



**MINISTRY OF HEALTH AND SOCIAL  
PROTECTION OF POPULATION OF THE  
REPUBLIC OF TAJIKISTAN**

**NATIONAL PROGRAMME ON  
REHABILITATION OF DISABLED PEOPLE  
FOR 2017 - 2020**

**Dushanbe- 2016**

Approved by the  
Decree of the Government  
of the Republic of Tajikistan  
as of 28.10.2016, №455

**NATIONAL PROGRAMME ON  
REHABILITATION OF DISABLED PEOPLE  
FOR 2017 - 2020**

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# **Government of the Republic of Tajikistan**

## **DECREE**

from 28th October 2016

№ 455

Dushanbe

### **On National Programme on Rehabilitation of Disabled People for 2017-2020**

In accordance with Article 17 of the constitutional law of the Republic of Tajikistan "On the Government of the Republic of Tajikistan", and pursuant to paragraph 10 of the decision of the Government of the Republic of Tajikistan from January 28, 2015, №21 "On the results of socio-economic development of the Republic of Tajikistan in 2014 and goals for 2015", Government of Republic Tajikistan decides:

1. To approve the National Programme on Rehabilitation of Disabled People for 2017-2020 (enclosed).
2. Ministry of Health and Social Protection of the Population of the Republic of Tajikistan to be identified as Coordinator of this Programme.
3. Ministries and departments, chairmen of Gorno-Badakhshan Autonomous Oblast, regions, Dushanbe city, towns and districts within the stipulated budget and from other sources not prohibited by the legislation of the Republic of Tajikistan, to take necessary measures for implementation of goals and objectives of the Programme.
4. Ministry of Health and Social Protection of the Population of the Republic of Tajikistan to inform the Government of Republic Tajikistan on the implementation of the Programme every six months.

**Chairman  
of the Government of the  
Republic of Tajikistan**

**Emomali Rahmon**



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## **LIST OF ABBREVIATIONS AND ACRONYMS**

ANT	Assistive Health Technology
CBR	Community-Based Rehabilitation
CBRN	Community-Based Rehabilitation Network
CRPD	Convention on the Rights of Persons with Disabilities
CWD	Children With Disability
DFP	Disability Focal Points
DPO	Disabled People's Organizations
DSP	Department of Social Protection
GATE	Global Cooperation on Assistive Health Technologies
HWG	Health Working Group'
ICF	International Classification of Functioning, Disability and Health
LFWG	Legal Framework Working Group
M&E	Monitoring and Evaluation
MES	Ministry of Education and Science
MHSP	Ministry of Health and Social Protection of the Population
MLME	Ministry of Labour, Employment and Migration
MT	Ministry of Transportation
NGO	Non-governmental Organization
NOC	National Orthopaedic Centre
P&O	Prosthetics and orthoses
PO	Public Organisation
PHC	Primary Health Care
PMPC	Psychological, Medical, Pedagogical Consultations
PWD	Persons With Disability
RWG	Rehabilitation Working Group
SC	Steering Committee
SPMWG	Social Protection and Mainstreaming Working Group'
UN	United Nations
UNICEF	United Nations Children's Fund
WHO	World Health Organization



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# 1. INTRODUCTION

National Programme on Rehabilitation of Disabled People for 2017-2020 (hereinafter – Programme) is consistent with article 7 of the Law of the Republic of Tajikistan “On State Prognoses, Concepts, Strategies and Programmes for Social and Economical Development of the Republic of Tajikistan”, article 16 of the Constitutional Law of the Republic of Tajikistan “On Government of the Republic of Tajikistan”, article 4 of the Law of the Republic of Tajikistan “On Social Protection of Disabled People” and pursuant to the paragraph 10 of the resolution of the Government of the Republic of Tajikistan from January 28, 2015, №21 "On the Results of Socio-Economic Development of the Republic of Tajikistan in 2014 and Goals for 2015".

The Programme has social and anticrisis nature; its implementation with consideration of UN Sustainable Development Goals up to 2030 is directed towards strengthening social protection of people with disabilities, including their medial and social rehabilitation.

The Programme is enacted for five years and directed to create enabling environment with equal opportunities for all through improvement of health and social protection of people with disabilities, including their social and medical rehabilitation.

The Programme builds upon long-term development perspective of Tajikistan reflected in National Development Strategy of the Republic of Tajikistan for the period up to 2015. Further, while considering second national report of the Republic of Tajikistan on Universal periodic review of human rights at United Nations Human Rights Council on May 6<sup>th</sup>, 2016 Tajikistan declared its intention to sign Convention on the Rights of Persons with Disabilities. It should be mentioned that provisions of this Convention has already been incorporated into legislation and this Programme.

Like other citizens, persons with disabilities have the right to enjoy equal access to all services, including health, social protection, rehabilitation, education, and skills development programs. Consistent with the position of the United Nations (UN) as well as World Health Organization (WHO), Government of the Republic of Tajikistan recognizes disability as a public health issue, a human rights issue and a development priority.

Disability cuts across all sectors, and requires both commitment and participation of various stakeholders. It requires an explicit approach for all aspects related to policy design and organization of services. The proposed Programme aims to serve as a tool for addressing needs of persons with disabilities in the most efficient and effective ways. It builds on collaboration and partnerships, promotes creativity and initiative at all levels of the society to effectively utilize the existing resources, including financial, infrastructure, and human capital, and introduces new approaches and practices.

The Programme proposes a comprehensive strategy to ensure effective implementation and sustainable outcomes through a holistic approach to addressing needs of persons with disabilities in health, rehabilitation, and social protection, including the following: Rights-based approach; Cross-sectoral approach; Person-centred individualized services; Multidisciplinary approach; Empowerment of persons with disabilities and their families.

This Programme concerns areas related to health, rehabilitation, social protection, education, employment and mainstreaming disability. It applies to all persons who experience disability, including:

- a) Individuals with long term impairments, including those who are traditionally considered as disabled:
  - Wheelchair users;
  - Persons who are blind or deaf;
  - Persons with intellectual impairments or mental health conditions.
- b) Individuals who experience difficulties in functioning due to a wide range of health conditions, including:
  - Debilitating acute illnesses, infectious diseases, neurological disorders, mental illness, injuries, conditions after surgeries;
  - Non-communicable diseases, also known as chronic diseases;
  - Results of the ageing process.

## **2. SITUATIONAL ANALYSES**

### **2.1 International context**

Disability is part of the human condition – almost everyone will be temporarily or permanently impaired at some point in life, and those who survive to old age will experience increasing difficulties in functioning. It is estimated that over one billion people (15% of the world's population) currently live with some form of disability, including approximately 95 million children (5.1%).

Disability disproportionately affects vulnerable populations, and is more common among women, older people, and the poor. The vast majority of people with disabilities live in lower-income countries (roughly 80%). The population of people with disabilities will continue to grow due to various factors, including the following: increase in the life span of person; increase in the prevalence of chronic health conditions; increase in the prevalence of unintentional injuries; effective management of severe and complex health conditions attributable to recent advances in the medical field.

Persons with disabilities are more likely to have a lower socio-economic status and quality of life level than their peers without disabilities. Often they experience poorer health as well. Many barriers faced by persons with disabilities are avoidable, and addressing the disadvantage associated with disability results in positive outcomes in all areas of life, including education, employment, family and community. Apart from that, better health of the general population, including persons with disabilities, contributes to a greater development of any country, regardless their level of economic development.

Consideration of the following four general principles of a service provision is important for achieving sustainable outcomes and significant positive impact:

Accessibility - Services can be accessed and used by all citizens when needed. It includes the services' availability and affordability. Apart from a transformation of the physical environment, it also refers to reformation of the referral and information systems, including the correct

assessment of the persons' needs, assessment and mapping of the existing and needed services, the reform of the funding and cost calculations per service etc.;

**Availability** - Services exist and are available when needed. Persons with disabilities often lack access to adequate services at community level due to their unavailability, both in terms of geographical coverage and typology.

Enhancing the existing services, and ensuring development of new practices that include new technical and financial resources, as well as additional professional qualifications and staff, are the keys to addressing issues related to availability of services;

**Affordability** - Must be provided for free or at affordable costs for all citizens in need of social services. This refers to all measures required to allow marginalized populations financial access to social services at community level;

**Accountability** - Service providers are financially and organizationally transparent. It refers not only to the transparency of the financial management of the service, but also to its overall organization: Clear policy and procedure manuals, internal regulations, etc.

Mainstreaming disability, combined with effective health, rehabilitation and social protection services, are critical contributors to the improvement of socio-economic status and quality of life of persons with disabilities and their families.

Access to health rehabilitation is an important element in promoting the right to health for persons with disabilities

## **2.2 In-country context**

The current expenditure on social protection is estimated at 4 per cent of the GDP, and the relative shares are distributed among the following three pillars: Social assistance, social insurance, and social services. The social insurance and pension system represents almost 80 per cent of the social protection spending, while social assistance cash transfers and social services are counting for 11 per cent and 2 per cent, respectively.

Based on reports, public health expenditure was estimated at roughly 7 per cent of the total government expenditures in 2012. However, the documented positive trends in health spending have not been sufficient to compensate for the ageing of the health care facilities and equipment. Besides, the relatively low level of state funding has been a significant barrier to accessibility of essential health care services for the most vulnerable population groups, including persons with disabilities. In accordance to reports, health expenditure per capita was estimated at US \$60 in 2012, which is an eighteen-fold increase since 1995. Out-of-pocket payments for health care have been considerably high since the country's independence, and estimated at 60 per cent in 2012.

As of January 2014, there were 167,865 persons with disabilities registered in Tajikistan.<sup>1</sup> It is approximately 2 per cent of the country's total population. The data collection methodology for persons with disabilities was changed in 2006 and in 2012. According to the changes introduced in 2012, children under the age of 2 are no longer being registered as having a

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<sup>1</sup> Agency for Statistics of the Republic of Tajikistan (2014). Health care in the Republic of Tajikistan

disability, which is related to establishing early intervention services. Table below shows the recent trends in the national data on the registered persons with disabilities.

Table 1. Registered persons with disabilities (adults & children under 18, total and newly registered; number and rates, 2000 and 2010-2014).

Variable	2000	2010	2011	2012	2013	2014
Total population (millions)	6.13	7.53	7.62	7.81	7.99	8.16
<b>Disability Prevalence</b>						
Total PwD (thousand)	106,407	156,716	161,341	171,447	166,593	167,865
PwD per population of 1,000	17	21	21	22	21	21
CwD under 18	17,444	20,348	24,013	30,133	26,226	24,493
CwD per 10,000 children	67	65	72	86	79	73
<b>Disability Incidence</b>						
Newly registered (total)	7,069	12,805	12,899	12,194	8,085	9,320
Per population of 10,000	12	17	17	16	10	11

Views on disability have evolved considerably in Tajikistan over the past two decades: From being treated as objects of charity, medical services and welfare, to more general acceptance of persons with disabilities as citizens with equal legal rights. The human rights approach has increasingly been reflected in recently developed legal documents and policies. The Law on Social Protection of Persons with Disabilities mandates equal participation in society for persons with disabilities through accommodation of their needs and guaranteed access to health care, rehabilitation, education, employment, vocational training, cultural services, sports and entertainment, transportation, public places and information technology. Since 2011, education of children with disabilities has been promoted within mainstream schools through endorsement of the National Concept for Inclusive Education for Children with Disabilities, approved by the Decree of the Government of the Republic of Tajikistan from 30.04.2011. №228. This Concept underlines the continued obligations of education and training providers to ensure that children with disabilities are able to access and participate in education without experiencing discrimination.

The Government of the Republic of Tajikistan from national budget funds a vast majority of the existing services for persons with disabilities, including residential, non-residential and day care facilities. According to data, in 2014 Government of the Republic of Tajikistan spent 14,0 million somoni for residential services for persons with disabilities, including 24,8 thousand somoni for day care services. In 2014, 1371 persons with disabilities have received assistive devices (prostheses, orthoses, wheel-chairs and other mobility and assistive devices) totalling in 37,9 thousand somoni. Total government expenditure on these services was 41,9 million somoni in 2014 - a real increase of up to 14 per cent on the expenditure in 2013, which included disability

pensions. As of January 2015 there were 153,248 people (including 25,086 children) who received social assistance owing to disability, including children with congenital disabilities, those who acquired a disability later in life and those injured in the workplace. In addition, Second World War veterans received social assistance totalling in 12,4 million somoni.

Although the availability of services for persons with disabilities (PWD) has increased in recent years, the existing services remain inadequate to serve the needs of the population, in terms of both quantity and quality. The identified challenges that need to be addressed in a comprehensive manner can be summarized as follows:

- Limited funding for health, rehabilitation and social protection;
- Lack of a strategy on disability and limited legislative frameworks;
- Gaps between the existing policies and their application into practice;
- Lack of monitoring and evaluation of the policies' implementation;
- Poor coordination among the stakeholders supporting health, rehabilitation and social protection and education;
- Lack of referral mechanisms between service providers;
- Insufficient work of public organisations (PO) and non-governmental organisations NGOs in the area of disability;
- Poor socio-economic situation of persons with disabilities and their families;
- Lack of professional-level human resources in the field of health care, rehabilitation and social protection;
- Lack of quality standards and adequate monitoring of disability-related services;
- Lack of rehabilitation services at all levels, in rural areas in particular;
- Limited capacity of the disability service support system;
- Environmental barriers facing persons with disabilities;
- Limited availability of assistive devices;
- Stigma and prejudice that hinder access to services;
- General lack of information about the benefits and potential of rehabilitation services for reducing impairment and disability, and promoting inclusion and participation of persons with disabilities in all areas of life.

### **3. GOALS AND STRATEGIC PILLARS OF THE STATE PROGRAMME**

The proposed Programme is developed to implement other national strategies, including the National Development Strategy of the Republic of Tajikistan, the National Health Strategy for the period 2010-2020, and the Living Standards Improvement Strategy of Tajikistan for 2013-2015. It builds upon the strategic reforms taken by the Government of the Republic of Tajikistan to improve the quality of life of the general population, including persons with disabilities and their families. The general directions of the Programme are outlined in its overall goal and strategic pillars presented below.

Goal: Improve health, rehabilitation, and social protection for persons with disabilities to create an enabling environment with equal opportunities for all.



Strategic Pillars of the Programme are:

- Health and Prevention of Disabilities
- Medical and Social Rehabilitation
- Social Protection of Persons with Disabilities
- Mainstreaming Disability (Promote employment of Person with Disabilities)

### **3.1 Health and Prevention of Disabilities**

The key objective of the “Health and Prevention of Disabilities” strategic pillar is to address barriers and improve access to health care services and programs for persons with disabilities nationwide.

Improved access to health care for persons with disabilities is a critical enabling factor to achieving aspirations, including education, employment, caring for and participating in family, community and public life. The Programme interventions aim at meeting the objective specified above, and will contribute to augmenting health and wellbeing of persons with disabilities nationwide. They will also contribute to fulfilment of the fundamental rights of persons with disabilities. The good health will gradually lead to achieving sustainable outcomes in improving the socio-economic status of persons with disabilities and their families, which, in turn, will contribute to a faster economic growth and achievement of the country’s developmental goals.

The Programme compliments the Health Strategy of population through promoting specific interventions that aim at addressing needs of persons with disabilities. Implementation of the Programme’s activities will add value to the ongoing enhancement of the integrated Primary Health Care system, the core element of the health system reformation process. It will also strengthen and add value to the measures taken by the Government to address the lack of outpatient care, including day care facilities, residential care institutions for elderly and persons with disabilities, out-patient surgery centres, home care and support services.

A wide range of activities will be implemented to achieve the key objective specified above. While some of them will require substantial financial investments and significant reformation of the existing services (e.g. renovation of the existing facilities, constructing new facilities, provision of modern equipment), others will not require immediate investments, but will lead to long-term sustainable results (e.g. developing new policies and strategies, improved coordination, leadership and governance). The activities implemented within the Health and Prevention of Disabilities pillar framework will lead to the improved health of persons with disabilities across the nation through the following:

- Improved early identification of impairments and disabilities;
- Improved access to the same range, quality and standard of free or affordable health care services as provided to other persons;
- Improved access to specialized health services needed by persons with disabilities because of their impairments, and services designed to minimize and prevent further disabilities;

- Expanded the range of services, both general and specialized, available to persons with disabilities nationwide, and in underserved areas in particular;
- Developed relationships between Primary Health Care and community-based rehabilitation (CBR) programs;
- Improved quality of health care services nationwide.

### **3.2 Medical and Social Rehabilitation**

The key objective of the “Medical and Social Rehabilitation” strategic pillar is to address barriers, and improve access to habilitation and rehabilitation services and programs for persons with disabilities nationwide.

The Programme defines rehabilitation as a set of measures that assist individuals who experience, or are likely to experience, disability to achieve and maintain optimal functioning in interaction with their environments.

Rehabilitation enables people with limitations in functioning to remain in or return to their home or community, live independently, and participate in education, the labour market and civic life. Activities implemented under this pillar will promote the shift towards rights-based individual- and family-centred rehabilitation services. Measures implemented under the Programme will result in the improved rehabilitation services for persons with disabilities, and contribute to developing a continuum of targeted services in the following areas: Prevention of the loss of function; Slowing the rate of loss of function; Improvement or restoration of function; Compensation for lost function; Maintenance of current function.

Recognizing that rehabilitation is a cross-sectoral process, the Programme will allow for the strengthening of multidisciplinary practices carried out by health professionals in conjunction with specialists in education, employment, social protection and other fields. It will also promote the involvement of non-specialists workers such as community-based rehabilitation workers, family members, friends, other community members and/or groups. Rehabilitation services will be integrated into a wide range of settings, including acute in- and out-patient facilities, residential care, communities and homes. In addition to the multidisciplinary approach, a possibility of developing transdisciplinary approach will be explored. Specific measures will be taken to improve access to assistive devices, educating persons with disabilities and their families on how to use them.

### **3.2 Social Protection of Persons with Disabilities**

The key objective of the “Social Protection of Persons with Disabilities” strategic pillar is to address barriers and improve access to social protection services for persons with disabilities and their families.

The Programme defines social protection as services and programs that aim to reduce deprivation arising from conditions such as poverty, unemployment, old age, and disability.

The Programme will aim at provision of an integrated package of services and guarantees to address factors that lead to vulnerability and exclusion. Implementation of the Programme

will contribute to the Government's efforts to strengthen social protection of the most vulnerable populations, including persons with disabilities. The proposed activities are developed in light of the changing country's context and fiscal possibilities, and aim at their long-term sustainability. They include activities addressing a wide range of aspects, including issues related to disability benefits (pensions) and further promotion of individualized services such as day care, home care and support and CBR programmes, as well as issues to dissolve closed medical institutions for children with disabilities. Improving registration of persons with disabilities, which is among the core activities, will allow having a better understanding of the existing trends in disability across the country. It will serve as a valuable element of disability surveillance that is critical for making informed decisions.

Revision of the valid legislative frameworks and regulations, including standards and guidelines for social protection services will gradually strengthen individual case management approaches and mechanisms. The Programme also includes activities that will lead to human capital development and enhancing professional competence of those who employed in the field of social protection. It will ensure availability of expertise required for effective implementation of the Government's initiatives in the field of social protection.

Implementation of the Programme activities will allow the achievement of the following:

- Gradually increase the social protection coverage for persons with disabilities and their families through expanding social assistance, social insurance, and social services;
- Introduce a more holistic approach in reforming the main social protection components such as social assistance, social insurance, and social services, and expand application of common evidence-based approaches;
- Introduce new types of social services provision based on best practices available for persons with disabilities in order to facilitate their inclusion to society.
- Improve coordination across the agencies involved in social protection, and engage them in all stages of the Programme implementation.
- Improve registration of persons with disabilities, disability surveillance mechanisms and disability-related data analysis, and aggregate reliable and valid data available for informed decision-making.
- Develop the new generation of appropriately trained professionals involved in both administering and delivering social services and other aspects of social protection.
- Proceed further with administrative reforms to the pension and targeted social assistance systems, and address unforeseen issues arising during the reformation process.

### **3.4 Mainstreaming Disability**

The key objective of the "Mainstreaming Disability" strategic pillar is to address barriers and ensure equal access for persons with disabilities to all basic mainstream services.

The Programme defines mainstreaming disability issues as the process by which all stakeholders ensure that persons with disabilities participate equally with others in any activity and service intended for the general public, including health, social protection, education, vocational training and skills development, and employment.

Mainstreaming disability within the Programme framework will not only fulfil the fundamental human rights of persons with disabilities, but also increase effectiveness of the interventions that are to be implemented under the other three pillars. It will ensure long-term sustainable impact of the Programme.

Implementation of the activities developed under the Mainstreaming Disability pillar will further promote application of principles of equality in all areas of life, regardless the person's disability status. The rights of persons with disabilities will be integrated into the planning, development, implementation and legislation of general policy and regulations that are applied to all areas of life, including education, vocational training and skills development programmes, and employment support initiatives. Persons with disabilities will be included in the decision-making processes in all elements of policy development and at all levels of governments, including national and local authorities.

Realization of the Programme will strengthen the current initiatives launched across the nation with the aim to shift the common attitudes and practices related to disability at all levels of the society and service provision. The transition to mainstream practices will be supported at all levels, including mitigation of the environmental barriers to promote equal access to services and inclusion in all areas of life.

## **4. PRIORITIES AND IMPLEMENTATION MECHANISMS OF THE PROGRAMME**

Disability is a complex cross-cutting issue, demanding comprehensive approach and coordinated actions. The Programme design and approaches are guided by the following general principles:

- Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity;
- Respect for inherent dignity, individual autonomy, including freedom to make own decision and independence;
- Equality between men and women;
- Respect for the evolving capacities of children with disabilities;
- Non-discrimination and equal opportunity;
- Accessibility, full and effective participation and inclusion.

In order to ensure its effectiveness and sustainability, the Programme builds on evidence-based approaches, including the following:

- Human-rights based approach;
- Universal health coverage;
- Life course approach, including continuum of care;
- Multi-sectoral approach;
- Person-centred approach, including empowerment of persons with disabilities.

The following key priority areas are being identified, and will be addressed in order to realize the four pillars of the Programme (health and prevention of disabilities, medical and social rehabilitation, social protection of persons with disabilities, mainstreaming disability):

- Improving the existing legislative frameworks and regulations that concern health, rehabilitation, mainstreaming disability and social protection of persons with disabilities, and introducing anti-discrimination measures and complaints mechanisms.
- Improving identification of disabilities and enhancing the existing disability registration system.
- Improving data collection mechanisms and disability surveillance.
- Strengthening of the existing health, rehabilitation, and social protection services, and extending services to all.
- Enhancing personal and community support for persons with disabilities through inclusion and participation in the community's life including social, sporting, recreational and cultural life.
- Developing disability-inclusive health care.
- Improving accessibility of facilities and services to mainstream persons with disabilities.
- Supporting economic security and independence of persons with disabilities, enhancing capacity of local professionals and support staff.
- Promoting disability-competence and building disability-friendly services.
- Changing societal attitudes and empowering persons with disabilities.

Taking into consideration the cross-cutting nature of disability, the activities proposed for achieving the Programme's overall goal rely on cooperation and integration between various agencies to improve effectiveness of health, rehabilitation and social protection of persons with disabilities, encourage innovation and application of new approaches and methodologies. Evidence-based, internationally recognized approaches and techniques will be promoted and adapted to the country specific conditions throughout the course of the Programme implementation.

The comprehensive nature of the Programme requires simultaneous actions in various domains. While the Ministry of Health and Social Protection of Population of the Republic of Tajikistan will be playing the leading role for carrying it out, other ministries and government agencies will be playing important cooperative roles in their joint efforts. Cross-ministerial communication mechanisms will be established to facilitate efficient implementation of the Programme. Taking into consideration the significance of effective coordination for its successful application, a Steering Committee on Health, Rehabilitation, and Social Protection will be established under Ministry of Health and Social Protection of Population of the Republic of Tajikistan and healthcare departments of regions and cities.

The Programme will utilize a multi-sectoral approach to serve its purpose, develop a long-term vision and consolidate knowledge with the experience gained. Apart from having a strong Steering Committee, additional mechanisms will be introduced to ensure smooth implementation

of activities in specific areas. These mechanisms include establishing specific working groups, coordination committees and professional networks. Such approach will allow for the consolidation and effective utilization of available expertise in specific areas (e.g. legislature, clinical guidelines and protocols, community-based rehabilitation, assistive devices). A multidisciplinary approach will be promoted as the core of effective health, rehabilitation and social protection services. Because the majority of Tajikistan's population live in rural and remote areas that experience a great lack of formally trained professionals, a transdisciplinary approach will be introduced to address the lack of specialist care.

Working at different levels (including policy development, academic, service delivery, users of the services, local communities, families and individuals) will result in changing attitudes, improved knowledge and practice within the society as a whole. The State will accept and facilitate the use of sign languages, Braille, augmentative and alternative communication, and all other accessible means, modes and formats of communication of their choice by persons with disabilities in official interactions.

The implementation mechanisms proposed for each of the four strategic pillars are as follows.

#### **4.1 Health and Prevention of Disabilities**

Recognizing the right of persons with disabilities to health care services and take necessary actions to address barriers and improve access to health care services and programs, the Programme will:

- a) Provide persons with disabilities with the same range, quality and standard of free or affordable health care and programs as provided to other persons, including in the area of sexual and reproductive health and population-based public health programs;
- b) Provide those health services needed by persons with disabilities specifically because of their disabilities, including early identification as appropriate, and services designed to minimize and prevent further disabilities, including among children and older persons;
- c) Provide these health services as close as possible to people's own communities, including in rural areas;
- d) Require health professionals to provide care of the same quality to persons with disabilities as to others;
- e) Prevent discriminatory denial of health care or health services or adequate nutrition on the basis of disability.

General and disability specific elements that concern health of persons with disabilities will be integrated into the current policies, strategies and plans, including the National Health Strategy of the Republic of Tajikistan for period 2010-2020. As appropriate, new policies, strategies and plans will be developed and introduced, to ensure fulfilment of the rights of persons with disabilities, including the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability.



Specific legislative frameworks and regulatory documents will be revised to introduce and enforce universal health care and specific sets of standards for addressing health-related needs of persons with disabilities. While enhancement of the legislative frameworks will ensure strengthening of the legal foundation for protection of the fundamental rights of persons with disabilities to general and specialized health care services, corresponding regulatory acts (e.g. ministerial orders, disability identification criteria, standards of services, clinical protocols) will allow their enforcement and integrated into practice.

New evidence-based standards will be developed and introduced to ensure early identification of impairments and disabilities. The existing clinical protocols will be revised in light of the best evidence based practices to ensure provision of the best possible health care services to persons with disabilities throughout the span of life.

Leadership and governance for disability-inclusive health will be developed at national, regional and district levels to steer and coordinate relevant interventions, and adjust the initial plan of action of the Programme if required.

Disability competence will be improved through integration of disability-related aspects into academic programs for professional training of health care professionals and continuous professional development programs, including advancement of knowledge and skills through hands-on experience and on-the-job training opportunities. Implementation of the Programme will also address the existing barriers to service delivery, including physical accessibility, information and communication.

## **4.2 Medical and Social Rehabilitation**

Activities developed to achieve the overall goal of the “Medical and Social Rehabilitation” pillar will target both, adults and children. They will also be available to persons with disabilities, and those at higher risk of developing disabling conditions (e.g. individuals with non-communicable diseases). Evidence-based rehabilitation practices proven to be effective internationally will be assessed in light of the local conditions to strengthen the existing rehabilitation services and enhance the current system to ensure provision of comprehensive rehabilitation services nationwide.

Recognizing the right of persons with disabilities to habilitation and rehabilitation, the Programme will take effective and appropriate measures, including through peer support, to enable persons with disabilities to attain and maintain maximum independence, full physical, mental, social and vocational ability, and full inclusion and participation in all aspects of life. With this objective the State will organize, strengthen and extend comprehensive habilitation and rehabilitation services and programs, particularly in the areas of health, employment, education and social services, in such a way that these services and programs:

- a) Begin at the earliest possible stage, and are based on the multidisciplinary assessment of individual needs and strengths;
- b) Support participation and inclusion in the community and all aspects of society, are voluntary, and are available to persons with disabilities as close as possible to their own communities, including in rural areas.

The Programme will take specific measures to improve rehabilitation, medical and social services for people with all types of impairments, including individuals with speech and/or hearing impairments, visual and mental health conditions. It will promote the development of initial and continuing training for professionals and staff working in habilitation and rehabilitation services. It will also promote the availability, knowledge and use of assistive devices and technologies, designed for persons with disabilities, as they relate to habilitation and rehabilitation.

A new Assistive Health Technology system will be introduced to improve access to assistive devices and enhance nationwide provision of relevant services to persons with disabilities, both children and adults. As personal mobility is an important element of rehabilitation, the State will take effective measures to ensure personal mobility with the greatest possible independence for persons with disabilities, including by:

- a) Facilitating the personal mobility of persons with disabilities in the manner and at the time of their choice, and at affordable cost;
- b) Facilitating access by persons with disabilities to quality mobility aids, devices, assistive technologies and forms of live assistance and intermediaries, including by making them available at affordable cost;
- c) Providing training in mobility skills to persons with disabilities and to specialist staff working with persons with disabilities;
- d) Encouraging entities that procure and disseminate mobility aids, devices and assistive technologies to take into account all aspects of mobility for persons with disabilities.

### **4.3 Social Protection of Persons with Disabilities**

Recognizing the right of persons with disabilities to social protection and to the enjoyment of that right without discrimination on the basis of disability, the Programme will take appropriate steps to protect and promote the realization of this right, including measures to ensure the following:

- a) Access by persons with disabilities and their families living in situations of poverty to assistance programmes to cover disability-related expenses, including adequate training, counselling, financial assistance and respite care;
- b) Access to appropriate assistive technologies and other prosthetics and orthotic products for disability-related needs;
- c) Access by persons with disabilities, in particular women and girls with disabilities and older persons with disabilities, to social protection programs and poverty reduction programs;
- d) Overcome factors associated with disability that create vulnerabilities for the persons with disabilities and their families;
- e) Access by persons with disabilities to all levels of education, training and lifelong learning related to disability and mitigate poverty through measures aiming to equalize access to

education and employment, support and enhance assistance to individuals with disabilities and their families;

- f) Facilitate equal access by persons with disabilities to clean water;
- g) Access by persons with disabilities to retirement benefits programmes and other social benefits.

Recognizing the equal right of all persons with disabilities to live in the community, with choices equal to others, the State will take effective and appropriate measures to facilitate full inclusion of persons with disabilities and participation in the community by ensuring that:

- a) Persons with disabilities have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement;
- b) Persons with disabilities have access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community;
- c) Community services and facilities for the general population are available on an equal basis to persons with disabilities and are responsive to their needs.

#### **4.4 Mainstreaming Disability**

Recognizing that disability is an evolving concept and that disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others, the Programme will ensure mainstreaming of disability-related issues as an integral part of relevant strategies for sustainable development at national, regional, and local levels.

The Programme will ensure that needs of persons with disabilities are built into the existing and new legislation, standards, policies, strategies, and plans. It will also promote adopting universal design and integration of reasonable accommodations to effectively meet needs of persons with disabilities.

Mainstreaming will promote commitment and collaboration at all levels, and across all sectors of the society. Recognizing that accessibility is a critical aspect of mainstreaming disability, the Programme will promote taking appropriate measures to ensure to persons with disabilities, access on an equal basis with others, to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and in rural areas. These measures will include the identification and elimination of obstacles and barriers to accessibility, and will be applied to the following:

- a) Buildings, roads, transportation and other indoor and outdoor facilities, including health, rehabilitation and social protection facilities, schools, professional training facilities, housing, and workplaces;
- b) Information, communications and other services, including electronic services and emergency services.

The Programme will also take appropriate measures to:

- a) Develop minimum standards and guiding principles for the physical accessibility of facilities and services open or provided to the public and monitor their implementation;
- b) Ensure regular control over private entities that offer facilities and services which are open or provided to the public take into account all aspects of accessibility for persons with disabilities;
- c) Develop guidelines and provide training for stakeholders on accessibility issues facing persons with disabilities;
- d) Gradually equip buildings and other facilities open to the public signage in Braille and in easy to read and understand forms by persons with disabilities;
- e) Provide various forms of live assistance, managers, pupils and professional sign language interpreters, to ensure easy access of population to buildings and other service facilities;
- f) Promote other appropriate forms of assistance and support to persons with disabilities to ensure their access to information.

## **5. EXPECTED RESULTS OF THE PROGRAMME**

As a nation, Tajikistan, has demonstrated a tremendous potential and a great level of commitment at all levels of the society for improving quality of life of persons with disabilities and their families. Inspired by the President of the Republic of Tajikistan and Government of the Republic of Tajikistan, representatives of disabled people's organizations, local and international non-governmental organizations, and general public have united their efforts to improve services for persons with disabilities and their families, and build an inclusive society.

The proposed 5-year Programme on Rehabilitation of Disabled People for 2017-2020 aims to improve health, rehabilitation, and social protection for persons with disabilities in order to create an enabling environment with equal opportunities for all.

It is anticipated that the proposed Programme will contribute to the country's development through strengthening the ongoing reforms by addressing critical needs of the persons with disabilities and their families across the nation, and those who live in rural communities in particular. It will allow the building of a solid evidence-based foundation for making informed decisions, which is a key for developing effective policies and improving existing practices. It will facilitate accumulation of new knowledge, and applying it into practice to improve quality of services. The Programme will also promote creativity and initiative at all levels of the society to effectively utilize available resources, including financial means, existing infrastructure, and human capital. One of the important expected outcomes is improved collaboration among various stakeholders, including decision makers, medical community and other professionals, local and international organizations, as well as disabled people's organizations, persons with disabilities and their families. It will allow the mainstreaming of disability and create a 'disability-friendly' environment. Persons with disabilities will be offered high quality services that will facilitate their empowerment and productivity. It will facilitate transition in attitudes and practices that will contribute to building a rights-based society where persons with disabilities live

with dignity, enjoy equal opportunities and contribute to the betterment of society based on proposed plan of actions. All of the projected outcomes will allow Tajikistan to further develop its society of equal opportunities, and become a leading example of effective policies and practices for people living with disabilities.

## **6. MONITORING AND EVALUATION MECHANISM**

Monitoring and evaluation are recognized as important elements of the Programme implementation, and will be carried out on a regular basis throughout its course. That will allow to document and analyse the outcomes, and introduce timely solutions to address potential challenges or unforeseen issues. The following timeline will be applied to conduct monitoring and evaluation tasks and activities:

- An authorised government body will conduct monitoring as an on-going activity with monitoring reports being prepared on a six-month basis, based on calendar year;
- Evaluation will be conducted annually and finding being presented during the Joint Annual Summits of the National Health Strategy of the Republic of Tajikistan for 2010-2020 at the end of each calendar year.

Primary and secondary data, both qualitative and quantitative, will be collected to ensure effective monitoring and evaluation. Specific monitoring instruments and tools will be developed during the first quarter of the Programme implementation, and incorporated into its activities as appropriate. Annual evaluations will be carried out to assess the outcomes, analyse the progress against the Programme's goal and objectives, identify challenges, develop and propose recommendations for effective measures and interventions to effectively address the identified challenges and ensure successful implementation of the Programme's activities. Monitoring and evaluation reports will be prepared by an authorised body in coordination with other ministries and agencies and presented to the Government of the Republic of Tajikistan and other entities as appropriate.

## 7. INDICATORS OF THE PROGRAMME

Strategic Pillar	Priority Area	Indicator & Timing / Expected Results
Cross-cutting component and Multi-sectoral activities	On-going multi-sectoral collaboration and coordination of activities	2017 (1), Disability Focal Points (DFP) are appointed and functional in different ministries and agencies
		2017 (1), Steering Committee meets regularly and operates effectively
		2017 Specific task-related working groups are established and operate effectively
		2017 (3), Co ordination Councils for Social Protection of PWD are established at all administrative territorial divisions, and function effectively
	Improving the existing disability-related legislative frameworks and regulations	By 2018 (4), the Law “On Social Protection of Disabled People” is revised
		By 2018 (4), Revision of the existing legislative frameworks and regulatory acts to ensure rights of PWD and meeting their needs
		By 2018 Appeals’ mechanisms for PWD are developed and functional
		By 2017 Recommendations for improving the existing financial base for disability-related services are approved
		By 2018 New referral system is in place for early identification of impairments and disability, and timely provision of health, rehabilitation and social protection services. Specific Guidelines are developed and disseminated
	Strengthening of services and extending services to all	By 2017 Assessment of accessibility of physical infrastructure for health, rehabilitation and social protection services is conducted
		The Action Plan for Strategic Capacity Building of the Existing Infrastructure and Disability-related Service Provision (including issues of inclusive education) is developed by 2017, and implemented in accordance with the specified timeframe
		By 2018 service providers are accredited by the MHSP for providing services to PWD
	Enhancing capacity of local professionals and support staff	By 2018 professions involved in adequate rehabilitative services to PWD are included in the All-Republican Classifier of Occupations in Tajikistan
		By 2018 improved curriculum at academic facilities to include disability-related aspects
		By 2019 increased number of adequately trained professionals to provide quality services in various fields related to health, rehabilitation, and social protection of PWD
		Beginning in 2017 50 staff employed in the fields of health, rehabilitation and social protection undergo short-term ‘disability sensitivity’ training annually



Health and Preventions of Disabilities	Improving identification of disability	Development, introduction, and improvement of the new age-appropriate standards for early identification of impairments and disabilities (2017-2018 – pilot segment; 2019 – all regions)
		New standards for early identification of impairments and disabilities are integrated into the existing Disability Registration System (2017-2018 – pilot segment; 2019 – all regions)
		Improved number of registered PWD nationwide, in rural areas in particular
		By 2020 unified disability determination and classification system in line with International Classification of Functions is developed and functional
	Improving data collection mechanisms and disability surveillance	By 2018 the disability data collection instruments and mechanisms are developed based on internationally recognized recommendations
		By 2018 disability issues is included in the national data collection systems
		By 2020 disability-related questions are integrated in the national census questionnaire
		Annually increased funding for research in priority areas related to disability
	Developing disability-inclusive health care	By 2017 disability is a part of National Health Strategy and Universal Health Coverage
		By 2018 the number and proportion of PWD referred to rehabilitation services is increased by at least 5 per cent annually
		By 2018 the number of outreach services provided by PMPC and rehabilitation centres is increased by 5 per cent annually
Social Protection of Persons with Disabilities	Strengthening of services and extending services to all	By 2018 increase the number of CBR programs to 20 rayons; then by 10 every three years
		By 2018 service specifications and standards are developed and approved for emerging new services, including CBR, respite and foster care
	Supporting economic security and independence of persons with disabilities	By 2017 campaigns to increase employers' awareness of the benefits of employing PWD is conducted semi-annually
		By 2018 support increasing the percentage of PWD enrolled in vocational and professional education, including vocational training programs and higher education
		By 2020 job-creation schemes for PWD are developed and operational
Medical and Social Rehabilitation	Strengthening of services and extending services to all	Annually envisage funds to procure assistive devices for rehabilitation nationwide
		By 2018 types of assistive devices to cover the needs of sensorial disabilities increased and available for people with sensorial disabilities
		By 2017 the concept of as “Assistive Devices’ Single Window Service” provision is developed and by 2018 it is piloted and fully operational by 2019
	Developing disability-inclusive health care	By 2017 rehabilitation services are integrated into health care services provided by in- and out-patient health care facilities

Mainstreaming Disability	Enhancing capacity of local professionals and support personnel	Increased number of rehabilitation professionals in both urban and rural areas, and increased availability of rehabilitation professionals to PWD with vocational and professional education nationwide
		By 2018 professional qualification requirements (frameworks) for staff involved in provision of services to PWD is developed and formally approved
		By 2020 250 number of staff and workers providing services to PWDs in families, communities and other facilities supporting PWDs will have undergone professional training
	Improving accessibility of facilities and services	By 2018 “Accessibility Guidelines” and “Reasonable Accommodation Measures & Guidelines” are developed and disseminated, and accessibility seminars are conducted nationwide
		By 2018 accessibility standards for newly built infrastructure are in force
		By 2018 State Programme on Accessible environment is developed
	Enhancing personal and community support through inclusion and participation in the community’s life	By 2017 PWDs are included in sport competitions organized at local, regional and national levels annually
		Since 2017 initiate and hold literary contests, art exhibitions, movie festivals among PWD are conducted every two years
	Changing societal attitudes	By 2017 (3), “Disability Awareness Classes” are integrated into the mainstream education system
		By 2017 disability-related issues and PWD are featured by mass media regularly
		By 2017 a noticeable shift to ‘disability-friendly’ terminology in public, mass media

## 8. ACTION PLAN FOR IMPLEMENTATION OF THE PROGRAMME

No	Action	Implementer	Timeline	Financial Sources
<b>1. Cross-cutting component and multi-sectoral activities:</b> <b>Measures that aim to ensure on-going multi-sectoral collaboration and</b> <b>Actions that require collaborative work on addressing specific actions</b>				
1.1.	Facilitate appointment of a Focal Point of Contact – ‘Disability Focal Point’ (DFP) - to be in charge of disability-related issues in each relevant government entity, including ministries of Education and Science, Labour, Migration and Employment, and Transportation and Agency on Social Insurance and Pensions. Each DFP is to be tied to a specific position and approved by the supervising authority; Specific DFP’s responsibilities DFP will be added to the official job descriptions.	MZSZ-3, MZSZ-2, MZSZ-1, GU-6, GU-5	2017 (1) - 20 17 (1)	Within stipulated funds
1.2.	Establish the Steering Committee on Health, Rehabilitation, and Social Protection (Steering Committee; SC), and maintain its ‘coordinating body’ role throughout the course of the Programme.  Regular working meetings on a quarterly basis; Additional meetings as required.	GU -1  MZSZ-1, MZSZ-7, GU, PR, PO	2017 (1) – 2020 (4)	Within stipulated funds
1.3.	Develop monitoring & evaluation tools as part of the Programme implementation process;  Conduct training [initial and follow-up as necessary] for agencies or staff on their use and reporting procedures as appropriate.	MZSZ-1, GU-5, GU-17, DG-1, GU-4	2017 (1) – 2020 (4)	Within stipulated funds
<b>Improving the existing disability-related legislative frameworks and regulations</b>				
1.4.	Establish ‘Legal Framework Working Group’ (LFWG), and maintain its works as long as required to fulfil its goals, objective and tasks. A specific remit will be developed upon organizing the LFWG. It will outline the group’s goals, objectives and tasks.	MZSZ-1, GU-9, PR, PO	2017 (1) – 2020 (4)	PR and PO

	Working meetings will be conducted on a quarterly basis; Additional meetings are to be organized if needed.			
1.5.	<p>Analyse the existing legislative frameworks and regulatory acts (including intra- and inter-agency orders) in light of the needs of persons with disabilities (PWD) in health, rehabilitation and social protection services, and make recommendations on how to enhance them (through both amendments and addendums). This analyse will be conducted in light of relevant international statutes and conventions, and evidence-based best international practices in health, rehabilitation, social protection and mainstreaming of PWD.</p> <p>The recommendations are to include specific mechanisms for coordination, decision-making, monitoring, evaluation, reporting, management and control of resources.</p> <p>This activity will include revision of the Law on Social Protection of PWD, developing an Action Plan for its effective execution, and drafting specific recommendations for introducing amendments and/or addendums to ensure that its content is aligned with the rights-based approach and relevant legislation, covers all relevant sectors, specifies mechanisms of coordination, decision-making, regular monitoring and reporting, management and control of resources.</p>	DG-2	<p>2017 (1) - 2018 (4)</p> <p>2017 (2) - 2017 (3)</p>	Within stipulated funds
1.6.	Analyse the content of relevant legislative frameworks and regulations in light of appropriateness of specific disability-related terminology (e.g. incapable), identify inconsistencies (e.g. use of different definitions of the same term), and make recommendations on changing the terminology in light of the current trends in the use of 'disability-friendly' inoffensive terminology and amendments required to address inconsistencies [definitions in particular].	DG-2, DG-1	2017 (1) - 2017 (2)	Within stipulated funds
1.7.	<p>Develop a 'Glossary of Disability-friendly Terminology and Definitions' in two versions: One for professionals, and One in lay language for general public and mass media. Two formats: Hard copies to disseminate among various stakeholders nationwide; Electronic versions to be downloadable on the MHSP website.</p> <p>The Glossary will be revised in 2 years if needed to keep up with the reformation process. Otherwise, in 2019.</p>	MZSZ-3, MZSZ-2, DG-2, DG-1, GU-16, PR, GU-4	<p>2017 (3)</p> <p>2018 (4); 2019 (4)</p>	Within stipulated funds
1.8.	Integrate disability-related aspects into the government regulations on health,	MZSZ-1,	2017 (1) -	Within stipulated

	rehabilitation, and social protection; Universal Health Care; Basic Benefits Package; Finance; Staff training and Education; Licensing; Rights and responsibilities of relevant personnel; Quality assurance and safety of health, rehabilitation and social protection services, including assistive devices.	DG-1	2020 (4)	funds
1.9.	Develop mechanisms for monitoring and enforcement of the legislative frameworks and service delivery regulations.	DG-2; DG-1, MZSZ-1, GU-9	2017 (1) - 2018 (4)	Within stipulated funds
1.10.	Review the existing legislative frameworks and mechanisms for funding health, rehabilitation, social protection and mainstreaming of persons with disabilities, and make recommendations for improving the existing financial base.	DG-2, MZSZ-1, PR, GU-4	2017 (4) – 2020 (4)	Within stipulated funds
1.11.	Develop specific regulations and mechanisms for an effective referral system to promote early identification of impairments and disability, and timely provision of health, rehabilitation and social protection services. Develop mechanisms for submission and processing appeals by PWD. Produce and disseminate clear comprehensive guidelines to support their implementation. Update the guidelines as needed to reflect the changes (if introduced as part of the reformation process of relevant services).	MZSZ-3, MZSZ-2, MZSZ-1	2017 (2) 2018 (3)  2017 (3) - 2020 (4)	Within stipulated funds
1.12	Develop recommendations to enhance the current regulations for social benefits and disability pensions to provide adequate support to PWD and families	MZSZ-2, MZSZ-7, GU-14, DG-2, DG-1, GU-4	2017 (4)	Within stipulated funds
1.13.	Develop recommendations and regulations for financial reimbursements to cover associated travel costs for specialized health, rehabilitation and social protection services that are not available near the person's place of residence (The regulations should reflect the actual travel costs, and provide clear and effective measures for annual adjustments).	MZSZ-1, GU-7, GU-4, GU-13, GU-18, MOV, GU 18,1-12	2017 (3) - 2017 (4)	Within stipulated funds
1.14.	Assess the possibility and develop recommendations to build a sustainable foundation for effective de-institutionalization, provision of adequate support to families carrying for CWD, and promotion of alternative care for PWD such as home-based, day care, CBR programs, education and vocational training, other	MZSZ-2, MZSZ-7, GU-12, MOV, DG-2,	2017 (2) - 2018 (4)	Within stipulated funds

	services for PWD near place of residence.	DG-1, GU-4		
1.15.	Develop regulations and clear comprehensive guidelines in order to ensure individualization of services by strengthening the application of Individual Rehabilitation Plans (IRP), and the role of parents (families) in their development, implementation, monitoring and evaluation. The regulations should include clear mechanisms for practical implication of IRPs, time-bound monitoring and evaluation of the IRPs, and building capacity of relevant professionals in the IRP development, implementation, monitoring, evaluation, and revision.	MZSZ-3, MZSZ-2, DG-2, DG-1	2017 (4) - 2018 (3)	Within stipulated funds
1.16.	Develop new evidence-based regulations for provision of assistive devices for people with different impairments, including mobility, sensorial, speech, mental, learning. Update the regulations on a regular basis to reflect the changing in-country context and additional fiscal opportunities.	MZSZ-2, MZSZ-7, MZSZ-3, RC-13, GU-4, DG-1	2017 (2) – 2017 (4)	Within stipulated funds
<b><i>Early identification of disability</i></b>				
1.17.	Introduce the newly developed standards for early identification of impairments and disabilities, and integrate them into the existing Disability Registration System (State Agency for Medical-Social Examination, Primary Health Care System, PMPC). Ongoing improvement of these standards, if needed.	MZSZ-3, MZSZ-2, GU-17	2017 (1)	Within stipulated funds
1.18.	Carry out follow-up trainings on the new standards for early identification of impairments and disabilities nationwide.	MZSZ-3, MZSZ-2, MZSZ-7, PR, GU-4	2018 (4) – 2020 (4).	Within stipulated funds
<b><i>Improving data collection mechanisms and disability surveillance</i></b>				
1.19.	Develop and implement measures to strengthen capacity in the field of disability-related research	DG-1, MZSZ-1, OU, MZSZ-9, GU-4	2017 (3) – 2020 (4)	Within stipulated funds and PR
1.20.	Promote and support research, both qualitative and quantitative, on priority disability-related issues to aggregate scientific evidence for making informed decisions in related fields, including introducing new norms, practices, and	MZSZ-3, MZSZ-2, MZSZ-7,	2017 (4) – 2020 (4).	Within stipulated funds and PR, OU and DG-3



	behaviours. Research topics will include: <ul style="list-style-type: none"> <li>- Causes of disability [‘Top 10 disability causes in Tajikistan’]</li> <li>- Epidemiological assessments</li> <li>- Use of assistive devices and their impact</li> <li>- Cost-effectiveness of specific services</li> <li>- Cultural norms and attitudes of the society toward disability.</li> </ul>	DG-1, OU, MZSZ-9, DG-3, GU-4		
<b><i>Strengthening of the existing services and extending services to all</i></b>				
1.21.	Develop and implement an Action Plan for Strategic Capacity Building of the Existing Infrastructure and Disability-related Service Provision for a step-by-step improvement of the existing structure offering health, rehabilitation, and social protection services to PWD. The interventions should include: <ul style="list-style-type: none"> <li>- Renovation of the existing premises;</li> <li>- Building new premises to meet the raising demand for specific services;</li> <li>- Upgrading and provision of modern diagnostic, medical and rehabilitation equipment;</li> <li>- Enhancing competence of the existing personnel;</li> <li>- Enhancing professional training in relevant academic fields;</li> <li>- Expanding the range and availability of assistive devices and promoting their use;</li> <li>- Introducing and promoting evidence-based best practices;</li> <li>- Revising the existing diagnostic and treatment protocols, and developing new diagnostic and treatment protocols for health conditions (both acute and chronic) that may lead to developing a disability.</li> </ul> The plan should include monitoring & evaluation mechanisms to keep track of its implementation progress and introduce timely adaptation if necessary. Working meetings on a quarterly basis as needed; After that when needed.	MZSZ-3, MZSZ-2, MZSZ-5, GU-4, With involvement of DG-1 and PR, as appropriate	2017 (2) – 2020 (4)	Within stipulated funds and PR and local entrepreneurs
1.22.	Develop registration mechanism of accrediting service providers to provide health, rehabilitation and social protection services to PWD. All service providers are to be accredited by MHSP for service provision.	MZSZ-6, MZSZ-3, GU-4	2018 (1) 2019 (4)	Within stipulated funds
<b><i>Improving accessibility of facilities and services</i></b>				
1.23.	Assess the possibility of developing a free or nominal fee “Social Taxi” service to	MZSZ-2,	2017 (1) -	Within stipulated

	improve access to health, rehabilitation, and social protection services.  Develop and launch the “Social Taxi” service to improve access to health, rehabilitation, and social protection services (if considered).	GU-7, GU-4, DG-1	2017 (4)  2018 (1) – 2020 (4)	funds, PR, PO and local entrepreneurs
<b><i>Enhancing capacity of local professionals and support staff</i></b>				
1.24.	Revise the All-Republican Classifier of Occupations in Tajikistan to include professions involved in adequate rehabilitative services to PWD, including the following: - Prosthetist and Orthotist - Physical medicine specialist - Rehabilitation Therapy Assistant - Speech therapist - Sign language interpreter - Personal assistant (formal and informal – family and/or friends)	MZSZ-1, GU-6, GU-9	2017 (4) - 2018 (1)	Within stipulated funds
1.25.	Building a new generation of well qualified professionals for serving needs of PWD in various fields related to health, rehabilitation, and social protection through enhancing all levels of professional training and continuous professional development courses. This process will include the following steps: - Training a reasonable number of professionals in undergraduate and graduate schools offering internationally recognized professional education. - Upon return, involve them (or some of them as appropriate) in training local professionals.	MZSZ-1, GU-3, OU-4- 8, GU-5, GU- 4	2017 (3) – 2020 (4)	Within stipulated funds and PR
1.26.	Evaluate curricula content at all relevant professional training institutions, and integrate appropriate up-to-date disability-related aspects into the existing professional curricula at the Medical University, Schools for Nurses, Social Work Department of the Tajik National University, Teacher Training Facilities (all professional training levels: vocational education, undergraduate, graduate and post-graduate).	Independent Agency / Consultant(s), in coordination with MZSZ- 1, GU-3, OU	2017 (3) - 2018 (4)	PR
1.27.	Train 50 service providers (managerial level) in the fields of health, rehabilitation	MZSZ-1,	2017 (4)	Within stipulated

	and social protection on ‘disability sensitivity’ every calendar year.	OU-2, GU-4		funds
1.28.	Establish a system of non-financial remuneration to address the issue of professional retention. Development and capacity building of professional skills, planning scientific topics, forming associations and Tajikistan OT, PT, P&O networks etc.	MZSZ-1, GU-4	2017 (2) – 2020 (4)	Within stipulated funds
1.29.	Provide on-the-job ‘disability sensitivity’ training to all relevant service providers in different ministries	MZSZ-1, OU-6-8, PO-8, OU-2, GU-4	2017 (4) – 2020 (4)	Within stipulated funds and PR
1.30.	Develop links between educational institutions and service providers to develop specific internship programs and projects as part of professional training curriculum and extra-curricular activities offered by academic institutions, including medical training and teacher training facilities, programs for training social workers and psychologists, and integrate them into the academic curriculum for students to apply theoretical knowledge into practice and gain disability-related work experience.	MZSZ-1, GU-3, OU, PO	2017 (1) – 2018 (4)	Within stipulated funds
1.31.	Develop partnerships with graduate and postgraduate institutions that have well-established academic programs for preparation of rehabilitation professionals (e.g. physiotherapists, occupational therapists, early interventionists, etc.) with the aim to obtain technical support in strengthening professional training programs, relevant services, and developing long-term partnerships and mentorships.	MZSZ-3, DG-1, GU-3, OU, RC, IU, DG-3, GU-4	2017 (1) – 2020 (4)	Within stipulated funds and PR
1.32.	Establish and maintain collaboration with well-established and effective rehabilitation practices, including day care centres, CBR and early intervention programs to exchange experiences and benefit from collaborative partnerships, including on-going technical support through coaching and mentoring, both on-site and long-distance.	MZSZ-1, MZSZ-7, PO-7, RC, IU, DG-3, MOV, with support provided by DG-1, GU-4	2017 (1) - 2020 (4)	Within stipulated funds and PR, PO and entrepreneurs
1.33.	Introduce and nurture the culture of continuum professional development through active forums, publications, participation at conferences and seminars, professional exchange opportunities both locally and internationally. This activity should include both professionals and students.	MZSZ-1, GU-3, GU-7, OU, PO-7, PO-8, PR,	2017 (3) – 2020 (4)	Within stipulated funds and PR, PO and entrepreneurs

		GU-4		
<b>2. Actions to be implemented in each of the identified strategic pillars:</b>				
<b>2.1 Health and Preventions of Disabilities</b>				
2.1.1.	Establish 'Health Working Group' (HWG), and keep it operational as long as required to fulfil its goals, objectives and tasks. A specific remit is to be developed upon organizing it to outline the HWG goals, objectives and tasks. Regular work meetings are to be held quarterly; Additional meetings if needed.	MZSZ-3, MZSZ-1, PR	2017 (1) – 2020 (4)	Within stipulated funds
<i>Improving identification of disability</i>				
2.1.2.	Study evidence-based and standards for early identification of impairments and disabilities recognized internationally.	MZSZ-3, MZSZ-2, DG-1, PR	2017 (4)	Within stipulated funds
2.1.3.	Develop age-appropriate standards for early identification of impairments and disabilities.	MZSZ-3, in collaboration with PR/experts with expertise in disability (if needed), GU-4	2017 (2) - 2017 (3)	Within stipulated funds PR (if international expertise is required and involved)
2.1.4.	Conduct pilot testing of the newly developed standards.	MZSZ-3, GU-4	2017 (4) - 2018 (4)	Within stipulated funds and PR
2.1.5.	Finalize the newly developed standards after the pilot testing, obtain necessary approvals and develop a strategy for their nationwide implementation.	MZSZ-3	2018 (4)	Within stipulated funds
2.1.6.	Develop guidelines on the new standards for early identification of impairments and disabilities. Conduct initial nationwide training on how to apply them for the appropriate personnel, including PHC staff (both doctors and nurses), SAHU staff, PMPC staff, Hospital staff (including internists, surgeons, pediatricians, neurologists, otolaryngologists).	MZSZ-3, with support provided by PR as appropriate, GU-4	2017 (3) - 2017 (4)  2017 (4) – 2020 (4)	Within stipulated funds PR

2.1.7.	Develop a unified system of disability determination and classification in line with International Classification of Functions	MZSZ-3, PR, GU-6, GU-4, PO-1	2019 (3)	Within stipulated funds and PR
<b><i>Improving data collection mechanisms and disability surveillance</i></b>				
2.1.8.	Promote disability in national data collection systems, including the unified information health system.	MZSZ-3, GU-17	2017 (1) – 2020 (4)	Within stipulated funds
2.1.9.	Revise, enhance and modify the existing disability data collection instruments and mechanisms and indicators in light of internationally recognized recommendations for valid and reliable data on disability.	MZSZ-3, GU-17, PR, GU-4	2017 (3) - 2018 (1)	Within stipulated funds and PR
2.1.10.	Revise and modify the existing data collection systems by incorporating gender and disability. Introduce changes into the routinely collected data as appropriate.	MZSZ-3, GU-17 in collaboration with other agencies, as appropriate	2017 (4) - 2020 (4)	Within stipulated funds
2.1.11.	Build capacity (train) of the relevant personnel to effectively introduce the modified data systems and new data collection instruments.	MZSZ-3, MZSZ-2, GU-17, GU-4	2017 (3) - 2020 (4)	Within stipulated funds and PR
2.1.12.	Include disability related questions into the next national census questionnaire	GU-17, MZSZ-1	2018 (4) - 2019 (3)	Within stipulated funds
2.1.13.	Integrate disability into the ongoing activities aiming at research, development and implementation of new methods and technologies for prevention, diagnosis and treatment.	OU-1, MZSZ-3, OU-2-8, DG-1, GU-4	2017 (3) – 2020 (4)	Within stipulated funds and PR
<b><i>Strengthening of the existing services and extending services to all</i></b>				
2.1.14.	Integrate disability into the Primary Health Care and hospital services. This will include the following: - Early identification - Including rehabilitation services into treatment protocols for the most common acute and chronic diseases to prevent or mitigate severity of complications leading to disability (e.g. injuries, heart attack, stroke).	MZSZ-3, MZSZ-1, GU-4	2017 (2) – 2020 (4)	Within stipulated funds

	<ul style="list-style-type: none"> <li>- Incorporate language interventions, augmentative and alternative communication techniques into existing treatment protocols.</li> <li>- Include an expanded range of specialized assistive devices into treatment protocols.</li> </ul>			
<b>Developing disability-inclusive health care</b>				
2.1.15.	Incorporate disability into all elements of the National Health Strategy and Universal Health Coverage system.	MZSZ-3, MZSZ-1, GU-4	2017 (4) – 2020 (4)	Within stipulated funds
2.1.16.	Ensure inclusion of PWD into the health care available to the general population, including prevention, screening, reproductive health interventions. As appropriate, specifically mention PWD in clinical guidelines, diagnostics and treatment protocols, along with the required reasonable accommodation.	MZSZ-3, MZSZ-1, GU-4	2017 (1) – 2020 (4)	Within stipulated funds
2.1.17.	Ensure gradual improvement of services by investing into the infrastructure to address the decay, lack of work space and modern rehabilitation equipment to provide means for offering quality health, rehabilitation and social protection services.	MZSZ-3, MZSZ-1, PR, GU-4	2017 (1) – 2020 (4)	Within stipulated funds and PR
2.1.18.	Ensure that communication materials are developed and disseminated in appropriate and accessible formats (e.g. audio or braille for person with visual impairments, written or pictorial format for people with hearing impairments).	MZSZ-1, GU-3, PR, GU-4	2017 (4) – 2019 (4)	Within stipulated funds and PR
2.1.19.	Ensure step-by-step investment into the PHC with focus on prevention, early identification and interventions, referrals and follow-ups.	MZSZ-1, PR, GU-4	2017 (1) – 2020 (4)	Within stipulated funds and PR
2.1.20.	Establish collaborations between PMPC and national rehabilitation centres, and PHCs. (i.e. each PMPC and national rehabilitation centre, selects PHC in their geographical areas and carries out outreach activities)	MZSZ-3, MZSZ-1, GU-4	2017 (3) – 2020 (4)	Within stipulated funds and PR
2.1.21.	Integrate primary, secondary, and tertiary disability prevention services into services provided by health care facilities, both out- and in-patient.	MZSZ-3, MZSZ-1, PR, GU-4	2017 (1) – 2020 (4)	Within stipulated funds
<b>2.2 Medical and Social Rehabilitation</b>				
2.2.1.	Establish 'Rehabilitation Working Group' (RWG), and keep it operational as long as required to fulfil its goals, objective and tasks.	MZSZ-3, MZSZ-2,	2017 (1) – 2020 (4)	Within stipulated funds

	- A specific remit is to be developed upon organizing it to outline the RWG's goals, objectives and tasks. Regular work meetings are to be carried out quarterly with additional meetings if needed.	MZSZ-7, MZSZ-8, PR, PO		
<b><i>Strengthening of the existing services and extending services to all</i></b>				
2.2.2.	Review the existing rehabilitation programs and services, and introduce necessary changes to improve their coverage, effectiveness, and efficiency	MZSZ-3, MZSZ-2, MZSZ-1, GU-4	2017 (3)	Within stipulated funds and PR
2.2.3.	Coordinate with other government ministries, civil society organizations, private sector, etc. for provision of comprehensive rehabilitation services, including social services, education, employment and empowerment	MZSZ-3, MZSZ-2, MZSZ-7, GU-3-8, GU-13, GU-15	2017 (4) – 2020 (4)	Within stipulated funds
2.2.4.	Integrate rehabilitation techniques and services into the existing medical services provided by in- and out-patient health care facilities that provide services to patients with chronic (non-communicable) and mental diseases.	MZSZ-1, DG-1, GU-4	2017 (1) – 2020 (4)	Within stipulated funds, PR and PO
2.2.5.	Expand out-patient rehabilitation services through establishing out-patient facilities at national and regional rehabilitation centres.	MZSZ-3, MZSZ-2, MZSZ-1, GU-4	2017 (1) – 2020 (4)	Within stipulated funds
2.2.6.	Expand and strengthen early intervention services and programs, and integrate them into the existing and newly developed services, including PHC, hospital care, CBR programs, day care centres, PMPC	MZSZ-3, MZSZ-2, MZSZ-1, MZSZ-7, PR, PO, GU-4	2017 (3) – 2020 (4)	Within stipulated funds, PR and PO
2.2.7.	Strengthen and expand the available rehabilitation services to meet the existing needs of PWD in rehabilitation by enhancing services provided by secondary care centres (PMPC), and expand such services to 10 more districts in a phased manner.	MZSZ-3, MZSZ-2, MZSZ-1, PR, GU-4	2017 (1) – 2020 (4)	Within stipulated funds and PR
2.2.8.	Develop, establish, and maintain 'navigation' mechanisms and services as a way to facilitate timely appropriate referrals and follow-up services, and incorporate	MZSZ-3, MZSZ-2,	2017 (3) – 2020 (4)	Within stipulated funds and PR funds

	them into the existing PHC, SAHU services, and the PMPC, CBRN.	MZSZ-1, GU-4		for introduction of new services
2.2.9.	Utilize CBR as a strategy to compliment and strengthen the existing rehabilitation services structure, in communities with insufficient level of services in particular.	MZSZ-3, MZSZ-2, MZSZ-1, PO, MOV, GU-4	2017 (1) – 2020 (4)	Within stipulated funds and PR
2.2.10.	Strengthen the PMPC and gradually expand their tasks and responsibilities to meet the existing needs of PWD and ensure timely and effective rehabilitation services. The measures should include the following: <ul style="list-style-type: none"> <li>- Develop an Action Plan for standardization of PMPC services with regards to scope;</li> <li>- Building the human resources capacity in line with evidence-based best practices;</li> <li>- Incorporate multi- and trans-disciplinary team approach as appropriate;</li> <li>- Equip with necessary diagnostic and rehabilitative equipment;</li> <li>- Enhance professional competence by improvement of the knowledge on modern diagnostic and rehabilitation techniques and methodologies, including assistive devices, augmentative and alternative approaches.</li> </ul>	MZSZ-3, MZSZ-2, MZSZ-1, GU-4	2017 (2) – 2020 (4)	Within stipulated funds
2.2.11.	Develop, introduce, and apply into practice the concept of “Assistive Health Technology” (AHT). The initial steps are to include the following: <ul style="list-style-type: none"> <li>- Identify the top 50 most essential assistive health products and promote their access and use.</li> <li>- Reorganize the existing assistive devices’ distribution model into a ‘service provision’ model.</li> <li>- Improve access to high-quality assistive health products through increased government funding, and incorporation of the WHO guidelines.</li> <li>- Reorganize the existing practices to supply assistive devices [maintain a stock to ensure timely supply], and introduce innovative cost-effective practices (e.g. Assistive Health Products’ Rental, Repair and Maintenance Points, repair</li> </ul>	MZSZ-2, MZSZ-7, MZSZ-3, MZSZ-1, RC- 13, DG-1, PR, PO, MOV, GU-4	2017 (2) - 2020 (4)	Within stipulated funds, PR, PO and entrepreneurs



	<p>workshops).</p> <ul style="list-style-type: none"> <li>- Increase awareness of the most common assistive health products (including those guaranteed by the Law) and benefits of their use among various stakeholders, including relevant professionals, PWD, community members, general public.</li> <li>- Train staff involved in assistive health products' provision on safe and effective service delivery [e.g. WHO Wheelchair Service Training Package] with focus on referral, assessment, prescription, product, fitting, follow-up, repair and maintenance.</li> <li>- More active involvement of the National Orthopaedic Centre, Rehabilitation Centre and Social Agency for Medical-Social Expertise and PHC in assistive devices service provision and awareness interventions.</li> <li>- Establish and support repair and maintenance facilities / services.</li> <li>- Apply individual approach in wheelchair service provision for both adults and children.</li> <li>- Develop a follow-up system to monitor and evaluate needs of users who are at risk of developing pressure sores.</li> <li>- Enhance knowledge and understanding of all stakeholders, including government officials, suppliers, relevant professionals (staff of rehabilitation centres, PMPC, physicians), PWD and their families on assistive devices and benefits of their use.</li> </ul>			
2.2.12.	<p>Improve procurement and availability of assistive devices through implementation of the following measures:</p> <ul style="list-style-type: none"> <li>- Expand the range and increase quality requirements for appropriate assistive devices;</li> <li>- Expand variety of the available wheelchair models and sizes, including those appropriate for children.</li> <li>- Increase involvement of private businesses (e.g. pharmacies) to improve access to assistive devices and relevant services' provision.</li> <li>- Establish and maintain new contacts with different suppliers.</li> </ul>	MZSZ-2, MZSZ-7, MZSZ-3, MZSZ-1, RC-13, DG-1, PR	2017 (1) - 2017 (4)	Within stipulated funds
2.2.13.	Initiate local production of assistive devices – Assess the possibility to locally	MZSZ-2,	2018 (1)	Within stipulated

	produce assistive devices and implement specific steps required to achieve it.	MZSZ-7, RC-13, PR, MOV		funds
<b><i>Developing disability-inclusive health care</i></b>				
2.2.14.	Integrate habilitation and rehabilitation services into the ongoing PHC reform.	MZSZ-3, MZSZ-1, PR, GU-4	2017 (1) – 2020 (4)	Within stipulated funds
2.2.15.	Assess the possibility of applying a transdisciplinary approach to improve accessibility and quality of services in areas that lack professionals with formal training in specific areas. Develop mechanisms for incorporating such approach, and integrate it into the existing health, rehabilitation and social protection services, as appropriate.	MZSZ-3, MZSZ-2, MZSZ-1, PR, PO, OU-3-8, GU-4	2017 (1) - 2018 (3) 2018 (4) – 2020 (4)	Within stipulated funds, PR and PO
<b><i>Enhancing capacity of local professionals and support personnel</i></b>				
2.2.16.	Conduct ‘Management and leadership’ training for managers of rehabilitation centres.	MZSZ-3, MZSZ-2, MZSZ-1, OU-2, GU-4	2017 (1) - 2017 (4) [1st round]; Every two years for new staff	Within stipulated funds
<b>2.3 . Social Protection of Persons with Disabilities</b>				
2.3.1.	Establish ‘Social Protection and Mainstreaming Working Group’ (SPMWG), and keep it operational as long as required to fulfil its goals, objective and tasks. - A specific remit is to be developed upon organizing it to outline the SPWG’s goals, objectives and tasks. Regular work meetings are to be carried out quarterly with additional meetings if needed.	MZSZ-2, MZSZ-3, MZSZ-1, MZSZ-7, PR, PO	2017 (1) – 2020 (4)	Within stipulated funds
<b><i>Strengthening of the existing services and extending services to all</i></b>				
2.3.2.	Continue promote decentralization of services and flexibility at regional and district levels, and supplement them with newer types of services such as CBR, day care centres, home-based services	MZSZ-2, MZSZ-3, MZSZ-1, MZSZ-7,	2017 (1) – 2020 (4)	Within stipulated funds

		MOV-1-4, PO, GU-4		
2.3.3.	<p>Carry on activities aiming to de-institutionalization. Develop a De-institutionalization Action Plan to outline specific step-by-step interventions targeting beneficiaries in residential care (e.g. CWD, orphans with disabilities, and adults with disabilities), and execute it. The interventions should include the following:</p> <ul style="list-style-type: none"> <li>- Assessment of all CWD in residential care by multi-disciplinary teams comprised of relevant professionals</li> <li>- Development of an IRP for each of the assessed CWD that would have specific time-bound goals and objectives, and measurable monitoring and evaluation tools</li> <li>- Involvement of the child's parents [or legal guardians or extended family members, as appropriate] to the decision-making process and the IRP development</li> <li>- Support provided to the child's immediate and/or extended families that would help to return the child to the home environment, including training and financial support</li> <li>- Development of Transition Plans (should include initiation of contacts between the child's family and alternative care services such as home-based, day care, CBR, foster care, education and vocational training facilities, and/or other services for PWD available near the family's place of residence and maintaining them as long as appropriate to ensure smooth transition upon a discharge from the residential facility)</li> <li>- Development of Vocational and Skills Development Training Programs for adults with disabilities (in coordination with the Ministry of Education and science, the Ministry of Labour, Migration and Employment (MLME), Ministry of Economic Development and Trade (MEDT))</li> </ul>	MZSZ-2, MZSZ-3, MZSZ-1, GU-3, GU-5, GU-6, MOV-1-6, MOV-12, PR	2017 (1) - 2020 (4)	Within stipulated funds
2.3.4.	Assess the possibility to establish alternative care facilities for CWD without parental care such as "Orphan Centres", foster care that would meet accessibility criteria and be equipped appropriately for provision comprehensive rehabilitation	MZSZ-2, MZSZ-3, MZSZ-1,	2017 (1) - 2018 (4)	Within stipulated funds, PR, PO and entrepreneurs

	services, including provision of assistive devices, and support.	MZSZ-7, GU-3, MOV- 1-4, DG-1, PR, GU-4		
2.3.5.	Develop service specifications and standards for service provision for newly initiated services such as CBR, respite care, foster care.	MZSZ-2, MZSZ-3, MZSZ-1, PO, GU-4	2018 (4)	Within stipulated funds,
2.3.6.	Continue implementation of the CBR / Tajikistan nationwide, expand and strengthen the CBRN: <ul style="list-style-type: none"> <li>- Promote and further expand CBR programs to be carried out by the State Agency on Social Protection and NGOs providing day care services</li> <li>- Develop quality assurance mechanisms for maintaining high standards of care offered through CBR programs</li> <li>- Increase the number of home-based services provided by local NGOs offering CBR nationwide</li> <li>- Gradually increase the State financial support to agencies and organizations offering CBR services and programs through increasing the quantity of tenders [target to increase from 10 to 20 (one per district) in 2017 by SASP, followed by further increase by 10 every subsequent two years]</li> </ul>	MZSZ-2, MZSZ-7, MZSZ-3, MZSZ-1, PR, GU-4	2017 (1) - 2018 (4)	Within stipulated funds and PR
2.3.7.	Evaluate the CBR programs implemented nationwide annually to learn from the gained experience and develop recommendations for further improvements and expanding of their tasks and services to add value and improve their effectiveness.	MZSZ-3, MZSZ-2, MZSZ-7, MZSZ-1, and an independent agency / consultant(s), GU-4	2017 (4); 2018 (4); 2019 (4); 2020 (4).	Within stipulated funds and PR if appropriate and available
2.3.8.	Hold conferences on CBR every other year to enhance collaboration among relevant stakeholders, discuss experiences, learn from best practices both national	MZSZ-3, MZSZ-2,	2017 2019	Within stipulated funds, PR, PO and

	and international, and develop practical recommendations.	MZSZ-7, MZSZ-1, PR, PO, GU-4		entrepreneurs
2.3.9.	<p>Improve the existing day care services and gradually expand their services to meet the existing needs of PWD, both adults and children, and their families. The measures should include:</p> <ul style="list-style-type: none"> <li>- Developing an Action Plan for standardization of day care services with regards to scope</li> <li>- Developing clear operational guidelines (service specifications and standards) to ensure equity and quality of services (what-when-why-how in relation to selection of beneficiaries, services, working with families, transition, discharge, use of assistive devices, referrals, addressing staff turnover, etc.). The guidelines should also include general job descriptions and recommendations on how to identify people with ‘right for the job personalities’.</li> <li>- Supplementing day care services with CBR services and programs.</li> <li>- Ensuring integration and inclusion practices at the largest possible extent.</li> <li>- Building capacity of the human resources in line with evidence-based best practices.</li> <li>- Using multi- and transdisciplinary team approach as appropriate.</li> <li>- Promoting the use of rehabilitative equipment.</li> <li>- A possibility of having ‘Rehabilitative Equipment &amp; Assistive Devices Rental Points’ as a way to improve their availability.</li> </ul>	MZSZ-2, MZSZ-1, MZSZ-7, PO, PR, GU-4	2017 (3) – 2020 (4).	Within stipulated funds and PR
2.3.10.	<p>Improve the existing home-based services via SAHU and gradually expand the social workers’ tasks to meet the existing needs of PWD, both adults and children, and their families. The measures should include the following:</p> <ul style="list-style-type: none"> <li>- Develop an Action Plan for standardization of home-based services with regards to scope.</li> <li>- Develop Operational Guidelines (service specifications and standards) to ensure equity and quality of services (what-when-why-how in relation to services, working with families, transition, discharge, use of assistive devices, referrals, how to address staff turnover, etc.). The guidelines should also have</li> </ul>	MZSZ-2, MZSZ-1, MOV-1-5, PR, PO, GU- 4	2017 (1) – 2020 (4)  2017 (2)  2017 (2) - 2017 (4)	Within stipulated funds and PR

	<p>general job descriptions.</p> <ul style="list-style-type: none"> <li>- Building the human resources capacity in line with evidence-based best practices.</li> <li>- Supplying with necessary rehabilitative equipment</li> <li>- Expanding the SAHU from the current 38 districts to 48.</li> <li>- Assess the possibility of establishing ‘Rehabilitative Equipment &amp; Assistive Devices Rental Points’ as part of the services.</li> </ul>		2017 (1) – 2020 (4) K 2020 K 2019 K 2018	
2.3.11.	Develop and introduce transition mechanisms to ensure continuum of care throughout the life span (e.g. at the age of 3, starting elementary school, moving to middle or high school, approaching the age of majority, etc.)	MZSZ-2, MZSZ-1, GU-3, DG-1, GU-4	2017 (4) – 2020 (4)	Within stipulated funds and PR
<b><i>Supporting economic security and independence</i></b>				
2.3.12.	Initiate regular awareness campaigns to increase employers’ sensitivity about benefits of employing PWD, through publicized leaflets, TV and radio programs, information booklets, etc.	MZSZ-2, MZSZ-1, MZSZ-7, GU-5-6, PO-1, GU-13, GU-8, GU-4	2017 (1) 2020 (4)	Within stipulated funds and PR
2.3.13.	Improve access to mainstream education and vocational training for PWD. Offer training and orientation courses [on-the-job and vocational] to improve employability of PWD and upgrading skills relevant to workplace needs.	GU-6, GU-3, MZSZ-1, PO-3, GU-4	2018 (2) 2020 (4)	Within stipulated funds
2.3.14.	<p>Gradually initiate job-creation schemes for PWD by:</p> <ul style="list-style-type: none"> <li>- Developing system of preferential (reserved) access to specified jobs, like telephone operators, receptionist, teachers and etc.</li> <li>- Taking steps to improve the representation of PWD in the workforce by eliminating barriers to their employment.</li> <li>- Developing sheltered and supported employment mechanisms.</li> </ul>	MZSZ-1, GU-6, PO-1, PO-3 and private sector, GU-4	2019 (3)	Within stipulated funds and PR
<b>2.4 . Mainstreaming Disability</b>				
2.4.1.	‘Social Protection and Mainstreaming Working Group’ (SPMWG) is established,	MZSZ-2,	2017 (1) –	Within stipulated

	and operational as long as required to fulfil its goals, objective and tasks. A specific remit is to be developed upon organizing it to outline goals, objectives and tasks. Regular work meetings are to be carried out quarterly with additional meetings if needed.	MZSZ-1; PR, PO	2020 (4)	funds
2.4.2.	Liaison with other government entities (ministries), civil society organizations, private sector, etc., for promotion and implementation of interventions that address needs of PWD (e.g. CBR programs, skill development interventions for PWD, and sign language interpretation services).	MZSZ-2, MZSZ-1, MOV in collaboration with other entities as appropriate	2017 (1) – 2020 (4)	Within stipulated funds
<i>Improving accessibility of facilities and services</i>				
2.4.3.	Develop “Accessibility Guidelines” and disseminate them nationwide among various stakeholders, including all government agencies, service providers, local and international organizations, large and small businesses, civil engineers and construction companies. The Guidelines will be available in formats accessible for people with visual and hearing impairments. They will also be made available for uploading through the websites of the relevant government entities such as the Committee on Architecture and Contraction or Ministry of Transport, MHSP, local authorities, and non-governmental organizations serving needs of persons with disabilities.	MZSZ-2, MZSZ-1, PR, GU-7, GU-10, MOV, PO-3, GU-4	By 2018	Within stipulated funds and PR
2.4.4.	Develop “Reasonable Accommodation Measures & Guidelines” that would provide practical information on how to overcome the existing barriers [e.g. physical environment, equipment, provision of services and alternative service delivery options, alternative communication formats for providing services to people with various types of impairments]. Disseminate it nationwide among various stakeholders, including all government agencies, service providers, corporations, private businesses, civil engineers and construction companies. The Guidelines should also be made downloadable through the websites of relevant government entities (e.g. the Committee on Architecture and Contraction or Ministry of Transport, MHSP, local authorities,	MZSZ-2, MZSZ-3, MZSZ-1, GU-10, GU-13, GU-7, PR, GU-4	By 2018	PR

	NGOs working with PWD.			
2.4.5.	<p>Conduct seminars on accessibility and reasonable accommodation measures aiming to meet needs of PWD for various stakeholders, including decision-makers, local authorities, different services' management [e.g. health care, education, and public service providers], local businesses, construction companies nationwide.</p> <p>The newly developed "Accessibility Guidelines" and "Reasonable Accommodation Guidelines" are to be featured during the seminars and made available for dissemination among the participants in hard copies and electronic formats.</p> <p>After the first round of seminars, they will become ongoing on a regular basis in order to follow-up and reinforce, and cover newly appointed personnel.</p>	MZSZ-2, MZSZ-1, PR, GU-10, GU-13, MOV, GU-4	2018 (1) - 2018 (3) [1st round]	Within stipulated funds and PR
2.4.6.	<p>Conduct two accessibility audits: "Accessibility Audit of Health, Rehabilitation and Social Protection Services" that are often used by persons with disabilities, including the MHSP, Departments of Social Protection, hospitals, Rehabilitation Centres, and PMPCs; and "Accessibility Audit of the Main Roads and Sidewalks" within a reasonable walking distance [around 1 km] around health, rehabilitation and social protection facilities.</p> <p>An "Accessibility Audit Report" should be produced to document:</p> <ul style="list-style-type: none"> <li>- Findings;</li> <li>- Practical recommendations for improving accessibility of/around each audited facility;</li> <li>- Potential sources of funding for implementation of the recommendations;</li> <li>- Responsible parties for implementation of the recommendations;</li> <li>- Monitoring mechanisms to document the results of the audit recommendations' implementation.</li> </ul>	MZSZ-3, MZSZ-2, DG-1, MOV, GU-10, GU-7, PR, GU-4	2017 (1) - 2017 (4)	Within stipulated funds and PR
2.4.7.	Ensure that accessibility standards are followed for newly built infrastructure, including buildings, roads and sidewalks, and reasonable accommodations are considered during renovations of the old infrastructure.	MZSZ-3, MZSZ-2, MZSZ-1, GU-10, GU-7, MOV	2018 (1) – 2020 (4)	Within stipulated funds



2.4.8.	Develop state programme “Accessible environment”	GU-10, GU-9, MZSZ-5, MZSZ-2, MZSZ-3, MZSZ-1, PR, PO	2017 (3) – 2018 (4)	Within stipulated funds
2.4.9.	Develop and implement activities for inclusion of the needs of PWDs into local development plans and initiatives.	GU-5, MZSZ-2, MZSZ-1, GU-4	2017 (1) – 2020 (4)	Within stipulated funds
2.4.10.	Develop and implement skills development programs for adolescents and adults with disabilities.	MZSZ-2, MZSZ-1, GU-6, GU-15, GU-4	2017 (2) – 2020 (4)	Within stipulated funds
2.4.11.	Strengthen education system and facilities to effectively accommodate needs of PWDs.	GU-3, MZSZ-2, MZSZ-1, GU-4	2017 (2) – 2020 (4)	Within stipulated funds
2.4.12.	Assess the possibility of introducing sign language interpretation services at health, rehabilitation and social protection facilities to meet needs of persons with hearing impairments. Develop mechanisms for incorporating such services into the existing health, rehabilitation and social protection services, introduce and maintain them.	MZSZ-2, MZSZ-7, MZSZ-1, GU-4, MOV, PO	2017 (3) 2017 (4) – 2020 (4)	Within stipulated funds, local budgets and PR
2.4.13.	Assess the possibility of introducing sign language interpretation for vital services (e.g. judicial system) to meet needs of persons with hearing impairments. Develop mechanisms for incorporating such services into the existing basic services.	MZSZ-2, MZSZ-7, MZSZ-1, GU-11, GU-4, MOV, PO, PR	2017 (1) – 2017 (3) 2017 (4) – 2020 (4)	Within stipulated funds, local budgets and PR
2.4.14.	Establish an ‘Annual National Accessibility Competition’ among facilities that meet accessibility standards or have introduced reasonable accommodation measures to serve needs of persons with disabilities, and publicly announce the	MZSZ-2, MZSZ-7, MZSZ-1,	2017 (1) – 2020 (4)	Within stipulated funds, PR, PO and entrepreneurs

	winners.	DG-1, PR, PO, GU-10, GU-13, GU-4		
<b><i>Enhancing personal and community support</i></b>				
2.4.15.	Introducing sport and recreational events for PWD aimed at their integration and inclusion into society, by: <ul style="list-style-type: none"> <li>- developing physical training and sport competitions directed towards increasing mobility of PWD at local, regional and national levels (annually).</li> <li>- conducting literary contests, art exhibitions, movie festivals among PWD (biannually)</li> </ul>	MZSZ-1, MZSZ-7, PO-6, PO-2, MOV-1-4, PO, PR, GU-13, GU-15, GU-4	2018 – 2020 (4)	Within stipulated funds, local budgets, PR and PO
<b><i>Changing societal attitudes</i></b>				
2.4.16.	Disability awareness activities carried out at all levels of society, including local authorities, health care providers (including support staff), academic institutions, mass media, etc. They will promote the rights-based rather than charity-based approach to disability, feature positive images of PWD, achievements of PWD as the result of timely and effective health, rehabilitation and social protection measures.	MZSZ-2, MZSZ-7, MZSZ-1, DG-1, GU-13, MOV, PR, PO, GU-4	2017 (2) – 2020 (4)	Within stipulated funds, local budgets, PR and PO
2.4.17.	“Disability Awareness Classes” will be introduced into regular teaching curriculum at all education facilities, including general education, graduate schools, and institutions of continuous professional development.	MZSZ-2, MZSZ-1, GU-3, OU, DG-1, MOV, PR, PO, GU-4	2017 (3) – 2020 (4)	Within stipulated funds, PR and PO
2.4.18.	Promote “Assistive Technology Engineering” projects for undergraduate and graduate students studying engineering to facilitate disability awareness and encourage development of innovative engineering solutions to address needs of PWD in assistive health products.	MZSZ-2, MZSZ-1, RC-13, GU-3, GU-6, OU, PR, GU-4	2017 (1) – 2020 (4)	Budget of education institutions and PR
2.4.19.	Encourage and facilitate participation of PWD in local TV and radio shows and	MZSZ-2,	2017 (2) –	Within stipulated

	programs, public sport events and talent competitions at all levels, from national to community. (e.g. dancing in wheelchairs, participation of blind persons in racing competitions or individuals with no upper limbs in drawing competitions)	MZSZ-1, DG-1, GU-13, GU-15, PR, PO, GU-4	2020 (4)	funds, PR, PO and entrepreneurs
2.4.20.	Baseline Knowledge, Attitude and Practice (KAP) survey is to be carried out to collect information on the existing knowledge, attitudes and practices of inclusion of PWD. The data will be disaggregated by gender and age.	MZSZ-2, MZSZ-1, GU-3, GU-6, OU, PR, PO	2017 (1) - 2017 (4)	UNICEF
2.4.21.	Work with local mass media and journalists to increase their ‘disability competence’, promote the ‘disability-friendly’ terminology at national and local levels, and facilitate disability awareness through mass media.	MZSZ-1, MZSZ-7, PR, PO, MOV, GU-13	2017 (4) – 2020 (4)	Within stipulated funds
<b>2.5. Monitoring and Evaluation Framework</b>				
2.5.1.	Progress on the implementation of the Programme will be reported during the Joint Annual Summits of the MHSP at the end of each calendar year.	MZSZ-1, DG-1, GU-1	2017 (4) – 2020 (4)	No additional funding required, within stipulated funds
2.5.2.	Monitoring and evaluation reports will be developed bi-annually through round tables, seminars, workshops.	MZSZ-1, GU-1, PR, GU-4	2017 (4) – 2020 (4)	National budget and PR
2.5.3.	Reports from the partners on the results of implementation of the Programme are submitted to MHSP annually for further compilation and submission to the parliament and President office.	MOV, OU, RC, IU, GU, PR, PO DG	2017 (4) 2018 (4) 2019 (4) 2020 (4)	Within stipulated funds

## 9. THE PROGRAMME IMPLEMENTATION PARTNERS

Code number	Agencies & Organisations	Code number	Agencies & Organisations
MZSZ	<i>1. Ministry of Health and Social Protection of Population and Affiliated Entities</i>		
MZSZ--1	Office of the Ministry of Health and Social Protection of Population	MZSZ--7	State Agency on Social Protection
MZSZ--2	Department of Social Protection	MZSZ--8	State Service on Medical Examination and Rehabilitation
M ZSZ--3	Department of Mother, Child and Family Planning	MZS Z--9	Research and Scientific Institute of Medical-Social Examination and Rehabilitation of People with Disabilities
MZSZ--4	Department of Economic and Budget Planning in the areas of H ealthcare and Social Protection		
MZSZ--5	Construction Unit		
MZSZ-6	Legal Unit		
MOV	<i>2. Local Level Health and Social Protection Facilities</i>		
MOV -1	Social Protection Department of GBAO	MOV -7	Health Department of GBAO
MOV -2	Social Protection Department of Sugd Region	MOV -8	Health Department of Sugd Region
MOV -3	Social Protection Department of Khatlon Region	MOV -9	Health Department of Khatlon Region
MOV -4	Social Protection Department of Dushanbe City	MOV -10	Health Department of Dushanbe City
MOV -5	Social Assistance at Home Units	MOV -11	Primary Health Care Centres (PHC)
MOV -6	Psychological Medical and Pedagogical Consultation (PMPC) Centres	MOV -12	Child Rights Departments
OU	<i>3. Capacity building and Education Institutions</i>		
OU -1	Academy of Science of the Republic of Tajikistan	OU -5	Tajik National University
OU -2	Institute of Public Administration under the President of the RT	OU -6	Training and Practical Unit for Social Work and Innovations
OU -3	Institute of Postgraduate Education in the area of healthcare	OU -7	National Nursing College

OU Y-4	Tajik State Medical University named after Ibn Sino	OU -8	Nursing Colleges (Kulob, Khujand, Hissor, Rasht, Yovon, Dangara, Konibodom, Istaravshan, Panjikent, Khorog, Tursunzoda, Qurgonteppa, Vakhdat)
RC	<i>4. Rehabilitation Centres</i>		
RC-1	National Rehabilitation Centre for children and adolescence "Chorbog"	RC -8	National Diagnostic centre
RC -2	Republican rehabilitation centre for children (Macheton)	RC -9	Republican clinical centre for psychological problems
RC -3	Republican clinical centre on eyes	RC -10	Republican centre for mental health of children and adolescents
RC -4	Republican clinical cardio centre	RC 11	Republican clinical hospital on mental issues
RC -5	Republican clinical centre on Spine problems	RC 12	Republican physiotherapeutic hospital (Khujand)
RC -6	Republican clinical centre on orthopaedy and traumatology	RC 13	National Orthopaedic Centre
RC -7	Republican medical and social rehabilitation centre		
IU	<i>5. Residential Care Institutions</i>		
IU-1	Residential Care institutions for elderly and disabled people of Vakhdat	IU-8	International Rehabilitation Centre in Baljuvon
IU-2	Residential Care institutions for elderly and disabled people "Batosh" of Tursunzoda	IU-9	Boarding schools for deaf and hearing impaired children (Bobojon Gafurov, Rudaki)
IU-3	Residential Care institutions for elderly and disabled people of Yovon	IU-10	Boarding schools for blind and visually impaired children (Khujand, Isfara, Hissor)
IU-4	Residential Care institutions for elderly and disabled people Panjikent	IU-11	Boarding schools for poliomyelitis-affected children (Hissor)
IU-5	Residential Care institution for people with Disabilities "Dehmoy" of Jabbor Rasulov	IU-12	Boarding schools for mentally impaired children (Dushanbe, Khujand, Kulob)
IU-6	Residential Care institution for intellectually impaired people of Hissor	IU-13	Baby homes (Khujand, Istaravshan, Dushanbe)

IU-7	Residential Care institution for intellectually impaired people of Vose		
GU	<i>6. Government Agencies other than the Ministry of Health and Social Protection</i>		
GU-1	Government of the Republic of Tajikistan	GU-10	Committee on Architecture and Constructions under the Government of the RT
GU-2	Executive Office of President of the RT - Department of Social Development	GU-11	Council of Justice
GU-3	Ministry of Education and Science of the RT	GU-12	National Commission on Child Rights under the Government of the RT
GU-4	Ministry of Finance of the RT	GU-13	Committee on TV and Radio broadcasting under the Government of the RT
GU-5	Ministry of Economic Development and Trade of the RT	GU-14	Agency on Social Insurance and Pensions under the Government of the RT
GU-6	Ministry of Labour, Migration and Employment of the Population of the RT	GU-15	Committee on Youth, Sports and Tourism
GU-7	Ministry of Transport of the RT	GU-16	Committee on language and terminology under the Government of the RT
GU-8	Ministry of Culture of the RT	GU-17	Agency on Statistics under the Government of the RT
GU-9	Ministry of Justice of the RT	GU-18	Communication service under the Government of the RT
NCZPP	National Committee on Legislation under President of the RT	GU-19	Committee on women and family issues under the Government of the RT
		GU-20	Committee on local (community) development under President of the RT
PR	<i>7. International Development Partners</i>		
PR-1	World Health Organization	PR-10	German Agency for International Cooperation (GIZ)
PR-2	UNICEF	PR-11	Kreditanstalt für Wiederaufbau (KfW)
PR-3	UNDP	PR-12	JICA
PR-4	UNDESA	PR-13	Turkish International Cooperation and Development Agency

			(TIKA)
PR-5	The World Bank	PR-14	UNWomen
PR-6	European Union Delegation to Tajikistan	PR-15	UNAIDS
PR-7	Swiss Development Corporation	PR-16	Asian Development bank (ADB)
PR-8	ABILIS Foundation	PR-17	Foreign Embassies in Tajikistan
PR-9	USAID		
PO	<i>8. Public, Professional and International Non-Governmental Organisations</i>		
PO-1	Confederation of Trade Unions	PO-5	Association of Parents with Children with Disabilities
PO-2	National Paralympic Committee	PO-6	Federations of Sports of People with Disabilities
PO-3	Disability Peoples' Organisations	PO-7	Local Public Organisations implementing day care centres and Community Based Rehabilitation Programme
PO-4	Special Olympics Tajikistan	PO-8	International Non-Governmental Organisations (Open Society Institute (SOROS), Operation Mercy, Caritas-Germany, Handicap International, Association for Aid and Relief, Japan (AAR Japan), Mission East, ICRC- Special Fund for Disabled in Tajikistan)
DG	<i>9. Other Supporting Groups</i>		
DG-1	Steering Committee	DG-3	Community Based Rehabilitation Network
DG-2	Legal Framework Working Group		
MD	<i>10. International Donor Organisations</i>		

## 10. GLOSSARY

Glossary – from ‘Situation Analysis. State of Rehabilitation in Tajikistan’, unless indicated otherwise.

**Accessibility** - Accessibility describes the degree to which an environment, service, or product allows access by as many people as possible, in particular people with disabilities.  
**Accessibility standards** - A standard is a level of quality accepted as the norm.

**Activity** - In the ICF, the execution of a task or action by an individual. It represents the individual perspective of functioning.

**Activity limitations** - Difficulties an individual may have in executing activities.

**Alternative communication** - Methods of communicating that supplement or replace speech and handwriting – for example, facial expressions, symbols, pictures, gestures, and signing.

**Appropriate technology** - Assistive technology that meets people’s needs, uses local skills, tools, and materials, and is simple, effective, affordable, and acceptable to its users.

**Assistive health product (AHP)** [from the WHO Concept note on GATE] - Any form of external tool specially designed and produced or generally available, whose primary purpose is to maintain or improve an individual’s functioning and independence, to facilitate participation, and to enhance overall well-being.

**Assistive health technology (AHT)** [from the WHO Concept note on GATE] - Application of organized knowledge and skills, procedures and systems related to provision of assistive health products. AHT is an umbrella term that covers both assistive health products and service provision, including its scientific application.

**Barriers** - Factors in a person’s environment that, through their absence or presence, limit functioning and create disability. For example, inaccessible physical environments, a lack of appropriate assistive technology, and negative attitudes towards disability.

**Capacity** - A construct within the ICF that indicates the highest probable level of functioning that a person may achieve, measured in a uniform or standard environment: reflects the environmentally adjusted ability of the individual.

**Developmental delay** - The term developmental delay describes an infant or young child who is not achieving skills in the typical pattern or within the age- expected time frames. The infant or toddler is not demonstrating skills expected at his or her chronological age. For some children the developmental delay is indicative of a particular developmental disability and the child will later be diagnosed with disability, while other children will eventually catch up to their typically developing peers. [Coleman, J. (2006) (Ed.). The early intervention dictionary: A multidisciplinary guide to terminology (3rd Ed). Bethesda, MD: Woodbine House. (p.112)].

**Early intervention** - Involves strategies, which aim to intervene early in the life of a problem and provide individually tailored solutions.



**Enabling environments** – Environments, which support participation by removing barriers and providing enablers.

**Equalization of opportunities** - The process through which the various systems of society and the environment, such as services, activities, information, and documentation, are made available to all, particularly to persons with disabilities.

**Functioning** - An umbrella term in the ICF for body functions, body structures, activities, and participation. It denotes the positive aspects of the interaction between an individual (with a health condition) and that individual's contextual factors (environmental and personal factors).

**Health conditions** - In the ICF an umbrella term for disease (acute or chronic), disorder, injury, or trauma. A health condition may also include other circumstances such as pregnancy, ageing, stress, congenital anomaly, or genetic predisposition.

**Impairment** - In the ICF loss or abnormality in body structure or physiological function (including mental functions), where abnormality means significant variation from established statistical norms.

**Informal care** - Assistance or support given by a family member, friend, neighbour, or volunteer, without pay.

**Occupational therapy** - Promoting health and well-being through occupation. The primary goal of occupational therapy is to enable people to participate in the activities of everyday life. Occupational therapists achieve this outcome by enabling people to do things that will enhance their ability to participate, or by modifying the environment to better support participation.

**Outreach service** - is an activity of providing services to populations who might not otherwise have access to those services. A key component of outreach is that the groups providing it are not stationary and they provide services in coordination with the local stakeholders and ensure a follow-up mechanism. In other words, they aimed to meet needs of beneficiaries for services in places of residence. In addition to delivering services, outreach has an educational role, raising the awareness of existing services.

**Performance** - A construct within the ICF that describes what individuals do in their current environment, including their involvement in life situations. The current environment is described using environmental factors.

**Physical and rehabilitation medicine doctors** - Carry out services to diagnose health conditions, assess functioning and prescribe medical and technological interventions that treat health conditions and optimize functional capacity. Also known as physiotherapists.

**Physiotherapy** - Provides services to individuals to develop, maintain, and maximize movement potential and functional ability throughout the lifespan. Treatment through physical methods, such as exercises, thermal effects, electrophoresis.

**Prosthetist–orthotist** - Provide prosthetic and orthotic care and other mobility devices aimed at improving functioning in people with physical impairments. Orthotic care involves external appliances designed to support, straighten or improve the functioning of a body part; prosthetic interventions involve an artificial external replacement for a body part.

**Reasonable accommodation** - Necessary and appropriate modification and adjustment not imposing a disproportionate or undue burden, where needed in a particular case, to ensure that PWD enjoy or exercise, on an equal basis with others, all human rights and fundamental freedoms.

**Social worker** - Professional social workers restore or enhance the capacity of individuals or groups to function well in society, and help society accommodate their needs.

**Universal design** - The design of products, environments, programs, and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design.

**Vocational rehabilitation and training** - Programs designed to restore or develop the capabilities of persons with disabilities to secure, retain and advance in suitable employment – for example, job training, job counselling, and job placement services.



