evaluability workshop and the amendments made to the questions post the evaluability workshop can be found in [Annex C](#). The evaluation (sub-)questions are summarized in [Table 5](#)[Table 5](#). The evaluators adopted a gender and equity lens for all questions, including by paying specific attention to the results as they related to boys and girls, children with disabilities and hard to place children.

Table 5: Evaluation questions and sub-questions

Key Evaluation Questions	Sub-questions
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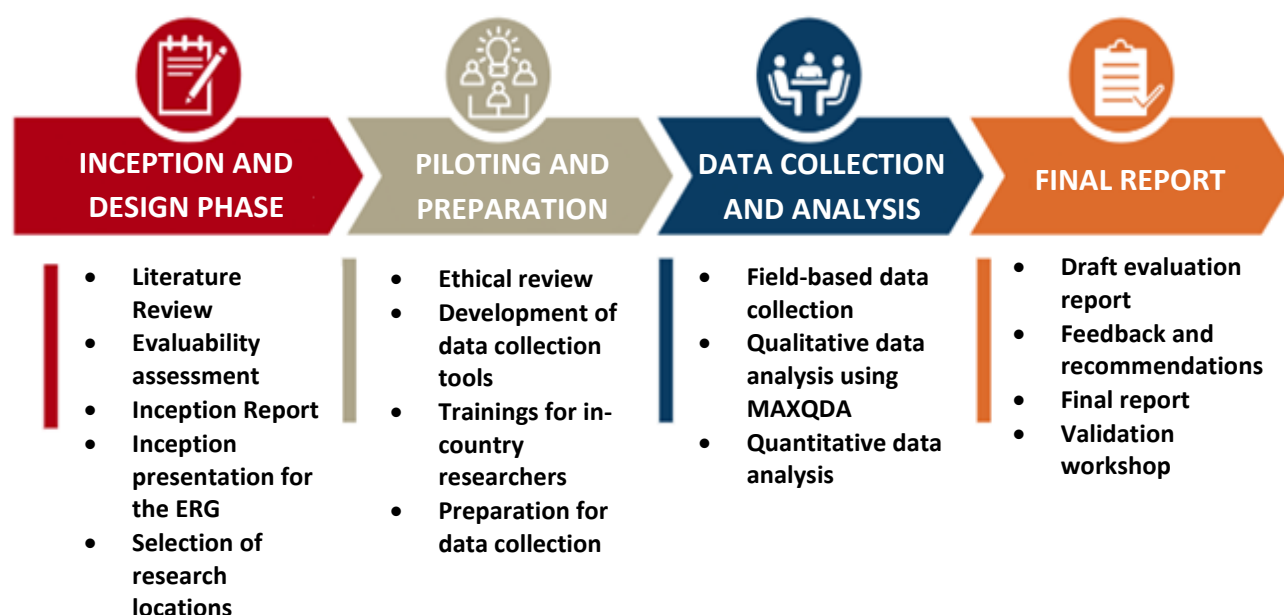
Relevance	
Q1. To what extent have the childcare reforms been relevant to the DI of children in residential care?	Q1.1. To what extent have reforms to childcare policy and the legal framework been relevant to the DI of children in residential care? Q1.2. To what extent have services introduced under the childcare reforms been relevant to the DI of children in residential care?
Q2. To what extent have the childcare and DI reforms been aligned with States' obligations under the CRC, the UN Guidelines for the Alternative Care of Children, EU Guidelines (if relevant) and the CRPD?	Q2.1. To what extent have the childcare and DI reforms been aligned with States' obligations under the CRC? Q2.2. To what extent have the childcare and DI reforms been aligned with States' obligations under the UN Guidelines for the Alternative Care of Children? Q2.3. To what extent have the childcare and DI reforms been aligned with States' obligations under the relevant EU Guidelines? (N/A for Tajikistan) Q2.4. To what extent have the childcare and DI reforms been aligned with States' obligations under the CRPD?
Q3. To what extent, if any, have UN Guidelines on Alternative Care for Children, EU guidelines and policies (if relevant), CRC and CPRD acted as a trigger for national reform?	Q3.1. To what extent have the UN guidelines on Alternative Care for Children acted as a trigger for reform? Q3.2. To what extent have, EU guidelines and policies acted as a trigger for reform? Q3.3. To what extent has the CRC acted as a trigger for reform? Q3.4. To what extent has the CRPD acted as a trigger for reform?
Q4. How relevant have the childcare and DI reforms been to the needs of children with disabilities and hard to place children?	Q4.1. How relevant have the childcare and DI reforms been to the needs of children with disabilities? Q4.2. How relevant have the childcare and DI reforms been to the needs of hard to place children?
Q5. How relevant are the primary objectives and outcomes of the childcare and DI reforms from the perspectives of different stakeholders?	Q5.1. How relevant are the objectives/outcomes of the DI interventions to the situations of children and families? Q5.2. How relevant are the objectives/outcomes of the DI intervention(s) for child protection professionals? Q5.3. How relevant are the objectives/outcomes of the DI intervention(s) for decision makers? Q5.4. Which outcomes of the DI intervention(s) being evaluated do children and families consider to be the most important? Q5.5. Which outcomes of the DI intervention(s) being evaluated do professionals consider to be the most important? Q5.6. Which outcomes of the DI intervention(s) being evaluated do decision makers consider to be the most important?
Q6. How relevant has UNICEF's input been to national childcare and DI reforms?	-
Effectiveness/Impact	
7. How did the DI reforms (and other external factors) contribute to the desired outcomes?	Q7.1. Which elements of the DI reform generated the desired outcome(s)? Q7.2. How much of the observed outcome(s) can be attributed to the DI reforms? Q7.3. What was the impact of other external factors on childcare and DI reforms?
8. Under what circumstances, and why did the DI reforms generate the desired outcome(s)?	Q8.1. Under what circumstances did these DI reforms generate the desired outcomes? Q8.2. Why did the childcare and DI reforms generated the desired outcomes? Q8.3. What changes, if any, did the DI reforms have on the behaviour, attitudes, thinking and reasoning of stakeholders?
9. Has sufficient attention been given to measuring, monitoring and reporting results including results of DI reform related to gender equality? How effectively has evidence been used to inform changes and adjustments to the DI reforms?	Q9.1. Has sufficient attention been given to measuring, monitoring and reporting results? Q9.2. Has sufficient attention been given to measuring, monitoring and reporting results specifically related to gender equality? Q9.3. How effectively has evidence been used to inform changes and adjustments to the DI reforms?

Q10. Were there any unintended consequences which resulted from the childcare and DI reforms?	-
Q11. What are the necessary and/or sufficient factors that enable the DI reforms to provide results at different levels?	Q11.1. What are the necessary and/or sufficient factors that enable the DI reforms to provide results the national level? Q11.2. What are the necessary and/or sufficient factors that enable the DI reforms to provide results at the sub-national level?
Q12. Have all groups of children targeted by the DI reforms actually been reached (i.e. has anyone been excluded)?	Q12.1. To what extent have disabled children targeted by the DI reforms actually been reached? Q12.2. To what extent have hard to place children targeted by the DI reforms actually been reached? Q12.3. Have any groups of children not benefited from the childcare and DI programme?
Q13. What difference did the DI reforms make to the children in alternative care at the time of the reform, and under what circumstances? Since the reforms have taken place, what has been the impact on children passing through the new services? What challenges remain?	Q13.1. What has been the impact of DI reforms on the number and profile of children in alternative care? Q13.2. What has been the impact of the new services on the use of institutionalisation? Q13.3. What challenges remain?
Q14. How and why did the DI reforms make a difference in terms of strengthening/establishing prevention services and family-based alternative care services, if any? What challenges remain?	Q14.1. To what extent did the child care and DI reforms result in the strengthening of prevention services? Q14.2. To what extent did the child care and DI reforms impact on family based alternative care services? Q14.3. What challenges remain to providing prevention and family-based alternative care to all children in need of a placement?
Q15. How, why, in what way did the DI reforms generate sustained changes in services, financing mechanisms, legal frameworks and policies?	Q15.1. How, why, in what way did the DI reforms generate sustained changes in services? Q15.2. How, why, in what way did the DI reforms generate sustained changes in financing mechanisms? Q15.3. How, why, in what way did the DI reforms generate sustained changes in legal frameworks and policies?
Q16. What was the impact of DI reforms on strengthening the social service workforce, in particular the social work profession?	Q16.1. What was the impact of DI reforms on strengthening the social service workforce? Q16.2. What was the impact of DI reforms on strengthening the social work profession?
Q17. What impact has the COVID-19 pandemic, conflict and economic downturn had on the effectiveness of DI reforms?	-
Efficiency	
Q18. How has the Government used its resources – human, technical and financial – to support DI reforms? To what extent has this allocation of resources been effective in supporting DI reform efforts?	Q18.1. How has the Government used its human resources to support DI reforms? Q18.2. How has the Government used its technical resources to support DI reforms? Q18.3. How has the Government used its financial resources to support DI reforms? Q18.4. To what extent has this allocation of resources been effective in supporting DI reform efforts?
Q19. Retrospectively, what resources (national, EU, other donors) were available to carry out DI?	Q19.1. What have been the transition costs, covered by whom and for how long? Q19.2. How, what and how much of the resources have been ringfenced and reallocated/ transferred from closing down institutions (system) to a system based on diversified family and community-based services and inclusive education, including between sectors?
Coherence	
Q20. Who were the key influencers / who needed to be influenced to achieve the needed changes which led to DI reform?	Q20.1. Who were the key influencers needed to achieve the needed changes which led to DI reform? Q20.2. Who needed to be influenced to achieve the needed changes which led to DI reform?

Q.21. To what extent did various Government (e.g. social services, health and education) and non-government actors work together to achieve DI reform?	Q.21.1. Was there alignment between the aims and strategies of these actors? Q.21.2. What coordination mechanisms exist to ensure a comprehensive approach, especially in relation to children leaving / transitioning from RIs?
Sustainability	
Q22.1 [New question] Were the childcare and DI reforms sustainable?	-
Q22.2 Which key reform partners influenced / continue to influence the DI reforms implementation, performance and sustainability?	-
Q22.3. What is UNICEF's role in the sustainability of the DI reforms?	-

Based on the evaluation questions, an **evaluation matrix** was developed by the evaluators (see [Annex D](#)) for all countries involved in the multi-country evaluation, including Tajikistan (notes in the matrix indicate where a question is not applicable to a particular country). It contains the evaluation questions and sub-questions (set out above) across the evaluation criteria of relevance, coherence, effectiveness, efficiency, impact, and sustainability, qualitative and quantitative indicators which emerge from / relate to the evaluation questions, data sources for answering research questions and measuring indicators and any limitations in data or the ability of researchers to analyse it, incorporating a gender-, equity- and rights-based approach. The process of the evaluation is summarised in [Figure 2](#).

Figure 2: Process of the evaluation



3.4. Data Sources, Collection Methods and Sampling

A range of qualitative and quantitative methods was used to collect data to answer the evaluation questions as follows.

Desk review: A large number of documents relating to child care reform and DI were reviewed, including UNICEF reports, CPDs and associated internal documents, government plans, policies, strategies, laws, programmes, reports and evaluations as well as NGO reports, research studies and relevant press reports.

Key Informant Interviews (KIIs): KIIs were conducted to obtain detailed and specific information related to childcare reforms and DI. The KIIs were guided by a standardised set of questions, but allowing for a response-directed interaction. KIIs were conducted at the national level and sub-national level, some of which involved multiple stakeholders from each body (i.e. in the format of focus group discussions) where it was felt that this would increase the comfort of respondents and enrich the interaction.

Individual interviews or focus group discussions (FGDs) with children and young people: Although the ToR did not envisage the engagement of children, it was agreed that children and young people should participate directly in the evaluation. FGDs and in-depth interviews were held with children and young people placed or transitioned from RIs, family-based alternative care (with a particular focus on children with disabilities and other hard to place children), and children who had received community-based services developed as part of the DI reform process. The purpose of the interviews was to ensure a rounded view of children's and young people's experiences of the childcare system. As with the KIIs, interviews and FGDs were guided by a standardised set of questions to capture the different stages of the child protection response and the child's experiences, while also allowing for the researcher to probe for more detail on aspects of particular interest.

Individual interviews or FGDs with professionals and practitioners: These were held with UNICEF staff, civil society, service providers and staff workers in RIs to gather their perspectives on different aspects of the childcare reform process, to understand how reforms have translated into changes in the provision of services on the ground and to identify the enabling factors and barriers that have shaped these changes. This enabled the evaluation to assess the nature of services provided, their quality, appropriateness and the capacity of service providers to address child protection issues. FGDs were also held with parents/caregivers to understand their point of view and how reforms have impacted them and their children. The FGD tool incorporated an interactive element involving participatory systems mapping. During this exercise, participants were asked to identify individuals or entities that, based on their understanding, played a role in generating the distinct inputs, outputs, outcomes, and impacts, as articulated in the ToC. Data collection tools are enclosed in [Annex E](#).

3.5. Sampling

3.5.1. Research sites

Data collection was carried out with stakeholders at the national level in Dushanbe or, where necessary, online and at the sub-national level in three locations: Dushanbe; Sughd Province; and Khatlon Province. The research locations were selected in consultation with the UNICEF country office and the ERG, which included the capital city as well as locations in which there was a high prevalence of residential institutions and childcare service providers. In the research sites, while data collection focused on selected districts/cities (Dushanbe city; Bokhtar; and Khujand), in order to evaluate a broad range of RIs and community-based services and ensure that RIs and services from a mix of rural and urban locations were selected, data collection was undertaken in surrounding locations depending on the location of these RIs/services.

3.5.2. Selection of research participants

Given the qualitative nature of the data collection methods, the sampling strategy for the selection of participants was primarily purposive and non-random. Purposive sampling prioritised diversity to ensure that respondents of diverse backgrounds and with diverse perspectives were included in the evaluation as well as a gender balance and inclusion of persons with disabilities.

The sampling strategy for key informants was purposive and included key stakeholders at both national and sub-national level who have particular knowledge, expertise and accurate information in relation to childcare and DI reforms, including stakeholders in relevant government agencies, UN agencies and international and national NGO partners. The purpose of this selection was to obtain knowledge, expertise and accurate information in relation to indicators in the evaluation framework from stakeholders. Where possible, respondents were selected to maximise diversity on the basis of gender, disabilities and other equity-based considerations.

The sampling for FGDs with local service providers and staff in RIs was also purposive, to include the perspectives of NGOs, local service providers and RIs. Similar strategies were adopted to maximise diversity, including on the basis of gender and disability.

The sampling strategy for interviewing beneficiaries (children, young people and adults) aimed to ensure diversity and representation across different RIs, services and categories of 'hard to place' children, particularly across a range of disabilities (physical; mental; sensory etc.) and genders. The identification of the sample relied on organizations that

were involved in KIIs and FGDs, utilizing a snowball sampling method. A total of **38 KIIs with 54 participants, 13 FGDs with 53 professionals/practitioners/staff members, 16 individual interviews with children, three individual interviews with young people who were care-leavers, two FGDs with 12 children, seven individual interviews with seven parents, and three FGDs with 13 parents**, were carried out. This included at least seven children with known disabilities, and 12 boys and 14 girls (gender was not indicated for two child participants). The list of research participants is summarised in the Table in [Annex F](#).

3.6. Analysis Methods

3.6.1. Qualitative data analysis

All qualitative interviews were transcribed, uploaded into MAXQDA software and coded to identify key themes, patterns and relationships relevant to the research questions. The utilization of innovative tools such as MAXQDA enhances the efficiency and accuracy of data collection and management, contributing to more robust and insightful results.

A realist evaluation approach was employed for data analysis, aiming to extract specific themes pertaining to "what had worked, for whom, under which circumstances, how, and why?" This analytical approach played a pivotal role in addressing research inquiries about the underlying mechanisms connecting childcare and deinstitutionalisation reforms with resultant outcomes and impacts. The objective was to unravel the causal connections between deinstitutionalisation reforms and their effects.

Expanding on this methodology, the exploration of "how and why" was enhanced by integrating participatory systems mapping and agent-based modelling into the analysis. These tools were utilized to gain insights into the key stakeholders within DI reforms and to discern the varying contributions of different actors, particularly UNICEF. Additionally, these tools helped shed light on the intricate interactions among different agents involved in the process.

3.6.2. Quantitative data analysis

Administrative data was analysed using Excel software. Preliminary quantitative data analysis involved cleaning and checking the data to understand the extent and randomness of missing data, which was found to be extensive. Initial analysis produced descriptive statistics on the composition of the sample and the overall results, disaggregated by factors of interest including type of RI or care arrangement, gender and disability status.

3.6.3. Data triangulation

Different types of data and different data sources were triangulated with one another in order to identify any inconsistencies in findings. Furthermore, due to the varying array of stakeholders situated at different 'levels' within the system—comprising children, parents, frontline workers, NGOs, government stakeholders, and decision-makers—data triangulation was employed across all participants. This approach facilitated a comprehensive portrayal of DI reform aspects, spanning inputs, outputs, outcomes and impact across the entire system. This methodology encompassed the viewpoints of a diverse assortment of stakeholders, thereby capturing insights from all key players. Triangulation helped to ensure the accuracy of findings, analysis and interpretation. Different methods enabled the evaluators to overcome any biases or weaknesses associated with a particular method.

3.7. Risks, Limitations and Mitigation Measures

A series of risks and limitations were identified during the inception phase and corresponding mitigation strategies adopted to address these. A summary of the risks, limitations and mitigation strategies are summarised in [Table 6](#).

Table 6: Risks, limitations and mitigation measures

Risks and limitations	Mitigation strategies
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<p>Sampling bias - The complex nature of childcare and DI reforms presented a challenge in conducting a nationwide evaluation that represents the entire target population.</p>	<p>The sampling plan was crafted through a series of consultations during the inception phase and a dedicated workshop involving the ERG. The ERG workshop played a pivotal role in determining the participants and research locations, benefiting from the valuable insights and suggestions of the participants who possess expert knowledge in the field. Their involvement ensured that the chosen locations align with a well-rounded representation, enhancing the credibility and comprehensiveness of the research outcomes.</p>
<p>Reporting bias - Given the sensitive nature of the evaluation subject matter (which deals with child protection reforms and DI of children), it is likely that the evidence gathered is affected by reporting bias. Participants may have been reluctant or unwilling to share sensitive and personal information about traumatic and deeply personal events in their lives (children, young people and adults). Further, participants may be resistant to engaging critically on aspects of their professional experiences, which they may fear will reflect badly on themselves, government agencies, UNICEF or other partners/stakeholders.</p>	<p>To mitigate against reporting bias, evaluators took care to carefully explain to all participants that the evaluation was learning-oriented. Evaluators also emphasized that confidentiality of responses would be protected and that no negative personal or professional consequences would result from sharing open and honest information. Questions were asked sensitively and interactions will be flexible and participatory to allow for the most authentic, spontaneous and participant-led exchange.</p>
<p>Limited data - The limitations of existing data, particularly of administrative data on the reforms at the outset of the evaluation period, financial data, data concerning children repatriated from armed conflict zones, and the diffusive nature of childcare and DI programming, have presented a challenge in measuring the contribution of the childcare and DI reforms to changes in outcomes.</p>	<p>The evaluators triangulated data from several sources when analysing differences between intervention and comparison districts in order to better link any differences identified to elements of UNICEF's programme.</p>
<p>Availability of disaggregated data - quantitative data disaggregated by gender, disability and vulnerable groups, were limited. This lack of disaggregated data hindered the research team's ability to assess the impact of reforms and UNICEF's programming fully.</p>	<p>The reliance on qualitative data collected from stakeholders assumed greater significance. The qualitative information served as a valuable alternative, enabling the research team to glean insightful perspectives and augment the understanding of the reform's impact and UNICEF's contributions.</p>
<p>Interviews with supervising bodies/supervisors – although official requests were made to interview government officials in the absence of a focal point from its supervising body or their supervisor, in a small number of cases, a representative of the supervising Ministry/body or supervisor attended the interview. This may have impeded the participant's willingness of speak freely during the interview.</p>	<p>The evaluators triangulated data and, where possible, sought to speak separately with the relevant participants to verify the information provided.</p>

3.8. Validation and Oversight

An ERG was established to provide oversight of and input into the evaluation, strengthening accountability, ownership and accuracy of the evaluation. The list of ERG members during the inception phase are included in [Annex G](#). An evaluability assessment was carried out with the ERG, including an online workshop on 11 August 2022 to develop the reconstructed ToC and agree upon the evaluation questions and scope. Coram International consulted upon the inception report with stakeholders from Tajikistan as part of the regional online consultation on 31 January 2023 as

well as sharing the report with the ERG for written comments. An internal online workshop with UNICEF ECARO and Tajikistan Country Office was held on 5 October 2023 to consult on the first draft of the evaluation report, followed by a validation meeting with Tajikistan's newly-formed inter-agency Working Group on Guardianship, which would be responsible for issues relating to DI, including with regard the outputs of this evaluation. Comments from stakeholders were taken into account in finalising the evaluation.

3.9. Ethical Considerations

All research was carried out in full accordance with the UNEG Ethical Guidelines, Coram International's own Ethical Protocol and Guidelines ([Annex H](#)) and UNICEF's Ethical Standards in Research, Evaluation Data Collection and Analysis. In addition, Coram International employed the following ethical safeguards for this evaluation:

Independence, impartiality, and integrity: The absence of conflict of interest was duly checked prior to the start of the evaluation. Reasons for evaluative judgments and acceptance or rejection of comments on evaluation products were provided in written comment trails for each version of evaluation deliverables. All findings were triangulated. The data analysis and interpretation were conducted objectively, with evaluators carefully avoiding any preconceived notions that could sway the assessment's outcome.

Credibility, completeness and accountability: The evaluation ensured that all evidence was tracked from its source to its use and interpretation. All evaluation questions were answered through triangulation of data from multiple sources and processed using multiple analytical tools. All findings and conclusions are explicitly justified and substantiated, and the recommendations are based on findings and not bias.

Consent, confidentiality, and respect of rights: Rights-holders and stakeholders consulted were duly informed about the purpose of the evaluation, the criteria applied and the intended use of findings. The evaluation was conducted in full respect of the participants' right to provide information in confidence through an information and consent form, where possible and where this was appropriate and not intimidating for children or young people. Researchers explained to participants in clear, age-appropriate language that participants were not required to participate and that they were able to stop participating at any time without negative consequences. All information was used and represented only to the extent agreed to by its contributor.

Data collection with children: Individual interviews or FGD were conducted with children (7–18 years) who were in RIs or alternative care or who had left an RI or childcare system. UNICEF procedures for ethical research involving children were adopted, most notably, through the application of UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis (2021) and application of a tailored ethical protocol for the evaluation in line with these standards. In particular, the principle of "do no harm" was applied, children were asked to participate on a voluntary basis, interviews and FGD were only carried out with children providing their prior informed written consent (as per the ethical protocol and research practice in Tajikistan) and their participation was strictly confidential. The prior written informed consent of the child's parent / guardian was also obtained. Special care was also taken to ensure that especially vulnerable children were able to participate and give informed consent. Inquiries were made in advance of the data collection to ensure that communication aids needed to facilitate child participation were in place (e.g. a signer for children with hearing impairments). A procedure was put in place for researchers to report any potential child protection disclosures to UNICEF.

The evaluation underwent an ethical review process conducted by the 'Health Media Lab Institutional Review Board' which comprehensively assessed the research protocol / methodology, data collection methods and plan and ethical protocol and tools, along with the data collection tools. The ethical approval is attached as [Annex I](#), data collections tools in [Annex E](#) and template consent forms tailored to the data collection in Tajikistan are attached in [Annex J](#).

4. Evaluation Findings

4.1. Relevance

4.1.1. To what extent have the childcare reforms in Tajikistan been relevant to the DI of children in residential care?
[Q1]

To what extent have reforms to childcare policy and the legal framework been relevant to the DI of children in residential care? [Q1.1]

On the whole, childcare legal and policy reforms, have been extremely relevant to DI, relevant to intermediate change 6 of the reconstructed ToC and output 8 in particular. The policy reforms are largely embedded within Tajikistan's broader framework for social protection, which adopts a broad definition incorporating the system of child protection and alternative care. Policy reforms have included: the development of services to prevent family separation, focusing on social protection services to families in "difficult life situations" (predominantly by addressing poverty, socio-economic deprivations, factors driving violence, abuse and neglect in the home, and 'delinquency' and homelessness of children); developing family-based alternative care options and community-based services for children with disabilities (daycare, homecare, respite care and rehabilitation services), particularly for children under four years of age; and strengthening the social service workforce. Social protection and related policies also aim to address the broader contextual drivers of institutionalisation and barriers to DI. These have focused on inclusive education for children with disabilities and early identification services for children with disabilities, addressing social norms in favour of placing children in RIs and discriminatory norms against children with disabilities, and strengthening systems for data collection, analysis and use within government.

Particularly relevant are the National Plan of Action (NPA) for Children 2003-2010⁶³ and the NPA for the Implementation of the Recommendations of the CRC Committee 2018-2022. These included steps to implement recommendations of the CRC Committee on DI, focusing on strengthening the family environment, family-based alternative care and adoption policies and practices.⁶⁴ More specifically, the NPA for Children 2003-2010 aimed to: (i) establish conditions for the medical and social rehabilitation of children with disabilities and their reintegration into society; (ii) prevent "social orphanhood," develop mechanisms to ensure the upbringing of orphans in family conditions and improve the process of socialisation of children without parental care; and (iii) develop and optimise a network of institutions providing a variety of social services to families and children in "difficult life situations". Similarly, activities in the NPA 2018-2022 included conducting awareness-raising activities among parents on the importance of family care and prevention of family separation; strengthening the alternative care system; reviewing and adopting regulations to improve the care provided by baby homes and assessing the situation of care in these institutions; and strengthening gate-keeping by developing the capacity of local Child Rights Commissions and its secretariats (so that they can consider the best interests of the child when reviewing cases of children without parental care to ensure that the placement of children in RIs is a measure of last resort).⁶⁵

The Social Protection Strategy 2022-2040 is also particularly relevant to DI and will set the tone for DI reforms in coming years (which is important given the formative element of this evaluation). It aims to expand the system of social services for children, including "services to provide a favourable family environment for orphans and neglected children, including services in the form of adoption families, foster families and other models that meet the best interests of the child."⁶⁶ Awareness-raising of the negative effects of institutionalisation and importance of a family environment is a component of the strategy, which aims to prevent unnecessary institutionalisation, especially of children under the age of four years.⁶⁷ Similarly, the National Development Strategy 2016-2030 includes developing local level mechanisms to prevent institutionalisation, developing family-based alternative care and integrating children with disabilities into society.

Linked to the Social Protection Strategy is the multistakeholder programme for strengthening the social service workforce, titled, "the Comprehensive State Programme of Training of Personnel in the System of Social Protection of the Population for the Period Until 2030." This Strategy, which commenced in 2021, and its associated Action Plan, are relevant as they aim to strengthen the social service workforce (SSW) in all areas of "social protection" as that term is understood under national policies. As such, they implicitly capture the SSW involved in the child protection system including childcare and DI processes. The objective of the programme is to develop and implement "a unified

⁶³ Noting that the years 2009-2010 fall within the evaluation period.

⁶⁴ CRC Committee, Concluding Observations on the combined third to fifth periodic reports of Tajikistan, 29 September 2017, paras. 24 to 26.

⁶⁵ National Plan of Action for the Implementation of the Recommendations of the CRC Committee 2018-2022, step 18, activities 1, 3, 6 and 7.

⁶⁶ Social Protection Strategy 2022-2040, p. 118 (ENG).

⁶⁷ Social Protection Strategy 2022-2040, pp. 119-120 (ENG).

and integrated system of recruitment, training of specialists and professional development of field workers at the level of social protection of the population, as well as improvement of the quality of social services in the Republic of Tajikistan as a whole.”⁶⁸ It includes training professionals in order to place “disabled persons.... orphans, homeless children and other citizens in difficult life situations under the care of the state and to provide them with professional services.”⁶⁹ The development of a three-tiered vocational education system and training programme for social protection workers has been agreed, though there is no explicit reference in the programme or its action plan of the specialists needed specifically for alternative care or DI or in the child protection system. This is a notable gap given the specialist considerations which need to be made for developing this workforce (see [part 4.2](#) on Effectiveness/Impact below).

Several reforms to child protection and childcare laws have also been relevant to DI. These include the Child Rights Protection Law 2015, which sets out the framework for gate-keeping and identification of the appropriate form of alternative care, and the Law on Parental Responsibility which details the rights and responsibilities of parents regarding the upbringing and education of their children. The relevance of these laws is explained in more detail in [part 4.1.2](#). Particularly important to DI are the laws governing the institutional structure for gate-keeping and overall coordination of DI efforts. In 2017, the Government passed Regulations for Guardianship and Trusteeship Authorities 2017 and a resolution updating the regulations of the Child Rights Commissions.⁷⁰ These regulations clarified that guardianship and trusteeship functions and broader gate-keeping functions are carried out by the local Child Rights Commissions, aiming to address the fragmentation in gate-keeping functions which previous evaluations had highlighted as a barrier to DI.⁷¹ Further, the Regulations on Boarding Schools were reportedly revised so that children who have both parents are no longer eligible for placement in a boarding school (not verified by the evaluators).⁷² At the time of writing, the government is in the process of drafting a new “Law on Guardianship” and has established a working group for this purpose,⁷³ providing further opportunity to strengthen child protection institutions at the local levels. Relevant legal developments were also introduced for children with disabilities, for which see [part 4.1.4](#).

However, as indicated from the list of policies in [part 1.2.4](#) (Policy context), most of the DI and other relevant policies were implemented during the period 2015-2022; few relevant policies were adopted during the first half of the evaluation period.

To what extent have services introduced under the childcare reforms been relevant to the DI of children in RI? [Q1.2]

Various models of social work and community-based services have been introduced during the evaluation period, relevant to intermediate changes 3 (capacitating the SSW to provide community-based social services), 5 (task-shifting of Family and Child Support Centres) and 6 (legal and policy framework aligned with international childcare standards), as well as outputs 3 and 6 to 8. Also per the ToC, these models and services have paid special attention to children with disabilities. The most relevant services implemented during the evaluation period are the following:

- **The reorganization of four baby homes**⁷⁴ (RIs under the local health department for children under the age of four) to ‘Family and Child Support Centres’, which is mentioned explicitly in the ToC. The centres focus on preventing the placement of children in residential care and reintegrating children under four in residential care with their families or in kinship care. The services provided by the centre to achieve this include: guidance on individual parenting and counselling for parents; structured parenting programmes; daycare services enabling the parent (normally the mother) to work; a mother and child room where mothers can stay to receive psychological support after birth to prevent the child’s abandonment; a smaller-scale residential unit where children may be placed pending a family-based placement (either family reunification, guardianship or adoption); developmental

⁶⁸ Comprehensive State Programme of Training of Personnel in the System of Social Protection of the Population for the Period Until 2030.

⁶⁹ Comprehensive State Programme of Training of Personnel in the System of Social Protection of the Population for the Period Until 2030, para. 32.

⁷⁰ Approved by government resolution No. 29, 25 January 2017.

⁷¹ Children’s Legal Centre and UNICEF, Bulletin #4, Children of Tajikistan, 2006.

⁷² UNICEF, *Keeping families together*, accessed from <https://www.unicef.org/tajikistan/keeping-families-together> on 17 June 2024.

⁷³ UNICEF written comments received by Coram International on 16 October 2023.

⁷⁴ There are two in Dushanbe, one in Khujand and one in Istaravshan.

play activities with children (including art and music therapies); advocacy with the authorities for access to cash benefits or housing; physiotherapy and occupational therapy for children with physical disabilities; respite care services; and speech therapy.⁷⁵ Social workers within the centre conduct home visits to support the mothers and children.

- **Piloting foster care** services through two Family and Child Support Centres (one in Dushanbe and one in Khujand).
- **Establishment of daycare centres provided by CSOs, some specifically for children with disabilities, funded by the MoHSPP.** These centres provide five types of social services which are relevant to addressing drivers of institutionalisation and supporting the reintegration of children back into their families after leaving care or young people as they age out of the system. These services consist of social and housing services; psycho-social services; socio-medical services (including rehabilitation exercises for children with disabilities such as cerebral palsy; socio-pedagogical services; and socio-legal services.⁷⁶ Social housing includes a broad range of services, including support to parents on how they should look after and work with disabled children at home.⁷⁷
- **Transformation of the Social Assistance at Home Units to Centres for Social Services** under the MoHSPP and local executive authorities which provide social services to children and families in difficult life situations, including children with disabilities, orphan children and others who are at risk of institutionalization such as adolescents who are living in a dangerous social environment, pregnant adolescents, and child victims of violence. The Centre's responsibilities include identification and registration of persons in need of social care, conducting awareness-raising campaigns on service provision, monitoring and analysis of drivers of violence and poverty, training and development of the SSW and referrals to other services.⁷⁸
- **Development of community-based or short-term residential rehabilitation services for children with disabilities and their parent/carer.** These services have been established within various different agencies or institutions of the MoHSPP. They include a "temporary residential unit" for the parent and child at the Chorbogh residential centre for children with disabilities, the community-based rehabilitation programme delivered on the premises of the Practical Training Centre for Social Work and Innovations and community-based rehabilitation services for children with disabilities provided on the premises of the Comprehensive Family and Child Support Units.
- **Community-based rehabilitation services** for children at risk of offending (as well as children in conflict with the law) via the Additional Education Centre in Bobojon Gaffurov district.
- **Girl's Support Service** which was established between 2009 and 2012 under auspices of the Committee for Women and Family Affairs. Its purpose was to offer support and accommodation (where needed) for girls who had been victim of trafficking or sexual violence. On its establishment a Presidential Decree was reportedly issued prohibiting the administrative detention of girls in either the special school or the special vocational school (the evaluators were unable to obtain a copy of this decree for review). Girls who had been placed in these institutions were moved to the Girls Support Centre in Dushanbe.⁷⁹

4.1.2. To what extent have the childcare and DI reforms been aligned with States' obligations under the CRC, the UN Guidelines for the Alternative Care of Children and the CRPD? [Q2.1-2.4, noting that Q2.3 is not applicable to Tajikistan]

As envisaged in the ToC (intermediate change relating to national policies being in line with international child protection standards and Output 8), most of the policy reforms have been/are in line with the CRC, UN Guidelines for the Alternative Care of Children and CRPD. The NPA for Children 2003-2010 and NPA for the Implementation of the Recommendations of the CRC Committee 2018-2022 relate directly to the implementation of the CRC Committee's concluding observations, including its recommendations on childcare and DI (see [part 4.1.1](#) for details). Specifically, with regard to children with disabilities, these NPAs included actions to expand the number and scope of daycare social services for children with disabilities, awareness-raising activities on inclusivity of children with disabilities in society, strengthening laws and policies on inclusive education and integrating the needs of children with disabilities

⁷⁵ Milligan, I., Putting Families First: Deinstitutionalisation of the Baby Homes in Tajikistan, Final Evaluation Report, p. 9; Interview, NGO, Sughd Province.

⁷⁶ Individual Interview, Director of a Public Organisation, location withheld to protect anonymity, 7 March 2023.

⁷⁷ Individual Interview, Director of a Public Organisation, location withheld to protect anonymity, 7 March 2023.

⁷⁸ Endorsement of the standard regulation of the centers for social work, 12 September 2023.

⁷⁹ The Girls Support Service and the Girls Support Centre were initially funded by Coram Children's Legal Centre. After 2012, the work was continued by NGO funding and support from UNICEF.

within social services programming.⁸⁰ The NPA for the Implementation of the Recommendations of the CESCR 2015-2020 also aimed to strengthen efforts to provide alternative family and community systems for the placement of children with disabilities and children without parent care, including foster care, in line with these international standards. The NPA on the Prevention of Delinquency Among Minors 2020-2024 aimed to address so-called 'delinquent' behaviour among children by taking a social welfare approach and limiting the involvement of law enforcement agencies.⁸¹ This approach aligns with the UN Guidelines for the Prevention of Juvenile Delinquency, which is rooted in the CRC.

Major legal reforms have taken place during the evaluation to implement childcare and DI reforms, which are broadly in line with the CRC, UN Guidelines for the Alternative Care of Children and CPRD. These reforms also go towards meeting the intended intermediate change in the ToC on bringing national laws in line with international child protection standards and Output 8. Most relevant is the Child Rights Protection Law 2015, which, in line with these international standards, affirms the right of all children (including children with disabilities) to live and be raised in a family and to be cared for by his/her parents, except where this is contrary to the child's interests.⁸² The law prohibits the separation of the child from his/her parents or legal representatives, except where, in exceptional cases to protect the rights of the child and in accordance with national legislation, a decision is made to separate the child from his/her parents/ legal representative.⁸³ The law prioritises family or family-type care (alternative care or adoption) over institutional care (educational, child-raising, medical and other similar institutions), which is limited to cases where family or family-type care is not possible.⁸⁴ However, this provision could be strengthened to clarify that such decisions should be made based on the child's best interests, and not on issues of availability or feasibility. Despite this, even where a child is placed in an institution, the law requires that conditions similar to a family situation are created.⁸⁵ The law provides for foster care under Article 44 of the Child Protection Law, literally referred to as "patronage family (carers)". Draft foster care regulations have been developed (Draft Procedure for Foster Family (Carer)) to implement these foster care provisions, but have not entered into force as at the time of writing. The Regulations for Guardianship and Trusteeship Authorities 2017 are also explicitly based on general principles of the CRC and UN Guidelines for the Alternative Care of Children, including the best interests of the child and prioritisation of raising the child in a family environment.⁸⁶

The more recent policies also adopt a human rights-based approach. For instance, the planned results under the the Comprehensive State Programme of Training of Personnel in the System of Social Protection of the Population for the Period Until 2030 include ensuring that the "activities of institutions and organisations in the field of social protection are conducted on the basis of new standards and norms in accordance with international norms."⁸⁷ The Social Protection Strategy is also explicitly based on international standards, specifically the CRPD.⁸⁸

Additional laws and policies have been adopted to take into account the individual needs and interests of children with disabilities, in line with the CRPD, CRC (particularly Article 23) and UN Guidelines on Alternative Care for Children (particularly paragraphs 34(b)). The NPA on Rehabilitation of Persons with Disabilities 2017-2020 was developed in light of Tajikistan's intention to sign the CRPD. Its provisions aim to develop daycare and homecare/ support services, community-based rehabilitation services and social protection of persons with disabilities, including the provision of "social services" to facilitate inclusion in society and strengthening the workforce ("develop the new generation of appropriately trained professionals involved in both administering and delivering social services and other aspects of social protection"). Importantly, the NPA references "addressing....issues to dissolve closed medical institutions for children with disabilities."

⁸⁰ National Plan of Action for the Implementation of the Recommendations of the CRC Committee 2018-2022, step 20.

⁸¹ National Programme on the Prevention of Delinquency Among Minors 2020-2024, para. 1.

⁸² Child Protection Law 2015 (as amended to 2020), Article 21; Family Code 1998 (as amended), Article 55.2.

⁸³ Child Protection Law 2015 (as amended to 2020), Article 21.3.

⁸⁴ Child Protection Law 2015 (as amended to 2020), Article 34.

⁸⁵ Child Protection Law 2015 (as amended to 2020), Article 34.3.

⁸⁶ Regulations for Guardianship and Trusteeship Authorities 2017, para. 3;

⁸⁷ Comprehensive State Programme of Training of Personnel in the System of Social Protection of the Population for the Period Until 2030, para. 47.

⁸⁸ Social Protection Strategy 2022-2040, para. 16.

More directly, on 27 February 2020, Tajikistan adopted a NPA on the Readiness of the Republic of Tajikistan for Approval and Implementation of the CRPD 2020-2024 (Roadmap). The NPA recognises that the approach taken with regard to children with disabilities to date is medicalised and charitable and that discrimination against people with disabilities persists.⁸⁹ As well as strengthening the process of DI of children with disabilities and inclusive education, the plan includes a comparative review of laws and policies against the CRPD, taking a holistic approach which recognises the indivisibility of the rights of children with disabilities⁹⁰ and promoting a “modern understanding of disability issues taking into account a human rights-based approach among people with disabilities and their families”.⁹¹ The NPA also includes reforms to the system of RIs for the social protection of persons with disabilities and developing new rules for the admission of residents to RIs including boarding schools.⁹² These reforms are complemented by efforts to develop “home support services by restructuring the system of financing the process of social support” and creating the role of “personal assistants”; piloting a project on providing support for parents of newborn children with disabilities, ensuring equal access of persons with disabilities to services and public facilities and developing home social assistance services including through the reform of the system of financing social public services.⁹³ This acts as a potential entry points to continue strengthening legal provisions on childcare and DI of children with disabilities and addressing the normative drivers of institutionalisation and barriers to DI. The NPA also requires strengthening the monitoring and evaluation of the situation of persons with disabilities through the collection, analysis and use of data to improve the development of policies and programmes.⁹⁴

4.1.3. To what extent, if any, have the UN Guidelines on Alternative Care for Children, EU Guidelines and policies, CRC and CRPD acted as a trigger for national reforms? [Q3.1-3.4, noting that Q3.2 on EU Guidelines is less relevant to Tajikistan]

The CRC has been an important driver for childcare and DI reforms, as reflected in laws and policies. Tajikistan acceded to the CRC on 26 October 1993, which continues to form the basis for the development of laws and policies relating to alternative care and DI, including the Law on Child Rights Protection, all of which were adopted during the evaluation period.⁹⁵ Although the UN Guidelines on Alternative Care for Children are not referenced explicitly in the key laws and policies, as outlined in [part 4.1.2](#), they form the basis of the content of key laws and policies on childcare reforms. Key legislation also explicitly refers to Tajikistan’s international standards as forming the basis of its laws.⁹⁶ The continuing importance of the CRC as a driver of childcare and DI reforms was also affirmed by stakeholders during interviews.⁹⁷

Childcare and DI reforms relating to persons with disabilities have been driven by Tajikistan’s preparation for and signing of the CRPD. This finding is evident from national policies, such as the NPA on the Readiness of the Republic of Tajikistan for Approval and Implementation of the CRPD 2020-2024. Participants also considered that Tajikistan’s signing of the CRPD (on 22 March 2018) influenced changes in attitudes towards persons with disabilities.⁹⁸ More indirectly, increased interest by funders in supporting interventions concerning persons with disabilities (linked to Tajikistan’s signing of the CRPD), have driven DI reforms for children with disabilities (see [part 4.5.2](#) for details). There is little data to indicate that EU guidelines (such as the EU Child Guarantee or European Neighbourhood Policy) have “triggered” childcare reforms, though the EU is a key donor (see [part 4.3.2](#)).

⁸⁹ National Action Plan on the Readiness of the Republic of Tajikistan for Approval and Implementation of the CRPD 2020, paras. 12 and 14.

⁹⁰ National Action Plan on the Readiness of the Republic of Tajikistan for Approval and Implementation of the CRPD 2020, paras. 13 and 24.

⁹¹ National Action Plan on the Readiness of the Republic of Tajikistan for Approval and Implementation of the Convention on the Rights of Persons with Disabilities 2020, priority actions regarding Article 8 CRPD.

⁹² National Action Plan on the Readiness of the Republic of Tajikistan for Approval and Implementation of the Convention on the Rights of Persons with Disabilities 2020, priority actions for Article 19 CRPD.

⁹³ National Action Plan on the Readiness of the Republic of Tajikistan for Approval and Implementation of the Convention on the Rights of Persons with Disabilities 2020, priority actions for Article 19 CRPD.

⁹⁴ National Action Plan on the Readiness of the Republic of Tajikistan for Approval and Implementation of the Convention on the Rights of Persons with Disabilities 2020, priority actions regarding Article 31 CRPD.

⁹⁵ Individual interview, Ministry of Health and Social Protection, 1 March 2023.

⁹⁶ See for example: Law on the Protection of Child Rights, Art. 2;

⁹⁷ Individual interview, MoHSP, Dushanbe; Individual interview, Local Child Rights Commission, district, Sughd Province; Group interview, Judges and Staff at a District Court (details withheld to preserve anonymity), Dushanbe.

⁹⁸ Group interview with staff, state boarding school for children, (location withheld to protect anonymity), March 2023.

4.1.4. How relevant have the childcare and DI reforms been to the needs of children with disabilities and hard to place children? [Q4]

Q4.1. How relevant have the childcare and DI reforms been to the needs of children with disabilities?

Childcare and DI reforms over the evaluation period have paid increasing attention to children with disabilities and addressing the drivers of institutionalisation of children with disabilities, as analysed in detail in [parts 4.1.1 to 4.1.3](#). This finding is relevant to the intended outcome of the ToC. The needs of children with disabilities have been recognised at the highest level of government, contributing towards Outputs 4 to 6. The National Concept of Inclusive Education for Children with Disabilities 2011-2015 and 2016-2020, the National Programme on the Rehabilitation of Persons with Disabilities 2017-2020, National Strategy on the Development of Education 2012-2030, NPA for the Implementation of the Recommendations of the CRC Committee 2018-2022 and NPA on the Readiness of the Republic of Tajikistan for Approval and Implementation of the CRPD together provide the framework for prioritising family-based care, transforming the baby homes (in which children with disabilities under seven were placed), and developing inclusive education, services to identify and prevent (secondary) disabilities and general and specialised support community-based services, including daycare services, homecare support, community-based rehabilitation services and respite care.

Q4.2. How relevant have the childcare and DI reforms been to the needs of 'hard to place' children?

National reforms recognise the needs of certain other categories of 'hard to place children', which are relevant to achieving Outputs 3 to 6 and the intended outcome of the ToC, particularly with regard to 'vulnerable' children. These include children with challenging behaviours, for whom placement in a special school or special vocational school has historically been the first resort. Neither these children nor their families have historically received any family-focused social work. The NPA for Children 2003-2010 recognised this issue and aimed to establish the foundations for a "comprehensive solution to the problems of preventing neglect and delinquency of minors, their social rehabilitation" and the "reduction of the scale of homelessness of children." Similarly, the NPA on the Prevention of Delinquency Among Minors 2020-2024 aims to address these needs by strengthening social services such as psycho-social assistance to vulnerable families, delivering services based on the child's specific needs, increasing the numbers of social workers and developing mechanisms for social workers to support families in need. The activities are elaborated in the Action Plan for the implementation of the NPA and require the involvement of social service institutions to provide social services to families and minors who are in difficult life situations, including psycho-social services for mediation, family counselling and services to reduce of family conflict.⁹⁹ The Action Plan also incorporates awareness-raising and outreach activities on raising children, prevention of "anti-social actions of minors", drug addition, alcoholism, begging and prevention of domestic violence.¹⁰⁰ The Action Plan mentions strengthening the activities of local councils and Child Rights Commissions but without any further elaboration.¹⁰¹ Similarly, the Law on Parental Responsibility reinforces the primary responsibility of parents to educate and raise their children and clarifies their primary responsibility to prevent 'antisocial acts,' 'vagrancy' and other similar acts by their children.¹⁰²

Relevant policies make specific reference to children left behind while their parents migrate. These reforms focus on providing social protection to these children and strengthening cross-border cooperation, but without further elaboration. The Social Protection Strategy 2022-2040 states that children left behind is a "new phenomenon" with those in rural areas being in a particularly vulnerable socio-economic situation.¹⁰³ The Strategy therefore includes strengthening social protection of children left behind as a main component of the state's policy relating to childhood and youth.¹⁰⁴ The NPA for the Implementation of the Recommendations of the CRC Committee 2018-2022 required the protection of the rights of these children through the conclusion of inter-government agreements and their

⁹⁹ Action Plan for the Implementation of the National Programme on the Prevention of Delinquency Among Minors 2020-2024, activities 12 and 13.

¹⁰⁰ Action Plan for the Implementation of the National Programme on the Prevention of Delinquency Among Minors 2020-2024, activities 18, 20, 25 and 30.

¹⁰¹ Action Plan for the Implementation of the National Programme on the Prevention of Delinquency Among Minors 2020-2024, activity 22.

¹⁰² Law on Parental Responsibility, Articles 6 and 8.

¹⁰³ Social Protection Strategy 2022-2040, para 61.

¹⁰⁴ Social Protection Strategy 2022-2040, para 61.

inclusion in education by the MoLME.¹⁰⁵ The Action Plan for the Implementation of the National Programme on the Prevention of Delinquency Among Minors 2020-2024 refers to returning minors placed in temporary detention centres and newborns left without care in line with the Agreement on Cooperation of the Commonwealth of Independent States on the Return of Minors to their State of their Permanent Residence.¹⁰⁶ However, there are no assurances in these policies that returns must be carried out in line with the CRC and guidance of the CRC Committee.

National laws and policies pay some attention to addressing gender-based discrimination and norms and some steps have been taken to address gender-based dimensions of institutionalisation. Most relevant is the passing of Presidential Decree prohibiting the administrative detention of girls in the special school or the special vocational school. **However, there is limited reference to gender-based issues of DI in other national laws and policies,** particularly around the prevalence and trends of placing boys in RIs for challenging behaviours and the disproportionately high numbers of boys with disabilities in RIs (see [part 4.2.1](#) for details).

4.1.5. How relevant are the primary objectives and outcomes of the childcare and DI reforms from the perspective of different stakeholders? [Q5.1-5.6]

Stakeholder views on the relevance of the reforms is particularly important, given the assumptions in the reconstructed ToC for stakeholder buy-in. **Several participants during primary data collection considered the reforms to be relevant.** These included participants from UNICEF, MoHSPP,¹⁰⁷ members of Child Rights Commissions at the local levels (gate-keeping bodies),¹⁰⁸ and staff of public organisations delivering services to children and families, who recognised and spoke about the need and importance of these reforms. Similarly, parents/caregivers, children and young people who were interviewed generally reinforced the *need* to develop family-focused social services to prevent family separation.

“Have you ever thought about placing your child in an institution? If not, then why? Everything is available in [institution for children with disabilities] and families may not have the conditions that [the institution] has. Children are well taken care of in [institution], but the affection that a parent can give to a child is not there.... Maybe there are mothers who don’t have a home, or don’t have the conditions. They place their children in such an institution.... Desperate parents place their child in a boarding school. (Parent of a child with disabilities)

“It is very good in the boarding school, it is better than home. There is routine in the boarding school. We never go hungry here. But at home, we were starving. I went to bed twice at home with an empty stomach. My mother was not paid and we all went to bed hungry... My father did not work.” (Girl living in a boarding school)

Though official government statements in policies, strategies and laws suggest broad recognition of the relevance of DI and childcare reforms, this is not always reflected in practice, as illustrated in the following quotes.

“In your opinion, has the government’s policy in childcare reform and DI changed [since 2009]? This is a difficult question to answer as on paper the government’s policies work well. However, in reality, people cannot understand why they are closing institutions and boarding schools.” (Individual Interview, participant’s details withheld to protect anonymity.)

As explained further under ‘Effectiveness’ below, **the varying degrees of buy-in and recognition of the importance of DI for children among government stakeholders has been a barrier to the effectiveness of the reforms,** with some stakeholders even reporting plans or strong recommendation to expand the use of RIs for children, including closed RIs. However, during consultation and verification with stakeholders, it was confirmed that there are no existing plans to expand the special (vocational) schools.¹⁰⁹

¹⁰⁵ National Plan of Action for the Implementation of the Recommendations of the CRC Committee 2018-2022, para. 18, activities 2 and 5.

¹⁰⁶ Action Plan for the Implementation of the National Programme on the Prevention of Delinquency Among Minors 2020-2024, activity 45.

¹⁰⁷ KII, MoHSPP, 1 March 2023.

¹⁰⁸ Child Rights Commission, Bobojan Gafurov district, Sughd Region; Commission on Child Rights, Abdurrahman Jomi District, Khatlon Province).

¹⁰⁹ Written comments from UNICEF to draft report following consultation with stakeholders.

4.1.6. How relevant has UNICEF's input been to national childcare and DI reforms? [Q.6]

UNICEF's input is intrinsically linked and relevant to national childcare and DI reforms. The “protective environment” targets in the CPDs explicitly include DI and childcare reforms (see [Annex C](#)). UNICEF's activities have also focused on supporting government and civil society to achieve these results, which are relevant to all outputs, intermediate changes and the outcome of the ToC. UNICEF's input has included:

- Technical expertise and advocacy to develop the normative framework for childcare reform and DI (Output 6). This includes providing technical expertise to support the development of the National Programme on the Rehabilitation of Persons with Disabilities 2017-2020, reviewing and providing comments on the Regulations for Boarding Schools to amend the criteria for placements of children in these settings (Government Decree No. 411, 29 August 2017) and supporting the MoHSPP and subsequently the MoES (after the transfer of the mandate) to draft and adopt the fostercare regulations to implement Article 44 of the Child Rights Protection Law.
- Technical expertise to develop and/or pilot new models or programmes for providing community-based social and childcare services (Outputs 3 to 5), such as the transformation of the baby homes to Family and Child Support Centres, supporting the piloting of foster care including the development of a fostercare toolkit (though see challenges relating to this under [part 4.2](#) on ‘Effectiveness/Impact’), supporting the MoHSPP to expand and build the capacity of daycare services for children with disabilities to prevent their placement in RIs and implementing community-based rehabilitation projects in selected districts for children with disabilities.
- A functional assessment of the national and sub-national Child Rights Commissions in 2018 (Outputs 3 to 6).
- Strengthening the SSW across sectors (such as those working within the Family and Child Support Centres; Comprehensive Family and Child Support Units; and local Child Rights Commissions) by developing and delivering trainings on preventing family separation and social inclusion of children with disabilities (Outputs 3 to 5). UNICEF also worked with the government to develop its plans for strengthening the SSW at the systems level through the Social Protection Strategy and the Comprehensive State Programme of Training of Personnel in the System of Social Protection of the Population for the Period Until 2030.
- Building the capacity of other professionals and practitioners working with children to prevent family separation, including the capacity of healthcare professionals within maternal wards to support families whose children are at risk of being relinquished or abandoned (Outputs 3 to 5).
- Implementing social and behavioural change strategies to promote social inclusion of children with disabilities (Outputs 3 to 5).
- Technical expertise to achieve the intended intermediate change in the ToC on child rights-based and child-sensitive budgeting (Output 1). UNICEF's input included developing a UNICEF-government report on Budgeting, Costing, and Financing Gap Analysis for Children Report 2019, which provided an assessment of the budgetary needs of children.¹¹⁰ This activity also responded directly to a CRC Committee recommendation issued in 2017. Over recent years, UNICEF has also been supporting the government to ‘finance’ the SDGs in Tajikistan.¹¹¹
- Technical expertise to strengthen the collection, analysis and use of disaggregated data on children, including those in the childcare system, as detailed in [part 4.2.3](#) (Output 2).

Under CPD 2016-2022, UNICEF's childcare and DI priorities were integrated within the broader social protection agenda. This is particularly apparent from the 2018 review of CPD 2016-2022, which shifted the focus of the ‘protective environment’ component to developing the capacities and roles of social workers in the area of social protection generally, and social protection interventions to address high child poverty rates.¹¹² The CPD anticipated that these changes would “spill over” and affect change in the attitudes and skills of parents.¹¹³ On the other hand, Outcome 3 in CPD 2023-2026 reverts to explicitly referencing capacity-building within “child protection institutions” and maintains a specific indicator on number of children living in residential care, placing childcare and DI reforms back as a priority issue. However, the indicator on the numbers of social workers contracted by the social services agency in relation to Outcome 3 is generic and does not specify the need to develop specialist social work capacity

¹¹⁰ Wirthmann, E., Evaluation of UNICEF's Protective Environment Programme in Tajikistan (2016-2022), July 2022, p. 26.

¹¹¹ Wirthmann, E., Evaluation of UNICEF's Protective Environment Programme in Tajikistan (2016-2022), July 2022, p. 26.

¹¹² UNICEF Tajikistan, *Strategic moment of reflection*, February 2018, p. 13.

¹¹³ UNICEF Tajikistan, *Strategic moment of reflection*, February 2018, p. 13.

within the child protection system. In addition, the indicator refers solely to social service workers falling under the MoHSPP, which does not capture all the key child protection institutions, nor the need to strengthen social work capacities of gate-keeping and case management bodies (i.e. the Child Rights Commissions). **To ensure relevance going forward, there is a need for UNICEF programming to pay special attention to developing the specialist capacities needed to deliver child protection services, particularly within gate-keeping and case management mechanisms, and ensure that child protection system-strengthening efforts do not get subsumed and lost within any broader efforts to develop the social protection system.**

CPDs have paid increasing attention to the known and emerging categories of hard to place children and to gender-based issues. As such, during the course of the evaluation period, UNICEF programming has become more relevant to the childcare needs of hard to place and vulnerable groups of children.

4.2. Effectiveness/Impact

4.2.1. How did the DI reforms (and other external factors) contribute to the desired outcomes? [Q.7.]

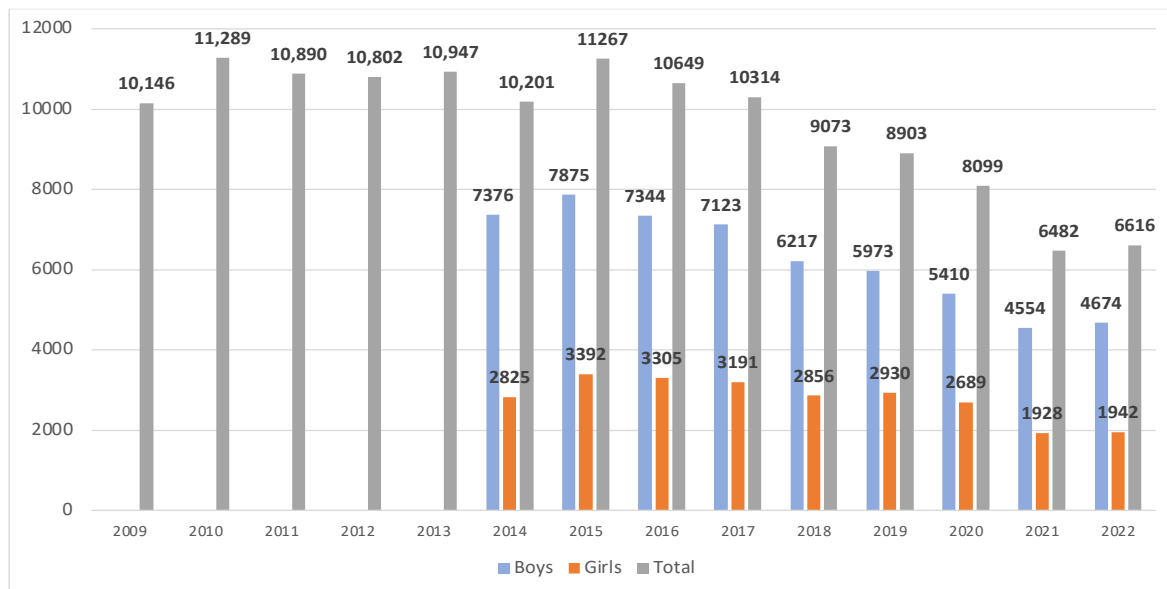
Q.7.1. Which elements of DI reform generated the desired outcome(s)?

Overall, DI reforms have been successful in reducing the number of children in formal residential care, as per the intended outcome of the ToC. As outlined in [Figure 3](#), there was a 35 per cent reduction in the numbers of children in residential care between 2009 and 2022. However, numbers have fluctuated during this period with little overall change in numbers between 2010 and 2015. As the subsequent analysis in this section indicates, one reason for this may be that UNICEF-supported interventions under CPD 2010-2015 focused on sub-national interventions in ‘priority districts’ rather than focusing on addressing the drivers of institutionalisation or barriers to DI at the systems level more broadly. In addition, despite a gradual decrease in numbers of children in formal residential care between 2015 and 2021, the number increased marginally in 2022.¹¹⁴

Gender disaggregated data for the whole evaluation period are unavailable such that it is not possible to provide a comprehensive analysis of the results for girls and boys. However, **annual data for the years 2014 to 2022 show that the number of boys in residential care was at least twice the number of girls** (see [Figure 3](#)).

Figure 3: Number of children aged 0-17 in formal residential care (source: TransMonEE)

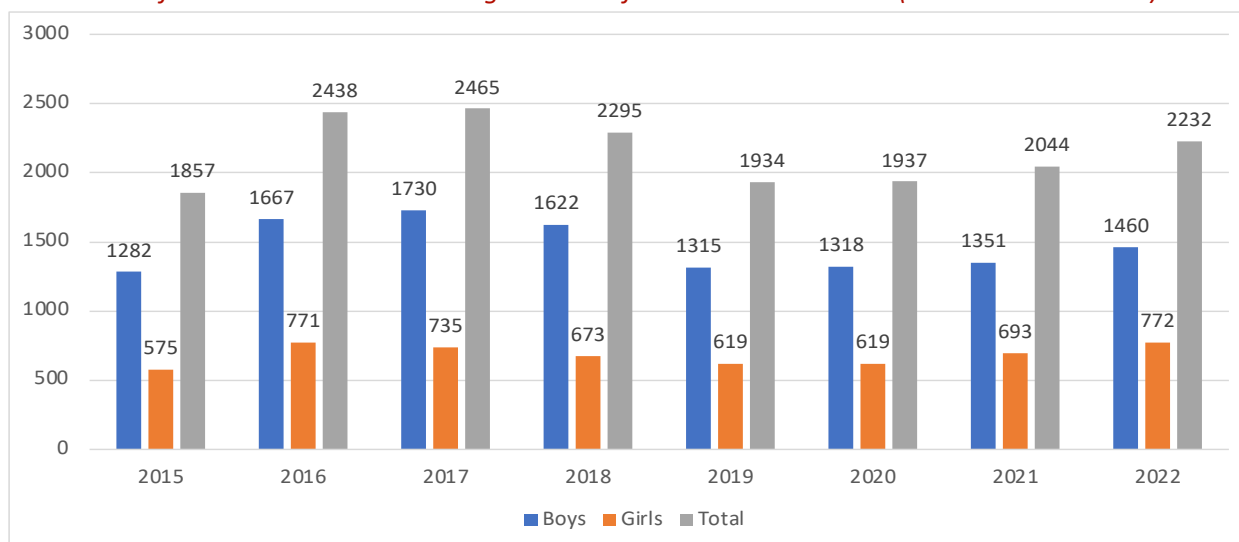
¹¹⁴ Note that numbers pre-2015 have been obtained from an older version of the TransMonEE database, which provides a different figure for 2015 and 2016 to the online database accessible via: https://wcmprod.unicef.org/transmonee/database-explorer?auHash=OPP8Ye008Q1UynYiFyT03i7yO-Tv9FongQbeiGSHPEg&dg=TJK.PT_CHLD_INRESIDENTIAL....&startPeriod=2003&endPeriod=2024&_gl=1*11uhr69*_ga*MjA3MDc1NTlwMi4xNzE1MjY5Mjcw*_ga_ZEPV2PX419*MTcxNTI2OTI3MC4xLjEuMTcxNTI2OTYyMC41MS4wLjA., accessed 9 May 2024.



Qualitative interviews from several RIs reinforce the finding that numbers of children in RIs decreased over the last CPD; the special vocational school reported that, the numbers of children placed in the school were decreasing and that the school was not operating at full capacity (19 children; 80 beds). The special school provided similar feedback on decreasing numbers and free beds (37 children; 60 beds).

Data on the numbers of children with disabilities in RIs are inconsistent and there are gaps in the pre-2015 figures.¹¹⁵ A previous evaluation reported a 317 per cent increase in the numbers of children with disabilities receiving community care services during the year during CPD 2016-2022, which is a significant achievement (Table 7 and further below on the expansion of daycare centres). However, based on the data available and noting the inconsistencies in the data (see Figure 4 and Table 7), **there was little overall change in the number of children with disabilities in residential care by the end of the evaluation period. Further, gender disaggregated data for children with disabilities, which is available for the period 2014 to 2022, indicates that the number of boys with disabilities in residential care was at least twice the number of girls (see Figure 4).**

Figure 4: Number of children with disabilities aged 0-17 in formal residential care (source: TransMonEE)



¹¹⁵ While older databases of TransMonEE data are available for the years 2000 to 2016, the figures for 2015 and 2016, which overlap with the current database available online, are different, suggesting that a different indicators or methods of calculating numbers of children in formal alternative care may have been used. Indeed, the old database refers to ‘numbers of children with disabilities in public residential care – all types of institutions’ as opposed to ‘number of children with disabilities in formal residential care’.

Table 7: Analysis of results of numbers of children with disabilities in RIs and receiving community-based services

Indicator	
Number of children with disabilities in institutions in 2009 compared with present; this was also an outcome indicator for the CPD 2016-2022	<ul style="list-style-type: none"> • 2009: 2,121 (TransMonEE archive database); gender disaggregation unavailable • 2010: 2,171 (TransMonEE archive database); gender disaggregation unavailable • 2011: 2,382 (TransMonEE archive database); gender disaggregation unavailable • 2012: 2,449 (TransMonEE archive database); gender disaggregation unavailable • 2013: 2,493 (TransMonEE archive database); gender disaggregation unavailable • 2014: 2,838 (total); 2,019 (boys); 819 (girls) (TransMonEE archive database) • 2015: 1,857 (total); 1,282 (boys); 575 (girls) (Source: TransMonEE online database), though the archive database provides different figures (total – 3110; boys – 2285; girls – 825). UNICEF also considered that, since 2010, children with disabilities and girls were more likely to be placed in institutional care than other children.¹¹⁶ • 2016: 2,438 (total); 1,667 (boys); 771 (girls) (Source: TransMonEE online database), though the archive database provides different figures (total – 2812; boys – 1996; girls – 816) • 2017-2020: see chart above. • 2021: 2,044 (total); 1,351 (boys); 693 (girls) (Source: TransMonEE) though UNICEF CPD documentation provides a total of 1653 in 2021¹¹⁷ • 2022: 2232 (total); 1460 (boys); 772 (girls) (Source: TransMonEE)
Number of children with disabilities receiving community care services during the year (outcome indicator for 2016-2022 CPD)	<ul style="list-style-type: none"> • 2014 (CPD baseline data): 240 (gender disaggregation unavailable) • 2021: 1000¹¹⁸

Outcome indicators for DI and childcare reforms during the evaluation period suggest an increasing use of family-based alternative care for children, though there are significant data gaps. Despite the overall increase in numbers of children in RIs during 2010-2015, CPD 2010-2015, which focused on 12 priority districts,¹¹⁹ generated some positive results in DI. In 10 of the 12 districts, the ratio between children in institutions and children in ‘alternative and community-based care’ reportedly decreased (see [Table 8](#)). Similarly, for CPD 2016-2022, the proportion of children in family-type care as opposed to residential care also increased (2013 vs 2021 figures). **Qualitative data indicates that these forms of alternative care are predominantly formalised guardianship arrangements where the child is placed in the care of a relative, as foster care is not yet operational in Tajikistan** (see further below).

Table 8: Analysis of results relating to form of alternative care used

Indicator	Results	Analysis
Ratio between children in institutions and children in alternative and community-based care (outcome indicator for 2010-2015 CPD)	<ul style="list-style-type: none"> • 2009: data unavailable. Baseline figure from 2010 is 9,340¹²⁰ • 2014: the ratio of children in institutions to children in alternative and community-based care was 6.5:1 	Based on the CPD evaluation in 2016, the ratio between children in institutions and children in alternative and community-based care decreased in 10 out of the 12 focus districts. ¹²¹

¹¹⁶ UNICEF Country Programme 2016-2020 (subsequently extended to 2022), para. 15, accessed via <https://www.unicef.org/executiveboard/country-programme-documents> on 21 December 2022.

¹¹⁷ UNICEF, Country Programme Full Approved Report, Results Assessment Module Statement, 2021.

¹¹⁸ UNICEF, Country Programme Full Approved Report, Results Assessment Module Statement, 2021.

¹¹⁹ Ayni, Bobojon Gaforov, Isfara, Istaravshan, Panjakent, Kulob, Panj, Qabodiyon, Rumi, Murghob, Shughnon, Rasht.

¹²⁰ Summary results matrix to the Country programme document 2010 to 2015, accessed via https://sites.unicef.org/about/execboard/files/Tajikistan-A_FINAL.TADA_SRM.16.04.09.pdf on 7 September 2023.

¹²¹ Gheorghe, C., Evaluation of UNICEF Tajikistan’s work in priority districts during the 2010-2015 Country Programme, Final Evaluation Report (vol. 1), January 2016, pp 66-67.

Percentage distribution of children in formal care by type of care (residential care vs. family-type care), at the end of the year (outcome indicator for 2016-2022 CPD)	<ul style="list-style-type: none"> 2013 (baseline in CPD): 84% vs. 16%¹²² (gender disaggregation unavailable) <p><i>Number of children in RIs</i></p> <ul style="list-style-type: none"> 2016: Number of children in RIs was 10,649 (total); 3,305 (girls); 7,344 (boys) (TransMonEE); 2021: UNICEF CPD monitoring documents provide 8,099 (total)¹²³ as of 31 December 2020. See further above for figures from TransMonEE. 2022: 6,616 (total); 4,674 (boys); 1,942 (girls) (TransMonEE) <p><i>Number of children in family-type care</i></p> <ul style="list-style-type: none"> Data unavailable 2021: percentage distribution was 77% vs. 23%¹²⁴ 	Regardless of which data source is used, the overall number of children in RIs decreased between 2016 and 2022. Further, CPD programme documentation indicates that the proportion of children in family-type care as opposed to residential care increased between 2013 and 2021 and that this outcome indicator was met.
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Data on the total number of RIs in Tajikistan at the beginning and end of the evaluation period (2009) are unavailable. **However, based on government data provided in September 2022 and KIIs, significant numbers of RIs remain. There at least 84 RIs across the whole country:** three under the MoHSPP; 14 under the MoES; 64 under the Departments of Education and Science in the regions, cities and districts; and three under the MoLME.¹²⁵ A comprehensive list of institutions is enclosed in [Annex K](#) (List of Residential Institutions). During the primary data collection, a centre for women and girls in Dushanbe was also identified; this is understood to be the former Girl's Support Service. It was not possible to visit this centre to determine whether or not this would be regarded as an RI though during consultations, UNICEF reported that this is regarded as a 'dormitory' hence why it was not included in the government's list of RIs provided to UNICEF and the evaluators. The Ministry of Interior also maintains temporary placement centres for children who are orphaned or those without parental care pending decisions on their care, though no data was provided in response to requests for information on the numbers of these centres.

The MoES has concrete plans to reduce the numbers of boarding schools. On 3 January 2023, the Executive Office of the President issued a letter confirming the decision of interagency working groups involving the MoES (for which see [part 4.4](#)) to, among other things, close four boarding schools. This finding was affirmed during primary data collection; the focal point from the MoES explained that the office of the President had recently carried out a study on the need for boarding schools and had issued an order to reduce their numbers, given that most of the children have a family member in the community. However, the focal point reported that the MoES plans to close 15-20 boarding schools.¹²⁶

Although there was little change in the overall numbers of children with disabilities in residential care by the end of the evaluation period, **a key achievement has been the completion of the reorganisation of the baby homes to Family and Child Support Centres.** The MoHSPP reports that, in 2009, approximately 250 children were placed in the baby homes, but as of 2023, that figure has reduced by 70 per cent.¹²⁷ Reforms to the baby homes were complemented by the MoHSPP's increase in the commissioning of daycare centres run by CSOs. There were two such centres in 2008 and 58 in 2023, 33 of which focus specifically on children with disabilities, increasing at a rate of between three to four per year.¹²⁸

Q7.2. How much of the observed outcome(s) can be attributed to the DI reforms?

¹²² UNICEF Country Programme 2016-2020 (subsequently extended to 2022), para. 17, accessed via <https://www.unicef.org/executiveboard/country-programme-documents> on 21 December 2022.

¹²³ UNICEF, Country Programme Full Approved Report, Results Assessment Module Statement, 2021.

¹²⁴ UNICEF, Country Programme Full Approved Report, Results Assessment Module Statement, 2021.

¹²⁵ UNICEF Tajikistan, call with Coram International, 3 October 2022; list of residential care institutions provided to Coram International by UNICEF in September 2022; KII, focal points from MoLME, 2 March 2023.

¹²⁶ KII, focal point from MoES.

¹²⁷ KII, focal point MoHSPP, 1 March 2023.

¹²⁸ KII, focal point MoHSPP, 1 March 2023.

Data indicates that childcare and DI reforms during the evaluation have contributed to these results. According to the desk review and primary data collection, the reforms which contributed to these outcomes included:

- the adoption of new social and child protection laws and policies based on international child rights standards, which contributed to creating an enabling environment for the reforms and to shifts in attitudes and behaviours (Output 6) (see [question 8.3](#) further below for details);
- funding and training for the delivery of services to prevent family separation, particularly daycare centres for children with disabilities and Centres for Social Services by the MoHSPP, with technical support from international organisations (Outputs 3 and 5);¹²⁹
- some shift in approach from a purely medical approach to a more holistic, individualised approach focusing on supporting children within their families by the Comprehensive Family and Child Support Unit (former Psychological Medical Pedagogical Commissions or “PMPCs”) (Output 3);¹³⁰ and
- collaboration between government and public organisations, particularly for the delivery of daycare services for children with disabilities and the transformation of the Family and Child Support Centres (Output 4).

Several stakeholders at the national level and frontline considered the reforms to be effective in contributing to DI.¹³¹ Several participants also acknowledged UNICEF’s contribution to these reforms. This included providing equipment and training seminars for staff within the Comprehensive Family and Child Support Unit¹³² and the provision of training for staff providing prevention services in the Family and Child Support Centres.¹³³ **However, not all interventions were fully effective.** The interventions designed to achieve child rights-based and child-sensitive budgeting (Output 1) have not translated to efficient use of government resources for childcare reforms and DI programming, as detailed in [part 4.3](#) on ‘Efficiency.’ Challenges to M&E (Output 2) are elaborated in [part 4.2.3](#).

Q7.3. What was the impact of other external factors on childcare and DI reforms?

The attention paid to DI and prevention services for children with disabilities has been partly driven by donor requirements, stemming from Tajikistan’s signing of the CRPD.¹³⁴ Parallel efforts to increase inclusive education have, in the view of several stakeholders, prevented children with disabilities from being placed in RIs.¹³⁵ However, the quantitative data does not suggest any significant impact on the overall numbers of children with disabilities in RIs (see further above). Significant challenges also remain in this area, as detailed in [part 4.2.7](#) of this report. The impact of COVID-19 and broader economic climate on childcare and DI reforms is detailed in [part 4.2.11](#).

4.2.2. Under what circumstances and why did the DI reforms generate the desired outcome(s)? [Q8]

Q8.1-2: Under what circumstances and why did the childcare and DI reforms generate the desired outcomes?

Political will has been an important driver of these reforms. Major reforms, such as the ending of administrative detention of girls, was passed at the highest political level (through Presidential Decree). Similarly, in January 2015, the President of Tajikistan recognised that “the activities of social protection institutions aimed at social support for persons with disabilities and other vulnerable groups of the population require serious transformations (reforms).”¹³⁶ This political will has translated into the passing of seminal laws and policies providing an enabling environment for the reforms (Output 6). Collaboration between government and NGOs, particularly in the transformation of the baby homes and the provision of community-based services for children with disabilities, has also been crucial (for which see [part 4.2.5](#)). **However, as outlined elsewhere in this report, significant challenges remain, including incoherent**

¹²⁹ Interview, Child Rights Commission, Jomi, 1 April 2023

¹³⁰ Interview, staff member, Comprehensive Family and Child Support Unit, Khatlon Province; Interview, staff member, Comprehensive Family and Child Support Unit, Sughd Province.

¹³¹ E.g. Director, public organisation, Khatlon province.

¹³² Interview, staff member, Comprehensive Family and Child Support Unit, Khatlon Province,

¹³³ Interview, Child Rights Commission, Jomi, 1 April 2023

¹³⁴ KII, international organisation, 28 April 2023.

¹³⁵ Interview, NGO, Sughd.

¹³⁶ Referenced in National Action Plan on the Readiness of the Republic of Tajikistan for Approval and Implementation of the Convention on the Rights of Persons with Disabilities 2020, para. 20.

visions for DI, inconsistent political will among stakeholders, challenges to sustainability, and inefficient use of resources, which blunt the impact of these reforms.

Q8.3. What changes, if any, did the DI reforms have on the behaviour, attitudes, thinking and reasoning of stakeholders?

The reforms have contributed to some shifts in attitudes and behaviour of *some* stakeholders towards prioritising family-based care and preventing the placement of children in RIs. Several participants from the Child Rights Commissions at the local levels recognised the legal and policy changes during the evaluation period and described their role in preventing family separation by “educating” parents about the importance of a family environment for the child, referring families to community-based support services to address their underlying socio-economic needs, and ensuring that parents/guardians receive the benefits/pensions due to them, instead of placing the child in an RI.¹³⁷ Several participants considered that the legal reforms, particularly the adoption of the Law on Parental Responsibility, had contributed to shifts in attitudes of parents towards ensuring the education and upbringing of the child in the family.¹³⁸

Primary and secondary sources indicate changes in attitudes and behaviours concerning the abandonment of very small children. During interviews, stakeholders reported shifts in attitudes and behaviours of the Child Rights Commissions towards preventing child abandonment, rather than automatic placement of the child in the baby home.¹³⁹ Stakeholders reported similar shifts in attitudes and behaviours by parents as a result.¹⁴⁰ **More generally, data suggests some shifts in norms and attitudes towards children with disabilities, with some participants reporting less stigma towards such children in society.** According to stakeholders, drivers for these shifts include Tajikistan’s signing of the CRPD and related legal and policy reforms.¹⁴¹ **However, buy-in to the reforms is not consistent; there is data from stakeholders at all levels who do not agree with or recognise the importance of DI** (see [part 4.2.7](#)).

4.2.3. Has sufficient attention been given to measuring, monitoring and reporting results including results of DI reform related to gender equality? How effectively has evidence been used to inform changes and adjustments to the DI reforms? [Q.9]

The analysis below outlines the findings of the evaluation of: (i) UNICEF’s monitoring of the results of its interventions relating to childcare and DI; and (ii) interventions to strengthen the government’s system for monitoring childcare and DI reforms (Output 2).

Q9.1. Has sufficient attention been given to measuring, monitoring and reporting results?

Increasing attention has been given to measuring, monitoring and reporting results of childcare and DI reforms during the course of the evaluation period, though barriers remain and are acknowledged in CPD 2023-2026. The independent evaluation of CPD 2010-2015 identified challenges in evaluating the results of UNICEF’s interventions, which stemmed from a weak results architecture, lack of clarity between national and district-level interventions, lack of and inconsistent indicators and severe limitations in district-level data.¹⁴² However, improvements were identified according to the independent evaluation of CPD 2016-2022, which highlighted good practices such as the use of biannual, detailed workplans to track progress and lessons learnt within UNICEF.¹⁴³ CPD 2023-2026 seeks to continue this by maintaining a results-based monitoring approach, tracking annual milestones and measuring progress through national data systems, field missions and strategic partnerships (particularly with the Ministry of Economic

¹³⁷ Child Rights Commission, Bobojan Gafurov district, Sughd Region; Commission on Child Rights, Abdurrahman Jomi District, Khatlon Province).

¹³⁸ Law on Parental Responsibility, Articles 6 and 15; Group interview, NGO 2, Sughd Province; Staff member, special school under the MoES, Dushanbe.

¹³⁹ Milligan, I., Putting Families First: Deinstitutionalisation of the Baby Homes in Tajikistan, Final Evaluation Report, p. 11.

¹⁴⁰ See also Milligan, I., Putting Families First: Deinstitutionalisation of the Baby Homes in Tajikistan, Final Evaluation Report, p. 11; KII, MoHSPP; FGD, staff, Family and Child Support Centre.

¹⁴¹ Group Interview, staff, boarding school, Khujand; Group Interview, social workers, additional education centre, Sughd.

¹⁴² Gheorghe, C., Evaluation of UNICEF Tajikistan’s work in priority districts during the 2010-2015 Country Programme, Final Evaluation Report (vol. 1), January 2016, p 51.

¹⁴³ Wirthmann, E., Evaluation of UNICEF’s Protective Environment Programme in Tajikistan (2016-2022), July 2022, p. 53.

Development and Trade), developing and implementing multi-year workplans with government partners and commissioning independent evaluations.¹⁴⁴

Significant attention has been paid to strengthening government mechanisms to measure, monitor and report data on the childcare system. As reflected in Output 2 of the reconstructed ToC, the CPDs incorporated interventions to strengthen the government's capacities in this area. CPD 2016-2022 specifically included M&E as a key part of the 'protective environment' component and affirmed that this is a priority area in the mid-term review in 2018.¹⁴⁵ Under CPD 2023-2026, Outcome 4 focuses on strengthening evidence-based planning, budgeting and implementation of social policies and monitoring of child rights in line with the CRC and SDGs at the national and local levels. Child protection indicators under Outcome 3 also specifically include strengthening the capacity of child protection institutions to generate and use relevant evidence and putting in place functioning monitoring mechanisms for gender- and child-sensitive child protection systems.

Steps have been taken to strengthen government capacities to measure, monitor and report data on the childcare system and DI. As envisaged in CPD 2023-2026, at the time of data collection, the Ministry of Economic Development and Trade reported that, it had commenced work to integrate the SDGs in sector-specific plans, align laws and policies with international standards and develop district development programmes integrating children's rights, with the support of international organisations including UNICEF.¹⁴⁶ Since CPD 2010-2015, UNICEF has also been working with the national statistics agency, Tajstat, to amend reporting forms to collect data on children in the childcare system. Further, UNICEF provided support to Tajstat to improve data on vulnerable children at local level, including its review of data collection and reporting of statistics on children without parental care, orphans and children with disabilities. This resulted in recommendations for Tajstat on how to improve official statistical reporting on the most vulnerable children.¹⁴⁷ At the time of writing, the MoES is reported to be developing a database on vulnerable children, though is in need of additional funding and technical support to develop this initiative.¹⁴⁸ Indeed, the programme rationale for CPD 2023-2026 indicates that "demand for good data" (innovative financing mechanisms) is growing.¹⁴⁹

Despite these steps, the lack of comprehensive and reliable administrative data on children generally, including DI and childcare reforms, has been a challenge during the evaluation period, hindering full attainment of Output 2. As indicated in the analysis of the results further above, independent evaluations of the CPDs¹⁵⁰ and in research reports on DI and childcare system undertaken during the evaluation period,¹⁵¹ there are notable gaps in administrative data on DI and childcare system. Where data is available, they are inconsistent (e.g. different figures reported in TransMonEE and in CPD documentation), unreliable or provide partial data only (e.g. figures for children with disabilities in alternative care via TransMonEE). There continues to be a need to strengthen government data collection mechanisms to ensure the collection of disaggregated data on children, including children with disabilities.¹⁵² M&E capacity within government agencies, particularly in rural provinces and district levels, is regarded to be particularly low due to low salaries and high turnover of staff in those areas, disrupting the continuity of capacity-building initiatives implemented by the national level.¹⁵³ These challenges are acknowledged in CPD 2023-2026, which states

¹⁴⁴ CPD 2023-2026, paras. 48-50.

¹⁴⁵ A mid-term review of CPD 2010-2015 lead to the intensification of efforts to strengthen local government capacities in data collection and planning (and budgeting) in three of the priority districts; Gheorghe, C., Evaluation of UNICEF Tajikistan's work in priority districts during the 2010-2015 Country Programme, Final Evaluation Report (vol. 1), January 2016, p. 55. An intermediate change of the CPD was that 'M&E systems for the protection of children are capacitated and operational.

¹⁴⁶ KII, focal point from the Ministry of Economic Development and Trade, 1 March 2023.

¹⁴⁷ Wirthmann, E., Evaluation of UNICEF's Protective Environment Programme in Tajikistan (2016-2022), July 2022, p. 26.

¹⁴⁸ KII, participant from UNICEF Tajikistan Country Office, 28 February 2023; Written comments from UNICEF to Coram International on draft versions of the report.

¹⁴⁹ CPD 2023-2026, para. 19.

¹⁵⁰ Gheorghe, C., Evaluation of UNICEF Tajikistan's work in priority districts during the 2010-2015 Country Programme, Final Evaluation Report (vol. 1), January 2016, pp. 54 and 60.

¹⁵¹ UNICEF, Study Report on Children in Residential Care in Tajikistan: An overview and prospects for the future, p. 5, which highlighted that current data collection and data management practices do not allow adequate tracking and exploration of dynamics of institutionalisation of children across all residential care institutions for children in Tajikistan.

¹⁵² See analysis further above and Wirthmann, E., Evaluation of UNICEF's Protective Environment Programme in Tajikistan (2016-2022), July 2022, p. 54.

¹⁵³ KII, focal point from the Ministry of Economic Development and Trade, 1 March 2023; Wirthmann, E., Evaluation of UNICEF's Protective Environment Programme in Tajikistan (2016-2022), July 2022, p. 26.

that evidence-based planning (and budgeting) at all levels is not fully in place. The CPD cites multiple reasons for this, including insufficient resources and capacity affecting the supply of quality disaggregated data and a disconnect between resource allocation and national priorities.¹⁵⁴ The CPD also indicates that data used in decision-making is not always timely or relevant.¹⁵⁵

Q9.2. Has sufficient attention been given to measuring, monitoring and reporting results specifically related to gender equality?

The CPDs have paid increasing attention to measuring, monitoring and reporting results on gender equality. The outcomes and indicators under CPD 2010-2015 did not integrate any equity-based wording in the outcomes, outputs or indicators, though reference is made in the narrative to increasing the range, quality and availability for family-support services, “particularly for children with disabilities”, affected by violence.¹⁵⁶ CPD 2016-2022 paid more attention to hard to place children and equity-based issues, incorporating indicators specifically for boys and girls and children with disabilities. The outcome also pays specific attention to benefiting “children most at risk.” Outcome 3 in CPD 2023-2026 goes further by focusing on “the most vulnerable and excluded children and adolescents” and including “gender-responsive” language in its outcome and outputs. **To strengthen CPD 2023-2026 further still, childcare and DI indicators may be disaggregated by gender, disability status and with reference to other hard to place children where possible** (noting the challenges to collecting disaggregated data through national mechanisms). These children include older children with disabilities, consideration of the disproportionately high numbers of boys with disabilities in RIs, children at high risk of coming into conflict with the law, children in street situations who are placed in the special (vocational) schools and children left behind.

Throughout the evaluation period, the systematic collection and analysis of disaggregated data by government agencies on the situation of children in Tajikistan generally has been a challenge, not only in relation to DI, childcare reforms and gender.¹⁵⁷ The CRC Committee issued recommendations to Tajikistan in 2010, which it reiterated in 2017, to collect and analyse data on all children disaggregated by age, sex, geographic location, ethnicity and socio-economic background and to build government capacities in this area.¹⁵⁸ The barriers to the collection and analysis of results of DI and childcare reforms under [Q.9.1](#) also apply to the collection and analysis of disaggregated data. An intended intermediate change in CPD 2016-2022 was that disaggregated data on protection of children is generated and updated regularly. Tackling this issue was affirmed as a priority area in the mid-term review of the CPD 2016-2022, given that it remained a “major challenge.”¹⁵⁹ Gender mainstreaming remained an area requiring improvement in the CPD.¹⁶⁰ As outlined in [part 4.2.1](#), there are some limitations in the availability of gender and other disaggregated data, hindering a full analysis of the results of the reforms as they relate to girls and boys, children with disabilities and other hard to place children.

Q.9.3. How effectively has evidence been used to inform changes and adjustments to the DI reforms?

UNICEF has improved its use of evidence (i.e. the findings from monitoring activities) to inform childcare and DI reforms during the evaluation period. The selection of priority districts in CPD 2010-2015 was found to have been partly based on anecdotal evidence due to the limited availability of data.¹⁶¹ Indeed, the independent evaluation found that no interventions had been carried out at the outset of the evaluation to establish baseline data for interventions

¹⁵⁴ CPD 2023-2026, para. 19.

¹⁵⁵ CPD 2023-2026, para. 19.

¹⁵⁶ CPD 2010-2015, para. 49.

¹⁵⁷ CRC Committee, Concluding Observations 2010, para. 18; CRC Committee, Concluding Observations 2017, para. 9; Gheorghe, C., Evaluation of UNICEF Tajikistan’s work in priority districts during the 2010-2015 Country Programme, Final Evaluation Report (vol. 1), January 2016, p. 54; UNICEF, Functional Assessment: Commissions on Child Rights and Child Rights Units at the district and province levels, April 2018, p. 36; see recommendations on improving the information management system in UNICEF, Study Report: Rapid Assessment of the Guardianship and Trusteeship System in Tajikistan, 15 April 2020.

¹⁵⁸ CRC Committee, Concluding Observations 2010, para. 19.

¹⁵⁹ UNICEF, Strategic Moment of Reflection of CPD 2016-2022, pp. 8 and 15.

¹⁶⁰ Wirthmann, E., Evaluation of UNICEF’s Protective Environment Programme in Tajikistan (2016-2022), July 2022, pp. 18 and 51.

¹⁶¹ Gheorghe, C., Evaluation of UNICEF Tajikistan’s work in priority districts during the 2010-2015 Country Programme, Final Evaluation Report (vol. 1), January 2016, p. 54.

at the district level.¹⁶² The evaluation of CPD 2016-2022 considered that lessons had been learnt in this area and several studies were carried out to develop an evidence base.¹⁶³ The programme rational for CPD 2023-2026 is explicitly informed by the outcomes of previous evaluations and acknowledges lessons learned in using ToCs at outcome level and detailed analyses of risks and assumptions to modify implementation as contexts and needs change.¹⁶⁴

Evidence-based decision-making by government has been a challenge throughout the evaluation period, not only in relation to childcare and DI. This issue has been raised repeatedly by the CRC Committee and reiterated in studies carried out during the evaluation period.¹⁶⁵ The issue is due in part to the challenges already mentioned above as well as a lack of a “culture” for evidence-based decision-making.¹⁶⁶

4.2.4. Were there any unintended consequences which resulted from the childcare and deinstitutionalisation reforms? [Q10]

A potential unintended consequence of the DI reforms – particularly to the reorganisation of the baby homes into Family and Child Support Centres – is the placement of children under the age of four in RIs for older children with disabilities. During primary data collection, a child under the age of four was observed in a RI for older CwD, pending the child’s later transition to the “baby home.”¹⁶⁷ The reason for the child’s placement was because the child was from a single parent and there was no other “solution” for the care of that child.¹⁶⁸ It is not clear why the child was placed in the RI rather than in the temporary residential unit in the Family and Child Support Centre. Though it is understood that this was an “isolated” case, there is a potential risk that the limited geographical coverage of the four Family and Child Support Centres and other prevention services will lead to the placement of children under the age of four in RIs for older children, and is an area that requires ongoing monitoring.

4.2.5. What are the necessary and/or sufficient factors that enable the DI reforms to provide results at different levels (national and sub-national levels)? [Q.11.1-2]

Besides political will, inter-sectoral coordination at both the national and sub-national levels has been critical for these reforms. This is reinforced by the feedback from stakeholders involved in the transformation of the baby homes and delivery of daycare services. The transformation of the baby homes relied on NGO support, either through the delivery of services from the premises of the centre or by sharing skills and knowledge with former baby home staff.¹⁶⁹ Stakeholders involved in the transformation praised the collaboration between UNICEF, the MoHSPP, civil society and financial support of the EU, without which, they considered the reforms would not have occurred.¹⁷⁰ Indeed, one participant from a public organisation considered that the project built trust and improved collaboration between government and civil society.

4.2.6. Have all groups of children targeted by the DI reforms actually been reached (i.e. has anyone been excluded)? [Q.12]

Q.12.1. To what extent have disabled children targeted by DI reforms actually been reached?

Though administrative data gaps remain, quantitative and qualitative data available indicate that the reforms have not reached all children with disabilities, particularly older children with disabilities, as effectively as those without disabilities (see quantitative data in [part 4.2.1](#)). **The continued placement of children with disabilities in large-scale RIs is a cause of significant concern.** Observations of children with severe disabilities in one RI indicated that they

¹⁶² Gheorghe, C., Evaluation of UNICEF Tajikistan’s work in priority districts during the 2010-2015 Country Programme, Final Evaluation Report (vol. 1), January 2016, p. 54.

¹⁶³ UNICEF, Strategic Moment of Reflection of CPD 2016-2022, p. 6.

¹⁶⁴ CPD 2023-2026, para. 20.

¹⁶⁵ CRC Committee, Concluding Observations 2010, para. 19; CRC Committee, Concluding Observations 2017, para. 9; UNICEF, Functional Assessment: Commissions on Child Rights and Child Rights Units at the district and province levels, April 2018, p. 36.

¹⁶⁶ CPD 2023-2026, para. 19.

¹⁶⁷ Observation visit of the Chorbogh Institution for CWD; Group Interview, staff, Chorbogh Institution for CWD, 3 March 2023.

¹⁶⁸ Group Interview, staff, Chorbogh Institution for CWD, 3 March 2023.

¹⁶⁹ Milligan, I., Putting Families First: Deinstitutionalisation of the Baby Homes in Tajikistan, Final Evaluation Report, p. 6.

¹⁷⁰ Interview, public organisation, Sughd.

languish in beds with minimal stimulation or attention. Children living in the RI also appeared to have minimal contact with the outside world. Staff indicated that children who are not bedridden are only permitted to play outside in the summer. This was echoed in the feedback provided by children in RIs. **The safety and quality of care of children with disabilities in these RIs as well as boarding schools is also a serious concern**, with reports that children have been beaten by staff and/or other children. Children in one RI also reported having limited access to food.¹⁷¹

Q.12.2-3 To what extent have 'hard to place' children targeted by DI reforms actually been reached and have any groups of children not benefited from the childcare and DI programme?

Due to the administrative data gaps, it is not possible to identify all 'hard to place' children. However, **data indicates that the administrative detention of girls who are victims of sexual violence or exploitation is no longer legally permissible, following the passing of a presidential decree prohibiting this practice.** As at February 2023, there was reportedly one girl in the (former) Girl's Support Service, who was about to turn 18. However, there is limited data to be able to assess the extent to which girls are placed in RIs due to perceived "delinquent" behaviour and the extent to which these are rooted in gender discriminatory norms.

The data available shows that boys with so-called "delinquent" behaviour have not been reached by or benefited from the reforms as effectively as other children and remain in an extremely vulnerable situation. This is despite the important steps that have been taken to improve the laws and policies in this area. There are five community-based services for children at risk of offending, all in Sughd region (Bobojon Gaffurov, Isfara, Khujand, Konibodom and Panjikent districts). In the absence of widespread community-based social work services to prevent these children from coming into conflict with the law and to address the underlying fractured family relationships, these children are placed in large, closed RIs (the special school under the MoES or special vocational School under the MoLME). Almost all such children interviewed for this evaluation reported that they had been "arrested" by law enforcement authorities¹⁷² before their placements. Accounts from the children also highlight significant concerns with their treatment leading up to their placement. For example, one child who had been accused of stealing, spoke of police pulling his hair, slapping him, followed by four police officers beating him on his legs, head and middle of the body until he was bleeding and his "whole body ached." Qualitative data (quantitative data being unavailable) indicates that the majority of such children have a parent in the community, who either 'abandoned' the child, have had parental responsibility restricted or removed or consider that the RI will "correct" the child's behaviour. Staff and children in these RIs explained that most of these children's parents are divorced or are single parents who have started new families, or have alcohol use disorders, and with almost all children coming from poor socio-economic households and communities.¹⁷³ In the special vocational school, staff reported that approximately 70 per cent of children were "street children."¹⁷⁴

Services to support children transitioning from care as they age out of RIs and the childcare system more generally are virtually non-existent and have not been the focus of any of the childcare and DI programming during the evaluation period.

4.2.7. What difference did the DI reforms make to the children in alternative care at the time of the reform, and under what circumstances? Since the reforms have taken place, what has been the impact on children passing through the new services? What challenges remain? [Q.13]

Q13.1: What has been the impact of DI reforms on the number and profile of children in alternative care?

Quantitative data on the total numbers of children in alternative care and the percentage change during the evaluation period are incomplete. Similarly, comprehensive quantitative data on the profile and characteristics of children deinstitutionalised during the evaluation period, numbers of new services, numbers of beneficiaries and their outcomes, were unavailable. Data available from TransMonEE archives on the total number of children in formal care

¹⁷¹ Quotes and detailed references have been withheld to protect anonymity.

¹⁷² Boy 1, type of RI withheld to protect anonymity; Boy 2, type of RI withheld to protect anonymity.

¹⁷³ Group Interview, Staff, Special Vocational School, 2 March 2023.

¹⁷⁴ Interview, staff, special vocational school, 2 March 2023.

indicates a 35 per cent decrease in numbers between 2009 and 2016 (data on the total number or rate of children in formal care, or in formal family-based care, are unavailable on the online TransMonEE database).¹⁷⁵ **The qualitative data was mixed.** Not all stakeholders considered that the reforms were making an impact. For example, one NGO participant, considered that the baby homes had only changed “in name”. However, other data available indicates positive outcomes for the health and wellbeing of children receiving services from the Family and Child Support Centres and their effectiveness in preventing the abandonment of small children, including children with disabilities.¹⁷⁶ Data also highlighted some positive outcomes for children receiving services from the Comprehensive Family and Child Support Units.

At first, my child could not even lift his head. Now my child is making great progress. His speech is developing. (Parent, FCSC, Khujand)

At first, my child was only sleeping [understood to mean laying down]; now she is walking. I have been coming to this center for 2 years....Now my child has made a lot of progress. She doesn't wear diapers anymore; she can control herself. My daughter has completely changed. (Parent, FCSC, Khujand)

My child learned a lot in this center, he can count to 10.... Before my child could not talk, but now I can see the results. I come to this center every day with my child. Here, they [give the child] massages, and [teach him how to] read and write. My child loves the center; he mostly listens to the speech therapist, but he doesn't want to do other exercises. (Parent, Comprehensive Family and Child Support Unit, Khatlon)

However, as explained in relation to [Q.12.2 to 12.3](#), the reforms have not reached all categories of children, particularly older children with disabilities and boys with so-called “delinquent” behaviour.

Q13.2. What has been the impact of the new services on the use of institutionalisation?

The establishment of multidisciplinary, community-based services, which are primarily operated through public organisations, and the reformed Family and Child Support Centres, have played an important role in preventing family separation. They have achieved this by contributing to changing the attitudes of parents towards children with disabilities and providing social work, psychological and other services to address underlying vulnerabilities and risks in the family which drive separation. The public organisations working with the Family and Child Support Centres, in particular, described how they have contributed to fewer children being referred to RIs:

“It should also be noted that the contribution of employees to the prevention of the placement of children with disabilities in permanent residence institutions is very large. For example, we worked with a family where a husband and wife divorced, there were three children in the family. The mother was not able to raise the children, she was depressed and heartbroken, she did not pay attention to the children, she intended to send her children to a boarding school. We started working with this woman and her children. The first assessment showed that the children had different abilities but did not go anywhere other than school. We directed them to the children's creative centre. The children began to participate in the meetings. A psychologist worked with the mother. The social worker also guided the mother. The mother got a job. The children stayed in the family. By involving children in society, we have prevented [family separation].” (Staff, public organisation, Khatlon province)

Q13.3 What challenges remain?

Certain aspects of the legal and policy framework require strengthening in line with the CRC, CRPD and UN Guidelines on Alternative Care for Children, in order to achieve Output 6 in full. In particular, the Law on Social Protection of Persons with Disabilities continues to refer to and contemplate the placement of children with disabilities in RIs without any qualifications.¹⁷⁷ Further, the Social Protection Strategy continues to refer to providing “care for

¹⁷⁵ <https://www.transmonee.org/database-explorer-1>, accessed 21 May 2024.

¹⁷⁶ See also Milligan, I., Putting Families First: Deinstitutionalisation of the Baby Homes in Tajikistan, Final Evaluation Report.

¹⁷⁷ Article 22 provides, “The upbringing and education of disabled children permanently residing in inpatient institutions is provided by these institutions in organic connection with social, everyday and labor adaptation.”

mentally retarded children in institutions of permanent residence”,¹⁷⁸ indicating that the reforms have not yet provided a policy framework for the wholesale scaling down, reform or closure of RIs for children with disabilities. Also see [part 4.1.4](#) on hard to place children, which highlights that the Law on Child Rights Protection continues to prioritise institutional care for these children.

The legal reforms relating to children with so-called “delinquent” behaviour do not completely align with the vision in the NPA on the Prevention of Delinquency Among Minors 2020-2024. The Child Rights Protection Law continues to prioritise the placement of “juveniles” in “special educational institutions for juveniles” where they are in need of “special conditions of education.”¹⁷⁹ Similarly, under the Law on Parental Responsibility, state bodies, institutions and organisations involved in education and upbringing of children are responsible for informing law enforcement authorities if a parent violates their responsibilities under the law, without any qualification as to the nature of the violation or whether or not the violation places the child at risk of harm.¹⁸⁰ **This approach does little to recognise the socio-economic and interpersonal dimensions of family dysfunction, leading to parents facing deprivation of their parental rights and the placement of the child in a special school where family-focused social work is needed but lacking.**¹⁸¹ Indeed, feedback from both staff and children within the special schools and special vocation school reinforce that there is a critical need for such services.

Challenges remain in implementing laws and policies on DI and childcare reform. This is due in part to the absence of sustained training and retention of a SSW within the gate-keeping bodies and community-based service providers within government.¹⁸² **Community-based services to support DI are also not widely available.**¹⁸³ Reasons cited by stakeholders include the establishment of community-based services not matching the pace at which children were leaving RIs.¹⁸⁴ Intersectoral coordination remains a challenge at both the national and sub-national levels (see [part 4.4.2](#)) including with regard to the referral and management of child protection cases.

Demand and buy-in for DI, and recognition of the negative impact of institutionalisation on the child, is inconsistent within and between sectors and between stakeholders at the national and local levels. Some stakeholders generally recognised the importance of preventing family separation (see, for example, [part 4.1.5](#)). The Ministry of Interior has also reportedly expressed a desire to close temporary placement centres for children but is unable to do so in the absence of alternatives.¹⁸⁵ However, placement of children in a boarding school and other RIs was still seen as the best and appropriate solution by several other participants, where parents are unwilling or unable to care for their children, particularly for children with disabilities. This view was expressed by multiple government stakeholders at the national level across all sectors as well as at the local levels and is consistent with the quantitative results concerning the numbers of children with disabilities in RIs. Staff within RIs, in particular, are protective about the continued use of RIs.¹⁸⁶ Indeed, some participants spoke about plans for the expansion of certain RIs (namely, the special school under the MoES) or issued strong recommendation to expand their residential care services to target more children (special vocational school under the MoLME; Chorbogh Institution for Children with Disabilities under the MoHSPP).

“Do you think it would be more or less effective for the children to be looked after in smaller group home than a large institution? They go to daily treatment centres but it is not possible to divide them into smaller groups. The president approved the Social Protection Strategy and under that strategy, this institution should be open until 2030. There should be more of these kinds of institutions.” (Group interview, details withheld to protect anonymity)

¹⁷⁸ National Programme on the Rehabilitation of Persons with Disabilities 2017-2020, pp. 80-82; Social Protection Strategy 2022-2040, p. 120 (ENG).

¹⁷⁹ Child Rights Protection Law 2015, Art. 23.

¹⁸⁰ Law on Parental Responsibility, Article 12.

¹⁸¹ Commission on Child Rights, Sughd Region (details of location withheld); Interview, NGO, Sughd Region.

¹⁸² Interview, NGO, Sughd Province.

¹⁸³ Interview, NGO, Sughd Province

¹⁸⁴ KII, international organisation, 28 April 2023.

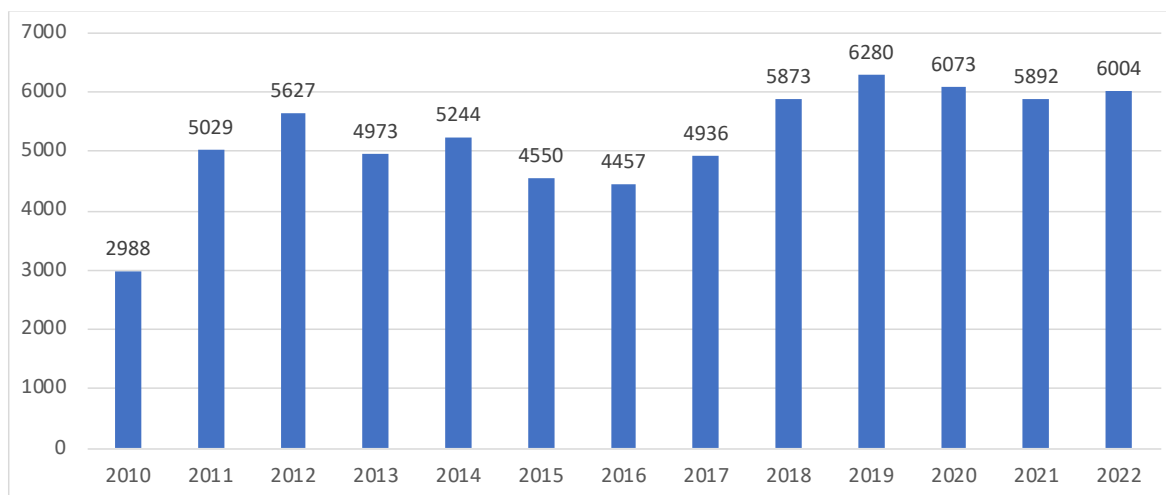
¹⁸⁵ Online consultation with UNICEF ECARO and Tajikistan Country Office, 5 October 2023.

¹⁸⁶ Interview, Staff, Comprehensive Family and Child Support Department, location withheld, 9 March 2023; Interview, Commission on Child Rights, Khatlon Province (details of location withheld); Interview, staff member, Chorbogh Institution for Children with Disabilities; KII, MoLME, 2 March 2023.

The reasons for supporting the continued use of RIs varied between stakeholders and between categories of RIs. For some participants, boarding schools and RIs for children with disabilities were seen as the only option and therefore necessary to meet demand in children needing alternative care.¹⁸⁷ However, in relation to the special vocational school for children with disabilities in Dushanbe, the placement was seen by staff as an opportunity for vocational training that the child would not have otherwise received if they had continued to live in the family. Though not explicit, the views of staff in RIs are also likely to have been influenced by concerns for their future employment in the event of DI.

There is a lack of quantitative data on general attitudes and behaviours of parents and guardians towards placing children in residential care during the evaluation period. Qualitative data suggests that the general attitudes and behaviours of parents and guardians have not shifted significantly, such that there continues to be an expectation that children from difficult socio-economic circumstances will be better looked after and educated in RIs.¹⁸⁸ These parents do not wish to relinquish parental rights nor do they wish to reintegrate the child in the home. Although NGOs work with parents to explain the importance of family-based care, resulting in some family reunification,¹⁸⁹ the outcomes for these children are not known. Recognition by parents of their primary responsibility for educating their children is not necessarily resulting in the children's return to the home but, rather, more interest and energy by parents in their child's progress in the boarding school.¹⁹⁰

Figure 5: Number of children with disabilities in ordinary (general) school (source: TransMonEE)¹⁹¹



As indicated in [Figure 5](#), despite fluctuations in intermittent years, the numbers of children with disabilities in ordinary (general) schools have approximately doubled between 2010 and 2022, which is a significant achievement (gender disaggregated data is unavailable). However, challenges remain in providing inclusive education, which is one of the reasons why childcare and DI reforms have not been as effective in achieving DI for children with disabilities, particularly older children with disabilities, as compared to other children (see analysis in [part 4.2.1](#)).¹⁹² Inclusive education is not widely or consistently available across the country. This outcome is due: to logistical and financial barriers parents/carers face in transporting children with disabilities to schools located far away from their homes; teachers in mainstream schools not having the skills, experience or willingness to teach children with disabilities; schools not having the facilities to support inclusive education; and prohibitive costs and expenses associated with the child's schooling falling upon parents/carers.¹⁹³ There is also qualitative data to suggest that there is a tendency to refer children with disabilities for home-schooling, rather than inclusive education, in an attempt

¹⁸⁷ Staff member, RI for CWD, details withheld to protect anonymity; focal point from the education sector, details withheld to protect anonymity.

¹⁸⁸ Staff member, NGO, Sughd Province.

¹⁸⁹ Director, NGO, Sughd Province.

¹⁹⁰ Group Interview, staff, boarding school, Khujand.

¹⁹¹ Figures are only available from 2010. Figures from 2010 to 2013 were obtained from the TransMonEE archive database, as data for these years were not available on the online database. Note that the archive database provides lower figures for 2015 (4174) and 2016 (4079).

¹⁹² KII, focal point from MoES, 1 March 2023; KII, focal point MoHSPP, 1 March 2023.

¹⁹³ KII, NGO, Dushanbe, 6 April 2023; KII, NGO, Khujand, April 2023; Interview, Parent 1 of a CWD, Khujand, April 2023; Parent 2 of a CWD, Khujand, April 2023; Interview, staff, boarding school for CWD, Sughd Province (details of location withheld), April 2023; Interview, parent of a CWD, Bokhtar City, 31 March 2023; KII, focal point from MoES, 1 March 2023.

to address these issues,¹⁹⁴ though an assessment of the impact that this has on family separation was not undertaken as part of this evaluation. The reluctance of families to accept children with disabilities back from RIs also remains a challenge.¹⁹⁵ Social norms and stigma towards children with disabilities, and their mothers, remains a significant issue, which contributes to the separation of children from their mothers who are often abandoned by family and are unable to care for their child.¹⁹⁶ This challenge is linked to broader social norms where families experiencing violence are reluctant to report the issue and seek help and in which the husband and mother-in-law hold the balance of power within the household.¹⁹⁷ The lack of financial support for families of children with severe disabilities was often reported as a challenge by participants, with families both unable to look after children and work.¹⁹⁸ Indeed, several participants related their experiences that the provision of disability benefits for the child is an incentive for parents to look after their children though quantitative data gaps do not allow for findings to be drawn in this regard.¹⁹⁹

While pockets of support services exist to help prevent family separation and reintegrate children with disabilities back with their families (such as the NGOs Manbai Mehr and Sarchashma in Sughd Province; the Ghamkor Daycare Centre in Bokhtar City; Day Care Centre in Hisor; Comprehensive Family and Child Support Centres, among others), these are not universally available throughout Tajikistan. They are predominantly located in urban areas, such that families in rural areas (i.e. where there are higher levels of poverty and where children are likely to be particularly at risk of separation) do not benefit from these services. Where services exist, challenges in training and retaining a skilled workforce also impact upon the effectiveness of these services (see 'Efficiency').²⁰⁰ Further, medical services to prevent secondary disabilities for children with disabilities and to support their rehabilitation, are similarly limited in number and, where available, may require significant costs for the family to be able to access the necessary specialist (e.g. speech therapists).²⁰¹ Consequently, **the drivers for the placement of children with disabilities in RIs and barriers to their reintegration into their families remain to some extent.**

Serious concerns arise with regard to the safety and wellbeing children in the special school and special vocational schools. There were reports that the children feel unloved, abandoned, bored and without any agency over their lives, taking unknown medication prescribed for fraught nerves, are "forcibly bathed" when they refuse to wash or are required to do physical exercise as punishments, have nightmares, repeatedly run away, wet the bed, self-harm on a daily basis and even swallow glass in an attempt to leave the premises.²⁰² It is a significant concern that, during data collection, the evaluators were informed that there are plans to move the special school to a larger building with a capacity of 300 beds which will reportedly take in both girls and boys.²⁰³ It was not possible to verify this with the MoES.

Tajikistan is among several countries in the region which have implemented a programme to repatriate and rehabilitate citizen children from armed conflict zones. For example, the Commissioner for Children's Rights reports that, in 2019, 84 children were returned from camps in Syria, followed by a further 164 women and children from war zones in 2022.²⁰⁴ However, there is very little data available on the impact of childcare reforms on these children. Data available indicates that "various measures are being taken in state institutions for the rehabilitation of their mental health and returning them to normal life."²⁰⁵

4.2.8. How and why did the DI reforms make a difference in terms of strengthening/establishing prevention services and family-based alternative care services, if any? What challenges remain? [Q.14]

¹⁹⁴ Interview, staff member, NGO, Sughd Province (details of location withheld).

¹⁹⁵ KII, NGO, Khujand, April 2023.

¹⁹⁶ Interview, staff, NGO, Bokhtar City, 31 March 2023.

¹⁹⁷ Interview, staff, NGO.

¹⁹⁸ Interview, staff member, Comprehensive Family and Child Support Centre, Khatlon Province.

¹⁹⁹ Interview, staff member, boarding school for CWD, Sughd Province (details of location withheld), April 2023; Interview, staff member, NGO, Sughd Province (details of location withheld).

²⁰⁰ Interview, Staff, Comprehensive Family and Child Support Department, location withheld, 9 March 2023.

²⁰¹ Interview, Parent 2 of a CWD, Khujand, April 2023; Interview, Parent of a CWD, Chorbogh Institution for Children with Disabilities.

²⁰² References from staff and children withheld to preserve anonymity.

²⁰³ Plans explained by staff member, special school, 2 March 2023.

²⁰⁴ Report of the Commissioner for Children's Rights in the Republic of Tajikistan for 2022, p. 194.

²⁰⁵ Report of the Commissioner for Children's Rights in the Republic of Tajikistan for 2022, p. 194.

The impact of the reforms on prevention services and their remaining challenges are explained in the preceding sections. This section focuses on the impact and challenges concerning family-based alternative care.

Q14.1-3. To what extent did the childcare and DI reforms impact on family-based alternative care services and what challenges remain to providing family-based alternative care to all children in need of a placement?

The reforms during the evaluation period have had a limited impact on the use of family-based alternative care services. Even in the absence of comprehensive quantitative data, at the time of data collection, foster care had not yet been implemented in Tajikistan. EU funding for piloting foster care (linked to the transformation of the baby homes) faced numerous challenges. One key challenge arose in matching children with potential foster carers due to limited numbers of parents with the motivation and skills to meet the children's needs.²⁰⁶ Indeed, some stakeholders explained that there remain some societal norms and attitudes against foster care, particularly of older children.²⁰⁷

Secondary legislation to implement Article 44 of the Child Rights Protection Law on foster care have yet to be adopted, such that guardianship and adoption remained the only possible forms of family-based alternative care in practice at the time of data collection. Local Child Rights Commissions and, where established, dedicated Child Rights Units within the Commissions, have been uncertain about their roles and responsibilities in the absence of statutory guidance to implement Article 44.²⁰⁸ Children who have parents or guardians in the community reportedly cannot be put up for adoption; without the roll out of foster care services and no suitable family members available or willing to care for the child, these children remain in limbo in RIs.²⁰⁹ This challenge is particularly acute for children with disabilities as parents are reluctant to come forward to speak about their children due to stigma.²¹⁰

Primary qualitative data indicates that the lack of financial support for potential guardians and adopters acts as a further barrier to the placement of children, particularly children with disabilities, in family-based placements.²¹¹ Even where the Child Rights Commissions are aware of the importance of DI, the unavailability of family-based alternative care means that despite the best efforts of gate-keeping bodies, children whose parents or families are unwilling or unable to look after them continue to be placed in RIs.²¹² The adoption of foster care regulations was halted as responsibility for developing and adopting the regulations was moved from the MoHSPP to the MoES,²¹³ which, according to some participants, does not have the same awareness and long-term partnerships and collaborations on DI as the MoHSPP.

Plans to close boarding schools are unlikely to change the numbers of children in RIs without family-based alternative care. Indeed, when participants discussed the closure of boarding schools, they continued to refer to transferring children "in need" to other boarding schools, rather than their placement in family-based alternative care.²¹⁴ Further, one boarding school staff member explained that after the closure of one boarding school, many children were "unable" to be reintegrated into the community, which resulted in hundreds of children simply being moved to another boarding school.²¹⁵

4.2.9. How, why, in what way did the DI reforms generate sustained changes in services, financing mechanisms, legal frameworks and policies? [Q15.1-3]

See [part 4.5](#) on 'Sustainability.'

²⁰⁶ Interview, NGO, Sughd Province.

²⁰⁷ See also: Milligan, I., Changing Mindsets and Pioneering Family Social Work in Tajikistan: An Evaluation of a Pilot Fostering Project and its Relation to Wider Family Support Services, February 2016; KII, line Ministry, details withheld to protect anonymity.

²⁰⁸ Milligan, I., Changing Mindsets and Pioneering Family Social Work in Tajikistan: An Evaluation of a Pilot Fostering Project and its Relation to Wider Family Support Services, February 2016, p. 16.

²⁰⁹ Interview, NGO, Khujand, April 2023.

²¹⁰ Interview, NGO, Khujand, April 2023; Interview, NGO, Sughd.

²¹¹ Interview, NGO, Khujand, April 2023.

²¹² Interview, Child Rights Commission, Bobojan Gafurov district.

²¹³ Milligan, I., Putting Families First: Deinstitutionalisation of the Baby Homes in Tajikistan, Project Evaluation Report, p. 9.

²¹⁴ KII, MoES; Interview, Director of Boarding School (number and date withheld to protect anonymity).

²¹⁵ Interview, Director of Boarding School (number and date withheld to protect anonymity).

4.2.10. What was the impact of DI reforms on strengthening the SSW, in particular the social work profession? [Q.16.1-2]

Administrative data on the SSW and social work graduates in Tajikistan were not available for analysis and it is not known whether such data exists (requests for official data were unanswered). The independent evaluations of the CPDs also do not provide baseline and outcome data such that it is not possible to provide a comprehensive quantitative assessment of the outcomes of SSW-strengthening interventions (especially relevant to Output 3). Under CPD 2010-2015, social work training, focusing predominantly on child-friendly justice, was delivered to 335 participants in selected districts, while 12 para-social workers and members of the Child Rights Units were trained on handling child protection referrals and case management.²¹⁶ The evaluation of CPD 2010-2015 concluded that, “despite various training efforts, the capacity of CRUs is still weak, due to understaffing and a constrained operating space.” The ad hoc and lack of integration with public administration reforms also meant that these efforts were also unsustainable,²¹⁷ which in turn has limited its impact.

The outputs of CPD 2016-2022 relating to SSW-strengthening are not specific to DI or the childcare system but, rather, apply to social protection generally.²¹⁸ As such, it is difficult to evaluate the extent to which these efforts have targeted social workers within the childcare system and their impact on DI more generally. **Nevertheless, data available indicates that 279 social workers were trained with skills to promote social inclusion of children with disabilities and 281 social workers were trained on child protection under the CPD with the support of UNICEF.**²¹⁹ Participants included social service workers in the new Centres for Social Services and Family and Child Support Centres.²²⁰ Child Rights Commissions, Comprehensive Family and Child Support Units, Family and Child Support Centres, and daycare centres operated by NGOs also largely attributed their perceived increase in skills, sensitisation to promoting a family environment for children, and social inclusion of children with disabilities, to the various training efforts and seminars implemented during the evaluation period.

However, **notable challenges in strengthening the SSW generally, including the social work profession, exist, which impact upon those working within the childcare system and on DI interventions.** Qualitative data indicates that gate-keeping continues to be carried out by non-practitioner civil servants which have a high turnover,²²¹ such that the training and awareness-raising interventions are not sustained (see [part 4.5](#) for details). A 2018 functional assessment of Child Rights Commissions echoes the need for technical capacity-building of members of Child Rights Commissions on child protection issues.²²² While anecdotal feedback indicates an increase in the numbers of para-social workers within social protection units and delivery of training by UNICEF specifically on the prevention of institutionalisation (providing benefits and making child protection referrals where needed), the skills and number of these workers were regarded to be insufficient (44 out of 68 districts in Tajikistan have at least one para social worker).²²³ Turnover of para social workers is also high, creating challenges to the development of a sustained cohort of skilled staff.²²⁴ Similar feedback was provided in relation to social workers within the child protection system.²²⁵

There is limited social work capacity within RIs, with the emphasis being on the provision of medical rehabilitation (for children with disabilities and RIs under the MoHSPP) and education, pedagogy and vocational training (for those under the MoES and MoLME). By way of example, there are no qualified social workers in the special vocational school

²¹⁶ Gheorghe, C., Evaluation of UNICEF Tajikistan’s work in priority districts during the 2010-2015 Country Programme, Final Evaluation Report (vol. 1), January 2016.

²¹⁷ Gheorghe, C., Evaluation of UNICEF Tajikistan’s work in priority districts during the 2010-2015 Country Programme, Final Evaluation Report (vol. 1), January 2016.

²¹⁸ Output 1: By 2022, the most vulnerable girls and boys will have increased inclusive access to social benefits and quality social work services. Intermediate outputs: para-social workers are capacitated to deliver their expanded mandate; and the curricula for pre- and in-service training on practical social work are developed and accredited; childcare professionals and foster carers are capacitated; increase in the number of accredited para-social workers.

²¹⁹ Wirthmann, E., Evaluation of UNICEF’s Protective Environment Programme in Tajikistan (2016-2022), July 2022, pp. 18 and 51, p. 40.

²²⁰ KII, international organisation, 28 April 2023.

²²¹ Interview, NGO, Sughd.

²²² UNICEF, Functional Assessment: Commissions on Child Rights and Child Rights Units at the district and province levels, April 2018, p. 9.

²²³ KII, international organisation, 28 February 2023.

²²⁴ KII, international organisation, 28 February 2023.

²²⁵ Interview, NGO, Sughd Province.

or special school in which so-called “delinquent” or “street children” are placed.²²⁶ Staff interviewed in one of these schools did not consider themselves to have the training or experience to work with the children, whom they considered to be severely lagging behind their peers in education levels and at times displayed violent behaviour. As a result, staff felt demoralised and did not believe that they were making any impact on the education of the children.²²⁷ Consequently, the children do not receive any social work interventions to resolve the underlying drivers of their behaviour, limiting their chances of family reintegration. Related challenges arise from some lack of awareness among government stakeholders about what the social work discipline involves and the need for this type of work for children in RIs and their families.²²⁸

Despite these challenges, momentum towards the professionalisation of the SSW has been growing over recent years given the Social Protection Strategy and the related Comprehensive State Programme of Training of Personnel in the System of Social Protection of the Population for the Period Until 2030. One participant explained that, until recently,²²⁹ the University of Tajikistan was the only institution in Tajikistan providing social work studies. However, the numbers of graduates are not sufficient to meet the demand for social workers in the system. This challenge is partly due to the low salaries paid to social workers, which fail to incentivise students to study the subject.²³⁰

Not all relevant stakeholders appear to have been involved in efforts to professionalise and upskill the SSW. The Practical Training Centre for Social Work and Innovations under the MoHSPP delivers in-service training on social work, which social service workers are required to complete every five years. However, the centre reported that it has not been involved in efforts to strengthen the SSW.²³¹ Its curriculum (which was not available for review) was reportedly approved by the MoES in agreement with the MoHSPP and involves 17 subjects over 20 training modules including on case management.²³² Though not the focus of the trainings, child protection issues were reportedly “taken into consideration.”²³³ The centre provides the training on its premises (in Varzob district which is on the outskirts of Dushanbe) as well as via mobile teams. Its target audience includes staff in boarding schools, providers of home services, social workers and nurses. The Centre aims to train 400 individuals per year (330 covered in 2022). It includes practice-based training in Chorborg Institute for children with disabilities and in the centre’s daycare rooms.²³⁴ The centre’s participants expressed a desire to collaborate with UNICEF to develop its capacity as a training centre for social service workers.

4.2.11. What impact has the COVID-19 pandemic, conflict and economic downturn had on the effectiveness of DI reforms? [Q.17]

COVID-19 created some challenges to the implementation of childcare reforms, though UNICEF appears to have adjusted well to these issues. CPD 2016-2020 (and its DI and childcare programming) were extended to 2022 due to the COVID-19 pandemic and to align with an extension to the UN Development Assistance Framework.²³⁵ Generally with regard to the ‘protective environment’ component of the CPD, trainings, face-to-face meetings and general implementation of programme activities were delayed or limited.²³⁶ The independent evaluation of the CPD also indicates that the pandemic increased the number of children at risk of exclusion significantly.²³⁷ However, UNICEF was concluded to have “recognised and reacted to the new context.... showing very good capacity of the [protective environment] programme to adapt the context while leveraging resources for the achievement of its objectives and

²²⁶ Interview, staff, special vocational school, 2 March 2023.

²²⁷ Group Interview, Staff, Special Vocational School, 2 March 2023.

²²⁸ KII, international organisation; Child Rights Commission, location withheld.

²²⁹ The medical college is now reportedly also offering a social work course; Group interview, Practical Training centre for Social Work and Innovations, 3 March 2023.

²³⁰ KII, international organisation, 28 February 2023; Group interview, Practical Training centre for Social Work and Innovations, 3 March 2023.

²³¹ Group interview, Practical Training centre for Social Work and Innovations, 3 March 2023.

²³² Group interview, Practical Training centre for Social Work and Innovations, 3 March 2023.

²³³ Group interview, Practical Training centre for Social Work and Innovations, 3 March 2023.

²³⁴ Group interview, Practical Training centre for Social Work and Innovations, 3 March 2023.

²³⁵ Wirthmann, E., Evaluation of UNICEF’s Protective Environment Programme in Tajikistan (2016-2022), July 2022, pp. 5 and 25; UNICEF written comments to Coram International received 16 October 2023.

²³⁶ Wirthmann, E., Evaluation of UNICEF’s Protective Environment Programme in Tajikistan (2016-2022), July 2022, pp. 5, 25 and 29.

²³⁷ Wirthmann, E., Evaluation of UNICEF’s Protective Environment Programme in Tajikistan (2016-2022), July 2022, pp. 5, 25 and 29.

results”, particularly in the area of its social assistance programming.²³⁸ UNICEF’s coordination with the government also offered “examples of best practices, which led to a strong partnership from 2019 onwards.”²³⁹

Specifically with regard to childcare reforms and DI, some stakeholders considered that the COVID-19 pandemic contributed to a reduction in the numbers of children in RIs. The independent evaluation report states that the numbers of children in RIs decreased by 1,962 by 2021. In May 2020, UNICEF’s internal monitoring exercise found that out of 10,000 children in MoES RIs, only 1,205 remained as the vast majority of children were returned back to their biological or extended families.²⁴⁰ However, most of these children returned to the RIs at the start of the new school year on 17 August 2020.²⁴¹ During this period, UNICEF drafted a strategy for the period 1 June to 17 August 2020 to support the DI of children who had returned to their biological or extended families. However, bureaucratic protocols for official communications between UNICEF and line ministries lagged behind the pace at which the children were returned to the RIs.²⁴² Further, the lack of services to prevent family separation meant that this change was unsustainable, resulting in parents sending their children back once the RIs reopened.²⁴³ The temporary cessation of prevention and reintegration services offered by NGOs (where they exist), which coincided with the school closures,²⁴⁴ may have contributed to the drive for parents to return their children to boarding schools once they reopened, having not had the opportunity to benefit from these services. Children remaining in RIs during the school closure were in a particularly vulnerable position as nobody was permitted to enter or exit the premises.²⁴⁵

There is little data on the impact of the war in Ukraine and economic downturn on childcare and DI reforms. However, several stakeholders observed that economic pressures discouraged families to come forward as potential adoptors or foster parents.²⁴⁶

4.3. Efficiency

A cost analysis was not part of the ToR for this evaluation. The evaluation focused on assessing the use of government, UNICEF and donor resources for childcare and DI reforms.

4.3.1. How has the Government used its resources – human, technical²⁴⁷ and financial – to support DI reforms? To what extent has this allocation of resources been effective in supporting DI reform efforts? [Q18.1-4]

The availability of government data on human, technical and financial resources in the area of childcare and DI is limited. This is due to challenges in accessing government data on the one hand and a lack of programme-based budgeting and capacities within government on the other. This has created challenges to evaluating the efficiency of childcare and DI reforms.²⁴⁸

Based on the data available, government funding in childcare reforms and DI appears to have been extremely low. In 2010, the CRC Committee noted that the investment in social protection (and health and education) generally remained very low and comprised a very small percentages of the GDP. It recommended that Tajikistan increase substantially the budget allocations in these areas, elaborate strategic budgetary programmes to reduce the disparities and to target the rights of disadvantaged groups, and to tackle corruption to ensure that allocations targeting children

²³⁸ Wirthmann, E., Evaluation of UNICEF’s Protective Environment Programme in Tajikistan (2016-2022), July 2022, pp. 27 and 29.

²³⁹ Wirthmann, E., Evaluation of UNICEF’s Protective Environment Programme in Tajikistan (2016-2022), July 2022, p. 27.

²⁴⁰ Wirthmann, E., Evaluation of UNICEF’s Protective Environment Programme in Tajikistan (2016-2022), July 2022, p. 40; KII, focal point from UNICEF, 28 February 2023; Email from UNICEF to Coram International received on 4 January 2023.

²⁴¹ Email from UNICEF to Coram International received on 4 January 2023.

²⁴² KII, focal point 1 from UNICEF, 28 February 2023; KII, focal point 2 from UNICEF, 28 April 2023.

²⁴³ KII, focal point 2 from UNICEF, 28 April 2023; Interview, NGO 2, Sughd Region.

²⁴⁴ Interview, NGO, Sughd Region.

²⁴⁵ Interview, NGO 2, Sughd Region.

²⁴⁶ Interview, NGO 2, Sughd Region; KII, international organisation, 28 February 2023.

²⁴⁷ The evaluators interpret this to refer to the technical expertise of staff (knowledge and skills) whereas ‘human’ resources are interpreted to mean the number and distribution of human resources.

²⁴⁸ Requests for financial information from government stakeholders were unanswered. See also challenges in evaluating efficiency of CPD 2010-2015; Gheorghe, C., Evaluation of UNICEF Tajikistan’s work in priority districts during the 2010-2015 Country Programme, Final Evaluation Report (vol. 1), January 2016, p. 11.

reach their beneficiaries.²⁴⁹ It made similar recommendations in 2017.²⁵⁰ The evaluation of CPD 2010-2015 also concluded that “the geographical targeting approach was not used at its full potential to demonstrate how local focusing of resources, cross-fertilisation of various thematic interventions and local partnerships could bring about efficiency gains and, more importantly, contribute to sustainable positive change in the lives of vulnerable children.” This was caused, in part, by the fragmented and insufficiently coherent way in which the interventions were funded, which diminished its potential.²⁵¹

Qualitative data indicates a strong general perception among stakeholders of a severe lack of financial and material resources within the childcare system, particularly in terms of equipment for government services. However, the government continues to invest in large-scale RIs, the financial resources for which are (based on the data available) largely dedicated towards staff salaries including teachers, doctors and nurses. [Table 9](#) demonstrates the figures obtained during interviews for three RIs visited during the data collection. The special vocational school under the MoLME is based on a large compound with several buildings and a maximum capacity of 80 children, 19 of which were filled at the time of the data collection. The total yearly budget for the school is TJS 1.5 million, which is 100 per cent government-funded, and approximately 50 per cent of which is spent on staff salaries. In contrast, the budget for one student was reported to be TJS 17.14.²⁵² However, the school does not employ any social workers or other personnel who have received training in working with children with challenging behaviours, an issue that was recognised by some staff within the school. Similar results were obtained from the special school, where approximately 50 per cent of its annual budget goes towards staff salaries. Similarly, based on figures provided by a boarding school visited during the data collection, 80 per cent (TJS 2,693,384) of its annual budget for 2022 was allocated towards staff salaries.²⁵³ Despite such large proportion of the budget allocated towards staff salaries, participants generally considered the salaries to be low.²⁵⁴

Table 9: Annual and staff budgets of residential institutions where provided (source: KIIs)

Residential institution	Annual budget (TJS)	Capacity	Total number of staff	Annual budget allocated towards staff salaries
Special vocational school (MoLME)	1,500,000	Up to 80 beds; 19 at the time of data collection	45 (18 of which were teachers/instructors, and on-site nurse and part-time doctor on contract)	TJS 750,000
Boarding school (education sector)	3,366,735	Up to 625 or 550 beds - different figures were provided; 500 children placed at the time of data collection	135	TJS 2,693,384
Special school (MoES)	1,500,000	Up to 60 beds; 37 at the time of data collection	51 staff (including 18 teachers who are also psychologists, with the remainder being technical staff such as doctors, a lawyer, cleaners and cooks but no social workers)	TJS 700,000

With regard to the special school under the MoES, despite decreasing numbers and it operating below capacity (37 children; 60 beds), staff reported plans to move the special school to a new building with a total of 300 beds. When asked why, given the low numbers of children in the special school, staff responded that they were not certain how they could fill the school but that it was likely that the school would also take in girls (at the time, the special school

²⁴⁹ CRC Committee, Concluding Observations 2010, paras. 16-17.

²⁵⁰ CRC Committee, Concluding Observations 2017, para. 8.

²⁵¹ Gheorghe, C., Evaluation of UNICEF Tajikistan’s work in priority districts during the 2010-2015 Country Programme, Final Evaluation Report (vol. 1), January 2016, p. 9.

²⁵² Interview, staff, special vocational school.

²⁵³ Interview, staff, boarding school, location withheld.

²⁵⁴ Interview, staff, boarding school, location withheld.

was only for boys) and theorised that it could be converted into a normal school. Whether this would be a new boarding school or community school is not clear, but reinforces the inefficient allocation of funding for RIs.

There is no information in the policies, strategies or action plans on how funds freed up from the reform of RIs (if at all) will be redistributed. Key strategies such as the National Programme on the Prevention of Delinquency among Minors 2020-2024, are not costed. The continued reference to the placement of children with disabilities in boarding schools in several policy documents (see [part 4.1](#)) and increasing investment in “social institutions” suggests that there are no coherent plans in this area.²⁵⁵ Limited financial information was provided during the primary data collection. When asked about whether the budget for RIs had changed since 2009, a participant from one key ministry responded that, although they could not provide an answer, they considered that the amount should be increased. Official requests for financial data were unanswered.

Previous evaluations of the CPDs suggested a need to improve efficiency in the use of UNICEF funding. The 2010-2015 CPD was regarded as “too ambitious” in light of the resources available, covering too many “rights areas” over a narrow geographical remit, which also “did not do justice to the wide geographical variation in childhood deprivations.”²⁵⁶ However, according to an evaluation of CPD 2016-2022, the efficiency of the “protective environment” programme was “good.” Although the budget allocated to “alternative childcare” programming was reduced, the evaluation concluded that it had successfully achieved its planned outcomes.²⁵⁷

Specifically with regard to the Family and Child Support Centres, by the end of the project (in August 2020), the local governments of Dushanbe and Khujand had not yet committed funds to cover the costs of the NGO staff who were delivering services for the centre.²⁵⁸ UNICEF and external resources were reportedly used to bridge this funding gap pending allocation of funds by the local governments.²⁵⁹ However, **at the time of writing, it is understood that all four Family and Child Support Centres are funded by the local government,²⁶⁰ which is a significant achievement.**

Increased efficiency has been a key part of both CPDs and is reflected in the reconstructed ToC (intermediate change 1 and output 1). It has also been integrated within the results relating to childcare and DI reforms and as standalone programme components. Under CPD 2010-2015, the fourth programme component result was for government “to allocate proportionately more resources to critical social protection sectors” including, among other areas, “family based care and protection.... based on evidence and general public support.” Under CPD 2016-2022, child-focused and child-sensitive budget allocations were an intended intermediate change under the ‘protective environment’ component. A key part of CPD 2016-2022 was that there would be stronger policy dialogue, advocacy and capacity-building for budgeting, sustainable public financing and costing of reforms and strategies benefiting children.²⁶¹

In order to achieve intermediate change 1, there is a need to continue supporting the government to develop its capacity in child-sensitive and child rights-based budgeting at both the national and local levels, a challenge which is foreseen in CPD 2023-2026. Similar barriers to those identified at the outset of the evaluation period remain. In 2010, the CRC Committee recommended strengthening the capacity of public officers in budgeting, planning, monitoring and evaluating the impact of the investments at the central and local levels.²⁶² In particular, it recommended that the national-level Child Rights Commission should be allocated sufficient human and financial resources to fulfil its mandate in coordinating the implementation of the NPA for Children.²⁶³ The CRC Committee echoed recommendations to strengthen child rights-based budgeting in 2017. CPD 2016-2022 identified insufficient allocation of public finances and inefficiencies in public expenditure, foresaw challenges in advocating for increased

²⁵⁵ National Action Plan on the Readiness of the Republic of Tajikistan for Approval and Implementation of the Convention on the Rights of Persons with Disabilities 2020, para. 18.

²⁵⁶ UNICEF Country Programme 2016-2020 (subsequently extended to 2022), para. 17, accessed via <https://www.unicef.org/executiveboard/country-programme-documents> on 21 December 2022.

²⁵⁷ Wirthmann, E., Evaluation of UNICEF’s Protective Environment Programme in Tajikistan (2016-2022), July 2022, p. x.

²⁵⁸ Milligan, I., Putting Families First: Deinstitutionalisation of the Baby Homes in Tajikistan, Final Evaluation Report, p. 10.

²⁵⁹ Milligan, I., Putting Families First: Deinstitutionalisation of the Baby Homes in Tajikistan, Final Evaluation Report, p. 10.

²⁶⁰ UNICEF written comments to Coram International, received 16 October 2023.

²⁶¹ CPD 2016-2022, p. 7.

²⁶² CRC Committee, Concluding Observations 2010, paras. 16-17.

²⁶³ CRC Committee, Concluding Observations 2010, para. 15.

government budget allocations for social services in light of the growing economic crisis, and planned for stronger policy dialogue, advocacy and capacity-building for budgeting.²⁶⁴ CPD 2023-2026 states that the demand for innovative financing mechanisms are growing though resource allocations and national priorities are “barely linked.”²⁶⁵ Outcome 4 of CPD 2023-2026 seeks to address these challenges as part of the “Public Finance for Children” agenda by focusing on capacity-building of national and local finance departments and governments to plan, coordinate and allocate resources to address children’s needs,²⁶⁶ though this focuses more on high-level advocacy with the MoF and not specifically on sectoral interventions such as DI.²⁶⁷

Though there were some variations in responses, during primary data collection, participants in RIs generally reported calculating their budgets based on forecast numbers of children to be admitted to the RI with some explaining that any excess at the end of the year would have to be returned.²⁶⁸ This approach to budgeting for RIs can act as an incentive for the RIs to over-estimate forecast numbers and encourage referrals/ keep children in the RI rather than promote family-based durable solutions.

4.3.2. Retrospectively, what resources (national, EU, other donors) were available to carry out DI? [Q.19]²⁶⁹

Without a detailed breakdown of the amount budgeted and used for childcare and DI reforms, it is not possible to provide a comprehensive analysis in response to this question. As outlined in the outset of this evaluation, challenges arise due to limited availability of government financial data on the reforms and childcare and DI reforms falling within broader social protection strategies or straddling programme components without a breakdown. However, an overview of the budgeted and actual expenditure and funding sources for childcare and DI under the CPDs is set out in [Annex L](#). Based on that, **despite a five per cent increase in the proportion of funds allocated towards the child protection/ protective environment components in CPD 2010-2015 and CPD 2016-2022 (from 20 to 25 per cent of the CPD budget), there is a significant drop for CPD 2023-2026 where 9 per cent of the CPD budget is allocated towards the child protection and social protection component (Outcome 3).** This suggests that the proportion of funds available for childcare and DI reforms is even less, given that they fall within broader programme outcomes. This is particularly likely when compared to the CPD 2010-2015 where approximately the same percentage of funds (8.7 per cent of the CPD budget) was allocated towards childcare and DI reforms specifically (see [Annex L](#) for figures). Other key donors for DI have been the EU, who supported the 2017-2020 phase of the transformation of the baby homes and piloting of fostercare. It should be noted, however, that fundraising for child protection has been identified as particularly difficult area,²⁷⁰ reinforcing the importance of the risks and assumptions in the ToC on declining donor interest.

4.4. Coherence

4.4.1. Who were the key influencers / who needed to achieve the needed changes which led to DI reform? [Q20.1-2]

With regard to the policy changes, the key influencers were the government – specifically the MoHSPP and Child Rights Commissions, as well as UNICEF, international donors such as the EU and international monitoring bodies (e.g. the CRC Committee through its recommendations). For the transformation of the baby homes, public organisations have been key influencers. Data indicates that the reforms occurred from the “bottom-up”, as they were led by public organisations which collaborated with the baby homes. This collaboration then evolved into more systematic changes through increased cooperation with local governments, Child Rights Commissions, maternity homes and the MoHSPP, with the technical expertise of consultants, HealthProm, and UNICEF.²⁷¹

²⁶⁴ CPD 2016-2022, para. 42.

²⁶⁵ CPD 2023-2026, para. 19.

²⁶⁶ CPD 2023-2026, para. 40.

²⁶⁷ Written comments from UNICEF Tajikistan on the draft report.

²⁶⁸ E.g. KII, MoES, 1 March 2023.

²⁶⁹ Note that Q19-20 in the evaluation matrix are not applicable to Tajikistan.

²⁷⁰ UNICEF written comments to Coram International, received 16 October 2023.

²⁷¹ Milligan, I., Putting Families First: Deinstitutionalisation of the Baby Homes in Tajikistan, Final Evaluation Report, p. 11; Interviews with NGOs.

In addition to local government, a number of other stakeholders also need to be influenced in order to progress childcare and DI reforms. These include, most notably, other line Ministries overseeing RIs, including the MoES and MoLME; with regard to financing, the Ministry of Finance; local Child Rights Commissions and, where they exist, Child Rights Units, as the gate-keeping and coordination bodies; and the national Child Rights Commission as the main inter-sectoral coordination body. SSW and members of the public, particularly parents and potential foster carers, also need to be influenced, given that the effectiveness of the reforms depend heavily on shifting attitudes and behaviours from a reliance on RIs to family-based care, as well as the need to combat discriminatory norms and stigma against children with disabilities. The buy-in of staff within RIs is also important.

4.4.2. To what extent did various Government (e.g. social services, health and education) and non-government actors work together to achieve DI reform? Was there alignment between the aims and strategies of these actors? [Q21]

Q21.1. Was there alignment in the aims and strategies of these stakeholders?

To achieve DI in Tajikistan, alignment in the aims and strategies among stakeholders is particularly important because multiple line ministries and administrative levels (MoHSPP; MoES; MoLME; Ministry of Interior; local departments of education) continue to oversee RIs for children. Multiple sectors (national level government, local government and public organisations) are also responsible for service delivery. As detailed in the analyses in relation to [questions 11.1, 11.2 and 13.3](#), **there has been strong alignment between stakeholders involved in the transformation of the baby homes, without which the reforms would not have been possible.** These stakeholders included the MoHSPP, public organisations, baby homes, maternity centres, local government, UNICEF and HealthProm. Indeed, KIIs with these stakeholders highlighted their commitment to these reforms and a recognition of the importance of intersectoral collaboration.²⁷²

There is overall good coherence in Tajikistan's policy documents, with DI and childcare reforms forming part of its broader development strategies. For example, the Mid-Term Development Programme 2021-2025 and National Development Strategy 2016-2030 both incorporate elements of DI (social services to prevent institutionalisation; social protection, rehabilitation and reintegration of children with disabilities; developing family-based alternative care; and supporting children leaving RIs). One participant also considered that the political will developed as part of the reorganisation of the baby homes has had a significant trickle-down effect on the direction of national programming towards DI, as illustrated in the Social Protection Strategy.²⁷³ **However, some inconsistencies remain, demonstrating an element of incoherence among stakeholders.** Certain policies continue to refer to efforts to develop or invest in RIs for persons with disabilities and to integrating rehabilitation services within RIs, without any explicit exceptions for children.²⁷⁴ Certain targets are also inconsistent with DI. For example, the National Development Strategy 2016-2030 refers to a target of 50 per cent of children with disabilities "in specialised institutions for children" receiving rehabilitation services. This degree of incoherence is reinforced by the inconsistent views among certain stakeholders during primary data collection on the relevance of childcare and DI reforms and the role of RIs (see [parts 4.1.5, 4.1.6 and 4.2.7](#)).

Q21.2. What coordination mechanisms exist to ensure a comprehensive approach, especially in relation to children leaving / transitioning from RIs?

At national level, the designation of an "authorized body for child rights protection" in the Child Rights Protection Law 2015 and the appointment of the MoES to this role, contribute to establishing a clear coordination framework for the child protection system.²⁷⁵ The Child Rights Protection Law provides that the coordination of activities of state and non-state bodies and the development of state and local programmes relating to child protection rests with the "'authorised state body for child protection."²⁷⁶ Government Decree 348 of August 2016 appointed the MoES to take

²⁷² For example, KII, MoHSPP; Director, public organisation, Khatlon province.

²⁷³ KII, UNICEF

²⁷⁴ NPA on the Rehabilitation of Persons with Disabilities 2017-2020, Parts 3.1 and 3.2.

²⁷⁵ UNICEF, Benchmarks for Child Protection System-Strengthening,

²⁷⁶ Child Protection Law 2015 (as amended to 2020), Articles 5 and 6.

on this role and act as the custodian for the implementation of the Child Rights Protection Law. This reform strengthened the coordination framework for childcare and DI reforms as, prior to the evaluation period, the absence of a single authority with responsibility for child protection was resulting in a lack of direction for child protection reforms at the national level and limited inter-sectoral coordination at the local level.²⁷⁷

Working groups have been established with a view to reducing the number of children in boarding schools. In November 2022, a working group was established by an order Minister of Education and Science (No. 16 dated 4 May 2022) to reduce the number of children placed in these RIs. This was followed by a decree of the Head of the Executive Office of the President dated 14 June 2022 (No. 20661/26) to establish three inter-agency working groups for this purpose, which recommended, among other things, the closure of four boarding schools.²⁷⁸

However, most of the DI reforms have occurred in the health sector/MoHSPP (e.g. daycare centres; Family and Child Support Centres; plans to pilot foster care). The MoES itself did not consider there to be one Ministry leading the efforts towards DI.²⁷⁹ As noted elsewhere, the transfer of responsibility over the foster care regulations from the MoHSPP to the MoES added to the delays in their adoption. The body responsible for services to support children transitioning from care and aging out of the childcare system is also unclear. The national Child Rights Commission is the multi-sectoral coordination body mandated to oversee childcare and DI policies and practices across the country.²⁸⁰ Representatives of key line ministries, including first deputy ministers of the MoES, MoHSPP, MoLME, Ministry of Justice, Ministry of Interior and Ministry of Finance sit on the commission.²⁸¹ Representatives of civil society are permitted to participate in meetings of the Commission with the consent of the chairman and have the right of an advisory vote,²⁸² highlighting a collaborative approach involving government and non-government stakeholders.

In practice, however, throughout the evaluation period, the commission has faced the common challenges experienced by national-level coordination bodies, including limited human, financial and material resources.²⁸³ In 2010 and 2017, the CRC Committee recommended that Tajikistan allocate sufficient human, financial and material resources for it to be able to fulfil its mandate generally, not just in relation to childcare and DI.²⁸⁴ A 2018 functional assessment of the national Child Rights Commission echoed these findings, noting the need to strengthen coordination between it and Child Rights Commissions at the subnational level, the absence of a separate budget for the work of the national Child Rights Commission and the absence of training specifically for its members on issues such as children's rights or child protection.²⁸⁵

There is a need to clarify and strengthen coordination at the local levels. Provincial/city and district level Child Rights Commissions are mandated to undertake coordination functions at the sub-national levels.²⁸⁶ Local Child Rights Commissions consist of representatives from various authorized bodies, such as education and healthcare departments, women's and youth departments, and other state bodies. The division of responsibilities between the Child Rights Commissions at provincial and district level are not clear in the law. However, stakeholders explained that the district Child Rights Commissions undertake regular meetings to review action plans and issues requiring inter-sectoral discussion and coordination and that, if any problems persist, the matter is escalated to the city/provincial Child Rights Commission and, if necessary, to the national Child Rights Commission.²⁸⁷ Local Child Rights Commissions also face challenges in terms of limited human, financial and material resources, such that the CRC Committee has

²⁷⁷ Children's Legal Centre and UNICEF, Bulletin #4, Children of Tajikistan, 2006, pp. 7-8.

²⁷⁸ Letter from the Executive Office of the President No. 26/10-580 of 30 December 2022.

²⁷⁹ KII, MoES

²⁸⁰ Regulations for the Child Rights Commission, approved by government resolution No. 29, 25 January 2017, particularly para. 7.

²⁸¹ Government resolution No. 62, 8 February 2017 on the composition of the Child Rights Commission.

²⁸² Regulations for the Child Rights Commission, approved by government resolution No. 29, 25 January 2017, para. 10.

²⁸³ CRC Committee, Concluding Observations: Tajikistan, 5 February 2010, para. 10; CRC Committee, Concluding Observations: Tajikistan, 29 September 2017, para. 7.

²⁸⁴ CRC Committee, Concluding Observations: Tajikistan, 5 February 2010, para. 11; CRC Committee, Concluding Observations: Tajikistan, 29 September 2017, para. 7.

²⁸⁵ UNICEF Tajikistan, Functional Assessment of the Commissions on Child Rights and Child Rights units at the district and province levels, April 2018, pp. 8-9 and 26.

²⁸⁶ Regulations for the Child Rights Commission, approved by government resolution No. 29, 25 January 2017, particularly para. 2; Interview, Commission on Child Rights, location withheld to protect anonymity.

²⁸⁷ Interview, National and district level Commission on Child Rights, Dushanbe.

issued similar recommendations for them to be adequately resourced.²⁸⁸ The 2018 functional assessment of the Child Rights Commissions echoes the findings regarding limited human, financial and material resources, as well as the challenges associated with not having a “formal procedure” for the referral and management of child protection cases.²⁸⁹ In terms of their gate-keeping functions, despite efforts to address the fragmentation in the institutional framework, dual regulations continue to exist for the GTAs and local Child Rights Commissions. This creates ambiguities in the division of gate-keeping functions between the two stakeholders; in some but not all locations, guardianship and trusteeship functions are performed by the Commissions.²⁹⁰ Children also continue to be placed in RIs under the MoH without going through these gate-keeping bodies.²⁹¹ However, there are plans to develop a new draft law on guardianship.

With respect to service provision, NGO participants raised concerns that collaboration between government and civil society on childcare and DI reforms is not consistent throughout Tajikistan. Challenges in collaboration results in information silos and duplication of efforts. This situation has reportedly worsened during the evaluation period due to reduced funding and investment, leading to a competitive rather than cooperative atmosphere.²⁹²

4.5. Sustainability

4.5.1. Are the DI and childcare reforms sustainable? [Q22.1]

The childcare reforms have resulted in sustained changes to the legal framework through the adoption of laws and policies which broadly align with the fundamental international standards on alternative care and DI (see [part 4.1](#) on ‘Relevance’ and [part 4.2](#) on ‘Effectiveness/Impact’ for details). Several steps have also been taken to sustain the transformation of the baby homes. The MoHSPP is reported to have issued new regulations while local governments overseeing the baby homes amended their by-laws to reflect the transformation of the baby homes and their new mandates.²⁹³ NGOs working with the baby homes also worked closely with staff to gradually transfer their knowledge and skills through shadowing and training.²⁹⁴

However, there are several barriers to the sustainability of the childcare and DI reforms. To date, the trainings developed and delivered have not been integrated into national training curricula or public administration system. The evaluation of CPD 2010-2015 highlighted the “fragmented, stand alone” nature of training activities, which were “disconnected from the overall public administration reforms at local level.” This risk is particularly relevant to members of the Child Rights Commissions – the gate-keeping bodies - which are made up of civil servants and experience a high turnover,²⁹⁵ though similar challenges with workforce retention exist in other settings (e.g. the Comprehensive Family and Child Support Units).²⁹⁶ Some participants also expressed similar concerns about the sustainability of the Family and Child Support Centres and the “weakening” of its services, due to trained staff leaving and being replaced with those who were not part of the DI process and who may not share the same vision.²⁹⁷

Steps are being taken towards sustaining interventions to upskill and professionalise the SSW generally²⁹⁸ though the impact of these efforts on the childcare system and DI specifically remain to be seen. It was reported that, on 27 April 2023, the Academy of Public Administration was established under the President of Tajikistan, which will provide

²⁸⁸ CRC Committee, Concluding Observations: Tajikistan, 5 February 2010, para. 11; CRC Committee, Concluding Observations: Tajikistan, 29 September 2017, para. 7.

²⁸⁹ UNICEF, Functional Assessment: Commissions on Child Rights and Child Rights Units at the district and province levels, April 2018, p. 9.

²⁹⁰ CRC Committee, Concluding Observations: Tajikistan, 29 September 2017, para. 7; UNICEF, Functional Assessment: Commissions on Child Rights and Child Rights Units at the district and province levels, April 2018, p. 19.

²⁹¹ Group Interview with staff, RI under the MoH.

²⁹² Interview, NGO, details withheld to protect anonymity.

²⁹³ Milligan, I., Putting Families First: Deinstitutionalisation of the Baby Homes in Tajikistan, Final Evaluation Report, pp. 8 and 24.

²⁹⁴ Milligan, I., Putting Families First: Deinstitutionalisation of the Baby Homes in Tajikistan, Final Evaluation Report, p. 8.

²⁹⁵ NGO, Sughd.

²⁹⁶ Interview, staff, Comprehensive Family and Child Support Unit, Khatlon.

²⁹⁷ Interview, NGO, Dushanbe.

²⁹⁸ KII, international organisation, 28 April 2023.

capacity-building to civil servants in all areas of child protection and that UNICEF is working with the social work faculty/department in the University of Tajikistan and medical college to integrate training on child protection.²⁹⁹

4.5.2. Which key reform partners influenced and continue to influence the implementation, performance and sustainability of DI reforms? What is UNICEF's role in the sustainability of DI reforms? [Qu.25-26]

Public organisations have played a critical role in the transformation of the baby homes into Family and Child Support Centres, reinforcing the importance of government-civil society collaboration in DI and childcare reform. The centres operate according to a social contracting arrangement, whereby the local government commits funds to deliver the services with the support of NGOs. Services provided by NGOs include providing training to baby home staff to support them in undertaking their new roles within the centres, as well as undertaking family visits, assessment and case management, on which the centres have been found to be “entirely dependent”.³⁰⁰

The MoHSPP's strategy to contract public organisations to deliver daycare centres, including for children with disabilities, had meant that the role of public organisations as well as MoHSPP's financing of these services are crucial for their sustainability.³⁰¹ Some civil society participants noted that civil society activities are driven by the priorities of funders and government.³⁰² For instance, one participant explained that funders have to date focused on children with disabilities, leading to the expansion of community-based rehabilitation services for these children. In contrast, funding for strengthening alternative family arrangements, prevention of institutionalization generally and work with vulnerable mothers and families, were, in the view of the participant, not a priority for funders, hence fewer services are available in these areas.³⁰³ Public organisations also rely on strong collaboration with government, without which the public organisations are unlikely to continue to make an impact. The cessation of public organisations' services in the area of childcare will have a dramatic impact on the lives of the most vulnerable groups of children, such as those transitioning from the care system. This can be demonstrated by the following quote of a young person who had left an RI and lives on the premises of a public organisation in Dushanbe:

“If you're in trouble, is there a place you can go? There is no such place. I just sit down at the computer and play, go to bed or walk alone through the streets, trying to move away from bad thoughts. Sometimes it becomes very difficult for me to think that I am alone in this world. I won't be able to marry. I don't have the opportunity. If I can't find a permanent job, I'll probably never get married, I won't be able to buy a house or a car. I do not have a permanent place of work, and this place where I live now is also not permanent. It may be closed, this building may be demolished, all this is also in question.....I know that if the center closes, then we will all stay on the street....We are supported only by [name of NGO staff member], God bless her....” (Male who used to live in an RI, age 21)

UNICEF has played an important role in supporting government to develop a legal and policy framework to prioritise family-based care, particularly through the passing of the Law on Child Rights Protection. As explained under 'Efficiency' above, UNICEF has also played a key role in committing resources to bridge funding gaps of local authorities (with regard to the sustainability of the Family and Child Support Centres).³⁰⁴ **Further, the vast majority of stakeholders at the sub-national levels considered that UNICEF's added value in childcare reforms is the provision of training, awareness-raising and funding for equipment at the sub-national levels, while some stakeholders from national and sub-national levels considered that UNICEF's added value was in bringing NGOs and national level government stakeholders together to progress reforms** (particularly with regard to the transformation of the baby homes).

However, besides those involved in the transformation of the baby homes, the majority of research participants during data collection at the national and local levels had had little direct involvement with UNICEF on issues specifically relating to childcare and DI reforms. Further, some participants considered that UNICEF's focus on

²⁹⁹ KII, international organisation, 28 April 2023.

³⁰⁰ Milligan, I., Putting Families First: Deinstitutionalisation of the Baby Homes in Tajikistan, Final Evaluation Report, p. 10.

³⁰¹ Interview, NGO, Dushanbe.

³⁰² Interview, NGO, Khujand; Interview, NGO, Dushanbe.

³⁰³ Interview, NGO, Dushanbe.

³⁰⁴ Milligan, I., Putting Families First: Deinstitutionalisation of the Baby Homes in Tajikistan, Final Evaluation Report, p. 10.

programme-based interventions, with limited continuity between them, has affected sustainability.³⁰⁵ This is supported by the literature review of UNICEF's earlier interventions. The evaluation of CPD 2010-2015 found that UNICEF interventions were, in effect, used "by the districts as a survival strategy, with UNICEF acting at times like a service provider and substituting the government in areas where the latter has not been performing its role."³⁰⁶ UNICEF staff spoke of their commitments and plans to support efforts to integrate capacity-building efforts into national systems (see further above), support the MoES to undertake a self-assessment of children in alternative care, scale-up models of good practice, and continue supporting system level interventions to child rights-based budgeting and M&E.³⁰⁷

5. Conclusions and Lessons Learned

5.1. Conclusions

5.1.1. Theory of Change

Overall, Tajikistan is in the first phase of its childcare reform journey and has made good progress towards achieving the intended outcome of the ToC, particularly through intermediate change 6 on aligning the national legal framework with international standards. It has also completed task-shifting of the Family and Child Support Centres (intermediate change 5). However, though activities have been implemented towards achieving these results, intermediate changes 1 to 4 are not yet complete. The pre-conditions for achieving these (national stakeholders are aware of funding gaps, are convinced of efficiency of allocations and have improved M&E capacity and tools; new model of social work provision is conceptualised, approved and piloted; accredited curricula for social work; implementing foster care) are still developing.

There is a need to refine the reconstructed ToC for childcare and DI activities going forward. Key barriers relating to DI should be addressed explicitly in the ToC and incorporated within its outputs. These include: building stakeholder buy-in to DI and widespread recognition of its importance among key duty-bearers; creating a uniform referral pathway into the childcare system and resolving ambiguities in the role of Child Rights Commissions and GTAs; setting uniform standards and protocols for the handling of child protection cases; planning, developing and supporting a SSW for *child protection*, including within the designated gate-keeping/ child protection authority at the local-level; developing or expanding a continuum of community-based care and services to support DI in all districts. The known and emerging categories of hard to place children should also be mentioned explicitly in the ToC. These include older children with disabilities, gender-based trends of institutionalisation such as the disproportionately high numbers of boys in RIs, children at high risk of offending, children in street situations who are placed in the special (vocational) schools, and children left behind. Further, there is a need to elaborate upon the key assumptions and risks underpinning the reconstructed ToC to take into account the links between childcare and DI reforms and programming in other critical areas, most notably, inclusive education.

5.1.2. Relevance

In terms of **relevance**, Tajikistan's legal and policy reforms have been extremely relevant to DI and childcare, and have broadly been in line with international standards in these areas. These reforms have paid close attention to the DI of children with disabilities generally and, more recently, to two important categories of 'hard to place' children: children left behind; and children at high risk of coming into conflict with the law. However, little attention is given in the policy framework to the gendered dynamics of institutionalisation, which is a gap. Further, there is no action plan or roadmap towards DI or childcare reform which brings the various policy statements together and translates them into an actionable vision. This is a notable gap given that stakeholders' views on the relevance of the reforms vary.

³⁰⁵ Interview, NGO, 24 April 2023; Interview, international stakeholder (details withheld), 28 April 2023.

³⁰⁶ Gheorghe, C., Evaluation of UNICEF Tajikistan's work in priority districts during the 2010-2015 Country Programme, Final Evaluation Report (vol. 1), January 2016, p. 11.

³⁰⁷ Compare activities and approach in CPD 2010-2015 to those in CPD 2016-2022 and feedback from e.g. UNICEF, staff, 26 April 2023; UNICEF, staff, 28 April 2023; UNICEF, staff, 28 February 2023.

Services introduced during the evaluation period have also been relevant to DI. However, these have focused more on preventing family separation and the institutionalisation of children with disabilities than on developing family-based alternative care, for which there is a pressing need. UNICEF's input has been intrinsically linked with national childcare and DI reforms. CPD 2023-2026 also largely addresses one of the key issues from CPD 2016-2022, which was the absorption of child protection programming into the broader social protection agenda. However, the indicator on SSW strengthening in CPD 2023-2026 is generic. To ensure relevance going forward, there is a need for UNICEF to pay special attention to supporting the development of a specialist SSW for child protection, particularly within the designated gate-keeping/ child protection authority.

5.1.3. Coherence

There is, overall, good coherence in policy documents regarding DI efforts but some incoherence in practice. Coherence in the legal and policy framework has been strengthened through the designation of an "authorized body for child rights protection" in the Child Rights Protection Law 2015 and the appointment of the MoES to take on this role. However, except with regard to the Family and Child Support Centres, key duty bearers at the national level (MoHSPP, MoES, MoLME, Ministry of Interior, Ministry of Finance and National Child Rights Commission) and local levels (RIs, Departments of Education, Child Rights Commissions/Units, public organisations, Comprehensive Family and Child Support Units) are not fully aligned in their visions for childcare reform and DI. There is a need to support the role of the MoES in leading childcare and DI reform efforts, particularly given the vast numbers of remaining boarding schools. The National Child Rights Commission has not been fully effective in convening stakeholders around the issue of DI during the evaluation period, due in part to limited human, financial and material resources to be able to implement its mandate and a need to strengthen its knowledge and skills in child protection. Certain key stakeholders, particularly the MoES, MoLME, Ministry of Finance, Ministry of Interior, local Departments of Education, RI management and staff, have not been reached as effectively as others (e.g. MoHSPP) through existing advocacy efforts. There is a need for UNICEF to leverage its strategic advantage in being able to convene stakeholders from across sectors and administrative levels around this issue, and become more vocal, persistent and consistent in its advocacy for childcare reform and DI.

At the sub-national levels, there is a need to resolve the ambiguities in the roles and responsibilities of the GTAs and Child Rights Commissions and introduce a uniform referral and gate-keeping pathway for all children into the childcare system. There is a window of opportunity to address the barriers/ambiguities in the institutional structure through the new draft law on guardianship.

5.1.4. Effectiveness/Impact

DI reforms have been successful in reducing the number of children in formal residential care, as per the intended outcome of the ToC. The 35 per cent reduction in the numbers of children in RIs between 2009 and 2022 and the transformation of the baby homes are significant achievements, which contribute to this outcome. The reorganisation of the baby homes into Family and Child Support Centres has been particularly effective in contributing to positive outcomes for the health and wellbeing of younger children, particularly children with disabilities, and in preventing their abandonment. The inter-sectoral collaboration of stakeholders in establishing the Family and Child Support Centres, particularly between government and civil society, can also be used by stakeholders as an example to progress DI in other areas (large scale RIs for children with disabilities; boarding schools; special (vocational) schools).

However, the reforms have not fully achieved the intended outcome of the ToC as several of the historic barriers and bottlenecks remain. MoES plans to close boarding schools are unlikely to make a significant impact without addressing these challenges, particularly in light of findings of children "in need" being transferred to other boarding schools. Barriers/challenges include inconsistent availability of a continuum of care and community-based services to support DI across Tajikistan, particularly secondary-level social work input for families at high risk of separation/ to support family reintegration, and foster care. Demand and buy-in for DI is inconsistent among stakeholders, as is the recognition of the negative impact of institutionalisation on the child, which are hindering the reforms. There also continues to be an expectation among parents and in society generally that children from difficult socio-economic backgrounds will be better looked after and educated in RIs.

Despite the legal and policy developments in this area, the reforms have not reached boys with so-called “delinquent” behaviour, for whom detention is generally the first resort. This is largely due to gaps/provisions in the legal framework which create a law-enforcement approach to handling such cases as well as a lack of community-based services and social work input for these children and families. In terms of services for children with disabilities, there has been good progress in developing primary prevention services (daycare and community-based rehabilitation services). Numbers of children with disabilities in inclusive education also doubled between 2010 and 2022, which is a significant achievement. However, this has not resulted in significant changes in the numbers of children with disabilities in RIs, as – again – many of the historic challenges to childcare and DI reforms remain. These include: inconsistent availability and accessibility of services to prevent child abandonment and family separation and support family reintegration; the absence of (specialist) fostercare; limited availability and accessibility of inclusive education; discriminatory social norms and stigma towards children with disabilities.

There is a pressing need to develop, plan and support a dedicated cohort of skilled social workers *within the child protection system*. These social workers are needed to undertake assessments to determine whether a child is in need of care protection, develop care plans for children in need of care and protection, monitor children in the childcare system, and develop plans (and provide support) for the child’s transition to a safe, family-based, durable care arrangement (family reunification, kinship care, long-term foster care or adoption). At present, these functions are either non-existent or remain fragmented between civil servants / non-specialists within different stakeholder entities at various administrative levels. Similarly, limited progress has been made in developing the capacity of these stakeholders to provide *social work* input to families where the child is at high risk of separation or to reintegrate children from RIs with their families. This stems in part from the absence of dedicated social workers in the child protection system and some misunderstanding of what social work entails and how it can help keep families together.

5.1.5. Efficiency

The use of national resources (human, financial and material) within the childcare system is highly inefficient. Government funding for childcare reforms and DI, on the whole, appears to have been extremely low, with the reforms relying on donor funding and NGO resources to fill in the gaps. The main exceptions to this are the Family and Child Support Centres which are funded by local authorities and the daycare and community-based rehabilitation services funded by the MHSP. Continued government investment in large-scale RIs indicate significant inefficiencies in the use of human, financial and material resources in the sector, rather than a lack of funding. There are no plans for unlocking these resources to fund a continuum of community-based services to support DI. Pending the development within government of child-sensitive and child rights-based budgeting, which will take time and possibly more than one CPD to achieve, there is a critical need for UNICEF to work with the MoES, MoLME, MoHSPP, Ministry of Interior, Ministry of Finance, and local government to develop plans for transferring the resources of the remaining RIs, including its staff, to developing a continuum of care and community-based services.

5.1.6. Sustainability

The reforms to date are partly sustainable. There have been sustained changes in the legal framework through the adoption of laws and policies on childcare which broadly align with international childcare standards. However, without a clear roadmap for the closure/ transformation of RIs and reallocation of resources from RIs to establishing a continuum of care and community-based services, there is a risk that the progress in reducing the overall numbers of children in RIs will be reversed or remain stagnant. The reliance on NGOs and siloed approach for the provision of community-based services will also require a sustained commitment from government to fund these services.

5.2. Lessons Learned

Lesson 1: The evaluation highlights the importance of promoting buy-in of key stakeholders across all sectors and at all administrative levels, in order to achieve DI, which requires sustained and vocal advocacy and effective inter-sectoral coordination. This is especially important in contexts where RIs fall under different line Ministries and administrative levels and buy-in varies among stakeholders, as is the case in Tajikistan. All stakeholders responsible for RIs (education; health; labour; interior) at the national and local levels, and, importantly, the Ministry of Finance,

need to work together *with civil society* towards DI, a lesson reinforced by the transformation of the baby homes. At the local levels, it will be essential to include the management of RIs in these efforts.

Lesson 2: The evaluation highlights the importance of developing a continuum of services in all districts to support DI. In Tajikistan, emphasis has been paid to developing primary- and some secondary-level services to prevent family separation, particularly of children with disabilities, which is essential for DI. However, without specialist social work input for families at high risk of separation and to support family reintegration, and without tertiary-level services such as (specialist) fostercare, the impact of the reforms are likely to be limited.

Lesson 3: The evaluation shows that, in order for DI reforms to reach all children with disabilities, efforts to expand the availability of community-based rehabilitation and support services and inclusive education should be accompanied by a clear and consistent social and behavioural change strategy to promote social inclusion. These interventions should not only target parents/carers but also school teachers, staff in existing RIs and potential specialist fostercarers, the recruitment of which is essential for DI.

6. Recommendations

The recommendations below were developed with UNICEF and the ERG, through written and oral consultations. These included an online consultation with UNICEF ECARO and Tajikistan Country Office on 5 October 2023 and with the ERG on 14 March 2024. The evaluators had asked rights-holders for their views on what should be done to improve childcare reforms during the primary data collection, which were taken into account in developing these recommendations. No written comments were received from the ERG on the draft report circulated to them. “**Short-term**” refers to recommendations which should be implemented within one-year, “**medium-term**” within five years and “**long-term**” between five and 10 years.

1. UNICEF advocacy and prioritisation of childcare reforms: UNICEF advocates with key duty bearers at the national level (National Child Rights Commission, MoHSPP, MoES, MoLME, Ministry of Finance, Ministry of Interior) and local levels (public organisations, Child Rights Commissions, RIs, local governments) to reinvigorate and place childcare and DI reforms back as a priority issue on the government’s agenda. UNICEF should ensure that it continues to prioritise childcare and DI reforms in its CPD and that it is vocal, persistent and consistent in its messaging on childcare reform and DI, using its strategic position to convene stakeholders towards this aim. **(Short-term and ongoing)**

2. Costed DI roadmap and action plan: UNICEF uses its strategic advantage to convene the stakeholders outlined in recommendation 1 and provide them with technical expertise to develop a five-year costed roadmap and action plan for DI. These should include plans for the scaling down, closure or reorganisation of existing RIs and incorporate the recommendations below. The roadmap and action plan should be gender-based and include and a focus on children with disabilities and other hard to place children. **(Develop roadmap and action plan in short-term; implement phase 1 of DI in medium-term).**

3. Continuum of care and social services: The costed roadmap and action plan developed by stakeholders in recommendation 2 should include time-bound steps for the development of primary, secondary and tertiary level social services to support DI and include:

- A commitment to redistribute funds from reformed/closed RIs to funding a continuum of services, inclusive education and other services essential for DI **(short-term)**.
- Adoption of the fostercare regulations by the MoES **(short-term)**.
- MoES recruiting, training and supporting the first cohort of foster carers **(short-term)**, followed by subsequent cohorts and specialist foster carers **(medium-term)**.
- The MoHSPP expanding primary and secondary level services for children with disabilities and their parents/carers in all districts to prevent institutionalisation and support family integration including daycare, home-assistance services, respite care and commensurate allowances for parents/carers **(medium-term)**.
- The MoES and MoLME committing to redistributing funds from closed/reformed special (vocational) schools to funding community-based prevention programmes for children at high risk of coming into conflict with the law,

including family-focused social work, remedial education, parenting groups, and activities to develop life skills including teamwork, self-esteem and resilience of the child **(medium-term)**.

- The Ministry of Interior and other key line Ministries (MoES, MoLME, MoHSPP, Ministry of Justice) introducing amendments to the national legal framework to implement the NPA on the Prevention of Delinquency Among Minors 2020-2024. The amendments should require that children at high risk of coming into conflict with the law are handled through the child protection system and prohibit their placements in special (vocational) schools **(medium-term)**.
- MoES, MoLSPP, MoHSPP or local authority (i.e. the stakeholder responsible for the RI), with the support of public organisations and/or UNICEF, planning and implementing the first phase of the DI of children from RIs (including boarding schools, the special (vocational) schools and large-scale RIs for children with disabilities). This should involve assessments of the situation of individual children to determine whether family reintegration is possible and in the child's best interests, identification of an appropriate family-based durable solution, and the development of individualised plans for the child's safe and monitored transition **(medium-term)**.
- MoES and MoLME introducing social services (including pastoral support) to facilitate the safe transition and social integration of children aging out of the childcare system **(medium-term)**.

4. Case management: The MoES, with UNICEF's technical expertise, leads efforts to finalise the legal, procedural and institutional reforms at the local level to ensure a uniform referral pathway and gate-keeping mechanism for children entering the childcare system, including: removing the distinction and ambiguities between the Child Rights Commissions and GTAs; introducing child protection case management protocols and standards; and ensuring that trained social workers are designated to manage child protection cases on behalf of the designated child protection authority.

5. Strengthening SSW for child protection: With UNICEF's technical support, key line Ministries (MoHSPP; MoES; MoLME) and capacity-building stakeholders (e.g. Academy of Public Administration) involved in the implementation of the Social Protection Strategy and Comprehensive State Programme of Training of Personnel in the System of Social Protection of the Population for the Period Until 2030, pay specific attention to professionalising and supporting social workers for *child protection*. This includes developing education curricula and training on working with children in the child protection system, including children with disabilities, establishing minimum standards and monitoring mechanisms for child protection social workers, and adequate remuneration and support mechanisms to encourage child protection SSW retention. **(Medium-term)**

6. Social behavioural change strategy: With UNICEF's support, the National Child Rights Commission leads of nation-wide, gender-responsive social behavioural change strategy to support childcare and DI reforms. The strategy should highlight the importance of a family-based environment and for children, social inclusion of children with disabilities, the negative impact of RIs on children, the scaling-up and availability of community-based support services and recruiting potential fostercarers. Such campaigns should be coordinated with any other related campaigns, e.g. tackling stigma for children with disabilities and inclusive education. **(Strategy developed in short-term; implementation over long-term)**

7. Cross-cutting issues: UNICEF works with key line Ministries and strategic partners (Ministry of Finance; MoES; MoHSPP; MoLME; National Commission on Child Rights; local governments, public organisations, Agency on Statistics) to ensure that cross-cutting or linked programmes include a specific focus on child protection, childcare and DI. These include programming to strengthen government M&E systems, child-sensitive budgeting skills and tools, inclusive education, community-based healthcare services for children with disabilities and poverty-alleviation strategies. Specific consideration should be given to the gender-based inequities between children, particularly those who are hard to place and the disproportionately high numbers of boys in RIs.