

Final Evaluation of the
Tajikistan CISU Programme 2019-2021
“Building a Brighter Future for
Persons Living with Disabilities”

Mission East

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ABBREVIATIONS

CBR	Community-based rehabilitation
CBID	Community-based inclusive development
CISU	Civil Society in Development
CRPD	Convention of the Rights of People with Disabilities
CSO	Civil Society Organisation
DAC	OECD Development Assistance Committee
DPO	Disabled People's Organisation
IE	Inclusive Education
I/NGO	International / Non-government organisation
KAP	Knowledge, Attitude, Practices
ME	Mission East
MSC	Most significant change
NU	Nuri Umed
PA	Parents' associations
PMPK	Psychological-Medical-Pedagogical Commission
PSG	Parent Support Group
SAHU	Social Assistance Home Unit
ZAR	Zarshedabonu

The multi-country program “Developing civil society for inclusive and resilient communities”, funded by CISU / the Danish Ministry of Foreign Affairs, has been implemented by Mission East and its partner organizations in four countries from 2019-2021. The part of the project in Tajikistan, “Building a Brighter Future for Persons Living with Disabilities”, was implemented by Mission East’s long-term partners Nuri Umed in Panjakent, Sughd province and Zarshedabonu in Hamadoni, Khatlon province.

The main lines of action were, on the one hand, the identification of families with children with disabilities by the local partners, the formation of Parent Support Groups (PSGs) and their capacity building to stand up for the rights of their children; On the other hand, it was the further strengthening of the partner organizations and 10 more Civil Society Organisations (CSOs) in order to become active in disability advocacy. A balance should be struck between capacity building, advocacy and strategic service delivery.

The project period was characterized by a number of challenges, especially in 2020. Not only was the world affected by the corona pandemic, at the same time both partner organizations were facing legal problems that forced Mission East to suspend contracts with them until the allegations were clarified. In addition, the main positions in the Mission East country team were newly appointed.

The purpose of this evaluation was to assess the implementation, impact and sustainability of the Tajik part of the CISU program, particularly from the perspective of capacity building and against the background of the previous projects and partnerships that formed the current project. The evaluation took place in December 2021 and included visits to Panjakent and Hamadoni. Data were collected using desk review, key informant interviews, focus group discussions, informal discussions and observations.

Key Findings

The goal of the project was to provide children with disabilities with a better life in a more inclusive society. To achieve this, civil society organizations, including parents’ groups, were strengthened to advocate for the rights of persons with disabilities. This was achieved in many ways and the project had a positive impact on everyone involved.

The most important change was attained through the community-level CSOs, the PSGs, where parents realized for the first time that they are not alone and together they can improve the situation of their children and families by standing up for their rights. During the project period, 49 PSGs were established in Panjakent and Hamadoni. The number of parents belonging to these PSGs is estimated at around 600 mothers and fathers, which doubles the target for this project. In addition, many of the PSGs founded since 2012 with the support of Mission East are still running. Most of the mothers are supported by their families to join these activities and it is encouraging to see how groups seem to have overcome initial negative reactions of husbands or mothers-in-law. 400 children with disabilities and their parents in one way or another were able to make use of services and activities to which they previously had no access, such as financial assistance from the government, doctor visits, therapies, education, community events and the mutual support in the PSGs. Children with disabilities showed improvement in their impairments

in many cases, but perhaps more importantly, they had fewer activity restrictions - that is, they were better able to interact and engage in activities of daily living - and reduced participation restrictions at home, in school and in the community.

These successes were achieved by strengthening CSOs through other CSOs: The partner organizations trained 10 more CSOs and established and supported the PSGs together. Together with the PSGs they then campaigned for the rights of children with disabilities at the government, in schools, health centres and in the communities. This also motivated other parts of civil society to become active, from village heads to school principals to Jamoat and district governments.

These successes were achieved also despite considerable adversity in 2020, which shows the strong commitment at Mission East and its partners. The problematic year 2020, however, resulted in reduced implementation time, which had an impact on the results. One of them is that the PSGs are not yet ready to continue their meetings and activities on their own. More qualitative support is needed focusing on self-empowerment, problem-solving and self-determination. Some parents still have inadequate access to rehabilitation and little knowledge about the support of their children at home, which may be due to the lack of rehabilitation experts in parts of the project, the want of community-based rehabilitation (CBR) elements and the partly inconsistent involvement of parents in the therapy of their children in some rehabilitation centres. Those of the 10 CSOs who were weak from start still do not have sufficient capacities in certain areas, although at least they had exposure and opportunity to collaborate and learn. Advocacy by CSOs takes place mainly at the level of awareness-raising and for individual cases and is not yet aimed at political changes and government accountability.

Looking at the good results that have been achieved despite the limited time, one can see that the approach of this project works and Mission East contributes to a sustainable change towards an inclusive society. With a longer implementation period and targeted training to close some capacity gaps, an even better and more sustainable impact could be achieved. With the project in Panjakent and Hamadoni now ending, there is a risk that civil society's commitment will wane and PSGs will disintegrate before they really reached their potential.

The long-term partners Nuri Umed and Zarshedabonu during the years have developed into strong and efficient organizations despite some remaining capacity gaps. As far as this could be assessed, Nuri Umid has additional intrinsic qualities that make it worthwhile to consider continuing the cooperation.

Recommendations

PROJECT CONCEPTS AND DEVELOPMENT

1. No matter how long a project is, the sustainability and independence of community groups can only be achieved if the approach supports their self-empowerment. The partners' approaches in this regard should be jointly re-evaluated and, if necessary, improved.
2. It should be considered to revive components of community-based rehabilitation, as previously implemented by Mission East, in order to reach more families and mobilize their own resources.
3. There should be a more formal and well-documented learning process for developing new projects and programmatic approaches that involve local partners and people with disabilities / parents.

4. For new projects, exit strategies should be developed with strong plans for phasing out the support and handing it over to local stakeholders and community actors.

CAPACITIES AND TRAINING

5. Partners should receive further training in group facilitation. Selected partners can then also be used as experts for training in new projects.
6. Partners need to acquire more basic knowledge about disability concepts based on global standards. Selected partners can then also be used as experts for training in new projects.
7. In regard to capacity building for CSOs, it can be helpful to determine the training needs participatively at the beginning and also to incorporate mutual training between the CSOs on certain topics in which they are competent.
8. The training curriculums for the 10 topics of PSGs training should be reviewed and where necessary simplified.
9. Training for partners on advocacy strategies targeting specific programs or laws should be provided.
10. To further support the rehabilitation centres, their performance and rehabilitation techniques should be assessed by an expert. The staff should then be trained based on the results, if necessary.
11. Disabled People's Organisations and parents' associations are important to support because they are experts on their own lives or that of their children. They are the ideal resource persons for training courses in the field of disability. To do this, they should be trained in disability concepts beforehand, as they are also often caught in old perspectives.
12. More specific guidance and support for Nuri Umed in writing proposals should be considered.
13. The Mission East country office may profit from refresher training in CBR and disability concepts.
14. In multi-country projects, more systematic exchange meetings on specific topics and informal exchange channels between the country teams can be very motivating and inspiring.

PROJECT TOOLS

15. The Washington Group's questionnaire may be considered for future surveys to identify people with disabilities.
16. Project management tools should be revised (simplified) in a participatory manner with the participation of the country team and the partners.

HUMAN RESOURCES

17. Partners who work with people / children with disabilities should have a rehabilitation specialist on their team or available for advice.
18. Mission East should have a disability advisor available to further strengthen conceptual approaches for their projects in this area.

EQUIPMENT

19. Try finding a specialist to consult when choosing wheelchairs for children (support level, activity level, environment etc) and a repair shop, or consider training a bicycle repair shop for this.
20. Look for ways to work with a local carpenter to build simple supportive furniture for children at home.

1. INTRODUCTION

In Tajikistan, as in many other parts of the world, people with disabilities are often “hidden” by their families, do not receive adequate health services and education, and their families bear the economic burden of their dependence and the social stigma associated with it. A major cause of social exclusion and discrimination against people with disabilities is the lack of understanding about disability at all levels of society. Historically, in Tajikistan, a medical model and institutional approach to disability has been and is still widely used. Rehabilitation services, inclusive or even special education for people / children with disabilities are limited due to a lack of specialist knowledge and resources. Widespread poverty, particularly among the rural population, is a major obstacle for families to seek support for their family members with disabilities. Concerted advocacy for better access to services is still limited but is slowly increasing and includes some Disabled People’s Organisations (DPOs) in the capital and a network of parents’ associations (PA). Tajikistan signed the CRPD in 2018, but has not yet ratified it.

The multi-country program “**Developing civil society for inclusive and resilient communities**”, funded by CISU / the Danish Ministry of Foreign Affairs, has been implemented by Mission East (ME) and its partner organizations in four countries from 2019-2021. The main strategic priority of the program was to strengthen civil society to help communities and individuals overcome poverty, marginalization and vulnerability. Based on the core issues of inclusion and resilience and the cooperation with existing partnerships in Myanmar, Nepal, Tajikistan and Armenia, the program objective was to improve the socio-economic status of marginalized and vulnerable groups through civil society interventions.

The part of the project in Tajikistan, “**Building a Brighter Future for Persons Living with Disabilities**”, aimed to strengthen civil society organizations to understand and advocate for the rights of people with disabilities, thus contributing to a more inclusive policy and service delivery in Panjakent, Sughd province and in Hamadoni, Khatlon province.

The following Outcomes were sought:

1. Tajik Civil Society Organizations (CSOs) take an active advocacy role for the rights of people with disabilities within their country.
2. Duty bearers have an increased capacity and understanding of policy relating to the rights of people with disabilities and can better implement these policies.
3. Persons with disabilities in Khatlon and Sughd have an improved capacity and ability to access their rights and available resources.

The most important lines of action were, on the one hand, the identification of families with children with disabilities by the local partners, the formation of Parent Support Groups (PSGs) and their capacity building to stand up for the rights of their children; On the other hand, it was the further strengthening of the partner organizations and 10 other CSOs in order to become active in disability advocacy. A balance should be struck between capacity building, advocacy and strategic service delivery.

The local partner organizations were **Nuri Umed** in Panjakent and **Zarshedabonu** in Kulob (an hour away from Hamadoni district), both of which have been working with Mission East for more than 10 years. Mission East has supported them in a number of projects and helped set up and maintain their rehabilitation centres. Currently both partners employ 5-6 people on a project basis in addition to permanent rehabilitation staff in their centres. The large majority, including directors and project managers, are women.

Nuri Umed and Zarshedabonu each identified five local CSOs in order to build their capacities through training and participation in project activities. These are:

In Panjakent	In Hamadoni / Kulob
Navniholoni Zarafshon	Ravonbakhsh
Association of Parents in Panjakent	Subhi Umed (Rehabilitation Centre in Hamadoni)
Nurafshon	Association of Parents in Kulob
Devashtich	Kulob branch of Coalition of Disabled Persons
DPO of Chernobyl victims	Darmonbash

The current project is in line with previous Mission East projects in the region which have had a similar but not exactly the same approach. Mission East is considering ending the collaboration with Nuri Umed and Zarshedabonu after this project, as their capacities have been built over a decade, and to implement future projects in other areas of Tajikistan and with new partners.

The project period 2019-2021 was characterized by a number of challenges, especially in 2020. Not only was the world affected by the corona pandemic, at the same time both partner organizations were facing legal problems that forced Mission East to suspend contracts with them until the allegations were clarified. In addition, the main positions in the Mission East country team were newly appointed (country director and program manager). The ME team amazingly managed to overcome these difficulties and achieved a very positive outcome of the project. When evaluating the project and its results, it is however necessary to take into account the main impact of these problems, i.e., the shorter implementation time.

2. EVALUATION METHODOLOGY

The purpose of this evaluation was to assess the implementation, impact and sustainability of the Tajik part of the CISU program 2019-2021, particularly from the perspective of capacity building and against the background of the previous projects and partnerships that formed the current project.

A mixed-method design consisting of desk review, key informant interviews (KII), focus group discussions (FGD) and other formal and informal information resources, e.g., during meetings and trips, was used to collect primary and secondary data. While the focus was on qualitative data especially from beneficiaries and implementing partners, a review of quantitative data from project documentation and the log frame

was carried out. The meaningful involvement of parents / carers of children with disabilities was ensured as much as possible. The participation of children with disabilities was limited to their observation in families and rehabilitation centres. The evaluation is structured along the DAC evaluation criteria. See also the evaluation matrix in the Annex.

Data collection tools

1. Desk review and analysis of the project documentation

The desk review provided information on the current project context and the overall picture of the Mission East projects in Tajikistan as well as in other countries supported by CISU. It was used to further research and triangulate findings. A list of the document reviewed can be found in the Annex.

2. Discussion with Mission East staff and partners

Formal or informal discussions with the country director and program manager in order to obtain information from the point of view of the country office and to clarify questions during visits, as well as with the project teams of Nuri Umed and Zarshedabonu.

3. Key Informant Interviews (KII)

The interviews followed a series of guiding questions for each context. Notes were taken manually but not recorded, which often feels more comfortable for respondents. A list of the KII respondents can be found in the Annex.

4. Focus Group Discussion

A number of FGDs were conducted with parent support groups and CSOs that provided information about participants' experiences with the interventions, their perception of outcomes, gaps and future prospects. PSGs were chosen by the partners who selected groups close to the city, as there was limited time. See list of FGD in the Annex.

Simple ranking exercises were incorporated into some discussions to stimulate interaction and ensure effective engagement and contributions of participants.

5. Visits

During visits to rehabilitation centres and families at home, information was obtained through discussions and observations.

Excellent translation was provided by Dilorom Ashurova and in part by Yosuman Muhammadijeva (Nuri Umed) and Sayora Khojanematulloeva (Zarshedabonu).

Data analysis

The data were structured and coded where relevant to analyse information, using keywords based on the main research themes. Emerging patterns and themes were organized into themes and domains based on the study questions. A triangulation and comparison were made with the original plans and objectives of the project.

Data security and ethical considerations

The reason for the evaluation and the use of the data were explained before interviews. Informed consent was obtained verbally from the respondents and participants. The evaluation process ensured that the privacy of the respondents and participants was preserved through anonymity and a secure data storage system. Names were replaced by codes.

3. SITUATIONAL ANALYSIS

A. RELEVANCE

- Has the development context and context related to the space for civil society changed since the approval of the 2019 – 2021 Country Programme plans? Has the strategy for promoting civil society development and inclusion remained relevant during the programme period?
- Have the activities addressed the underlying causes of inequality and lack of fulfilment of rights related to children / people with disabilities?
- Have the activities addressed the capacity for civil society to participate in fulfilment of the rights of children / people with disabilities?

The relevance of the project is given by the fact that many children with disabilities in Tajikistan are hardly accepted into society to this day, have traditionally been placed in rehab centres and are still often hidden by their families or unnoticed out of ignorance about how to deal with and support the children. With ME support, a process of change has been set in motion in the communities in Panjakent and Kulob since 2008, which still requires further efforts as such changes take a long time.

Khatlon and Sughd were also selected because ME's long-term partners are based here and a lot of work had been done on which one could build. For Khatlon, the remote Hamadoni district was selected, which is very poor and has so far received little support from NGOs in the area of disability. This is also reflected in the KAP survey at the beginning of the project, in which 87% of the respondents in Hamadoni believe that the life of children with disabilities and their families is of a lower economic standard than that of other families, while in Panjakent only 9% think so.

The current project has selected new villages in Sughd and Khatlon to reach more families and their children with disabilities, although not all of parents' groups in previous villages are strong yet and not all families have sufficient access to services they need. During this evaluation we often discussed the question how long a group needs to be supported. My assessment of this question is that if there is good quality facilitation during the project period and, ideally, some support is available for some time afterwards, for example through a community-based approach, then a three-year project can be sufficient to help a group of parents become independent and continue to advocate for themselves. The emphasis here is on quality, which is more important for group support than quantity. Therefore, the transition to new groups is essentially relevant and correct, but approaches to facilitation need to be re-examined.

The project's activities address some of the main causes of exclusion of children with disabilities: ignorance about disabilities and the stigmatisation of people with disabilities at all levels. Awareness

raising and transfer of knowledge is therefore necessary and take place among the parents themselves, in the communities, on various levels of government, at service providers and within local CSOs.

The pandemic had a major impact on the situation, especially in 2020, as priorities have temporarily shifted and emergency aid was needed. Accordingly, parts of the project funds were reallocated for such measures and the partners were involved in disseminating correct information on Covid19 and aid kits. The ME project management acted attentively and flexibly and even managed to reallocate funds from unused CISU funds in Myanmar to help poor families with the provision of assistive devices for their children. In the meantime, the situation seems to have relaxed, whereby ME continues to promote preventive measures (wearing masks, avoiding crowds) due to its role model function.

In Hamadoni, which borders Afghanistan, the situation changed when the Taliban came to power in the neighbouring country. Roadside checks and night exit restrictions have been introduced or expanded. According to the partners in Hamadoni and Kulob, this however has no impact on the activities of the project.

B. IMPACT

- Has the project contributed to the achievement of its planned development impacts? In what ways? Have there been any unintended positive or negative impacts?
- Are there changes related to the fulfilment of the rights children with disabilities that can be directly attributed to the Country Programmes? Changes might include, e.g., changed behaviour of rights holders or duty bearers, new policies, increased state funding to inclusive access to services. Are there changes to which the project has contributed together with other actors?
- What were the outcomes and impact of the emergency response (to address the effects of Covid-19) as part of the project activities? Is the 'right to humanitarian assistance' of the project's target groups, children / people with disabilities now better recognized by different stakeholders in the aftermath of the project?
- Are there changes in how the Government actors collaborate with civil society actors to fulfil the rights of children with disabilities? Are there changes in how the civil society actors are perceived by other stakeholders, including the communities?
- Assess to what extent, through its use of rights-based and LNOB approaches, has the project contributed to achieving coherent collective outcomes, and contributed towards the objectives of humanitarian response, development, and building greater social cohesion, community ownership and acceptance (Nexus approach)?

The overall goal of the project was to provide children with disabilities with a better life in an inclusive society. To achieve this, civil society organizations, including parents' groups, should be strengthened to stand up for the rights of people with disabilities. This goal was achieved in many ways and the project had a positive impact on everyone involved.

IMPACT ON CHILDREN WITH DISABILITIES

Door-to-door screening identified 846 children with disabilities in the project areas, more than twice as many as planned. 400 children were selected for further interventions. More than half of these children have been referred to rehabilitation centres in Panjakent, Hamadoni and Kulob and in many cases parents in Parent Support Groups (PSGs) have received instructions and information on how to support their children at home to improve their participation at home and in community.

A young boy in Panjakent could not sit and could not open his hands until recently. His mother spent three weeks at the distant Chorborg Rehabilitation Centre, where he received massages and electrotherapy, which his father says did not help. Since he has been accepted into the CISU project, he is treated 1-2 times a week in the local rehabilitation centre, depending on the money his parents have for transport. The parents bought a large exercise ball to use at home, and social workers from the centre showed them how to use it. After only a few weeks the boy can now open his hands and with the help of positioning techniques he can sit by himself. He got a wheelchair from Nuri Umed and his father takes him out on the street, which he really enjoys. The neighbours are happy to see the boy and like to play with him.



Picture 1: Boy and father in Panjakent



Picture 2: Boy and grandmother in Panjakent

Another little boy in Panjakent used to be pushed around in the street by the children and even beaten. But since his **grandmother** became a member of a parent support group and passed on her newly acquired knowledge to the neighbours, and since she confidently supports her boy, the neighbours' attitude has changed. The children in the street begin to accept the boy and he loves to be outside now, even when it's freezing cold.

We heard many such stories. Children with disabilities showed an improvement in their impairments in many cases, but perhaps more importantly, they had fewer activity restrictions - that is, they were better able to interact and engage in activities of daily living - and reduced participation restrictions at home, in school and in the community.¹

Not all cases are pure success stories. Still there are parents who do not yet have sufficient knowledge and access to rehabilitation. This is discussed under *Effectiveness*. But it is safe to say that all children in the project are at least receiving more attention and acceptance from their families, which in itself is a big step forward.

IMPACT ON PARENTS

A child with a disability affects the life of the entire family and in Tajikistan in particular that of the mother. The positive changes in the mothers' lives have been immense. In every interview, mothers told us how the way they view their lives has changed completely since the project:

“Since we have had the wheelchair, my back is finally better because I have to carry my son less.” (Mother in Panjakent)

“My daughter can now hold her head on her own, and with that I can carry her in my arms, which means I can do my daily work and can go outside.” (Mother in rehabilitation centre Nuri Umed)

“I now believe that my child can develop. She has a future. This changes my life.” (mother in a PSG in Panjakent)

“I've learned how important it is to go out with my son instead of keeping him inside all the time” (PSG leader from Panjakent)

“We get information about pensions and birth certificates for our children. We didn't know any of that before, now we can submit the right applications with the right documents.” (PSG leader from Hamadoni)

“I wasn't aware beforehand that my neighbour also has a child with a disability. Now that we know each other, we support each other.” (Mother in Hamadoni)

“We only got some instructions from the doctor in Dushanbe beforehand. I did not know what to do. But now I have the other mothers and the people from the rehab centre. Everything has changed and my girl is now going to school.” (Mother in a PSG in Panjakent)

“We used to only gossip when we meet in the village, now we talk about the trainings and our children.” (Mother in a PSG in Hamadoni)

¹ See: International Classification of Functioning, Disability and Health (ICF). <https://www.who.int/standards/classifications/international-classification-of-functioning-disability-and-health>

During the project period, 30 PSGs were formed in the 14 jamoats of Panjakent and 19 PSGs in the 8 jamoats of Hamadoni. The number of parents belonging to these PSGs is estimated at around 600 mothers or fathers, which doubles the target for this project. In addition, many of the PSGs initiated since 2008 with the support of ME are still running.

The PSGs are mostly made up of mothers, but some fathers also join. Especially in Panjakent, supporting members such as teachers, medical staff and even village chiefs are invited and welcomed to guide the groups. Most of the mothers are supported by their families in taking part in activities, which is not a given in Tajikistan. There are a few cases in which mother-in-law, husbands and brothers initially disagreed, then other mothers came and talked to the family. In Panjakent these barriers seem to be traditionally bigger. It is encouraging to see how groups seem to have overcome these challenges for the most part.

Door to Door Screening

The project started with a door-to-door screening in a large part of the project area, which should be mentioned as an excellent initiative. Often the incomplete data of local governments are used as the basis for similar projects. Therefore, it is very good that the effort has been made to look for more children with disabilities. The screening was carried out by the partners together with volunteers from the 10 CSOs, employees of the Psychological-Medical-Pedagogical Commission (PKPM) and medical centres in the villages. Training was provided on types of disabilities and how to behave at home visits.

Of the 846 children and adolescents with disabilities identified, in line with project specifications, 400 children were selected whom the partners were sure they could help. The other 446 people with disabilities or their parents were informed about their rights and, if possible, connected to further medical consultations. A database of names and diagnosis of the children was created. The data have been given to the government, which is commendable as governments typically lack such information and are grateful for this help.

For future screenings, it may be worth to consider the use of the Washington Group question set, which is a function-based rather than diagnostic-based set of only 5 questions and avoids the term disability (or similar terms) altogether. This makes it even more likely to find people with functional problems who can later be called up by medical staff for further examinations. The questions are easy to ask without much training.²

IMPACT ON SERVICES AND POLICY

The provision of services by the government was influenced by the project activities mainly in three areas:

- Financial support for people with disabilities
- Inclusive education
- Medical care and rehabilitation

² See for example: https://humanity-inclusion.org.uk/sn_uploads/document/2018-How-to-ask-the-WGQs-leaflet-Final.pdf

Financial Assistance

"Parents have to realize that they can not only wait until the government supports them, but that they have to actively ask for it" (Project partner staff)

In fact, it was the first time that many parents in the PSGs found out that the state financially supports families with disabled children. Often, they only knew about the "pension", but did not know anything about tax breaks, free transport and other help. They have now begun to request this with the assistance of lawyers from Nuri Umed and Zarshedabonu, or even by themselves. In many cases this has a significant impact on the family economy. On the other hand, this has not yet improved the procedures for obtaining assistance. Mothers still complain about the tedious process of re-examining their child each year for eligibility. PSGs are not yet ready to hold the government accountable for systematically registering people with disabilities and helping them without their asking. The next step will therefore be to campaign for changes in the system. The new voices of the PSGs can mark the beginning of a systematic change.

"Free transport for people with disability has been around since 2016, but only now are we being heard and the government is helping with implementation." (Project partner staff)

Inclusive Education (IE)

The government in Dushanbe is making an effort to introduce IE, which is supported by a number of international actors. The ME project partners who have received training in this field in previous years, as well as some of the CSOs, have attended meetings at various levels, thus contributing to awareness raising and promoting IE. In terms of programmatic change, however, the implementation and provision of education for children with disabilities in Tajikistan is making only slow progress. One of the greatest challenges is the lack of specialists trained in the present education system.

The activities in Panjakent and Hamadoni were mainly aimed at local levels, and thus helped to prepare the ground for IE: Awareness of parents, teachers and classmates. A number of awareness-raising campaigns were carried out; Lists of names of children with disabilities were made available to local education authorities who did not have such data. These measures have strengthened the commitment of individual schools and government employees to enrol children with disabilities in school as much as possible or at least to secure home schooling for them. Parents who long believed that their children should not go to school, started to change their minds. Around 30 children now have access to education who did not have this before the project.

"The daughter of a member in our PSG no longer wanted to go to school because she didn't feel fitting in. I encouraged her to stay and we made the classroom better suited to their needs." (Teacher and supporting member of a PSG in Panjakent)

Rehabilitation Services

The focus of support from ME since 2008 has been on the establishment and running of several rehabilitation centres. Since 2008, the number of such centres in Tajikistan has grown from 6 to 48 today, to which ME has contributed.

In the current CISU project, ME further equipped and / or renovated

- Panjakent Rehabilitation Centre, run by Nuri Umid and offering therapies
- Hamadoni Rehabilitation Centre, run by Subhi Umed and formerly Zarshedabonu offering three-week treatment stays and therapies
- Kulob Rehabilitation Centre, run by Zarshedabonu which offers day care, therapies for children and vocational training for adults

The centres are now funded with state support because the partners have developed their capacities so far that are able to win government tenders. The following is a brief description of the three centres:

Nuri Umed's Centre Rahhshon offers various therapies (physiotherapy, speech therapy, music therapy, play groups, handicrafts, etc.). They are not using the outdated and potentially harmful therapies such as massages, heat applications and electrotherapy which are still widespread in Tajikistan. The children coming to the sessions are always accompanied by a parent.

"It is important to involve the mothers in the therapies. There is no other way" (Speech therapist in Rahhshon centre)

The staff includes a speech therapist with five years of logopaedic training, and community facilitators with nursing background and many years of experience. The staff would like more professional training on current standards in the rehabilitation of children with disabilities.

If the parents cannot come to the centre, the social workers visit them at home, but this is limited due to the lack of transport.

"My boy has been treated here for a year but with a break when we couldn't come. His father trained him during this time, as he had learned at the centre. Our boy improved his speech, can use his hands and is walking much better now." (Mother in centre)



Picture 3: Speech therapy together with parents in the Rehab centre of Nuri Umed

The rehabilitation centre in Hamadoni was founded in 2018. It offers three-weeks maternal and child treatment-stays funded by the government. Fathers are not admitted to courses, but can accompany their child to the daily therapies that are also offered. The rehabilitation staff were trained in Chorborg and amongst others are using old-fashioned techniques such as heat applications with paraffin wax. The centre's director received two-week rehabilitation training from the government when he won his first tender. The centre can offer services for five children at a time for the three-weeks program, but ME just



Picture 4: Self-made tool for heat application in the rehabilitation center in Hamadoni

provided more beds to expand the capacity. The capacity for daily therapies covers another five children per day. Because of the newly detected children during the project there is a waiting list now.

The rehabilitation centre in Kulob offers day care for 15 children. The children are picked up from home at 8, have therapy in the morning and mainly sleep during afternoon until they are picked up again. Two social workers conduct assessments at the children's homes. Together with the mothers, they develop rehabilitation plans. The rehabilitation staff are trained in

Chorborg and also use those old therapies. They have also received training from ME and Humanity & Inclusion (HI) and one of the physiotherapists who was involved in this and would like to further update her rehabilitation skills. The centre runs inclusive play groups and preschool classes with children without disabilities from the communities. In the vocational centre, young adults learn tailoring, computers and baking. The girls on the tailoring course hope to make a living with their new skills. The centre has arranged for the State Adult Education Centre to issue certificates that enable the young people to find a job.

With the rehabilitation services as described above, many more children now have access to at least basic rehabilitation. With the help of ME, the centres were equipped with toys, rehabilitation equipment and assistive devices. Modern approaches to rehabilitation have been introduced by ME during the years and it is great to see, e.g., inclusive classes in the day care centre. However, some old techniques prevail and it is important to point out that some of them are potentially harmful to a child.

Next to these institutional-based services, often parents are still at a loss as to how they can best support their child in everyday life. The focus in many families is still on remedying the impairment and less on acceptance, adaptation of the environment and inclusion. More focus on practical rehabilitation plans for parents to use at home with their children is needed.

ATTITUDE CHANGE IN THE COMMUNITY

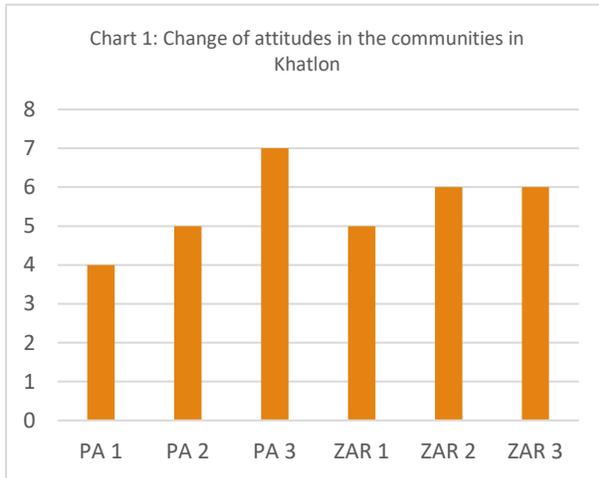
The KAP survey at the beginning of the project concluded that communities still have very little awareness of the rights of children with disabilities, which leads to inappropriate attitudes and practices. Now, three years later, all interviewees told us about changes in the community.

“There's less stigma in the neighbourhood, maybe because I keep telling everyone about the information that I receive in the parents' group. (Mother in Panjakent)”

“I don't experience any discrimination in my village, or certainly less than before” (Mother in rehabilitation centre Nuri Umed)

“Nowadays we know more mothers with children that have a disability because they get in touch and no longer hide” (Deputy at KATS department)

Zarshedabonu and the parents' association Kulob see the extend of change in the community as follows (on a scale of 0 to 10 with 0 being an overall bad attitude):



Probably, this change applies mainly to parts of the community with direct contact to active mothers or participants of events and campaigns. It would be interesting to also evaluate the perceptions of society in general.

IMPACT ON THE GOVERNMENT

The level of knowledge and commitment of government officials varies. All respondents we spoke to had, however, a good knowledge of the project, the partner organizations and Mission East.

Government officials in administrative positions (head or deputy in the Jamoat and district) had a rather superficial understanding of disability, although there are exceptions. They still see disability as a medical problem, focus their attention on the rehabilitation centres and pay less attention to the role and involvement of parents in the PSGs. Their commitment appears to be limited to attending events and “giving gifts to the children”. However, there is also the Jamoat leader who previously knew nothing of PSGs but is now encouraging parents to join, and the village chiefs who are actively involved in the PSGs, regardless of whether they have a child with a disability or not.

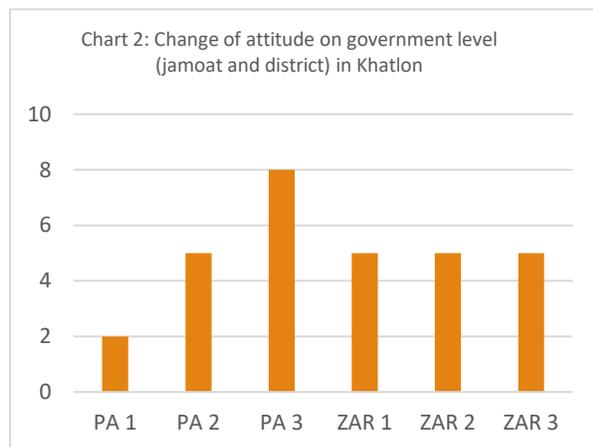
“There is also the persistent fear at lower levels of government to report problems to higher levels because they are not confident, not adequately informed and therefore do not dare to act.” (Project partner staff)

Government personnel in functional positions, on the other hand, such as the KATS³ departments and PKPM have benefited greatly from the project. Their staff has increased awareness and new knowledge

³ First Medical Aid and Hygiene Department under MoH

about disability and inclusion. Through their cooperation with the partner organizations and their participation in door-to-door screening they obtained valuable new experiences and data on people with disabilities. They used the opportunity to travel to the villages, as they usually have limited resources to do so, and they are very interested in continuing to work with the partners after the project.

The parents’ association Kulob and ZAR see the extent of the change in government as follows (on a scale from 0 to 10 as follows, with 0 standing for an overall bad attitude):



The differing opinions within the parents’ association reflect personal experiences with members of the government.

The formation of cross-sectional working groups (the “CBR Groups”) in Panjakent and Kulob/Hamadoni during this project helped to involve the government in advocacy and to discuss disability issues with them. These initiatives provide very good future opportunities for broader lobbying to reach and influence the government also at higher political levels.

“Coordination meetings with the government in previous projects did not really work, but in this project the CBR group was created and now we are getting stronger, the government hears us, it starts to work.” (Project partner staff)

Outside of cross-sectional meetings, advocacy in this project took place mainly at the level of awareness-raising and for individual cases and is not yet aimed so much at political changes and government accountability. The partners developed advocacy plans, but those were mainly activity plans for events and roundtables and did not include planning how and by what means an issue should be strategically approached.

C. SUSTAINABILITY

- Assess the degree to which the project has demonstrated financial, institutional, technical and socio-cultural sustainability. What prospects are there that the results of the project will be sustained into the future? Consider both the organisational sustainability of the partner organisations as well as the actual work with children with disabilities.

- To what extent do stakeholders have confidence that they will be able to build on the changes brought about by the intervention?

ORGANISATIONAL SUSTAINABILITY

The partners Nuri Umed and Zarshedabonu have been strengthened in their organizational and technical capacities over the years. Organizationally and in terms of content, both are now able to successfully carry out projects independently.

Yet, fundraising remains a problem. ME had the aim of enabling partners to pursue financial sustainability by looking for a diverse funding base to fund their teams and activities. Zarshedabonu und Nuri Umed seem to represent two different sides of the problem: Zarshedabonu is relative successful in finding funding; the organisation and its director are confident and ready to explore new areas outside their core expertise and to hire new teams with the necessary capacities for this. Nuri Umed feels less able to compete for funding with larger NGOs in the country. They are committed to their core competence, supporting children with disabilities and their parents, and are reluctant to accept projects in other areas just for the sake of funding. The director of Nuri Umed is trying to keep her current team with her, which already has good capacities and experience. Nuri Umed, therefore, needs more practical guidance for how to raise funds within their core expertise, for example they should learn to recognize their clearly existing strengths and to present them positively in a proposal.

SUSTAINABILITY OF RESULTS

The **rehabilitation centres** are able to participate in government tenders. The resulting funding from the government has to be re-applied for every year and is not guaranteed. However, since the centres are well equipped by ME, there are good prospects of winning the tenders also in the future. In terms of organization and financing, they are sustainable. More equipment should only be provided if it is based on a clear need in line with high quality rehabilitation approaches.

The **10 CSOs** who were invited to take part in the project saw the benefits of their participation in the training, experience of working with more established NGOs and the networking they were involved in. This was not enough for all of the 10 CSOs, and three of them were replaced by other CSOs in between. The selection of CSOs was not only based on the criterion of being a weak CSOs (to be strengthened), but also on being of some advantage for the partners and the project. This promoted coalition building, one of the main goals of this project. The CSOs received basic trainings in organisational capacities which surely could not turn them into sustainable organisations overnight. But they were given the opportunity to grow and also to introduce themselves to ME, who might consider some of them as potentially future partners. For many CSOs, one of the most vital training topics was about writing proposals, which shows the importance of funding for many non-profits if they want to work with professional, fully committed teams.

Most critical in terms of sustainability are **the PSGs**. The parents have just completed the 10 training units and have barely started to form independent groups. If we look at the PSGs founded in previous projects, 16 out of 99 groups are still active now in Panjakent. According to the PA Kulob, all 64 groups are still running in Kulob, which seems a bit unlikely though.

Reasons given for the closings of groups were: The end of support from projects; male leaders of the groups looking for work in Russia; the replacement of pro-active village chiefs who helped the insecure parents to report problems with the Jamoat; dependence on one or two strong people in the group. We can conclude from this that many groups have a problem with dependency on leaders, or in other words, lack of self-determination of the mothers themselves. Longer-term and high-quality group facilitation from someone with experience in community development and with a clear understanding of how self-empowerment of mothers (and fathers) can be supported is therefore required.

Motivation is another point to consider when discussing sustainability. Now that mothers have access to financial benefits and to the rehabilitation centres, they need to figure out how else they can benefit from the groups. An obvious activity is the creation of playgroups for the children in the village, where children and mothers can meet and learn from each other, and which can even function as a day care centre where mothers can take turns leaving their children in the care of each other for a while to take a break or to attend to other tasks. So far this has not been discussed in any of the groups we have seen. Mothers still tend to be passive and see obstacles everywhere. Guidance and encouragement in critical thinking and problem solving are required.

It is also greatly motivating to be needed and respected in the community: For once not to be the one who needs support, but to help others. The mothers reported how they enjoyed it:

“Sharing information with others in the community makes me happy” (PSG leader in Panjakent)

“I have already made a list of other children with disabilities in my village and beyond and I will approach them and tell them about our group.” (Mother in Panjakent)

“I tell other people in the village about the rights of children with disabilities and what we can do. Mothers who hid their child are now more open. It is important and I am glad to help.” (Mother in Hamadoni)

The mothers' eagerness to share with the community is amazing and can be developed further to advocate and solve the problems that they as a group have identified. The PSGs should have their own workplan and tasks, a little outside their comfort zones, which make them proud and earn them the respect of the community. For example, they can also support children without disabilities to gain access to school. It is important to not hand over all lobby work directly to PA or lawyers, because in the end that is no motivation for the parents to continue meeting as a PSG and to remain active.

But even if a PSG doesn't last, the mothers can benefit from what they learned during their involvement, if the group had good facilitation and effective training. Success should then not only be calculated in terms of the number of sustainable groups, but especially in terms of the longer-term impact on children with disabilities.

D. EFFECTIVENESS

- Assess progress towards the planned results (outcomes and outputs) of the project. Have the results contributed to the achievement of the project's impact? Which forms of work have been successful and which unsuccessful?
- To what extent has the capacity of the local partner organisations been strengthened during the programme period, especially with regard to knowledge and ability to advocate for the fulfilment of the rights of children with disabilities?
- Have the project management, monitoring and reporting systems been adequate and fit to purpose for the goals of the project?

ACHIEVEMENTS TOWARDS PLANNED RESULTS

Generally, output and outcome indicators were achieved in the course of this project despite the sometimes very adverse circumstances. Some targets could not be met due to the pandemic, for example exchange visits. Some data were difficult to collect due to difficulties with the measuring tools available (e.g., MSC and political influence plans). The final results for all indicators are not yet available; the following short summaries of the achievements per outcome is therefore an estimate based on the information collected.

Country Outcome 1

Tajik Civil Society Organizations (CSOs) take an active advocacy role for the rights of people with disabilities within their country.

The most important change was achieved through the community-level CSOs, the PSGs, where parents realized for the first time that they are not alone and together they can improve the situation of their children and families by standing up for their rights. Involvement of the civil society was also evident, for example, in CSO members raising awareness in schools, health centres and in government; in teachers who encouraged children to attend school; in village leaders who participate in and support PSGs; in local government employees participating in awareness-raising events and round tables.

Country Outcome 2

Duty bearers have an increased capacity and understanding of policy related to the rights of people with disabilities and can better implement these policies

Local government employees in administrative positions have much more general awareness of the existence of people with disabilities in their communities. Government employees in functional positions, particularly in the health sector, benefited to a great extent by expanding their knowledge and receiving practical support in the execution of their own programs. While policy changes are mainly in the hands of higher levels and have not yet been achieved at this point in time, the local government is actively involved in round-table and cross-sectional meetings, which will have a long-term impact on higher levels of the government.

Country Outcome 3

Persons with disabilities in Khatlon and Sughd have an improved capacity and ability to access their rights and available resources

All 400 selected children with disabilities and their parents are using in one way or another services and activities to which they previously had no access, such as doctor visits, therapies, events and, above all, the PSGs, where they learned about the rights of their children. In addition, around 400 other families who were identified in house-to-house surveys but not selected for further interventions received at least basic information about state benefits to which they were entitled. This is a very good start to ending exclusion and neglect and should be built upon now.

CAPACITIES OF PROJECT PARTNERS

Both partners, Nuri Umed and Zarshedabonu, recognized the immense capacity building support they have received from ME over the years. They have been empowered to become trainers themselves to build the capacities of local partners and service providers such as medical staff and government personnel. They are able to organize and lead community projects and rehabilitation centres. They have become known in their region and beyond, which helps attract (local) donors and clients (parents) for their rehabilitation centres. The impression is that after the legal problems in 2020 they are not suffering from a tarnished reputation, although this cannot be adequately judged from the outside. According to the ME team, their trustworthiness as a partner did not suffer after these issues.

According to ME, capacity gaps still exist in financial management due to the change of partners' staff and reporting despite repeated training, but these weaknesses do not affect the reliability of the cooperation. The poor reporting is at least partly due to the complicated requirements of the workbook (see below).

Both partners have also been trained in the area of disability over the years. There are still certain conceptual gaps, which may have an impact on their ability to advocate for policy changes in the field of disability. Such gaps become apparent in the way case studies are written, i.e., with a focus on describing medical facts rather than providing comprehensive narratives with information about function, needs and contextual factors, and in the use of terminology, which is certainly related to translation, but should nevertheless be corrected. Furthermore, since the partners have no formal training in rehabilitation, they should have a technical expert for rehabilitation available as consultant or included in their team, also to help with further improving the quality in the rehabilitation centres. Gaps can be seen here with Zarshedabonu.

CAPACITIES OF NEWLY INVOLVED CSOS

The 1–3-day trainings the CSOs received from Nuri Umed and Zarshedabonu covered a range of organizational management and community development topics. For the weaker among the 10 CSOs, however, this cannot be enough to improve their capacities exhaustively. It is good that training needs were determined participatively at the beginning. To further increase quality and quantity of trainings, it

can be helpful to also incorporate mutual training between the CSOs on certain topics in which they are competent. The CSOs saw the following training topics as the most beneficial:

- Advocacy
- Proposal writing
- CRPD
- Writing of success stories

It is good to see that advocacy is so important for them. Especially with regard to the fact that half of the 10 CSOs are DPOs and parents' associations, who therefore not only conduct advocacy but self-advocacy. Even if some of these DPOs are still weak, they have the decisive advantage of speaking for themselves and their peers. They could be involved as resource persons or (co-) trainers in capacity building where they can make an invaluable contribution with their own expertise and experience. One of them, the PA Kulob, certainly does this already. See overview of CSOs in the Annex.

A short note here about the **parents' associations** established during this project. Parents' associations are a specific type of CSO, sometimes they are even seen as DPOs, and, as mentioned above, can be vital in advocacy. Eight parents' associations have been registered with the support of ME since 2008. In this project, the PA Panjakent, which had been inactive, was re-registered and a new association was established in Hamadoni. The Kulob PA, one of the oldest, is even involved at national level advocacy. In regard to PSGs, they see their role in helping with issues that the PSGs cannot address themselves. Theoretically, the parents' associations are the representatives of the PSGs at the grassroots level. In reality, this is not always the case. Parents do not always elect the people who represent them on committees and associations, and do not always know that there is an association representing them at higher levels. Such a "top-down" approach will not serve to strengthen PSGs and inspire parents to become active. Parents' committees and associations, when defining themselves as representatives of PSGs, should be clearly accountable to the grassroots in order to show parents and people with disabilities that they are the subjects, not the objects.

Another issue is that, since by law an association must consist of more than one registered organization, PA Panjakent and PA Hamadoni decided to register as an association together with external NGOs, i.e., some of the 10 CSOs that are not parents' representatives but have other visions and missions. While these associations may do excellent work as such, the name "parents' association" becomes misleading for parents and for donors, as these are associations of NGOs.

CAPACITY OF PSG

To what extent are the PSGs able to stand up independently for the rights of their children and to offer them the best possible life? The partner organizations describe the capacities of the PSGs as not yet very well developed. The mother, who went to the district government by herself to request free school transport for her daughter appears to be an exception. The parents are at a level where they dare to speak in their groups and report problems to the group leader or lawyer of the partner organization. Parents are

excited to continue the meetings, but have very few ideas and dreams of their own about how they could use the groups to work together for a better life of their children. Identification of aspirations and needs, problem-solving skills, and critical thinking are still at a low level in the groups we met and probably most of the other groups as well. However, this is not a weakness, it is just the beginning of a journey, which is why support and guidance should be continued in one way or another.

The short time since the PSGs were founded was mainly used for training. The trainings were based on a program run by another INGO operating in Tajikistan. The 10 topics are very useful in themselves (see box). However, the curriculum for the first subject on Disability, which I had opportunity to see, has roughly the level for community nurses and is far too medical and difficult for parents with a low level of education. It would therefore be important to critically examine all 10 curricula and to check whether they are suitable for education of parents.

It should be ensured -if not already done so- that the training courses are very practical and not theoretical, are very participative and give everyone involved the opportunity to ask questions and contribute. Exercises should be geared towards the specific needs of the children and their mothers and, if possible, both should have the opportunity to practice directly during the training. The focus should be on functions and abilities, not on medical diagnoses. Contextual factors in the environment, family, etc. should be discussed with the parents and included in the topic of "Assessment of the child". For example, parents can be asked to conduct an environmental assessment of their homes themselves, which will be discussed in the following meeting.

Chart 3: Training topics for PSGs

1. DISABILITY
2. ASSESSMENT OF CHILDREN WITH DISABILITIES
3. PLANNING FOR REHABILITATION
4. EQUIPMENT FOR REHABILITATION
5. PHYSICAL SKILLS
6. SELFCARE SKILLS
7. POSITIONING CHILDREN WITH DISABILITIES FOR REHABILITATION
8. EXERCISES
9. PLAY FOR REHABILITATION OF CHILDREN WITH DISABILITIES
10. NUTRITION AND FEEDING

PARTNER SUPPORT, ACCOUNTABILITY, PROJECT MANAGEMENT TOOLS

It seems that ME has a good relationship with its partners and that Nuri Umed in particular would like to continue this cooperation. They don't see why ME first builds their capacities and then moves on to another partner instead of using those capacities. Apart from this, Nuri Umed feels understood and heard. Input from the partners is actively requested and accepted by ME. The frequent staff changes at ME in 2020 had no negative impact on the relationships or the project and there was still sufficient support, says Nuri Umed. For the relationship with Zarshedabonu, internal leadership and communication problems with this partner are reported.

As far as can be judged in this brief evaluation, an extended collaboration with Nuri Umed may be beneficial for all sides. Nuri Umed has important intrinsic qualities which qualifies them for what they are doing. Such a partnerships should be cultivated and continued if it is perceived as meaningful and beneficial by all those involved.

One of the few concerns expressed by the partners is the excel workbook and other tools for assessments, planning and monitoring. The following impressions were gained:

- The majority of the work with the workbook lies with the program manager at ME, which makes her very busy. The main reason is that the partners still do not know how to fill in the rather complicated forms or fill them in incorrectly.
- There is a lot of overlap of requested information which creates confusion.
- The forms are not experienced as helpful and narrative reports with relevant data are preferred.
- The forms are in English which limits the number of people who can actually work with them.
- It is not clear who is supposed to fill in the growth plans to monitor organizational development of the partners. The scores from 1 to 4 do not seem to give sufficient information about the actual capacity status. For example, according to ME, partners are still relatively weak in financial reporting, while this is not reflected in the growth plan, or at least not at a glance.
- The Political Influence Plan, in my opinion, is a useful tool to develop advocacy strategy plans. However, it is not used as such but rather as an activity report.

The formats generally seem too complicated, too many of them and too long. Since, on the other hand, they can and should also provide important information, it should be worked out in a participatory way which formats are indispensable to what extent, which formats can be replaced and which can be omitted. The result should then be discussed with the partners using a translated version and the application tested with practical exercises.

Furthermore, a complaint mechanism for partners and PSGs was set up but was never used for complaints. Rather, it was used to report requests such as assistive devices. Nuri Umed's lawyer picked up on such messages and tried to follow them up. The mechanism may therefore be better used to collect complaints to the government. Perhaps ME's requirement to be accountable can be better met in face-to-face discussions?

Most significant change (MSC) had been introduced to develop success stories which in turn would be used as a measurement tool for 7 different Outcome and Output indicators. The technique proved to be too demanding and too many stories were required. It was a good decision by ME to stop using MSC as a tool for this purpose and switch to simple case studies. Nevertheless, up until the end of the project there were problems creating success stories, despite a number of follow-up trainings and coaching. As an alternative in this context, for example, a diary for regular positive or negative changes in the development of a child could be considered, as far as possible used by the parents themselves.

E. COHERENCE

- How well does the project fit with other interventions by Mission East and by other actors in the sector?
- Are there synergies or interlinkages across Mission east projects in Tajikistan, and possible duplication?
- In particular, how coherent was the emergency response (to address the effects of Covid-19) with other activities of the project and other projects of Mission East? How agile and adaptable were

processes and systems to accommodate the change from planned programming to emergency response activities?

- Has there been any synergies built across the CISU programme with Mission East head office and the projects in other 3 countries of the programme?

The current CISU project is part of a long series of ME projects with similar objectives in the project areas as well as in other areas of Tajikistan. ME has been actively contributing to initiatives and capacity building in inclusive development for people with disabilities since 2008. It can be assumed that the results of this engagement add up and not only contribute to greater awareness and understanding, but also in the long run to political changes for the entire country. The CRPD was signed by the government in 2018, and although it has still not been ratified and optional protocols for monitoring have not been included, this is a tremendous achievement for people with disabilities, to which ME will have contributed as one of the long-standing promoters of disability rights in Tajikistan.

In the earlier projects of ME in Panjakent and Kulob there was a stronger focus on ensuring the functioning of the rehabilitation centres, which are now funded by the government. The formation and support of PSGs in villages continued to run like a red line through the various projects. What is striking is that during the course of the projects, community-based components have played an important role but were not continued in the present project. Community-based rehabilitation is currently only offered as outreach visits by social workers from the rehabilitation centres. In previous projects, ME supported “social mobilizers” and small rehabilitation “corners” or play groups with basic equipment in the communities. At some point they were handed over to the government and then stopped. When the current CISU project was developed, community-based components were not proposed and/or were not thought possible, but now stakeholders are suggesting reinstalling such units:

“Around a third of our members take their children to the rehabilitation centre, but for some parents it is too far. It would be very helpful to have rehabilitation support in the community or at the jamoat level.” (PSGs leaders from far, Panjakent)

“It is easier to provide services in the rehabilitation centre, but we can reach a lot more people in the community.” (CBR worker at former ME project, now working in the Rehabilitation centre Panjakent)

“Mission East’s CBR project a few years ago was very good and should be reintroduced.” (Parents’ association Kulob)

“Ideally, Nuri Umed should also have Jamoat or village level staff to complement the rehabilitation centre.” (Health department staff Panjakent)

Elements of community-based rehabilitation would be very useful in this or future projects: The parents in the villages gained more knowledge about their rights, but they still need more access to knowledge about how to support their children at home. The therapies in the rehab centres can be very instructive (although not in all cases), but they often inadvertently suggest to parents that the special equipment in the centres is mandatory, which makes parents feel that they cannot continue training at home.

Instructions to the parents at home or in small community-based units with simple equipment are often more effective. Different people would come into question to help in such units, for instance, social workers from the rehabilitation centres, PMPK⁴, medical staff from the villages, or parents. CBR is sporadically implemented in Tajikistan through INGOs and in some areas the government has taken on the role of CBR staff through their SAHU social workers and community nurses. Exchange with I/NGOs who work in this area can help to make decisions about the best approach in this context.

In the past, decisions about project development took place largely at headquarter, but this is changing now. The partners have already partially been involved in the development of this CISU project, albeit not in detail, such as the establishment of indicators. The ME project manager was very satisfied with her intensive involvement in the developed of a new project starting 2022. In order to further increase the coherence between the projects, a more formal and well-documented process of analysing lessons learned could be used to develop new approaches and projects, whereby the ME Office team with its diverse experience and the relevant partners should be involved. Also, a meaningful participation of people with disabilities - in this case parents of children with disabilities - should take place under the motto "Nothing about us without us".

SYNERGIES OF THE CISU PROJECT

The CISU project, in which four different countries are involved, offers an opportunity for mutual learning and support due to the many similarities in approaches and goals. Above all, the support of grassroots groups is an essential component in all four countries, which can be helpful for everyone to discuss together. For example, the formation of women's groups in Nepal has experienced very similar challenges in terms of representation and advocacy as the parents' groups in Tajikistan. Other elements include the training of CSOs and their motivation and prospects for sustainability, advocacy capacities and government accountability. People with disabilities belong to the target group in Armenia, but also in Myanmar. In addition, some topics offer opportunities for exchange between not all but some of the four countries, such as agriculture and inclusive education.

The program manager in Tajikistan was asked several times to contribute to the multi-country discussion with her concrete experiences and enjoyed this. Yet, there was no systematic approach to linking and learning, whereas if the corona pandemic has certainly destroyed all hopes for physical exchange as a great motivation to learn.

COVID RESPONSE

When the corona pandemic hit Tajikistan, Mission East's development program in Tajikistan was temporarily put on hold and emergency measures were installed instead. A fourth outcome has been

⁴ They already carry out 30% of their work community-based but usually have limited funds for transport

added for the CISU project, which aims to prepare civil society, and in particular families with people with disabilities, for Covid-19. Partners became involved in disseminating correct information on protection and measures in the event of infection. In the project area, hygiene kits were distributed to families and equipment to medical facilities. Face-to-face meetings were reduced to a minimum or postponed and the time was used to update documentation such as databases and workbooks. ME did not develop any online training during this time, which has to do with the fact that other major disruptions overlapped in these difficult times, namely the legal problems with partners and the staff change in the mission office in Dushanbe. The rehabilitation centre in Panjakent produced simple exercise videos and sent them on CD to some parents, and later parents' associations also used this medium to give parents the opportunity to watch training sessions at home. The pandemic gave us all the chance to get used to online meetings and training, and this partly happened in the CISU project.

Fortunately, the pandemic in Tajikistan appeared to end in late 2020, while it continued in the rest of the world. This likely prevented further economic emergencies for the population, which could have required a wider emergency response from ME. In 2021, ME and the partners caught up with the activities with astonishing success and were able to complete the program almost as planned, with the exception of a few exchange and study trips.

F. EFFICIENCY

- Have sufficient resources (finances, time, human resources) been allocated to the design, implementation, monitoring and evaluation of the interventions?
- How well has the project been able to transform the available resources into the intended results? Consider also management of the resources.

FINANCES

As far as discernible, the project has been carried out efficiently, using the available resources wisely, cost-effective and in accordance with ME procedures. In 2020, only 59% of funds were used due to Covid-19 and the legal issues that led to the temporary suspension of activities, but this appeared to be balanced by the increased need for assistance from headquarters to do distance monitoring and coordination (CISU annual report 2020). According to the partners, the funding in this project was sufficient to carry out the planned activities.

HUMAN RESOURCES

Overall, the (changing) teams on country and on partner level have done great work, judged on the results and their capability to overcome difficulties. Only the following three points should be noted here:

- A focus of this project was to provide parents with knowledge about their rights, especially financial assistance from the government, and to help them to claim these rights. For this reason, the partners

have appointed lawyers to their teams who supported the parents and provided a general understanding of rights. On the flip side, access to rehabilitation as another large part of parents' concerns, has sometimes been neglected (not identified or followed up) because the partners, particularly in Hamadoni, did not have rehabilitation experts on their teams.

- For the facilitation of the parents' groups a facilitator was added to the local teams only in 2021, who should certainly have been there from the beginning.
- The ME team in Tajikistan itself could benefit from having a disability advisor at stand-by who can act as a sounding board in discussions on the further development of programs and projects on disability.

4. KEY FINDINGS AND LESSONS LEARNED

The goal of the project was to provide children with disabilities with a better life in a more inclusive society. To achieve this, civil society organizations, including parents' groups, were strengthened to advocate for the rights of persons with disabilities. This has been achieved in many ways and the project has had a positive impact on children, families, community and government.

The most important change was attained through the community-level CSOs, the PSGs, where parents realized for the first time that they are not alone and together they can improve the situation of their children and families by standing up for their rights. During the project period, 49 PSGs were established in Panjakent and Hamadoni. The number of parents belonging to these PSGs is estimated at around 600 parents, which doubles the target for this project. In addition, many of the PSGs founded since 2008 with the support of ME are still running. Most of the mothers are supported by their families to join these activities and it is encouraging to see how groups seem to have overcome initial negative reactions of husbands or mothers-in-law. 400 children with disabilities and their parents in one way or another were able to make use of services and activities to which they previously had no access, such as financial assistance from the government, doctor visits, therapies, education, community events and the mutual support in the PSGs. Children with disabilities showed improvement in their impairments in many cases, but perhaps more importantly, they had fewer activity restrictions - that is, they were better able to interact and engage in activities of daily living - and reduced participation restrictions at home, in school and in the community.

These successes were achieved by strengthening CSOs through other CSOs: The partner organizations trained 10 more CSOs and established and supported the PSGs together. Together with the PSGs they then campaigned for the rights of children with disabilities at the government, in schools, health centres and in the communities. This also motivated other parts of civil society to become active, from village heads to school principals to Jamoat and district governments.

These successes were achieved despite considerable adversity in 2020, which shows the strong commitment at ME and its partners. The problematic year 2020, however, resulted in reduced implementation time, which had an impact on the results.

These successes were achieved also despite considerable adversity in 2020, which shows the strong commitment at Mission East and its partners. The problematic year 2020, however, resulted in reduced implementation time, which had an impact on the results. One of them is that the PSGs are not yet ready to continue their meetings and activities on their own. More qualitative support is needed focusing on self-empowerment, problem-solving and self-determination. Some parents still have inadequate access to rehabilitation and little knowledge about the support of their children at home, which may be due to the lack of rehabilitation experts in parts of the project, the want of community-based rehabilitation elements and the partly inconsistent involvement of parents in the therapy of their children in some rehabilitation centres. Those of the 10 CSOs who were weak from start still do not have sufficient capacities in certain areas, although at least they had exposure and opportunity to collaborate and learn. Advocacy by CSOs takes place mainly at the level of awareness-raising and for individual cases and is not yet aimed at political changes and government accountability.

Looking at the good results that have been achieved despite the limited time, one can see that the approach of this project works and Mission East contributes to a sustainable change towards an inclusive society. With a longer implementation period and targeted training to close some capacity gaps, an even better and more sustainable impact could be achieved. With the project in Panjakent and Hamadoni now ending, there is a risk that civil society's commitment will wane and PSGs will disintegrate before they really reached their potential.

The long-term partners Nuri Umed and Zarshedabonu during the years have developed into strong and efficient organizations despite some remaining capacity gaps. As far as this could be assessed, Nuri Umid has additional intrinsic qualities that make it worthwhile to consider continuing the cooperation.

5. CONCLUSION AND RECOMMENDATIONS

The project “Building a Brighter Future for Persons Living with Disabilities” as part of the multi-country “Developing civil society for inclusive and resilient communities”, funded by CISU from 2019-2021 has been successfully implemented. On the basis of the discussions and conclusions in this report, a number of recommendations have been formulated that may be considered by Mission East in Tajikistan for planning and managing its Country Programme in future.

PROJECT CONCEPTS AND DEVELOPMENT

1. No matter how long a project is, sustainability and independence of community groups can only be achieved if the approach supports their self-empowerment. The partners' approaches in this regard should be jointly re-evaluated and, if necessary, improved.
2. It should be considered to revive components of community-based rehabilitation, as previously implemented by Mission East, in order to reach more families and mobilize their own resources.
3. There should be a more formal and well-documented learning process for developing new projects and programmatic approaches that involve local partners and people with disabilities / parents.

4. For new projects, exit strategies should be developed with strong plans for phasing out the support and handing it over to local stakeholders and community actors.

CAPACITIES AND TRAINING

5. Partners should receive further training in group facilitation. Selected partners can then also be used as experts for training in new projects.
6. Partners need to acquire more basic knowledge about disability concepts based on global standards. Selected partners can then also be used as experts for training in new projects.
7. In regard to capacity building for CSOs, it can be helpful to determine the training needs participatively at the beginning and also to incorporate mutual training between the CSOs on certain topics in which they are competent.
8. The training curriculums for the 10 topics of PSGs training should be reviewed and where necessary simplified.
9. Training for partners on advocacy strategies targeting specific programs or laws should be provided.
10. To further support the rehabilitation centres, their performance and rehabilitation techniques should be assessed by an expert. The staff should then be trained based on the results, if necessary.
11. Disabled People's Organisations and parents' associations are important to support because they are experts on their own lives or that of their children. They are the ideal resource persons for training courses in the field of disability. To do this, they should be trained in disability concepts beforehand, as they are also often caught in old perspectives.
12. More specific guidance and support for Nuri Umed in writing proposals should be considered.
13. The Mission East country office may profit from refresher training in CBR and disability concepts.
14. In multi-country projects, more systematic exchange meetings on specific topics and informal exchange channels between the country teams can be very motivating and inspiring.

PROJECT TOOLS

15. The Washington Group's questionnaire may be considered for future surveys to identify people with disabilities.
16. Project management tools should be revised (simplified) in a participatory manner with the participation of the country team and the partners.

HUMAN RESOURCES

17. Partners who work with people / children with disabilities should have a rehabilitation specialist on their team or available for advice.
18. Mission East should have a disability advisor available to further strengthen conceptual approaches for their projects in this area.

EQUIPMENT

19. Try finding a specialist to consult when choosing wheelchairs for children (support level, activity level, environment etc) and a repair shop, or consider training a bicycle repair shop for this.
20. Look for ways to work with a local carpenter to build simple supportive furniture for children at home.

I. EVALUATION SCHEDULE

Date	Program
11-12.12.2021, Sat	Departure from home, Travel to Tajikistan
13.12.2021, Mon	Arrival Dushanbe. Lunch with country director. Meeting in ME office and discussion with country director and program manager
14.12.2021, Tue	Travel to Panjakent Visit rehabilitation centre Rakhshon Interview with Deputy Mayor Panjakent Discussion with Nuri Umed team in their office
15.12.2021, Wed	Interview with Deputy of KATS ministry Panjakent Interview with head of PMPK Panjakent and visit to the PMPK centre Interview with CSO Navniholoni Zarafshon FGD with leader of PSGs from far away villages (attending round table meeting) FGD with 3 CSOs (Devashtich, Chernobyl, parents' association Panjakent)
16.12.2021, Thu	FGD with PSG in village 3 home visits to families with children with disabilities Interview with Jamoat leader FGD with PSG in village (2)
17.12.2021, Fr	Discussion and wrap up with Nuri Umed team in their office Travel to Dushanbe
18.12.2021, Sat	Travel to Hamadoni Interview with Deputy of district government Hamadoni Interview with head of Education Department Hamadoni FGD with 3 CSOs (Ravonbakhsh, Subhi Umed, parents' association of Hamadoni) Visit Rehabilitation Centre Hamadoni Travel to Kulob
19.12.2021, Sun	Interview with parents' association Kulob Parent Support group in village in Hamadoni Parent Support group in village in Hamadoni (2) Home visit to family with a child with disability in home in Hamadoni Back to Kulob
20.12.2021, Mon	Visit DPO (Branch of National Coalition of People with disability) Discussion with Zarshedabonu (Direktor, Facilitator, Project officer) Visit Rehabilitation centres Kulob Travel to Dushanbe
21.12.2021, Tue	PCR Test Debriefing in Office Mission East
22.12.2021, Wed	Departure (arrival in Jakarta 22.12, quarantine and return to Makassar on 31.12)

II. DOCUMENTS REVIEWED

Current Project

- Theory of Change / revision
- Project outline
- Log frame document 2019
- Workbook with M&E Plan, Indicator plan, Activity plan, risks & issues. With reports 2019 and 2020
- Program Revision in regard to new partners
- Annual reports 2019, 2020
- KAP surveys in the 2 project areas, 2019 (the final KAP has been conducted but results not yet available)
- Quarterly reports: June - August 2019; Sept - November 2019; January - March 2021; April - June 2021
- Advocacy Plan 2019-21
- CISU Organization Chart
- Article by Dilorom Ashurova
- Partner Profile Zarshedabonu and Nuri Umed
- Capacity assessment Zarshedabonu and Nuri Umed, conducted once in 2019
- Growth Plans Zarshedabonu and Nuri Umed
- 2 MSC stories from Sughd, 3 from Hamadoni
- Training topics for 10 CSO.
- Training curriculum for first topic

CISU Project

- Nepal Field Visit Report [CISU Program Review, 29.03.21]
- Mission East Request for approval of new activities re COVID
- Mission East Capacity assessment/appraisal, 2018, and management response
- CISU programme Q4 report Oct-Dec 2020; Q3 report July-Sept 2020;
- CISU Programme Document 2018
- CISU report March 2021
- CISU Performance Report 2019, 2020
- CISU Strategic update 2019, 2020

Previous projects by Mission East in Tajikistan

- EU Projects 2009-11; 2011-13; 2013-15; 2016-19
- EU Proposal for 2021
- Norway Projects 2010-12; 2011-13; 2013-16
- CISU project 2013; CISU project 2014-17

III. LIST OF KII

Deputy Mayor Panjakent

Deputy of KAT ministry Panjakent

head of PMPK Panjakent / head of Navniholoni Zarafshon

Jamoat leader in Panjakent

Deputy of district government Hamadoni

head of Education Department Hamadoni
 Parents' association Kulob (3 members)
 Director National Coalition of People with disability

IV. LIST OF FGDS

Leaders of PSGs from far away villages (attending round table meeting)
 3 CSOs in Panjakent (Devashtich, Chernobyl, parents' association Panjakent)
 PSG in village, Panjakent
 PSG in village (2), Panjakent
 3 CSOs in Hamadoni (Ravonbakhsh, Subhi Umed, parents' association of Hamadoni)
 PSG in village, Hamadoni
 PSG in village, Hamadoni (2)

V. LIST OF VISITS

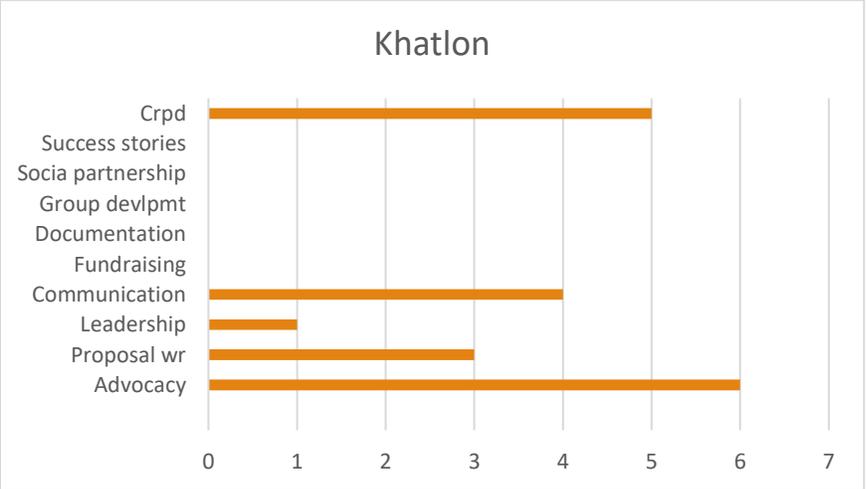
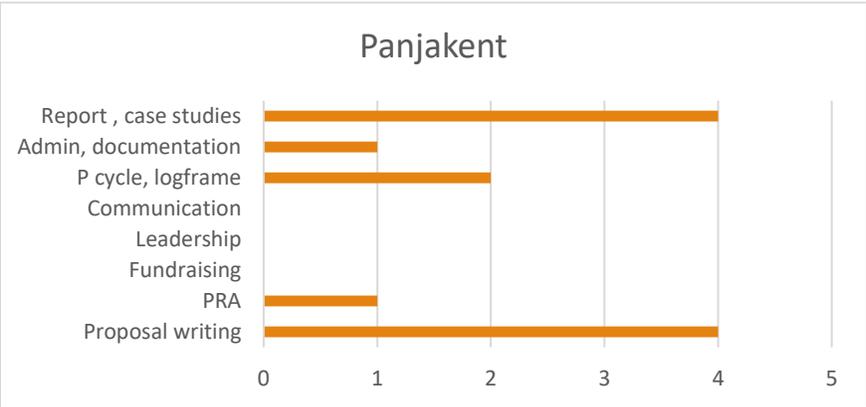
Rehabilitation centre Rakjshon in Panjakent
 Rehabilitation centre of PKPM in Panjakent
 Rehabilitation centre Hamadoni
 Rehabilitation centres Kulob (day care and vocational training)
 3 home visits in Panjakent
 1 home visit in Hamadoni

VI. OVERVIEW 10 CSO

CSO	Original capacity	Working for government or partner	Funding	Mission	Involvement in CISU project
Navniholoni Zarafshon	average	PMPK	none	People with disabilities, General	All activities
Nurashon		KATS			
Devashtich	average		Project with Finland till April 21	Legal advice for people with disabilities	Charter for CBR group. Legal advice
PA Panjakent	average	Nuri Umed	Set up by ME; not active in recent years	Parents, children with disabilities	Registration with Chernobyl and Nuri Umed Screening
Chernobyl	weak	Nuri Umed	Government provides little support	DPO for Chernobyl victims	Part of PA Panjakent KAP

Subhi Umed	weak	Zarshedabonu	Government tender	Children with disabilities in rehabilitation centre	Services for kids of project
PA Kulob	high	Previously ME	none	Parents, children with disabilities	Help PA Hamadoni to register
Ravonbakhsh	Weak - average		Local funds	People with disabilities, community level, livelihood	
National Coalition Kulob branch	Weak			Young people with disabilities	Part of PA Hamadoni
Darmonbash	Weak				Not active
Additional: PA Hamadoni	Weak		none	Parents, children with disabilities	

VII. TRAINING PREFERENCES OF CSO



VIII. EVALUATION MATRIX

Key questions / tasks		Data collection tools
Analysis of the achievements and impact of the project based on relevance, efficiency, effectiveness, impact and coherence of the project, primarily during the 2019 – 2021 programme period. The main focus is on results at the outcome and impact levels.		<ul style="list-style-type: none"> • See data collection tools for See DAC criteria below • Log frame results cross-checked in KII, FGD and discussions
Assessment of project contribution: To the nexus (humanitarian-development and peace) objectives		<ul style="list-style-type: none"> • See below under ‘Impact’
Assessment of project contribution: To localization objectives of empowering the local civil society in Tajikistan.		
Assessment of project contribution: Have the project management, monitoring and reporting systems been adequate and fit to purpose for the goals of the project?		<ul style="list-style-type: none"> • See below under ‘Efficiency’ • Desk review M&E Action Plan and reports
Analysis of sustainability and future prospects of the work for sustaining the results of the project in terms of both the future prospects of the partner CSOs and local civil society at large, as well as the sustainability of the structures providing services for the children with disabilities.		<ul style="list-style-type: none"> • See below under ‘Sustainability’
Assessment of lessons learnt and how the lessons learnt are applicable to Mission East Tajikistan for planning and managing its Country Programme in future.		<ul style="list-style-type: none"> • Analysis and discussion of data collected • Participatory review during and at the end of evaluation
DAC Criteria	Evaluation Questions per DAC Criteria	Data collection tools
Relevance: Consistency with beneficiaries’ rights and needs, global priorities and partners’ and Mission East’s policies.	<ul style="list-style-type: none"> • Has the development context and context related to the space for civil society changed since the approval of the 2019 – 2021 Country Programme plans? Has the strategy for promoting civil society development and inclusion remained relevant during the programme period? 	<ul style="list-style-type: none"> • Desk review on general background • Discussion with ME • KII local NGOs
	<ul style="list-style-type: none"> • Have the activities addressed the underlying causes of inequality and lack of fulfilment of rights related to children / people with disabilities 	<ul style="list-style-type: none"> • Desk review KAP survey • Discussion with ME • KII local NGOs • KII / FGD PA
	<ul style="list-style-type: none"> • Have the activities addressed the capacity for civil society to participate in fulfilment of the rights of children / people with disabilities 	<ul style="list-style-type: none"> • FGD parents’ association • KII local NGOs
Coherence: How well does the intervention fit?	<ul style="list-style-type: none"> • How well does the project fit with other interventions by Mission East and by other actors in the sector? 	<ul style="list-style-type: none"> • Discussion ME • KII local NGOs • KII Department of Social Services / Health / Disability Alliance (if applicable)
	<ul style="list-style-type: none"> • Are there synergies or interlinkages across Mission east projects in Tajikistan, and possible duplication? 	<ul style="list-style-type: none"> • Discussion ME • KII Department of Social Services / Health / Disability Alliance (if applicable)

	<ul style="list-style-type: none"> In particular, how coherent was the emergency response (to address the effects of Covid-19) with other activities of the project and other projects of Mission East? How agile and adaptable were processes and systems to accommodate the change from planned programming to emergency response activities? 	<ul style="list-style-type: none"> Discussion ME KII local NGOs FGD parents' associations
	<ul style="list-style-type: none"> Has there been any synergies built across the CISU programme with Mission East head office and the projects in other 3 countries of the programme 	<ul style="list-style-type: none"> Desk review CISU Discussion with CISU consultant
Effectiveness: Evaluation against the related indicators.	<ul style="list-style-type: none"> Assess progress towards the planned results (outcomes and outputs) of the project. Have the results contributed to the achievement of the project's impact? Which forms of work have been successful and which unsuccessful? 	<ul style="list-style-type: none"> Desk Review Reports and Log frame results KII and FGD to explore and cross-check achievements
	<ul style="list-style-type: none"> To what extent has the capacity of the local partner organisations been strengthened during the programme period, especially with regard to knowledge and ability to advocate for the fulfilment of the rights of children with disabilities? 	<ul style="list-style-type: none"> Desk review Growth plans MSC stories FGD parents' associations KII local NGOs KII local government or service providers / policy makers
Efficiency: How were available resources transformed into intended results in terms of quantity, quality and timeliness.	<ul style="list-style-type: none"> Have sufficient resources (finances, time, human resources) been allocated to the design, implementation, monitoring and evaluation of the interventions? 	<ul style="list-style-type: none"> Desk review reports Discussion ME KII local NGOs
	<ul style="list-style-type: none"> How well has the project been able to transform the available resources into the intended results? Consider also management of the resources. 	<ul style="list-style-type: none"> Desk Review Planning and Reports Discussion ME
Impact: How did the project succeed in the attainment of its overall objective, i.e., targeted impact for its beneficiaries.	<ul style="list-style-type: none"> Has the project contributed to the achievement of its planned development impacts? In what ways? Have there been any unintended positive or negative impacts? 	<ul style="list-style-type: none"> Desk Review Reports MSC stories FGD parents' associations and if possible / relevant adult persons with disabilities KII local NGOs KII local government / stakeholders (rehabilitation centres, schools)
	<ul style="list-style-type: none"> Are there changes related to the fulfilment of the rights children with disabilities that can be directly attributed to the Country Programmes? Changes might include, e.g., changed behaviour of rights holders or duty bearers, new policies, increased state funding to inclusive access to services. Are there changes to which the project has contributed together with other actors? 	
	<ul style="list-style-type: none"> What were the outcomes and impact of the emergency response (to address the effects of Covid-19) as part of the project activities? Is the 'right to humanitarian assistance' of the project's target groups, children with disabilities and people with disabilities now better recognized by different stakeholders in the aftermath of the project? 	<ul style="list-style-type: none"> FGD parents' associations KII local NGOs KII COVID taskforce in the project area (if applicable)
	<ul style="list-style-type: none"> Are there changes in how the Government actors collaborate with civil society actors to fulfil the rights of children with disabilities? Are there changes in how the civil society actors are perceived by other stakeholders, including the communities? 	<ul style="list-style-type: none"> KAP survey FGD parents' associations and if possible / relevant adult persons with disabilities

		<ul style="list-style-type: none"> • KII local government / stakeholders (rehabilitation centres, schools)
	<ul style="list-style-type: none"> • Assess to what extent, through its use of rights-based and LNOB approaches, has the project contributed to achieving coherent collective outcomes, and contributed towards the objectives of humanitarian response, development, and building greater social cohesion, community ownership and acceptance (Nexus approach)? 	<ul style="list-style-type: none"> • Desk review, cross-checked with Parents and local NGO • Exploring cross-disciplinary results (KII, FGDs) • Achievement of Global Programme Outcome
<p>Sustainability: The degree to which the results achieved by the project continue after the external support has come to an end.</p>	<ul style="list-style-type: none"> • Assess the degree to which the project has demonstrated financial, institutional, technical and socio-cultural sustainability. What prospects are there that the results of the project will be sustained into the future? Consider both the organisational sustainability of the partner organisations as well as the actual work with children with disabilities. 	<ul style="list-style-type: none"> • Desk review reports, profiles, developments during the project • KII local NGOs • Discussion ME • KII / FGD parents' associations
	<ul style="list-style-type: none"> • To what extent do stakeholders have confidence that they will be able to build on the changes brought about by the intervention? 	<ul style="list-style-type: none"> • KII local NGOs • Discussion ME • KII / FGD parents' associations