Reviews of National Policies for Education

# Kazakhstan, Kyrgyz Republic and Tajikistan 2009

## STUDENTS WITH SPECIAL NEEDS AND THOSE WITH DISABILITIES

OECD

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# *Foreword*

This OECD publication reviews the current state of education policies for children with special education needs and those with disabilities in Kazakhstan, the Kyrgyz Republic, and Tajikistan. It offers an overview of the respective country backgrounds, education systems and relevant legislation, and takes a critical look at access to education for what is considered to be the most vulnerable group of children in the countries reviewed. Particular attention is paid to inclusive education policies, to the processes of identification and assessment, to overall policy co-ordination for the provision of education services, to integration in mainstream education, as well as to good practices and the role of NGOs and the donor community.

The publication draws on a wide range of sources, most notably background reports prepared by R.A. Suleimenova and A.K. Zhalmukhamedova (Kazakhstan), C. Djumagulova (Kyrgyz Republic), and Zarrina Bazidova of Panorama (Tajikistan) and on information provided on site visits and interviews with stakeholders at all levels, carried out in 2007 and 2008. The OECD would like to thank all the representatives of the ministries, experts, teachers, professionals, non-government organisations (NGOs) and students who provided invaluable information for the preparation of this publication.

The reports in this publication were authored by Peter Evans, OECD Education Analyst, and Diane Richler (Canada), President of Inclusion International, on Kazakhstan; Serge Ebersold, OECD Education Analyst, on the Kyrgyz Republic; Mihaylo Milovanovitch, OECD Education Analyst, and Denise Rosa (Russia), Director, Russian Disability NGO "Perspektiva", on Tajikistan. The synthesis chapter was authored by Eluned Roberts-Schweitzer (USA), World Bank, Senior Education Specialist. Overall co-ordination and substantive support were provided by Ian Whitman, Gerhard Kowar and Mihaylo Milovanovitch of the OECD Secretariat.

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Barbara Ischinger
Director for Education

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# List of Acronyms

| | |
|---|---|
| ADB | Asian Development Bank |
| CIS | Commonwealth of Independent States |
| CWD | Children with disabilities |
| DSSHC | Divisions of Social Support to Handicapped Children at Home |
| EFA | Education for All |
| EU | European Union |
| FSU | Former Soviet Union |
| FYROM | Former Yugoslav Republic of Macedonia |
| GSE | General Secondary Education |
| HDI | Human Development Index |
| ICD | International Classification of Diseases |
| ICF | International Classification of Functioning, Disability and Health |
| ICIDH | International Classification of Impairment, Disability and Handicap |
| IEP | Individual Education Plan |
| INSET | In-Service Teacher Training |
| JICA | Japan International Co-Operation Agency |
| KRS | Kyrgyzstan Som |
| KZT | Kazakhstan Tenge (currency) |
| LC | Logopaedics Centre |
| MCC | Medical Consulting Commission |
| MDG | Millennium Development Goals |
| MOE | Ministry of Education |
| MOES | Ministry of Education and Science |
| MOH | Ministry of Public Health |

| | |
|---|---|
| MOLSP | Ministry of Labour and Social Protection |
| MSE | Medico-Social Establishment |
| MSPC | Medical-Social-Pediatric Centre |
| NARC CP | National Applied Research Centre of Correctional Pedagogy |
| NGO | Non-Governmental Organisation |
| NSIFT | Tajik National Social Investment Fund |
| OECD | Organisation for Economic Co-operation and Development |
| ORA | Orphans, Refugees and Aid (NGO based in Germany) |
| PMPC | Psychological-Medical-Pedagogical Commission (Consultation) |
| PMPc | Psychological-Medical-Pedagogical Council |
| PMPCR | Psychological-Medical-Pedagogical Consulting Rooms |
| PPP | Purchasing Power Parity |
| PPCC | Psychological and Pedagogical Correction Centre |
| RC | Rehabilitation Centre |
| RK | Republic of Kazakhstan |
| SATR | Centre for Social Adaptation and Professional and Labour Rehabilitation of Children and Adolescents with Intellectual and Physical Disabilities |
| SEN | Special Educational Needs |
| SPE | Secondary Professional Education |
| SSC | State Statistical Committee, Dushanbe |
| SSE | Specialised Secondary Education |
| SVE | Secondary Vocational Education |
| TJS | Tajikistan Somoni (currency) |
| UNDP | United Nations Development Programme |
| UNESCO | United Nations Educational, Scientific and Cultural Organisation |
| UNICEF | United Nations International Children's Emergency Fund |
| UPE | Universal Primary Education |
| WHO | World Health Organisation |

# *Chapter 1*

# Synthesis: Making Inclusive Education a Reality for All

## Introduction and scope of the report

This OECD report reviews the current state of education provision for one group of at-risk children: those identified with "special educational needs" in three countries, Kazakhstan, Kyrgyzstan and Tajikistan. It builds on an OECD work programme on the education of children with special education needs in non member economies which has taken place over the last decade. Given the data and definition differences between countries, the report does not break down data into specific categories of special needs children (OECD, 2007a). The report draws on a wide range of sources, from literature review to interviews with stakeholders at all levels within the country as well as site visits. It was put together by OECD and government teams through a process of joint review and discussion of the material. Recommendations discussed in the country chapters were also discussed with stakeholders and Ministries. The review teams are grateful for the support and assistance given by all three country governments whose participation demonstrates their commitment to the agenda of improving education for all at-risk children.

Over the past few months while this volume was under development, the economic climate across the globe has changed drastically. A scenario which presumed economic growth for the emerging CIS countries is changing in the face of global economic uncertainty. In these times of constrained budgets, it is worth re-enforcing the case for investing in the education of children at risk and with special needs. With so many needs and less funding available, it is necessary to remind ourselves that dealing with those who need more to maximise their potential should remain a priority. The links between the marginalised and poverty are clear. Helping them to disappear, benefits society as a whole. Although the answers do not lie entirely within education systems, the issues in these systems are symptomatic of broader problems, including the inability of most governments across the globe to deal adequately with cross sectoral problems.

The 1990 *World Conference on Education for All: Meeting Basic Learning Needs* helped focus global attention on a broad range of children excluded from or marginalised within education systems, termed "at risk". Since then the term "at risk" has gradually broadened in meaning to include a wide range of vulnerable groups – girls, poor boys, children with HIV/AIDS, the gifted as well as those with disabilities. The country studies in this report deal largely with only one of the categories of at-risk children – those with a need for special education because they have physical or learning difficulties. However many of the issues such as inappropriate curricula, language of instruction issues, differences between access in urban and rural areas and the struggle to decentralise services, also affect other children at risk of being excluded or not well served by education systems.

### *Why is the provision of education for children with disabilities an important issue for reaching global education targets? What are the costs of not addressing it?*

Many children in need of special education come from groups that are marginalised through their economic status. They are deprived of adequate health and nutrition in the early years, and lack of access to services because of poverty or geography. They often require multiple services from multiple agencies. Their mothers may have received poorer pre- and post-natal care and it is likely that they received little in the way of early child development support. If a child was born with a disability, the parents and family may well have faced social stigma and exclusion. Children who have dropped out of school may have done so to help care for a disabled relative or to work to raise needed income. Thus in considering the group of children in need of special education, issues are raised that will affect the wellbeing and engagement in education of a much broader range of children.

There are other strong reasons for focusing on children in need of special education. Education is a right for *all* children. Globally, children with special needs are the most neglected of all. In addition, children in need of special education, whatever the cause, form a considerable number of currently out of school children. Improving education for these children is essential to meet the MDGs – in countries where primary enrolment is high, such as Kyrgyzstan and Kazakhstan, these children are some of the few remaining out of school and increase the drop out rate where services are inappropriate.

The 2009 EFA Global Monitoring Report (UNESCO EFA, 2009) identifies the need to address disabled learners as one of the three barriers to Universal Primary Education. The other two barriers to UPE identified in the EFA report, child labour and poor health care, are linked strongly to disability issues and reinforce the need for comprehensive and cross-agency support systems. This can also be found in an earlier document, a 2004 UNESCO conceptual paper

on the right of education for persons with disabilities which clearly outlines the importance of addressing the needs of children with disabilities:

> *"Disability" is viewed increasingly as a major factor in those who are school-excluded, either through non-enrolment or dropout. Though data are still unusually weak, even in the more developed and statistically aware nations, it is estimated that around 40 million (or just over 1/3) of the 115 million children currently out of school have disabilities, most of which are neither visible nor simply diagnosed. A disability may consequently not be regarded as something which is not normal. (UNESCO, 2004, p. 6).*

Neglecting children in need of special education and their families compounds longer term costs for a society, let alone the social costs that result from stigma and isolation. In countries where economic crisis has led to family breakup and a dependence on remittances, having a child in need of special education can compound family breakup. In terms of efficient and effective service delivery systems, those which segregate and discriminate against children in need of special education can increase social service costs through inappropriate institutionalisation. A recent World Bank report highlights the economic costs of disability, and suggest that these linkages are stronger in transition countries than in those with stronger development histories, and are major obstacles to equitable and sustainable economic growth:

> *Disabled children's limited access to public services contributes to undesirable employment and wealth outcomes when they become adults. (World Bank, 2008, p. 19)*

These issues are not confined to the three countries under review. A previous OECD follow-up volume re-visiting progress made on improving special needs education in nine systems in South Eastern Europe concluded that in spite of much improvement:

> *Inclusive education for students with special needs and those with disabilities still faces many barriers in the increasingly diverse education systems of South East Europe. Major obstacles are scarce financial and human resources, the existing legal framework, the lack of clarity in the role of stakeholders, the lack of modern diagnostics, the lack of quality for special education needs in regular schools (including teacher training), the scarcity of reliable data and low public awareness of the inclusive approach in education. (OECD, 2007b, p. 3)*

The changes that are underway in each of the countries studied in this report indicate that these issues are understood, and are increasingly part of country policies. However there is some way to go in putting these changes into practice. What are the remaining issues, and what can be done in the short term to implement these?

### *Making education "inclusive": what is the relation of "special education" to other kinds of education?*

The core inputs to inclusive education include: teachers and staff who can recognise the needs of children; families who are informed and able to seek advice; materials and buildings that are student-friendly and accessible; and flexible and relevant curricula, all assuming adequate financing. These are also key to improving all education for all children. In building inclusive education systems, governments benefit everyone, from gifted students to those with special needs. It is an approach that maximises the potential of *all* students, rather than focusing on and categorising students by their differing abilities. It means that the education system should be able to identify the learning needs of the individual child, and find ways to meet those needs, rather than fitting the student into a pre-ordained set of expectations. Although the Former Soviet Union (FSU) systems that existed in the countries under study provided extensive services for special-needs children, these were provided largely by excluding students from the mainstream system and referring them to a system of separate services which could (and did) lead to segregation and reinforce prejudice.

The "inclusive education" movement, which underpins most systemic change in this field, is building on and expanding the expertise of the FSU social service systems to ensure that the potential of every child is maximised. However, as appears in the country studies, there is a tension between wording on "inclusive" education in some new legislation in the countries under review, and the continuing use of definitions of disability which are based on a medical model where a physical disability is the basis for educating a child, and concentrate on loss of function in a person rather than the students' potential That this tension still exists, nearly 20 years after the 1990 Education for All meeting, indicates that more work needs to be done to ensure that the inclusive education vision is fully understood and absorbed by governments.

These issues are, however, current in professional dialogue in the region. Iouri Zagoumennov[1] in a presentation at the international workshop on inclusive education in 2007 in Buenos Aires reviewed curriculum development for inclusive education in CIS countries, and the barriers that still remain:

> *Segregation of children with disabilities in special schools still dominates in CIS countries, but overall in the region there is a move towards integration in mainstream schools, though progress is spotty. There is a gap between positive laws and the realities of*

1. Director of Comparative Education, National Institute of Education, Ministry of Education Belarus – Focal Point of the UNESCO International Bureau of Education Community of Practice in Curriculum Development in the Commonwealth of Independent States.

*implementation. The respective responsibilities of local and central governments, and the roles of the public and private sectors seem to be ill-defined. (Zagoumennov, 2007)*

He notes that challenges faced by disabled children, youths and their parents are similar to those in many other regions, especially: (i) inadequate access to schools; (ii) children often classified as "uneducable"; (iii) poor quality of home schooling programmes; (iv) teachers and administrators not exposed to disability issues and often unwilling to deal with them; (v) no accessible transportation; and (vi) prejudice on the part of parents of non-disabled children to their studying with children in need of special education.

The debate on how best to make education systems inclusive is a lively one. There are those who argue that all children should be educated in the same school regardless of ability and need, those who think that all children should be in integrated classrooms, and those who think that students learn best apart but should socialise together. The role of special schools is still controversial – are they isolationist, or do they provide improved services for specific groups? It is clear that there is no one answer, but that all approaches should be based on the assumption that children can participate and learn together; and that no approach should result in ostracism, access to poorer services, or the social separation of children with disabilities or other distinguishing factors, such as ethnicity or language.

Some time ago, a UNESCO sponsored programme undertaken in FYROM and the United Kingdom worked with schools in both systems to institute and analyse changes in integrating children with disabilities in the classroom. The outcome of a review by Balshaw and Lucas (2000) outlined the following simple questions to be used by education stakeholders to improve inclusive services. These are adapted here, and posed in a positive way which is helpful in considering the issues raised in these country reviews:

- How does our school (or institution or system) turn perceived "difficulties" into opportunities?
- How do we learn to cope with change more effectively?
- How do we use staff development, with all professional staff, not only the teachers, to aid in the task?
- Do we assume that more resources are the only answer? What is available that we are not fully using?
- In what ways are we working to maximise all persons involved with individuals in need of special education – including government, families, communities, the private sector and civil society to improve the system?

(Balshaw and Lucas, 2000; Balshaw, 2004)

## Synthesis of country findings

As has been noted above, steady progress has been made over the past decade in addressing the needs of children at risk and those with special needs. However, it is true to say that this agenda continues to be seen globally as a marginal one in the face of other education system problems, and that – with the in-country knowledge and expertise now available – faster progress could be made at reasonable cost. This is not to say that substantial broader social and economic pressures mean that a solution to all the problems will be easy. This section reviews progress made to date in the three countries surveyed, as well as some of the remaining obstacles that need to be overcome. The following section reviews specific issues common to all three countries in more detail, and draws some recommendations as to the ways forward and a potential research agenda. A table at the end of this chapter reviews broad-based recommendations, and makes suggestions for actions that are applicable to all three countries and could be undertaken in the immediate to medium term.

All three countries reviewed are re-visiting the former model of education delivery and financing, have emerged from the same former Soviet Union system, have experienced the disintegration of that system and a climb back to improved economic circumstances. Although there are clearly differences between them, there are many similar features in the ways their systems are adapting to needed changes.

### *Kazakhstan:*

Despite a difficult transition from the Soviet Union to independence, Kazakhstan has been able to utilise funding from natural resources to improve its standing on the Human Development Index to 73rd out of 177 countries in 2007. Funding for education has increased and plans for improved in-service training, new curricula, and improving pre school education are in place. However, levels of spending overall on education are still well below OECD levels, and in fact have declined from 7.9% of GDP to 4.3% of GDP between 1999 and 2007. Areas for which increased funding is needed include provision of materials and teachers to teach bilingual and other vulnerable students. Other obstacles include outdated facilities, and the need to re-train professional staff and produce new materials and curricula.

With regard to special education, the Constitution provides the basic framework upon which the rights of students with disabilities are based. The national Education For All Agenda includes mention of improving the socialisation system for vulnerable groups including children with developmental problems, but there is no specific mention of services for those with disabilities in general at any level of education. A Law on Social and

Medical-Pedagogical Correctional Support for Disabled Children of 2002 does spell out the provisions for disabled children, including the right to primary, secondary and professional training, as well as free higher education for those qualifying. This law provides a comprehensive framework for educating persons with disabilities. (Government of Kazakhstan, 2002)

However, the national legislation does not always mesh with local legislation. Standards for new pre-school and special education programmes have not been put in place, and financing for specialised institutions is lacking. Data on children with disabilities are not readily available and there is a lack of knowledge about relevant international and national legislation in the country. Buildings are still largely inaccessible to those with physical handicaps.

Progress on general services for those with disabilities is being made through the State programme for the handicapped. Regional facilities and centres (largely focusing on prevention and rehabilitation) have increased in number. Among the remaining challenges is the lack of a national-level body accountable for programmes for children's rights. Many families with disabled children are poor; poverty impedes their access to any services, or they may put their children into institutions so they can receive free food and services that would otherwise not be affordable.

Although the education reform process is focusing on inclusive education in its broadest sense, and there is evidence that residential provision of care is decreasing, there are few, if any, totally inclusive schools. On the quality side, the basic model for educating teachers of children with disabilities (CWD) is in place, but teacher training content needs to be reviewed, and there is a need for more special-needs teachers, particularly in rural areas. Again, these are issues faced by all three countries.

The education system is centralised, and special needs education services are provided by a range of Ministries (Health, Education and Ministry of Labor and Social Protection) both at central and local level. Very little financing is allocated at local level for socially disadvantaged children. In rural areas, these children may be in regular schools but without adequate supports and trained teachers

Psychological medical and pedagogical commissions (PMPCs) examine children after birth and subsequently, to determine if a disability is present. The PMPCs are extremely important, as their decisions determine the future of a child. Following diagnosis, a broad range of rehabilitation services is provided. Children in need of special education are cared for in a wide range of specialised and non-specialised institutions, but many remain at home with their families and may receive no education at all.

There is an active non-governmental sector and many agencies run day programmes for children with disabilities and their families. These provide

training to families as well as children, and have developed new curricula and materials. The legal climate for their operation is however still unclear.

Post-basic education provision for those with special educational needs is very limited. Vocational courses (where they exist) are out of date, and few individuals with disabilities carry on to higher education levels.

Overall, much progress has been made in terms of the structure of a system to address "special needs education" for the disabled; but there are still serious challenges in putting planned activities into practice and in changing public attitudes.

### *Kyrgyzstan:*

Following the severe economic recession after the dissolution of the Soviet Union, Kyrgyzstan has stabilised its economy; steady growth in income has meant that it has been able to address education and social issues. Although poor, the situation of its population has been improving. Strengthening education is a vital issue for Kyrgyzstan because of its young and rapidly growing population. The country has taken on board a comprehensive definition of inclusive education, which has yet to be realised.

As in the other countries reviewed for this report, every citizen has the right to education and general basic education is mandatory and free. Education budgets have been increasing but still do not meet OECD standards – again something similar to all three countries. There is legal provision for children with disabilities, and those in need of special education can be provided with education at all levels according to the severity of their disability. Those who are able can be mainstreamed into regular schools. However, lack of funds hampers the adequate operation of these schools, and curricula are sometimes too rigid to meet the needs of individual children. Home teaching is also available, but suffers from the same problems of lack of funding, poor staffing and insufficient materials. Much progress has however been made on improving the parameters and legislation for providing special needs education and on emphasising "inclusive education".

Many of the recent education system changes are similar to those in the other two countries. Responsibility for some education services has been devolved, with local authorities given partial fiscal responsibility for service provision, although they must meet national norms and standards. Decision-making is either shared with – or set at – regional or national level. Multiple ministries are still involved in services for children with disabilities and special needs, including the Ministries of Health, Education and Science, and Labour and Social Protection. On the quality side, the "defectology" approach still forms the basis of special needs provision, but within a vision of a broader inclusive system which assumes a two-pronged approach:

both including children in regular schools as appropriate, *and* supporting specialised institutions. The "defectology" approach does, however, continues to constrain and separate services under different Ministries and perpetuate a view of children with disabilities as defined by their medical diagnosis, rather than being seen as individuals with potential.

Issues still remain with the number of trained teachers, with few teachers at present having the necessary skills to put into practice changes mandated by the Ministry of Education and Science. Overall, in spite of impressive gains in opening the system to an "inclusive" vision, the reality is that most children with disabilities in need of special education do not yet have this goal fulfilled.

### *Tajikistan:*

Tajikistan, like Kyrgyzstan, has a young and growing population. It is coping with difficult economic times, with high inflation and a low per-capita GDP, and also has a multi-ethnic population. The concept of inclusive education is incorporated into the Poverty Reduction Strategy for 2007-9. However, there is no specific law relating to the rights of children with disabilities which emphasises the need to incorporate this group into the vision of "inclusive" education. Tajikistan has ratified six human rights treaties relating to children, but has yet to ratify the *UN Convention on the Rights of People with Disabilities.*

Tajikistan has a presidential system with local governments in charge of implementing State policy in education. But in terms of special needs education, the legal framework provides unclear guidance on roles and responsibilities for financing and quality. As any ministry can open an institution, the Ministry of Education does not have oversight over all educational facilities. Responsibilities for financing lie both with the Republican and local budgets; but local (provincial, district and city) authorities do not have the money to carry out their responsibilities. Although education budgets have been increasing, they are disproportionately spent on the higher levels of education, and education services as a whole remain underfinanced, with much financing coming from foreign aid.

Homeschooling, special classes in mainstream schools and special schools are the mainstay of education provision for children with special needs. Institutionalisation is the most commonly used approach to care, although there is now an expansion in home-schooling. But the current supply and provision of special education services are inadequate and some institutions where children are housed do not provide education services at all. Attention to special needs education is also hampered by the low social status of individuals with disabilities. A medically based "defectology" approach remains the framework for providing services.

The Tajik education system as a whole is suffering from lack of resources, including infrastructure, materials and personnel, so it is not surprising that services for children in need of special education are also suffering. There is little pre-school provision for children with disabilities, and many parents do not take advantage of what is offered. This may be compounded by the fact that there is sometimes a lag in diagnosis; so children are diagnosed later than would be desirable, and do not receive services early enough.

Interesting new programmes have, however, been established in some pre-schools in Dushanbe, with the approval of the Government, which could be models for replication. A programme of de-institutionalisation assisted by UNICEF and ORA has succeeded in helping children from institutions to return to their homes and rejoin the school system. With Government endorsement, donors such as the EU, and NGO programmes such as that of Save the Children, have also prepared a sound foundation for continued and expanded improvements both to overall social services and for special needs education. There is plenty to build on in improving special needs education. Improvements in the legal framework have not yet translated into changes in practice, and the current education strategy itself does not specifically address the education needs of this group. Overall, the changes in the legal system have yet to have a definite impact on service delivery given the overall lack of funding and the supply of services.

## Progress and issues – an overview

A more detailed examination of broad issues and possible ways forward across the three countries follows. Detailed recommendations specific to each country can be found in the country case studies.

### *Leadership, law, policy and rights*

Leaders in all three countries have signaled the way forward and the need for change through new education system strategies and signature of documents on the rights of individuals with disabilities. All three countries have signed some of the relevant international protocols or declarations but only Kazakhstan has signed the *UN Convention on the Rights of Persons with Disabilities* (United Nations, 2006). All three countries have also continued to make visible their support for these approaches through legislation on the need to better address the educational needs of children with special needs. There are two important remaining issues to be addressed:

### *Legislation*

The language in current legislation sometimes does not provide children in need of special education services equal status in the eyes of the law in terms of the quality and availability of service provision. In some cases, there are differences between local and national level laws that need to be harmonised so that services can be provided consistently for all children.

The Kyrgyz Constitution does not mention disability as a cause of discrimination, although there are other laws granting the right to special care and education, and a pro-active Action Plan is in place to provide the parameters for education and other care. Other legislation in the Kyrgyz Republic reinforces the rights to services for individuals with disabilities. The Tajikistan Ministry of Education has technical oversight over education, however in practice it is difficult for it to regulate education facilities set up by local authorities or other ministries, and the legislation on roles and responsibilities is not yet clear. In Kazakhstan there are still no state educational standards for special schools and pre-schools.

### *National Education Strategies*

Special needs education is not always clearly addressed in National Education Strategies and can be subsumed under a variety of headings. In order for adequate attention to be paid to this important issue it should be more clearly highlighted. For example in the National Strategy for Education Development for the Republic of Tajikistan, the concept is embedded in a number of objectives and strategies (particularly 4.1 on supporting children with limited access to education) but needed changes are not fully defined (MOE, 2005b).

## ***Ways forward***

### *Legislation*

Legal language in internal legislation should be in accordance with internationally ratified documents, and consistent between national and local levels. It is difficult for stakeholders to operationalise something if the mandate is not really clear. Countries which have not signed on to the 2006 *UN Convention on the Rights of Persons with Disabilities* should consider this as soon as possible. Ratification acknowledges a need for progressive implementation in order to achieve what is a broad agenda.

Oversight of special needs education from the technical side should rest with the Ministry of Education, even where services provided – such as institutions – are handled by other Ministries. Legislation regarding the

roles and responsibilities of other Ministries and local government needs to be clarified.

### *National Education Strategies*

Country Education Strategies should clearly state what the policies and intended programmes are for children in need of special education. Recommendations for addressing special educational needs throughout the life of a student should be integrated in the strategies of *all* the relevant ministries, and compiled into one easily available document so that programming can be efficient and co-ordinated across Ministries, and so that budget allocations are clear.

## ***System design, implementation and financing – service provision***

Adequate financing for services providing special needs education is an issue in all three countries. None of the countries reviewed spends up to the OECD norms on education, and in some cases the balance of expenditures is still in favour of higher education. In some cases, such as in Kyrgyzstan, the benefits system does not seem to cover the extra costs to parents of educating children in terms of transport, supervision and supplies. Decentralisation of social services has been a development model for the last decade, as it fosters local and relevant decision-making and improved use of resources. However, when finances are scarce, the consequence of decentralising funding responsibilities to local authorities can be that basic services are deprived of money.

Other issues include:

### *Reliability of Data*

All the reports mention the absence of, or poor quality of data available on the services for children in need of special education, on the type of disabilities most prevalent, and on those children still out of school. In Kyrgyzstan data on the number of special needs students appears to be underestimated and does not include children not enrolled in school or who are excluded from education. Neither data from the MoES and the MoSP are comprehensive. In Tajikistan there appear to be anomalies between reported data on enrolment, there is no database on children receiving special education and this information, although collected, is not part of the national statistical reporting system. There is also an absence of data on the financing of special needs education services. In Kazakhstan a system for data management has been adapted but there are no funds to allow it to function and there also appear to be inconsistencies in data between ministries and *oblasts*.

### *Implementation mechanisms*

The country reports indicate that all countries reviewed have also made progress in developing innovative programmes which demonstrate the potential to improve both the quality of education for all children and the potential for mainstreaming children with special needs (see next section). These have the mandate and approval of governments. Some have been implemented by local and international civil society organisations. Implementation by a broad range of agencies and organisations is highly desirable, both in terms of supporting service delivery efforts and in terms of providing an impetus for innovation, but it is at present limited and in some cases curtailed by regulations constraining civil society. In Kazakhstan, the Government is working actively with civil society and donors to foster innovative programming. In Tajikistan – although there are some twenty organisations conducting activities for children with disabilities – there is considerable room for expanding this engagement.

### *Cross-sectoral co-ordination and provision of Early Childhood Education and Care (ECEC)*

Innovative and influential changes in ECEC are taking place, including the influential OSI "Step by Step" approach. Effective early childhood care and pre-school services are essential to prevent and identify special needs children may face (UNICEF, 2007).

These and other special needs services are provided by multiple agencies, usually the Ministries of Health and Social Protection as well as Education, and, in spite of progress, co-ordination between agencies in all three countries reviewed needs strengthening. Where there are emerging co-ordination units these do not appear to be functioning well at this time. In Kazakhstan, for example, three ministries are responsible for services and there is no co-ordinating body responsible for a coherent special needs education policy and very few children have access to ECEC services. In Tajikistan, a Ministry of Education report dated 2004 stated that only 2.1% of children were in specialised pre-school institutions in 2003,[2]and four Ministries co-ordinate services. In Kyrgyzstan policy decisions on children with special needs are split between at least four ministries and other legal bodies at both central and *oblast* levels.

2. See Tajikistan country report, Table 4.7.

### *Diagnostic procedures*

Progress is being made, but the mechanisms for and transparencies of diagnoses of disability, need further improvement. Some work has been done to broaden the scope of diagnostic committees, which according to the country case studies are similar in design, but in some cases more training is needed for committee members. In all three countries, the criteria for diagnosis vary between committees and areas which contribute to lack of clarity in the data collected and in the types of children provided services.

### *Accountability*

Local governments in particular, as well as educational institutions are not held accountable for adhering to legislation on the provision of special education.

## ***Ways forward***

The reports all conclude that the systems under review need to ensure that adequate state funding is provided for education overall, that the balance of central and local responsibility allows for the needed level of services and that the balance of investments does not short change the early years which are so important for children with special needs.

### *Reliability of Data*

Data collection and quality of data are mentioned in all three reports as being problematic. Without adequate information on who is considered in need of special education and what their needs are many children will receive inappropriate services. Although it is estimated that some 10% of a general population suffers from some form of disability, the numbers gathered for these reports do not seem to accurately reflect this normal distribution. This is partly due to variations in definitions used for classifying disabilities. "Nutritional status, exposure to environmental risks, the occurrence of accidents or disease patterns and differences in public health services and practices. While the likelihood of disability thus varies depending on the country's overall environment, research also suggests that there is a core incidence of children with disabilities in any given society, much of it related to congenital impairments" (UNICEF, 2007).

As local definitions of disability and needs can be very specific, the community based approach (C-EMIS)[3] which has been tried by Save the

3. Save the Children; *Making Schools Inclusive – how change can happen*, Save the

Children and others could be expanded at local level. Using this approach also provides a natural way to engage communities and families and is cost effective (see section on social inclusion).

### *Broadening implementation*

Governments need to make sure that their legislation allowing civil society (including private providers) to operate programming under government guidelines is favorable. This is particularly important for specialised services and for remote regions. Government intervention in the form of standards is particularly important to regulate existing private sector institutions and ensure that services meet national standards.

### *Cross-sectoral co-ordination and expanding ECEC*

There is a need to continue to focus heavily on pre-natal care, parenting and community training for early childhood development so that special needs are identified and dealt with during the birth-to-5 year period. This will set the stage for co-ordinated programming as children grow older. Early childhood development programmes should also expand from the concept of pre-school education to home-based or community care. This was mentioned in the reviews of all three country systems. The 1998 OECD report *Co-ordinating Services for Children and Youth at Risk* provides a wealth of information on innovative ways to address co-ordinating care.[4]

### *Updating Diagnostic procedures*

Progress made on changing the composition of PMPCs or similar committees and their mode of operation should be continued. If these committees do their job sensitively and transparently, many children will be able to participate more fully in mainstream education whether within or outside institutions. The adoption of the new WHO classification code of disabilities is key to this process, as it takes into account the social context of disability and not the medical condition alone. Without these incentives to breaking remaining

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Childrens' experiences, London, 2008. Community EMIS approaches provide a tool to collect data relevant to their school needs, in collaboration with government Ministries. This is then fed into the larger education database. In the case of children with disabilities or other special needs, where information is lacking this can contribute significantly to a better understanding of local student service needs.

4. OECD, *Co-ordinating Services for Children and Youth at Risk, A World View*, Center for Educational Research and Innovation, Organization for Economic Co-operation and Development, Paris 1998.

barriers, the goals set down in legislation will not be reached. In Tajikistan new legislation on the operation of PMPCs was passed with the help of UNICEF, and pilot programmes are being put in place in three regions.

Reports from all three countries recommend that disparities in diagnosis between rural and urban areas and inconsistencies between diagnoses should be monitored and addressed. In Tajikistan very many of the children categorised as disabled had one diagnosis, in Kyrgyzstan the range of diagnoses varied considerably from year to year; and estimates of the number of children with disabilities may be under-estimated perhaps because of a substantial time lag between the initiation of a diagnostic procedure and its completion. This can lead to loss of educational time for a student.

### *Accountability*

Decentralised local authorities need support to operationalise their new mandates and allocate and manage budgets transparently. However they also need to be held accountable for using their budget allocations for the services for which they are intended, and for the quality of those services. If they are not in place, the report recommends that joint community/local government committees should be set up to ensure that programmes for those most in need receive adequate funding and are well run.

## *Education quality*

The quality of education provided for children requiring special needs services faces challenges in all three countries according to the case studies, and is symptomatic of needed education improvements across all education sub-sectors. Major factors include:

- *Physical access:* At all levels of education in all three countries, few physical facilities are accessible to children with disabilities, and transportation provision is inadequate. Children in need of special education are particularly deprived as there are no economies of scale, because services are few and far between. Where home schooling is an option the quality of education provision is poor and time available for education limited. Materials, especially those in Braille, are not available. In some specialised institutions, few services are offered. In none of the three countries was higher education available in practice, although it is potentially available under existing legislation.
- *Supporting teachers and professionals*: Teachers and principals are not adequately paid and have low status. There is no real career track for special education teachers. In Kazakhstan there are shortages of specialists to teach the theory and practice of special education, with little practical

experience for trainees, and salaries are low. Teachers are currently not trained or equipped to assess progress of children receiving special needs education, or identify those in mainstream classes in need of special education attention. In Tajikistan many of those teachers trained in special needs education are near retirement, and there is only a small new cadre to replace them. In Kyrgyzstan teachers need more training in SEN (special educational needs) training. There are too few teachers overall in all three countries according to the reports particularly in the rural areas, to provide home schooling and education services at specialised institutions. In addition, teachers are often poorly or inappropriately qualified.

- *Quality of service provision:* In all three countries the quality of education is hampered by lack of materials and books. In some cases curricula need revision to address the needs of special education classes; and appropriate assessment tools are not available or used. The main issue, however, is the continued adherence to a "defectology" model for service provision which segregates children in need of special education, thus reinforcing their social isolation. These children are not treated as people whose potential needs to be maximised, but rather as constrained by a physical handicap which limits their scope.

## *Ways forward*

### *Physical Access*

All three country case studies note the importance of adopting and adhering to new construction guidelines to make buildings and public transportation accessible to those with physical limitations. In addition, a large number of children could be helped by the provision of simple basic aids such as eyeglasses and wheelchairs. In rural areas, improved provision of quality home education and improvements in the quality and availability of education provided at institutions would be a first step. This is particularly important since in all three countries the number of children in institutions increased between 1990 and 2002. This may have been caused by the economic hardship of transition, but in a different kind of economic crisis, this trend may re-emerge and should not be encouraged (UNICEF, 2007). Discussions should start about making post-basic education more inclusive, and making curricula at vocational institutions for older children more relevant and available.

### *Supporting teachers and professionals*

Teachers need extra motivation and incentives to work in the area of special needs education. Where this does not exist already, a specific career track for special education professionals needs to be put in place. The reports make a variety of recommendations to address teacher related issues. Adequate training in child development and remedial methodologies should be included in general pre-service teacher education. Where special needs children can be integrated into mainstream classrooms, steps should be taken to ensure that the teacher and the other children are adequately prepared, and that the school community is welcoming. Where children with disabilities are in mainstream schools, for example in rural areas, extra assistance or support must be given so that the children remain in school and are not seen as a burden to the school. In all three countries teacher training and provision is an area of need.

### *Quality of Service Provision*

Changing the "defectology" approach should remain a priority. This is also a teacher cadre development issue as jobs are tied to the existing structure for providing services to those with special needs. Providing professional development for those currently working as defectologists would be helpful.

The existing basic education curricula in all three countries are often inappropriate for children in need of special education, and in any case are undergoing much needed updating. Materials and books need also to be updated and provided in adequate supply. Further professional dialogue on the basis for using outcome based programming and the works of Vygotsky should be a priority. Much of the professional discussion around re-vitalizing special education has been posited as new thinking, rather than as modernisation or upgrading of previous approaches which occurs in every profession. As noted in the chapter on Kazakhstan there is potentially no philosophical divide between inclusive and outcomes-based approaches based on his works.

## ***Social inclusion***

Lack of understanding, fear and ignorance lie behind the social stigma that is attached to individuals likely to need special education. In some cases, whole families are stigmatised as well as the individual. Fear of inherited genetic traits can blight the marriage chances of young girls with a sibling or parent in need of special services. One lack noted by the reports is that of maximising the inputs of parents as well as community members. All too often in practice they are bypassed by the system. All too often students in need of special education services with

more than mild disabilities are shut away from society. Although there have been many improvements, the European report of Inclusion International "*Hear our Voices*" found that "*…despite differences in economic wealth of a country, people (with intellectual disabilities) in different countries face a common experience of social and economic exclusion.*" These issues are common to all three countries under review.

### *Ways forward:*

One of the background studies for this report (Roza, 2008) outlined some of the activities that can be carried out to assist in changing mindsets. Most of these emphasise the involvement of people with disabilities themselves in training, advocacy and peer to peer assistance. Civil Society organisations are instrumental in carrying this agenda forward. The experience of the United States has demonstrated the effect of a successful initiative to bring awareness of the needs of those with a disability. Some suggested approaches are:

- *Empower Stakeholders:* The governments of these three countries together with donors and civil society should actively continue to empower the disability community to speak for itself and help define responses to the needs of its members (communities, families and those with disabilities). Governments should lead by example in this respect, hiring competent individuals with disabilities and demonstrating that they contribute to society and supporting the engagement of civil society organisations either dealing directly with service delivery or providing family supports.
- *Train Professional Educators and Administrators:* Specific attention should be paid to training professionals, particularly Directors of educational institutions and local administrators in order for their fears to be allayed regarding the capacity of those with disabilities and improve their own ability and willingness to run inclusive establishments.
- *Provide accurate information:* An information and education campaign should be conducted to inform society about the nature and causes of conditions leading to a need for special education to allay superstitious fears. This could be conducted through multiple channels, including health services, community leaders, schools and religious institutions. This effort will be long term, but will be the foundation of improved social integration. It should contribute to the effort to ensure that only children really in need of institutional support are institutionalised. The use of Peer-to-Peer student approaches and parent involvement in training will bring home to stakeholders the reality that people with disabilities can function at many levels.

## A research agenda for action

The country case studies pinpoint specific areas where there is not enough knowledge and where a concerted Government, donor and academic research agenda would benefit all three countries. There is plenty of scope for innovation. Incentives for staff and parents to work with children in need of special education, and creative new ways of funding, should be examined and trialled. If schools do not adhere to legislative directives, if parents are reluctant to enrol children in need of special education because of the attached social stigma and costs; and if directors and teachers are reluctant to open their classrooms to children in need of special care, perhaps it is worth considering an incentive system which rewards those who do make these efforts. Targeted conditional cash transfers could assist parents in enrolling and keeping children in school – perhaps something that could be the subject of research. The chapter on Kazakhstan mentions the possibility of using a voucher system to allow parents to choose the type of service they could access (although this is known to be difficult to operationalise transparently in systems where supply is low and demand high). It might be feasible to trial outcome-based grants or loans to Government against agreed targets, such as the number of children with special needs in mainstream schools performing according to agreed standards, although with limited supply of services in some areas this might lead to problems.

It is suggested that a specific research partnership involving higher education institutions in the three countries together with institutions elsewhere, perhaps from donor countries, be set up to follow up on these issues:

- *Lack of Data on Children with Special Needs:* There is inadequate information on students in need of special education in the region. Surveys should be conducted as to who and where those individuals are who are in need of special services. This is vital for cost effective design and use of health services as well as for education provision and will form the basis for improved child welfare systems.
- *Review of currently institutionalised children:* A review of currently institutionalised children should be carried out to ensure that children are appropriately placed and receiving appropriate education. This could be done initially as a pilot using the new disability classification system, to see whether results differ significantly.
- *Pilot evaluations and trials:* New special education programming should include controlled trials or other research protocols (designed ethically) to examine the use and effectiveness of service delivery changes on the integration and success of children receiving special education in different settings.

- *Evaluation of the effects of ECEC:* Evaluation of the impact of different kinds of pre-natal and early childhood development programming on the disabilities and the effectiveness of special needs education would also give firm evidence of the effectiveness of different health and education approaches in the early years.
- *Information on private and public costs:* More information is needed in the short term on the private costs of education for parents of children who are at risk or in need of special education, both to pinpoint inappropriate costs in the systems and to cut down on corruption.
- *Examining the defectology paradigm:* Research should be undertaken with pedagogical institutes and universities to review the use of Vygotsky's teachings with regard to children in need of special education, so that existing professional staff can place the new paradigms in the context of how they have been trained.
- *Review of training and incentives for special needs teachers:* In all three countries the training for teachers of children with special needs is inadequate. This is partly because the sub-sector has low status and no career track. Both the content of teacher training and special needs teacher pay and conditions of service need to be reviewed and adjusted to provide incentives for teachers to work in this area.

## Conclusion

The country reviews outline the current state of play in delivering education for children with special needs, and identify outstanding issues. Much progress has been made in setting the stage for improved service delivery. Although progress in some cases is slower than might have been desired, doors have been and are being opened to broader change that can have a direct impact on students, their families and countries.

Kazakhstan has been pro-active in moving ahead on education changes and commitments to human rights and is planning an active social welfare support programme. Closing funding gaps and creating a more constructive environment for non-governmental agencies to act as service providers would help operationalise the programme**.** The Kyrgyz Republic is promoting an "inclusive" vision of education which is receptive to diversity. It could move faster in operationalising the already mandated *Council on Issues for Disabled People* and maximising inputs from civil society. Tajikistan is facing extreme poverty levels, and is making slow progress overall in creating a legal climate that supports inclusive education. However (as sometimes happens when systems are under stress), there is a clear opportunity for breakthrough change in how special needs education is delivered. Expanding

the new PMPC system to ensure that students are correctly diagnosed and placed appropriately for special education is a key way forward.

Changing mindsets, diagnostic systems and training approaches is a long term process. The countries reviewed have each made significant progress in establishing the foundations for improved education services for those in need of special education services. Of course there remains more work to be done. To let the door close on improving special needs education now because of social and economic difficulties would be tragic for the students and countries involved. The way forward is not easy, but this is the time to build on what has been accomplished and systematise these changes to make a significant difference to the life of children in need of special education and their families, both now and in the future.

# *Annex:*

# Next Steps – Maximising Ongoing Efforts to Provide Special Needs Education

| Immediate to Medium term actions and research agenda | | | | |
|---|---|---|---|---|
| **Issue** | **Action** | **Status** | **Cost** | **Actors** |
| **Legislation and Strategy** | | | | |
| | Re-examine National Strategies for Education to ensure that the issue of special needs education is clearly and appropriately addressed in the accepted vision of inclusive education | Immediate | Low – administrative time | Ministries of Education /donors and other partners |
| | Continue improvements and clarification to legislation and signatures to international conventions | Immediate | Low – administrative time | National and local governments/intl. organisations |
| **Financing and Service Provision** | | | | |
| | Ensure that local government disburses money on time and to the services they are intended for | Immediate | Low | Ministry of Finance and Ministry of Education |
| | Research: Carry out a study on the costs of education to parents of at risk children.<br>Carry out a further study of the rationale for institutional costs | Immediate | Low | Contracted research institution, Ministry of Education/Finance |
| | Encourage and approve the expansion of already successful innovative programmes to go to scale<br>Research: Where they have not been evaluated, carry out evaluations of their effectiveness and potential for scale up | Immediate | TBD depending on intervention | Civil Society, public and private, government and research institutions |
| | Operationalise existing ministerial co-ordinating bodies, for special needs services or create such.<br>Continue improvements to committees responsible for the diagnosis of CWDs.<br>Research: Carry out country reviews of rationale for institutionalisation and veracity of diagnoses of CWDs using new classification system | Immediate | Low<br><br>Low<br><br>Low if done on pilot and random basis | Relevant Ministries and local government |
| | Research: Carry out national assessments of disability prevalence and special needs children (broader than social protection data, and cross sectoral) – map service provision needs | Immediate | Medium to High – would require donor funding | Relevant Ministries, international agencies, donors. |

## Next Steps: Maximising ongoing efforts to provide special needs education

| | | | | |
|---|---|---|---|---|
| | Hasten changes necessary to enable private providers to operate with internationally recognised standards | Immediate | Low | Relevant ministries, intl. and CIS technical community |
| **Education Quality** | | | | |
| | Provide school based training for teachers and principals in the benefits of inclusive education<br>Research: Review teacher development curricula to ensure compatibility with international and national norms on inclusive education and child development, adapt accordingly, and examine special needs teachers pay and conditions of service | Immediate | Moderate | Universities, Pedagogical Institutes, Ministries. |
| | Ensure that education facilities are accessible to all | Ongoing | Moderate | Relevant Ministries |
| **Social inclusion** | | | | |
| | Encourage interactions and integration of children in institutions in regular school activities as a norm. Make classrooms and education institutions as fully inclusive as possible. | Immediate | Low for mildly disabled students | Local and national authorities, civil society |
| | Ensure that education provided at special schools and institutions is adequately funded, of good quality and allows for growth of potential. Wherever possible integrate children from institutions into regular schools | Immediate to medium term | Moderate | Relevant Ministries and civil society. |
| | Provide early childhood training for parents and community members on handling children with special needs. | Immediate | Low | Community organisations, MOH, MOE, MOSP. |

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# *Chapter 2*

# Kazakhstan

# 2.1
# Introduction

This report is based on a country report on the Republic of Kazakhstan and on visits and interviews with a wide variety of stakeholders in January 2008. The report provides an overview of the current education system and other support services for children with disabilities in Kazakhstan and makes recommendations for changes that could help the country accomplish the goals outlined in its plan for Education for All.

Overall, Kazakhstan is in a very enviable position. Having gained independence from the Soviet Union in 1991, Kazakhstan has already shown itself to be a leader in the region. Although the early years of independence were marked by a severe economic depression and cutbacks to social programmes in general and education in particular, current and future revenues from natural resources provide a promise of greater investment in these areas. There has been a clear commitment by the President to transform the education system to produce graduates who can compete on a global level.

There has also been a growing commitment to human rights and recognition of the need to address the current inadequate system of providing quality education to children with disabilities (CWDs[1]). Most notably, there has been much interest in adopting the worldwide trend to including CWDs in the regular education system.

The report provides a detailed description of existing services to CWDs and concludes with a series of 36 recommendations based on lessons from OECD research considered central to achieving high quality inclusive education for all children, including those with disabilities and other special educational needs. While all of the recommendations are important, the over-riding issues stemming from the report can be summarised in four main areas.

1. This report is mainly about children with disabilities (CWDs) rather than children with more broadly defined special educational needs (SEN), or about other groups of children at risk such as street children, those without parental care, or those in conflict with the law.

### *Reform of the general education system to fully include CWDs*

- The education of CWDs should be included in all general reform discussions, so that a flexible system can be created that will meet the needs of all children including those with disabilities. Steps need to be taken to ensure that *all* children are considered to be educable and provided with an education supplied through the MOES.
- Attempts should be made to increase overall funding of the education system to be more in line with spending in OECD countries; teacher salaries and working conditions need to be improved; training of teachers and other professionals needs to be reviewed; and the supply of materials to support teaching of CWDs, especially in the Kazakh language, need to be increased.
- The intention of Kazakhstan to move to an outcomes-based approach should be applied in the education of CWDs. A means to ensure quality control in the education of CWDs should be introduced immediately. This should include a flexible approach to the assessment of CWDs in order to accommodate their special needs.
- Priority should be given to developing guidelines for pre-school and vocational training of CWDs and to reviewing audiology services, particularly to provide early screening.
- Thought must be given to how to bring those children who are currently not in school, as well as those educated at home, physically into the schools.
- Immediate investment is needed to bring school buildings and other facilities for CWDs into a good state of repair applying principles of universal design and making the necessary modifications to provide sanitary environments.

### *Promoting the rights of children with disabilities*

- Full consideration should be given to promoting the rights of CWDs – perhaps by basing a rights office with the President or Prime Minister and by ratifying the Convention on the Rights of Persons with Disabilities.
- The concept of disability should be reviewed to be more consistent with emerging world thinking as expressed in the Convention on the Rights of Persons with Disabilities.
- Consideration should be given to adopting the World Health Organisation (WHO)'s new classification scheme, the International Classification of Functioning, Disability and Health (ICF) which replaces the ICIDH 10

model currently in use, and introduces the social context as an important part of understanding disability.

- Because there are concerns about the number of mothers who have problems with addiction, there is a need to develop programmes of prevention and treatment.
- Steps need to be taken to reduce the number of CWDs being raised in orphanages to a minimum and to introduce funded foster parent schemes and promote adoption.
- Parents should become more involved and welcomed in the schools.
- The proposal to provide funds to families so that they can purchase supports or services of their choice should be considered.

### *The community and private sector should be more engaged in supporting CWDs*

- The norms regulating NGO's need to be reviewed and clarified.
- The private sector and the community in general should be encouraged to become involved with the education, vocational training and employment of CWDs.

### *There is an urgent need to improve data collection on children with disabilities and others with special educational needs*

- Indicators need to be developed for planning and monitoring purposes.
- There is a serious lack of reliable data on CWDs and others with special needs; this should be rectified as soon as possible. A detailed study should be carried out to gather reliable statistics on which to base future planning of educational, health and social service provision including benefits.

## Purpose of the report

The report provides an overview of the current education system and other support services for children with disabilities in Kazakhstan and makes recommendations for changes that could help the country accomplish the goals outlined in its plan for Education for All.

## Methodology

This report is based on a country report prepared in the Republic of Kazakhstan and on visits and interviews with a wide variety of stakeholders in January 2008. The content of the report has been agreed with Kazakh experts. The authors would like to thank all of the representatives of the ministries, teachers, professionals, non-government organisations (NGOs) and students who provided invaluable information for the preparation of this report.

## Inclusive education

In writing a report of this kind, which reviews the current situation of children with special educational needs and looks to the future, it is necessary to bear in mind international conventions and current thinking on best practices. These overwhelmingly press for inclusive education and this view is therefore central to this report. One interpretation of inclusion is that *all* children – including those with disabilities – should be receiving an education in facilities administered by the Ministry of Education and Science that follow common rules and procedures. Under this model, the education will take place in a range of provision settings, *e.g.* special schools, special classes and regular classes. A countering and stronger view of inclusion is that all children will always be in regular ("mainstream") classrooms. To make this "inclusion" as opposed to "integration" requires a progressive re-organisation of the way in which education is provided in regular schools and a review of how it is funded and how standards are maintained. Mere "integration" (that is, educating children with special educational needs in regular schools without the necessary support to help them make optimal progress) is not seen as a viable alternative.

There are aspects in common to both of these forms of inclusive provision and this report attempts to address both of them but from a common framework of aspiring to the stronger form of inclusive education.

## Structure of the report

The report is divided into three sections. The first provides a brief introduction to the Republic of Kazakhstan, its economy and education system and then goes on to discuss provision for children with disabilities and special needs in some detail. The second section provides an analysis in terms of factors relevant to the creation of a fully inclusive education system. The third section provides recommendations.

# 2.2

# Education of Students with Special Education Needs in the Republic of Kazakhstan

## Background

The Kazakh people have a proud history going back centuries. As nomads and traders along the Silk Route linking Europe and China, the Kazakhs developed a culture of diversity that has persisted through many transitions. A single nation since the early 16th century, the word "Kazakh" comes from an old Turkish word meaning "free" or "independent". The Kazakhs faced numerous invasions, which forced them to seek military protection from the Russian Empire, of which they became a part in 1871. Kazakhstan became a Soviet republic after the Russian revolution of 1917 and the independent Republic of Kazakhstan was born on 16 December 1991.

Located in Central Asia, Kazakhstan is the ninth largest country in the world, equivalent to the size of Western Europe, and five times the size of France. Its longest borders are with Russia and China; it also shares borders with Uzbekistan, Kyrgyzstan, Turkmenistan and the Caspian Sea.

In 2007 the population of the Kazakhstan was 15.2 million people made up of more than 100 nationalities: 51.8% are Kazakh; 31.4% Russian; 4.4% Ukrainian; 1.7% Tatar; and 1.6% German. Forty-seven per-cent of the population is Muslim, 44% Russian Orthodox and the remaining 9% are Roman Catholic, Protestants, Jews or members of 41 other faiths.

The official state language is Kazakh, spoken by over 52% of the population. Russian, spoken by two-thirds of the population, is recognised as an official language. Schools offer classes in both languages and both serve as languages of instruction.

The government of Kazakhstan combines aspects of both parliamentary and presidential systems. The President is elected for a 7-year term. Kazakhstan is divided into 14 *oblasts* (regions) headed by provincial governors (*akims*). There are 82 cities and towns. Responsibility for education is divided between the national, *oblast* and local governments (*rayons*).

Independence in 1991 came at a heavy price (ADB, 1998). During Soviet days, with heavy subsidisation by the Soviet Union, more than 50% of the national budget was allocated to social programmes. Despite being a poor country, there was extensive support for education and health services. Literacy was almost universal. There was an especially heavy investment in services for children and families, including day-care; education; family subsidies; special children's programmes such as arts, physical education and leisure; and programmes for children with disabilities. Employment was also universal.

A deep depression between 1991 and 1995 was marked by a 50% drop in national output. At the same time that poverty rates rose to 40-50%, there was a more than 50% drop in social spending. Buildings formerly housing public services such as day care centres were sold to the private sector, for example to become casinos and movie theatres. Unemployment rates have soared, especially among young people. Titles of chapters of a report by the Asian Development Bank tell the story: "Increasing Incidence of Poverty"; "Growing Unemployment and Falling Real Wages"; "Collapsing Vocational Education System"; "Divestiture of Social Assets"; "Lack of Heat for Schools, Hospitals, and Homes", "Failing Transport Restricts Access to Schools"; "Poor Sanitary Conditions"; "Worsening Housing Conditions and Faltering Access to Communal Services"; "Deteriorating Education System"; and "Fragmentation of the Family" (ADB, 1998).

While the transition to democracy and a market economy has been marked by a collapse of the former social safety net, there is also much reason for optimism. Kazakhstan has huge oil reserves, twice as much as the North Sea, and expects to be one of the world's top three oil producers by 2015. Kazakhstan also has world's largest reserves of barite, lead, tungsten, and uranium; second largest reserves of chromite, silver, and zinc; and the third largest of manganese, significant deposits of copper, gold, and iron ore. Some indicators are starting to demonstrate that these resources are beginning to turn around the devastating effects of the post-Soviet depression. For example, Kazakhstan's Human Development Index (HDI), the comparative measure of economic well-being and social factors rated by the United Nations Development Program, showed steady decline after the collapse of the Soviet Union, but is now on the rise (see Table 2.1).

Table 2.1. **Progression of the Human Development Index for the Republic of Kazakhstan between 1990 and 2007**

| Year | Human Development Index | Ranking |
|---|---|---|
| 1990 | 0.848 | 51 of 173 countries |
| 1996 | 0.660 | 102 of 175 countries |
| 2007 | 0.794 | 73 of 177 countries |

*Source:* UNDP, 2007/2008 Human Development Report, Kazakhstan

Kazakhstan is also consolidating its reputation as a leader in many policy areas. It has an active programme of sustainable development and has become a donor country for sustainable development programmes in the Kyrgyz Republic. Kazakhstan was also the first country to unilaterally disarm its nuclear arsenal, and it was the first former Soviet republic to create non-proliferation export controls.

With its huge natural resources, and a commitment to democratisation, Kazakhstan is poised to tackle the social problems that are a legacy of the break-up of the Soviet Union. Increased investment in a wide range of social policy areas, including the education of children with disabilities, has the potential to begin to address some of the most glaring social issues – poverty, family disintegration, drug and alcohol abuse, unemployment and the quality of education. This report will present some opportunities and options that could enable Kazakhstan to show leadership in the education of children with special educational needs for the entire Central Asian region.

## Main features of the economy

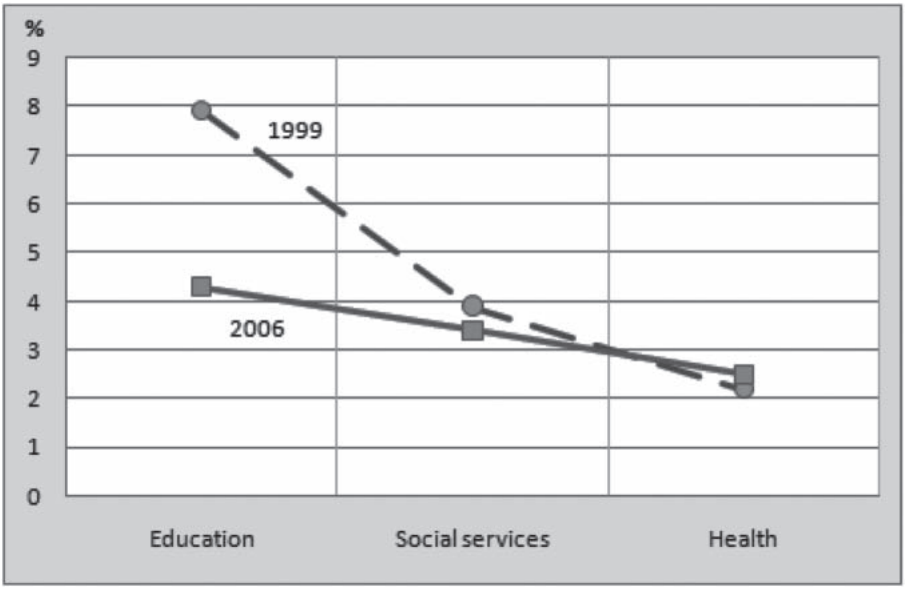
The economy of Kazakhstan has been steadily improving over the past few years and is currently described as a middle income country. GDP per capita has risen sharply from USD 2 000 in 1999 to USD 11 100 (purchasing power parity) in 2007 (World Factbook, 2008). In parallel the proportion of GDP spent on education has declined from 7.9% to 4.3%; on social services it has declined from 3.9% to 3.4% over the same period. By contrast, the percent of GDP spent on health has increased from 2.2% to 2.5% (See Fig. 2.1).

In comparison to OECD countries (OECD, 2007a), these levels are rather low. The ranges of GDP spending in OECD countries are:

Education: 3.71% to 15.3%

Health: 6.0% to 7.95%

Figure 2.1. **Percent of GDP spent on education, social services and health in 1999 and 2006**




*Source:* Sulemenova, R.A., Zhalmukhamedova, A.K., et al. (2007).

## A brief overview of education in Kazakhstan

The education system in Kazakhstan is centralised. At the apex of the hierarchy is the Ministry of Education and Science (MOES). There are four further administrative levels: the *oblast* (regional) Departments of Education; the Municipal Departments of Education; the *rayon* (district) Departments of Education; and finally the school level. There are seven levels of education:

- Pre-school education and teaching
- Primary
- Basic secondary
- Secondary (general, technical and vocational)
- Upper secondary
- Higher
- Post-graduate.

The government of Kazakhstan recognises that education is the key to ensuring that the country can capitalise on its natural wealth and assume a new global leadership role. Every child in Kazakhstan has the right to education and is guaranteed a free primary, general secondary, and basic vocational education and free secondary and higher professional education on a competitive basis, regardless of origin, ethnicity, social and property status, gender, language, education, religious affiliation, place of residence, health status and other circumstances (see Art. 30 of the Constitution of the Republic of Kazakhstan).

The sources of education financing are the Republican budget, income for educational and other types of services, second-tier bank loans, charitable aid and other contributions, and a "tax" of up to 1% of total investment in mining for oil and other minerals. In addition, sponsors provide funding for furniture, clothes and toys in some residential schools, especially for orphans.

The state budget for the years 2000 to 2005 (broken down by education level) is given in Table 2.2. As may be seen funding of education has increased by a factor of three between 2000 and 2005 even though the percentage of GDP spent on education has decreased.

Table 2.2. **Structure of expenses of the state budget by levels of education (Million KZT)**

| Years | Total | Levels of the education system | | | | | | | | | | Other expenses | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | PE&T | | SGE | | PVE | | SVE | | HVE | | | |
| 2000 | 81416 | 2975 | 3.65% | 60007 | 73.70% | 2693 | 3.31% | 2662 | 3.27% | 8120 | 9.97% | 4959 | 6.09% |
| 2001 | 103076 | 3322 | 3.22% | 67224 | 65.22% | 3018 | 2.93% | 2528 | 2.45% | 9344 | 9.07% | 17640 | 17.11% |
| 2002 | 118977 | 3880 | 3.26% | 81744 | 68.71% | 3910 | 3.29% | 2989 | 2.51% | 11783 | 9.90% | 14671 | 12.33% |
| 2003 | 149549 | 4553 | 3.04% | 98906 | 66.14% | 5299 | 3.54% | 3502 | 2.34% | 12763 | 8.53% | 24526 | 16.40% |
| 2004 | 195574 | 6542 | 3.35% | 127432 | 65.16% | 6714 | 3.43% | 5160 | 2.64% | 15423 | 7.89% | 34303 | 17.54% |
| 2005 | 256935 | 9589 | 3.7% | 148802 | 57.9% | 8790 | 3.4% | 5704 | 2.2% | 21468 | 8.4% | 62582 | 24.4% |

PE&T – preschool education and teaching
SGE – secondary general education
PVE – primary vocational education
SVE – secondary vocational education
HVE – higher vocational education

*Source:* Republic of Kazakhstan National Report, 2007.

A nationwide education development programme for 2005-2010 was instituted following a Presidential address to the nation on 4 March 2004, entitled "Towards Competitive Kazakhstan, Competitive Economy and Competitive Nation". The programme calls for "drastic changes" to upgrade the quality of education "amidst [a] new economic and socio-cultural environment."

The first stage of the programme was implemented between 2005-2007 and the second is being implemented (2008-2010) at a cost of KZT 330 812 million (in 2004 prices). The programme adopts a 12-year system in five stages: primary school, high school, undergraduate studies, graduate studies, and post-graduate studies. Children will start school at age six, and complete their studies at 18. Pre-school education will be available for children through age five.

### *Curriculum and pedagogy*

There will be a radical change in approach to a more active student-centred model.

### *Teacher training*

There will be in-service training of 54 000 teachers per year, with training for 31 000 teachers financed from the State budget.

### *Place of children with disabilities (CWDs)*

However, despite the law and derived policies promoting the education of CWDs, as yet they are not included in the broader discussions of educational reform. It is clear that this omission is incompatible with the concept of inclusive education and, as we shall see, with the commitments Kazakhstan has made to the international community and even in its own Constitution.

### *Standards of education*

In Kazakhstan, public standards of education are set to guide general requirements for each level of education. They cover the content of education; the maximum academic load for learners and foster children[2] and the level of training which learners are expected to achieve. However there are no such standards in special education at all levels.

### *Assessment procedures*

Progress of CWDs is not formally monitored and no accommodations are allowed for them in public assessment procedures. But the National Applied Research Centre of Correctional Pedagogy (NARC CP) develops special pre-school and secondary school educational programmes for

2. All children who study in educational establishments are called pupils or students. But children who live and are educated in boarding establishments are referred to as "foster children".

CWDs. Each programme contains methods of assessment and criteria for each programme module. According to these criteria, there are three levels of student achievement: acceptable, sufficient and high. Such an approach allows children to develop in accordance with their individual abilities.

### *Pre-school*

Between 2000 and 2007 there was a widening gap between the demand for pre-school places and the capacity to meet that demand. The number of pre-schools increased by 12 institutions (1%); but the number of their students grew by 25 421 children (18.7%). In 2007, only 16% of children of the relevant age group attended pre-schools. There were 22 000 on waiting lists for pre-school education institutions, with plans to serve 127 000 five- and six-year-olds with *ad hoc* pre-school programmes (National Report on Education, 2008). There are plans to develop a legal framework and methodology for pre-school education, with particular attention to the needs of working mothers. There are also plans to construct a network of kindergartens and smaller centres of pre-school education. Financing of pre-school education is based on the residual of the education budget, and amounts to 3% of the general education budget.

### *Primary school*

General education is provided in three stages: primary (grades 1-4), basic (grades 5-9) and high (grades 10-11 (12)). According to the Law on Education of the Republic of Kazakhstan, children are enrolled into the first grade of general education school at the age of six or seven. All of the stages of general education might function together or separately. In school year 2006-2007 there were 1 190 primary schools (MOES, 2006). Although 92% of primary schools are rural and only 8% are urban, 57% of students are in rural primary schools and 43% in urban ones. This disproportion is explained by fact that 89% of rural primary schools are small, with 47% of them having fewer than 10 pupils.

### *Secondary school*

The aim of secondary school (grades 5-11) is to provide a general education as a basis for further, more specialised, education. In 2007 there were 3 687 (44.6%) general education schools teaching in the Kazakh language, and 2 069 (26.1%) bilingual (Russian and Kazakh) schools. The number studying in Kazakh has been growing each year. However, there is a shortage of textbooks written in the Kazakh language, and many existing texts were published before independence, and are therefore outdated. There are also schools providing education in the languages of ethnic minorities, including Uzbek, Uigur, German, Tajik, Ukrainian and Korean.

### *Vocational training*

Vocational training will be updated with new texts and new methodologies; a credit system will be introduced; and there will be greater emphasis on promoting employment or preparing graduates to start their own businesses.

### *Higher education*

There are about 150 institutions of higher education. Nine universities have been assigned the status of leading universities, which can grant doctorates. There are plans to transform the system from its Soviet tradition with higher qualifications for teaching staff, introduction of new textbooks and of foreign texts, and partnership programmes with foreign universities. A review of higher education in Kazakhstan has been recently completed by the OECD and the World Bank (OECD, 2007b).

The law and education policies represent a clear attempt to create an education system that can produce graduates who can compete at a global level, based on international standards and trends. However, many of the regulations needed to implement comprehensive reform are not yet in place, and there is a massive challenge to upgrade physical facilities and develop textbooks while at the same time training new educators and providing retraining for those now in the system.

### *Teacher training*

There are eight pedagogic universities providing regular training for secondary school teachers: two of them located in Almaty and the other six in the regions. There are also a number of colleges, providing training for primary and pre-school school teachers.

## Legal framework relating to children with disabilities

The Constitution of Kazakhstan provides *inter alia* the basis for laws relating to children with disabilities. These laws are commensurate with many international declarations, *e.g.* the *World Declaration on Education For All* (UNESCO 1990), *The Salamanca Statement… on Special Needs Education* (UNESCO, 1994), and the *UN Convention on the Rights of the Child* (UN, 1989). These state that all children have equal rights, independent of their origin, ethnicity, social and property status, gender, language, education, religious affiliation, place of residence, health status and other circumstances.

Kazakhstan signed the Convention on the Rights of the Child in 1994, only three years after independence, and had also joined the international community's programme of Education for All (EFA). As an indication of Kazakhstan's

commitment to the Dakar Framework of Action (UNESCO, 2000), a series of goals were adopted (see Box 2.1) which have helped to pave the way for a reform of the education system for CWDs, consistent with international goals of respecting the rights of children and promoting social inclusion. However, the plan has not subsequently been elaborated for CWDs, although this might be anticipated now that Kazakhstan has signed the *UN Convention on the Rights of Persons with Disabilities* (UN, 2006), signed on 11 December 2008.

Box 2.1. **Objectives of "Education for All" in the Republic of Kazakhstan**

1. Expand access for early childhood educational programmes with full coverage for five six year-old children.
2. Achieve full coverage of mandatory secondary education for school age children.
3. Develop and implement gender sensitive educational programmes that ensure gender equity and access to basic education for children, adolescents and young people from marginal population groups.
4. Improve the socialisation system of children orphans, children without parental care, disabled children and children with developmental problems.
5. Develop and adopt a set of measures aimed at bringing up the quality of education outcomes; orientation of state standards, curricula and programmes at all levels.
6. Expand the network and development of primary, secondary and post-diploma vocational educational organisations; improve the legal basis of additional informal education as an integral part of continuing education.
7. Renovate methodology to develop students' independent activity, social skills and creative ability.
8. Reinforce skills of staff of educational institutions, ensuring stability of pedagogical staff in rural areas; improving the level of pedagogical staff training and retraining, especially in small rural schools; improve the social status of teachers.
9. Reinforce the technical and material basis of pre-schools, schools and boarding schools, especially in rural and small schools.
10. Increase financing and improve the effectiveness of the management of the education system.
11. Create partnerships between government, civil society and the education sector.
12. Take effective measures to protect the mental and physical health of drug and substance abused children, young people and adults.

*Source:* Human Development Report – Kazakhstan (UNDP 2005)

The structure and functioning of the complex support for CWDs is laid down in Law *On Social and Medical-Pedagogical Correctional Support of Disabled Children* (RK, 11 July 2002). This statute aims to create an effective support system for CWDs covering prevention, education and professional training. Under it, all children have the right to free medical care, free primary and secondary education, and free basic professional training (currently 11 years). In the case of tertiary education it is free on a competitive basis. This Law spells out the legal entitlements of children with disabilities. It also breaks with the tradition of treatment of children with disabilities during Soviet times by recognizing the place of children with a disability in society, thus paving the way for a more inclusive approach to their education.

A closer look at this Law reveals that it sets the conditions for ensuring a decent life for CWDs. It provides for:

- Support for CWDs from birth to the full legal age of 18 by conducting complex medical, psychological, pedagogical, social and professional diagnoses followed by the necessary actions, such as the development of individual educational and rehabilitation programmes, delivery of services, and vocational training.
- Creation of a co-ordinated State-wide system for the detection of early-childhood disability and the monitoring of children's development.
- Expansion of the necessary medical, educational and social services.
- Social integration of CWDs.
- Social support of the families of CWDs.
- Support of institutions and their staff, methods and organisation.
- Integrated activity of stakeholders on issues related to the protection of the rights of CWDs.
- In addition, for the first time, the regulations associated with the Law provide definitions of disability. Thus, CWDs are defined as "[persons] under eighteen years with physical and (or) mental deficiencies, restricted life activity caused by the innate, hereditary or acquired diseases or injury consequences confirmed in due course" (RK, 2002). However, other definitions concerning CWDs are also in use:[3]

3. There is also a more generalised classification which groups these categories according to the location of the "defect" in the body. In addition each area of specialised pedagogy has its own classification system.

- **physical deficiency** – permanent disability of development and (or) functioning of an organ (organs) requiring long term social, medical and correction-pedagogical support;
- **mental deficiency** – temporary or permanent deficiency in mental development and (or) functioning of a human being, including: consequences of sensory disorders; speech disturbance; disturbance in the area of emotion and motivation; consequences of brain injury; disturbance of mental development, including mental sub-normality; mental retardation, and related specific learning difficulties;
- **complex deficiency** – any combination of mental and physical deficiencies;
- **severe deficiency** – mental and (or) physical deficiency expressed to such a degree that education in accordance with the State (including special) educational standards are unachievable, and teaching opportunities are restricted to acquiring independent living skills, basic knowledge of the environment and basic labour skills or specific vocational training;

The Law allows for the co-ordination of all agencies associated with disability and ensures the creation of inclusive education. However, as yet, a coherent understanding of the concept of inclusive education – which goes beyond agreed ideas of holding positive attitudes, closing special schools or integration[4] – has yet to emerge across the various sectors of society, and consequently is not reflected in the Law. Nevertheless, the regulations imply a state system of comprehensive support for CWDs from birth to the age of 18.

However, while these national laws and regulations appear to provide the necessary basis for the support of CWDs, so far they have not always been realised in the relevant by-laws. For instance:

- Issues of free medical care in the field of social and medical-psychological support for CWDs have not been settled.
- The development of State educational standards for special preschool and special general and vocational education for CWDs has not been approved.
- National agreements on the necessary financing of staff and organisations for home training for children with severe disabilities have not been made.

4. Integration and inclusion are discussed more fully later in the text, in the section on special and inclusive education in Kazakhstan.

- Working conditions for staff for the new types of special educational institutions (PPCC, RC, LC) have not yet been developed.
- The procedures and funding for home-based education and upbringing of disabled children according to an individual education plan (IEP) have not yet been determined.

Two reasons for the delays in providing the services foreseen by the legislation are given in the country report. First, there is a lack of data in the form of records of social needs, despite their embodiment in national law; and a lack of evidence around the implementation of social support of various forms for vulnerable groups of children. This information is needed for planning purposes. A data management system (ORACLE) has been adapted for Kazakhstan but at present there are no funds for implementation and data collection. Second, research described in the country report shows that there is a widespread lack of knowledge about international and national laws in this area, even among professionals; this indicates a general lack of awareness about the problem, and presumably an associated unwillingness to act to improve provision and develop services on the necessary scale (NARC CP, 2007).

*Comment*

Clearly, the two issues identified above – a lack of data and evidence, and low levels of knowledge about relevant legal frameworks – need to be addressed urgently, to accelerate the intentions established in the Law.

While the laws and policies of Kazakhstan are opening the door to widespread reform of the provision of education for children with disabilities based on greater inclusion within the regular education system, the existing system largely reflects the earlier focus on medical specialisations, with a range of different options designed to meet particular needs. There appears to have been an important shift towards providing increased social, medical and therapeutic assistance to children with disabilities, as well as to their families, although the demand for services still far outweighs the supply.

## Rights

In Kazakhstan there are laws that ensure that the rights of both adults and children are safe-guarded; and there is a Committee for Children's Rights that reports to the MOES. Children and adults with disabilities all have the same social, economic and personal rights and freedoms as other people. The same Law covers both adults and children.

*Legal rights include:*

- Access to social infra-structure facilities.
- Access to information.
- Education and free choice of the type of professional activity engaged in, including work.
- Free medical care within the constraints described in the Law (which in effect provides some limitations, *e.g.* on the availability of drugs and certain treatments).
- Professional training and re-training.
- Housing.
- Priority for services in State and other organisations, including health care, culture, communication, transport and the service sector.
- Support of creative capacities.

*Additional rights for CWDs include:*

- Free social and medical correctional support.
- Free examination in the State medical organisation, PMPC or MSE; some free medical care.
- Provision of orthopaedic items and footwear, enlarged print, amplification and signing equipment and compensatory technical equipment.
- Free education in special care or State general education institutions.
- Free vocational education on a competitive basis in the public system in State educational programmes.
- Employment on completion of training and/or professional training.

All things being equal, CWDs are given priority following competition for free public education if they are in Handicapped Group 1 and 2 (those with very serious or less serious conditions respectively, as defined by the Ministry of Labour and Social Protection [MOLSP], provided there are no contra-indications from birth for effective training in the relevant institution). In addition, CWDs who are orphans are also provided with free housing when they have come of age and have completed their stay at special educational institutions.

In response to these legal rights, a State programme for the handicapped, covering both children and adults, has been established by the MOLSP. The implementation began in 2006 and is due to be completed by the end of

2008. This programme provides the basic framework for the development of services in the health and social areas. There has been a substantial growth in Kazakhstan in facilities to help to achieve the goal and objectives given below. Over the past few years, regional centres have increased in number from 14 to 55 (in 2007) and in the *oblasts* 114 PPCCs have opened since 2003. In addition, in 2007 there were nine rehabilitation centres, five social security centres and 263 logopaedic centres.

The goal of this programme is the development of the rehabilitation system, enhancement of social support and improvement of the quality of life for people with disabilities. Its objectives are the:

- Development of a disability prevention system.
- Improvement of the medical-social examination system, and the development of new technologies for the evaluation of the level of limitation for vital activity of citizens.
- Development of the social welfare system for those with disabilities and the enhancement of their social support.
- Improvement of the rehabilitation system for those with disabilities and the expansion of the range of medical, social and professional rehabilitation services.
- Development of active assistance for the employment of those with disabilities.
- Expansion of the network of rehabilitation establishments, improvements in their working methods and structures and strengthening of their technical provision.
- Improvement of compensatory devices and prosthetic-orthopaedic assistance.
- Provision of unimpeded access of those with disabilities to social structures, transport and recreation.
- Enhancement of the roles and responsibilities of local executive authorities.
- Creation of a centralised database.
- Improvement of service provision in the fields of medical-social examination, rehabilitation, developing social services for those with disabilities.

### *Existing challenges to ensure rights*

On the negative side, however, the OECD team was informed that the Committee for Children's Rights is not willing to deal with CWDs. This may be because it is located in the Ministry of Education and Science, which does not hold the single remit for these children but shares it with other Ministries. This is an important issue, and more will be said about it later. The country report also noted that as a result of budget constraints CWDs are deprived of the opportunity for continuity in health care, educational improvement, and opportunities for social inclusion, *e.g.* over the summer because of lack of access to extracurricular activities, sport and cultural activities. It is suggested that the application of Rules 5, 10 and 11 of the UN Standard Rules on the Equalisation of Opportunities for Persons with Disabilities (UN, 1993) could be used to promote improvements in these areas, leading to the elimination of barriers. Furthermore, there is no systematic approach to ensuring that institutions and facilities – including schools – are accessible to all students. In addition, a lack of educational standards for CWDs can also create inequities.

## Poverty

Poverty of families of children with disabilities, and the lack of resources available from public sources, are identified as lying at the root of many current problems. For example, the large number of children living in institutions is sometimes attributed to the provision of food and clothing, which parents could not afford. As one head of a psychological-medical-pedagogical consulting room put it:

> *Poor families want their children in special residential schools so that they get food and clothing.*

Similarly, single parents of children with disabilities cannot work unless their children are in institutions. As a result, many children are abandoned in orphanages at birth. Transportation is often lacking, and children with disabilities in both urban and rural areas may be unable to walk the distance to school, especially in winter or flood seasons. For others, even if the school is close by, children with physical disabilities living in apartment buildings may have no way to get out of the building to attend school. In these situations, boarding schools – or home schooling, where these exist – may be the only options currently available.

Families who bring up CWDs face many additional hardships and out-of-pocket expenses. This reality needs to be borne in mind when planning services.

General poverty also affects the standard of care in many schools and boarding schools, where there is often inadequate heat, poor sanitation facilities, and insufficient budget to supply adequate nutrition.

## Education for All and special education

The report on achieving the Millennium Development Goals (MDGs) in Kazakhstan in 2005 (prepared by the UNDP) identifies education of children with special needs as one of the primary challenges of the country's education system (UNDP, 2005). Officially, the MDG Goal 2 of achieving universal primary education has been achieved, with 99.5% of children reported to be in primary school in 1998.[5] However, this same report acknowledges that achieving the goal means not just presence (or even simply being registered) in schools, but also demands quality and completion, and needs to be considered in conjunction with the broader goals of Education for All and the State Program for Developing Education in Kazakhstan in 2005-2010.

Compounding the challenges for achieving high quality education for children with special needs are poverty, unequal access in rural areas, lack of sufficient schools and trained staff, inappropriate (inaccessible) buildings, and the model of education for these students; *e.g.* individualised approaches are not in place. Most facilities providing education and care for CWDs are state-owned, many being in a state of disrepair.

Another major challenge in the special education system is the lack of appropriate textbooks. While there has been a massive investment in the preparation of new texts for the regular system, providing adapted materials has lagged behind. For example, there is a shortage of books in Braille, and existing books are often outdated and very expensive.

On the positive side, there is also an active NGO sector which provides some educational and other services to CWDs.[6]

## Special and inclusive education in Kazakhstan

In Kazakhstan, policies towards inclusion are informal, with the Government having no clear vision of either early education or inclusion, and no legal framework specifically *requiring* the development of inclusive education. However, there is evidence that residential provision is decreasing in

5. In 2003 the equivalent figure was 99.8% according to UNESCO. EFA Global Monitoring Report, 2007. Paris: UNESCO.

6. A number of NGOs operate in Kazakhstan. These include: Kenes, Ardi, Akbota, Umit, Alpamys in Taldykorgon, Nadezhda in Kostonai and elsewhere.

size. The OECD team saw special classes operating in regular schools, clearly a step towards inclusion (although still more like integration), but no CWDs being educated in regular classes.

There are a number of barriers to the development of inclusive education, including: class sizes in regular schools, different curricula in special and regular education, the method of delivery of medical and other services, the "defectology" model (which at base is medical in its approach, and highly segregationist) and a lack of adaptable pedagogy. Attitudes held by professionals to inclusion are for the most part negative. Nevertheless, the First Lady and educational leaders in some *oblast* administrations support the policy of inclusive education, and it is important that they continue to reaffirm this.

It is also important to recognise that inclusive education is a worldwide movement and is enshrined in a number of UN Conventions, especially those on the Rights of the Child and on the Rights of Persons with Disabilities, both of which haven been signed by Kazakhstan.

*Inclusive* education is an approach to provision which – in its most developed form – provides education to all children, no matter how severely disabled they may be, in a regular school. Its goal is to provide the highest possible quality education for all students. In doing this, inclusive education requires some adjustments in the ways that schools function. In this it is different from *"integration"*, where children with various forms of learning difficulty or disability are simply placed in regular schools and given the same teaching and learning experiences within the same school organisation as other children – thus creating conditions for failure.

Instead, inclusive education aims to adjust teaching methods and internal and external arrangements in order to make the school more flexible and to improve its capabilities to meet the educational demands of all children. Part Two of this report analyses the special education system in Kazakhstan in the light of the factors that define inclusive education as developed by the OECD (OECD, 1999).

The UN Conventions referred to above do not demand this form of inclusion. But they do demand that all children, including those with disabilities, are provided with education. This, of itself, implies that this service should be provided and administered by the MOES so that the conditions for CWDs can be controlled under the same general set of regulations as for children without disabilities: for instance, teachers are properly trained, the curriculum is consistent and opportunities are equitable.

## Governance structure for CWDs

Contrary to this idea, the governance structure for CWDs in Kazakhstan is spread across three ministries; and at present it appears that no single entity holds the overall responsibility for developing a coherent vision of education policy and practices for CWDs and for students with special needs in general. As a result, special needs issues are not being given consideration during reform planning. At the same time it seems that no single body controls the network of social assistance for those CWDs remaining at home.

## Monitoring of standards

At the Republican level, monitoring of quality is just beginning with at present only a single indicator covering the minimal requirement of equipment. In addition there are no inspections of education facilities in the communities and little or no financial monitoring. There also appear to be no national arrangements for assessing the educational progress of CWDs.

## Financing special education

Systematic data on financing of special education are not available. There is an aggregate budget for education, including special education. The OECD team was able to glean the following information:

- In 2006, "special running transfers to *oblast* budgets and the budgets of Astana and Almaty cities for purchasing and delivery to replenish library stocks of public secondary education facilities" were made available for special education facilities for textbooks and teaching materials. Making the necessary arrangements is the responsibility of local executive authorities. Many of these, however, either failed to apply or applied too late, and available funds were not fully utilised. Furthermore, in 2007, no funds were made available for this purpose in *oblast* budgets, and therefore special education facilities received no additional teaching resources.
- The team was informed that 1% additional funding is made available for children from socially disadvantaged backgrounds for food, clothes etc. and also for medical treatment. In addition, KZT 30 million (USD 254 240) are available for summer camps for 1 500 children. These funds come from both central and local budget lines, but are mainly supplied by local governments.
- CWDs receive training in the correctional facility to which the PMPC sends them. However, for children educated at home, the

financial authorities do not accept responsibility for payment following the PMPC's decisions, if a CWD lives in a different city district (*rayon*).

- Teachers of CWDs receive a supplement of 25% based on the first pay grade (entry level) on the teachers' basic pay scale. There seems to be some dissatisfaction about this, although not entirely justified. The OECD team heard that questions about salary were significant for teacher supply. However, in Astana it was stated that the problem had been resolved, at least for the City of Astana.

## Future provision

In Astana, there is an intention to build a new school for children with behaviour problems at a cost of KT 250 million (USD 2.12 million), as well as more special schools. In addition, plans have been made for a new "super-school" (not defined), and sponsors are being sought to support the education of children with visual impairments. Generally speaking, however, there is a positive policy towards including CWDs in regular (mainstream) schools and issues of accessibility are being overcome. But judging by a visit made by the OECD team to a new facility in Astana, the effectiveness of the access arrangements should be reviewed, since for instance ramps provided for wheelchairs appeared to be unusable.

## Teacher training in special education

### *Pre-Service (initial) training*

The training of specialists to work in special education institutions is provided by pedagogical higher education institutions, in accordance with the State Standard of Education (2004) and the levels assured by Bachelor's and Master's level programmes for the subject of study.

At the Bachelor's level, defectologists are trained for the following specialties:

- Oligophrenopedagogy (mental disorders);
- Audiology;
- Typhlopedagogy (visual impairments);
- Logopedy (speech therapy);
- Correctional-development education (mentally retarded children).

Training as a defectologist opens a professional route to a number of different activities. These include:

- Selecting and implementing different teaching methods for children with various difficulties.
- Manager/head of a special institution.
- Modification of general curriculum for different types of special educational institutions; development of Individual Educational Plans (IEPs); correctional-developing support for different types of disability.
- Research on teaching methods for CWDs.
- Teaching.
- Membership of PMPCRs.
- Classroom organisation, for example the use of information technology and other devices.

At the level of Master of Defectology, graduates can choose a career in applied work or research/academia. The applied route opens possibilities to become the head of a special institution, a defectology specialist or a member of a PMPCR. The academic route allows for a career in research and/or teaching in secondary professional or higher education institutions. This is a one or two year course depending on the direction chosen and the level of prior education attained. A Master's degree also allows for further progression to post-graduate programmes (aspirantura) and to the doctoral level.

However, in reality there is a shortage of trained personnel, and 90% of teachers of CWDs have no special training. *There is therefore an urgent need for more trained teachers.*

### *In-service training and professional development*

The in-service training (INSET) of teachers in special education is provided for by the Law on Education and by the regulations on professional development and personnel retraining in the Kazakhstan. It is provided by the NARC CP Institute of Professional Development, at the Department of Correctional Pedagogy of the Republican Institute of Professional Development, and also at the *oblast* institutes of professional development.

The goal of professional development and retraining is to meet both the theoretical and practical needs of teachers who are either working or wish to work in special education, and to allow them to meet the State Educational

Standards in this field. In principle it is possible to attend courses both in Kazakhstan and abroad.

According to the regulations, teacher qualifications should be upgraded at least once every five years during a teacher's working life; the director of the special school determines the frequency of the retraining. These courses are provided at the expense of the national budget, but other courses must be paid for by the individuals themselves or through grants from other sectors.

There are different types of professional development, as follows:

- Short-term problem-centred workshops carried out over 36 hours, either as on-the-job training or in regional seminars;
- Medium-term courses (no less than 72 hours) on topical issues; and
- Long-term courses (more than 108 hours) providing more in-depth study of relevant issues at an institution of professional development.

All of these courses offer certificates and career opportunities, *e.g.* moving to one of the new structures such as a PMPCR.

Professional retraining, comprising courses of not less than 500 hours, which are full-time and taught partially through correspondence, is provided by the Institute of Professional Development (IPD) affiliated with NARC CP. The purpose of these courses is to give teachers both the theoretical and practical skills to carry out their work with CWDs. The courses are designed to meet the needs of teachers with different entry skills and career objectives. For instance, courses may focus on the particular range of issues associated with particular disabilities – *e.g.* hearing impairment, mental retardation. Teachers who take these courses are usually those who are already trained and practising as subject teachers in secondary schools or as class teachers in primary schools. The courses are paid for by various levels of the public authorities and provide diplomas.

Higher Education-based re-training lasts for at least two years, and is provided as a "second higher education." It is paid for privately and provides a "State Diploma of Second Higher Education".

Despite the laws covering this training and what appears to be a comprehensive range of provision, there remain a number of serious problems:

- There is a shortage of specialists to teach the necessary theory and practice of special education to the teachers. This applies generally across all levels, *e.g.* in *oblasts* and in Higher Education. For many specialists, they must be trained abroad.
- There is a shortage in the supply of courses, meaning that some 5 000 employees in special education have no opportunity for INSET.

- Since Soviet times, the universities that used to supply many graduates in this field have been severely cut back, leading to severe shortages of trained personnel.
- The salaries are very low, so that some graduates appear to prefer to take higher paying jobs, particularly in the private sector.
- There is no mechanism for job placement for graduates.

### *Comment*

It is quite clear from these difficulties that the infra-structure for developing the necessary skills in the necessary numbers of teachers needs to be built up, so that education for CWDs can be enhanced in both special and regular schools. This issue is exacerbated by the adoption of the Kazakh language, for which there is a lack of institutions working in Kazakh as well as a lack of learning materials and textbooks.

In response to these shortages, there is evidence that a number of higher education institutions have expanded their provision over the past five years. However, there remains a serious shortage of expertise and as a result the teaching is too often too theoretical, with little emphasis of the development of practical teaching skills.

In addition there is little or no quality control by the State or any other body. This is clearly unsatisfactory, and needs to be amended. First, the introduction of *standards* – and a reliable way to ensure that they are met – are urgently needed. In addition, there should be a comprehensive new classification of the types and levels of special-education specialisations being offered that will work across special and regular schools, as part of the development of an inclusive education framework.

### *Summary*

In summary it seems that the basic model for educating teachers of CWDs is in place, ranging from pre-service to in-service training and school-based professional development. There is contradictory evidence on whether what is taught is up to date, and adequately takes into account international literature and practices. Given the importance of training, this area should be reviewed in detail. There also needs to be increased investment to rebuild the system so that enough specialist teachers and administrators are supplied who can work in both inclusive and segregated settings, with attractive salaries, and across the whole range of CWD/SEN provision.

Clearly, to improve the training of teachers will require a multi-faceted solution, one element of which will be the need to train teachers abroad, as was suggested in Astana.[7]

## The nature of provision for children with disabilities and special needs[8]

### *Correctional pedagogical support*[9]

During Soviet times, there was a division of responsibility for child rearing between the family and the State. The State assumed extra responsibilities for children with disabilities, most of whom lived in orphanages or special boarding schools. However, reduced resources, increased poverty and family disintegration led to a 28% rise in the number of orphans placed in boarding schools between 1993 and 1995. These boarding schools are now the responsibility of local governments that lack the financial resources for trained staff, equipment, and even adequate food, heat and sanitary conditions (MOES, NARC CP, and Educational Centre Bilim – Central Asia, 2007).

Family disintegration includes both the break-up of traditional extended families, as people emigrate seeking employment, and also of the "nuclear family", with 80% of fathers abandoning their wives at the birth of a child with a disability.

Kazakhstan has initiated a programme to screen children under the age of three in order to detect children at risk of developing disabilities so that early intervention, involving social, health and correctional-pedagogical aids, can be provided. As a result, new types of facilities are being opened. These include: rehabilitation centres, clinics for psychological-pedagogical correction and speech therapy, all of which are differentiated according to the type, content and place of education. In addition, new types of facilities to provide correctional-pedagogical support to disabled children who are taught in regular schools, and the inclusion of children previously described as "learning disabled", will be made available.

Following the Soviet system, currently there are eight types of schools and kindergartens for CWDs. For those with: mental retardation (55); partially-hearing and deaf (19); blind and visually impaired (9); cerebral palsy (5); speech problems (5); developmental delay (7); delayed psychological development (7);

7. Interview with the Director of Education, Astana Department of Education.

8. Annex 1 provides a table of facilities for each Ministry.

9. See Annex 3 for an organigramme of the national framework of support for children with disabilities in Kazakhstan.

and mild mental retardation (7). These will be transformed into flexible multi-functional provision to meet all types of need. Currently, there is one medical facility treating 60 000 persons per year, 55 regional mini-centres for screening and diagnosis, and one Republican facility.

Children from socially disadvantaged backgrounds are served at *oblast* level. According to the Ministry of Labour and Social Protection, the school budget is increased by 1% for these students. However, nearly 30% of school children receive no additional support for their education, even though they come from poor or low-income families.

### *The structure and functioning of correctional support*[10]

According to the Kazakhstan Law *On Social and Medical–Pedagogical Correctional Support of Children,* there are five components (levels) of the special education system:

- Level 1: Screening for disabilities at birth and at prescribed intervals thereafter;
- Level 2: In-depth psychological-pedagogical examination of psycho-physical development of children;
- Level 3: Comprehensive social, medical and pedagogical support;
- Level 4: Research, methodological support and human resource development; and
- Level 5: Legal framework.

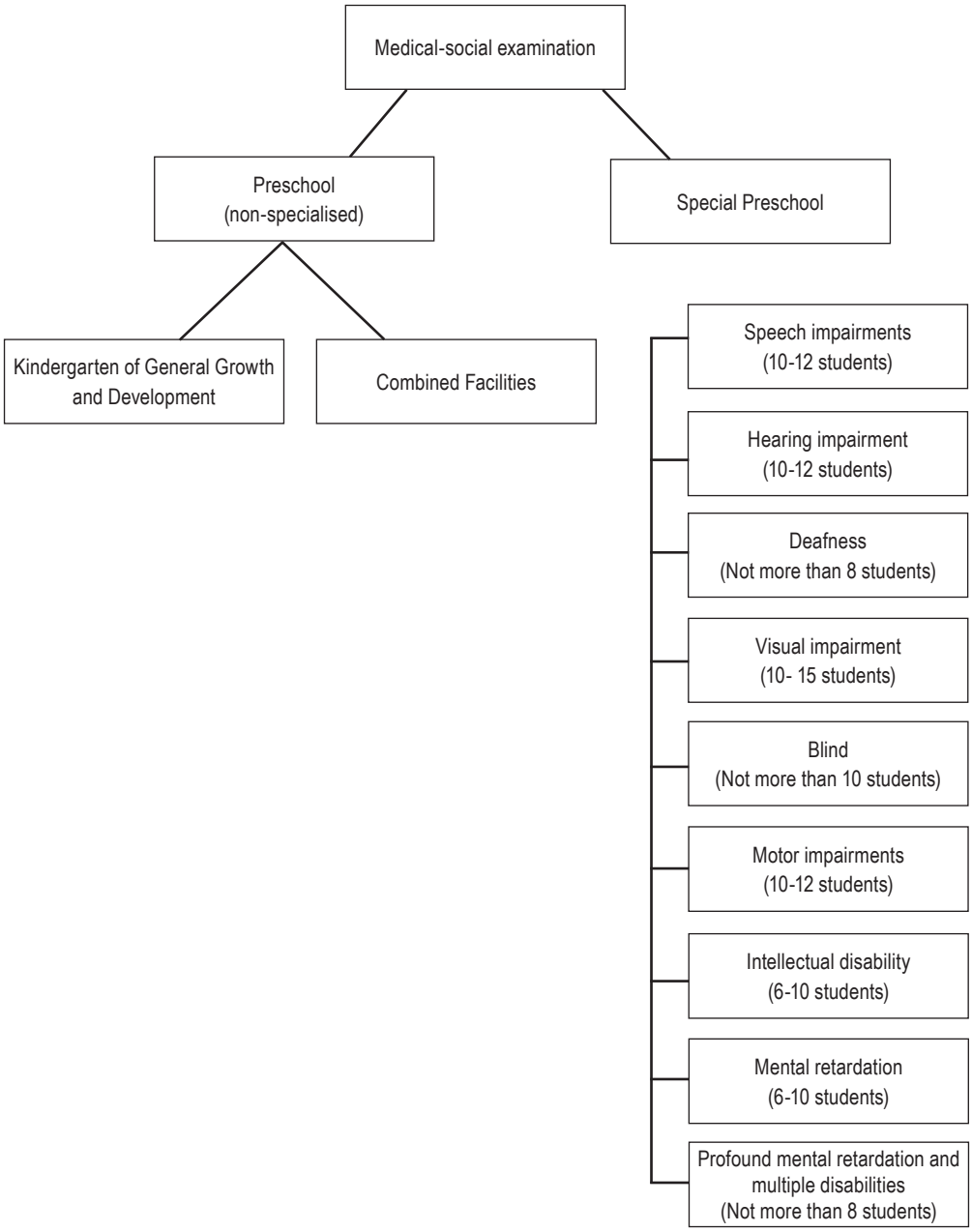
This system was designed to provide comprehensive support to children with disabilities from birth to 18; create conditions for inclusive education; introduce the Institute for Social Work (a new concept in Kazakhstan); and co-ordination of relevant ministries and agencies. This support is provided through a range of facilities offering: treatment and prevention; detection and diagnosis; early childhood development; pre-school education; school education; vocational training; social support; human resource; and research and methodology.

## Pre-school programmes for disabled children

In Kazakhstan today every child undergoes a medical-social examination at birth in order to diagnose disability and to determine the educational,

10. The Level 2 procedures are implemented by specialists from different disciplines who provide a full assessment of the development of the child and his/her social adaptation.

Figure 2.2. **Options for pre-school programmes for CWDs**



medical-social and rehabilitation programme for any child who requires one. This assessment is repeated again for all children leaving "baby homes" which are orphanages for children under the age of 4, and before other transitions within the educational system. Some CWDs may attend regular kindergartens if there are no medical constraints. Others may attend combined facilities where some groups are specially designed for children requiring remediation. Most CWDs will be directed to special preschool programmes that may be specifically designed to deal with children who have speech impairments, hearing loss, deafness, visual impairments, blindness, motor impairments, intellectual disability, mental retardation, or profound mental retardation and multiple disabilities. The preschool programmes are using either Soviet programmes, or a programme designed for non-disabled children. The provision is summarised in Figure 2.2.

In 2007 there were 239 special groups for a total of 4 577 disabled students in regular pre-school programmes and 35 special kindergartens serving 267 groups for a total of 4 958 disabled students. That is, there were 9 535 disabled students in pre-school programmes, of whom 48% were in regular facilities. But note that there are 1 617 schools altogether, and many of them lack the basic facilities such as clean (drinking) water and sanitation. In fact, there is little monitoring of these schools for maintenance or evaluation of their general state.[11]

### *Comment*

The current system of correction is clearly of great importance; but it appears that for many children who do not respond to programmes currently being used, any formal education that is provided is either in special schools or at home, or not available at all.

Home-based services are underfunded, infrequent and too often provided by teachers with no specialised pedagogical training. These arrangements are not consistent with current accepted practice, and there is a clear need for these children to be brought into the educational system and provided with full support following an expansion of the existing framework of provision

## Education programmes for disabled children of school age

There are a number of options of educational settings for children with disabilities, ranging from specialised boarding schools to regular community schools, although not all options are available in all locations. Only Almaty

11. Of these 1 617 schools, 1 241 have a typical building; 630 kindergartens have no hot water, 251 have to be supplied with drinking water, 183 have no heating and 366 no sewerage.

City and Karaganda *oblast* have all eight types of special schools. In fact, more than 90% of children requiring special programmes must live in boarding schools because there are no options close to their homes. For example, in Kzylorda *oblast*, with a population of 237 000 children, 2 557 children with disabilities were identified in 2007 (1.1% of children 0 to 18), but only two special education facilities exist in the *oblast*, and both are in the capital. Sometimes, a neighbouring *oblast* may have a special school that is near a student's home, but because financing of special schools comes from local budgets the children are ineligible to attend. Table 2.3 outlines the options.

Table 2.3. **Education options for students with disabilities in regular schools**

| Diagnosis | Class Size |
|---|---|
| Blind | Up to 8 |
| Visual impairment | Up to 12 |
| Deaf | Up to 8 |
| Hearing impairment (1) | Up to 10 |
| Hearing impairment (2) | Up to 8 |
| Speech impairment (1) | Up to 12 |
| Speech impairment (2) | Up to 10 |
| Motor impairment | Up to 10 |
| Mentally retarded | Up to 12 |
| Intellectual disability | Up to 12 |
| Emotionally disturbed | Up to 10 |
| Multiply handicapped | Up to 6 |

*Source:* Sulemenova, R.A., Zhalmukhamedova, A.K., et al. (2007)

In 2007, there were 101 special schools/boarding schools, plus 547 special classes within regular schools for 7 582 students. In the 1990s, 29 boarding schools were closed, resulting in overcrowding in the remaining institutions. Schools designed for 150 students often must accommodate 300, which leads to poor conditions. Children with hearing impairments were mixed with deaf students, making it more difficult for students with hearing impairments to learn to speak within the framework of the educational programmes and teaching methods being used.

Another challenge is that education is offered in both Russian and Kazakh languages. Of 19 604 children with disabilities in the school system, 7 913 are studying in Kazakh, but the necessary materials and staff training

do not exist for all of them. A new curriculum for children with mild and moderate mental deficiency has been developed in both Kazakh and Russian languages. Nevertheless, curricula for special education students are not keeping up with changes in the regular system – where, for example, new courses such as economics and ecology have been introduced. Furthermore, *oblast* Departments of Education do not necessarily follow the MOES's curriculum recommendations and may independently establish the number of hours for education – often by reducing them.

Within the social protection system, there are 18 boarding schools for 2 729 children who are deemed "not eligible for training in the system of education". An additional 100 children receive support in public and private day centres. However, this accounts for only 37% of the 7 614 ineligible children. These children receive four hours of education a week in primary school (grades 1-4), five to six hours a week in basic secondary school (grades 5-9), and seven hours a week in secondary school (grades 10-11), compared to the 24-36 hours or more prescribed by the MOES curriculum. A further 7 701 children receive education at home (because of their state of health or because of schools are not accessible). Some children also receive education when they are ill and in a health facility for 2-3 months per year, and 4 723 children are reported to not receive any education at all.

Finally, some children with disabilities may attend regular schools and be part of regular classes. However, this usually happens in rural areas where there are no alternatives, and often no special support is provided to the student. Of 30 548 disabled children in regular classes, only 13% receive special support. The other 87% often find it difficult to cope with the regular curriculum, which can lead to early departure from the school system.

According to the psychological, medical and pedagogical commission (PMPC) in 2007, 28 613 students with disabilities were studying outside the special education system. These students fall into the following categories:

- Children referred to special education organisations;
- Children referred to special classes at comprehensive schools;
- Children referred to comprehensive schools without special educational support;
- Children referred to other organisations;
- Children taught at home (no information how many children receive special education support);
- Children receiving no education;

- Children receiving special support only in rehabilitation centres. psychological and pedagogical correction centres, or logopaedic centres.

There are no similar data on boarding school children with disabilities or on children living in children's houses and orphanages. There are no data on the number of children and provision of correction and development assistance in medical and social establishments (MSE).

A network of specialised facilities supports the special education system:

- Psychological-Medical-Pedagogical Consulting Rooms (one per 60 000 children);
- Rehabilitation Centres;
- Psychological-Pedagogical Correction Rooms;
- Speech therapy rooms in schools with 20 primary classes;
- Other types of special education facilities.

The Psychological-Medical-Pedagogical Consulting Rooms (clinics) are responsible for diagnosis, assessment, and determination of treatment, training and education, as well as access to other social services or more detailed examinations. They also develop individual programmes for each child, and monitor their progress. In 2007 there were 56 regional and local centres and one national centre.

The rehabilitation centres, of which there is one per 5 000 children, are large and provide a full range of therapies and training to children with all types of disabilities as well as support and training to parents. In 2007 there were nine rehabilitation centres under the MOES, five such centres under the MOLSP and one under the MOH. The MOES centres provide educational support for CWDs, during the daytime. In the evenings the children return home. As far as the OECD team could ascertain, nine *oblasts* still have no rehabilitation centre. Centres run by the MOH provide medical rehabilitation for CWDs while those run by the MOLSP help CWDs to cope with activity limitations, restore their social status and their social and environmental adaptation.

The Psychological-Pedagogical Correction Rooms perform services similar to the rehabilitation centres and for a similar population, but on a smaller scale. In 2007 there were 114 such rooms. Despite the law, one *oblast* has no Psychological-Pedagogical Correction Room.

In 2007, there were 263 speech therapy "points" in Kazakhstan, located in education facilities and operated by the local education authorities. They provide support to students within the school where they are located. These points provide speech therapy to overcome errors in speaking, and to help

to prevent these errors from being transferred to writing. Speech therapy is provided for children without auditory problems and of normal intelligence. Speech therapy points are still in the process of being established in some *oblasts* (nine have no speech therapy centres), and many still need to meet fundamental regulations with regard to hygiene and safety.

The provision of speech therapy in Kazakhstan seems to be narrowly conceived. In western countries this service covers a much wider range of children, including children with profound cognitive disabilities, and speech therapists also work to improve problems with (*e.g.*) swallowing, to help children develop independence skills.

No data exist on the special educational facilities available for orphans or abandoned children, although this population appears to pose a huge challenge. Interviews suggest that many children of poor single mothers are taken at birth to baby homes, and many children leaving the baby homes at age four are diagnosed with disabilities and directed to children's homes for children with disabilities or to mixed children's homes that combine children with disabilities with non-disabled children. These mothers are often said to be addicted to drugs or alcohol, but there are no data to support this assertion. The challenge of the number of children in orphanages in Kazakhstan has provoked some international concern.

### *Vocational Training*

Kazakhstan has never had a system of post-school training for graduates with disabilities and the current programmes have developed sporadically. Many special schools begin vocational training for students aged 12-13, but most of the schools have poor facilities and outdated equipment. Students are trained in a minimal number of professions including shoemaking, hairdressing, agricultural labour and sewing. There are some programmes for disabled students in regular vocational schools, but their funding is not stable and there is no trained staff available. It is very difficult for graduates of any of these programmes to obtain jobs.

#### Box 2.2. **NGO supported rehabilitation**

"One young man at the centre had been home-schooled. He had no communication system when he finished school at 15. That's when he started with us. First we taught him the Bliss symbols, and now he uses them on a computer. He knows all his letters and numbers too."

President of NGO, which runs a rehabilitation centre.

## The Non-Government Organisation sector

NGOs in Kazakhstan are registered by sectors and regions. There are 12 sectors:

- Civil initiatives
- Gender organisations
- Protection of rights and interests of people with disabilities
- Medicine, psychology, health
- Youth and children organisations
- Science and education
- Human rights protection organisations
- Prevention of HIV/AIDS
- Professional associations
- Mass media and information networks
- Social protection
- Ecology, nature, environment.

In the "Social Protection" sector there are 60 NGOs, including those providing social support to children and families in need. Under the sector "Protection of rights and interests of people with disabilities" there are 54 NGOs, many organised by families of persons with disabilities or by persons with disabilities themselves, and some started by professionals. There are some day-care programmes that cater for young children, and others for those completing the public school

### Box 2.3. **A structured approach**

In a school in Astana, the team saw a girl with Down's syndrome (often viewed in Kazakhstan as "uneducable") avidly involved in a structured mathematics lesson that was using Montessori principles. The team was told that this girl, aged about 10, had entered the school six months previously, and at that time was unable to concentrate and spent her time rolling around on the floor. Clearly her behaviour at the time of the OECD visit was very different from that and her engagement in the class and teaching and learning activities was encouraged by the structured approach being used. Certainly the teachers in the school attributed her change in behaviour to the teaching methods they had introduced.

system. Those NGO centres visited by the OECD team appeared to accept children with more severe disabilities than the children seen in public programmes. Because of support from the private sector, their wages are higher, facilities are newer, and there is more and higher-quality equipment. There appeared to be a stronger focus on setting individual learning goals for each student. These centres also provide training to families and they collaborate with other community stakeholders. For example, an organisation for the deaf provides sign language training to adults (whereas the schools for the deaf do not offer this to their students). Others have developed specialised pre-school curricula or have translated materials (*e.g.* Bliss symbols) into Kazakh. However, the norms regulating NGOs are unclear.

### *Comment*

Based on visits made to a large number and variety of schools and other institutions and following interviews with staff and other colleagues, it is clear that the support provided for CWDs in Kazakhstan in schools and institutions is extensive but variable. In general, there are low teacher:pupil ratios compared with many countries, and a variety of staff from different professional backgrounds, who generally show an extremely caring attitude and act professionally. The children themselves are well cared for, well dressed and well behaved, being polite and courteous at all times.

However, it was also clear that there are many differences between the schools and institutions visited, with some being in a poor state of repair. It is difficult not to draw the conclusion that investment has been greater in *medical* support for CWDs than in their education. This comment should not be interpreted as an argument for a reduction in the health budget but instead for an increase in the education budget for CWDs. What is needed then is a whole-hearted commitment to recognising the rights of these children by improving the *quality of education* for CWDs – whether they are at home, in special provision, or integrated into regular schools – to a standard commensurate with that provided for their non-disabled peers.

An increase in the education budget should in the first instance focus on bringing all schools into an accessible state. Even brand-new schools were not, in practice, accessible; for instance they had stairs with un-usable ramps acting as barriers. In addition, thought must be given to how to bring those children who are currently not in school (and those who remain at home) physically into the schools.

The team was also regularly informed that educational programmes prepared for CWDs were based on principles of defectology enunciated by Vygotsky. However it was unclear how this really worked in practice. One school was successfully using principles based on outcomes-based learning

(see Box 2.3) developed in the West but compatible with Vygotsky's approach. Outcomes-based learning can provide the core of a coherent whole-school approach to teaching, and has proved successful in many countries. This method, we were informed, is endorsed by local educational administrations.

In parallel, investment is needed to provide more (and more appropriate) teaching resources to support the teaching of the curriculum.

## Health

The Ministry of Health (MOH) of the Republic of Kazakhstan (MOH, 2004) has a particular responsibility for CWDs. Funding for the public health system in Kazakhstan comes from the State budget, medical insurances, medical services paid for by citizens, and from other (unspecified) sources. The percentage of GDP spent on health increased from 2.2 to 2.5% between 1999 and 2006, although as noted above this is a relatively small proportion of GDP compared with OECD countries. However, it is clear that improving the health of Kazakhstan citizens through both prevention and treatment is an important policy goal that also applies to children and those with disabilities. The MOH stressed the importance of bringing up healthy children for reasons of national security, since more than 30% of Kazakhstan citizens are children under the age of 16. The United Nations' Millennium Indicators (UN Statistics Division, 2008) show that, at present, there is still a relatively high child mortality rate[12] and many children are born with disabilities. As a result there are efforts to improve maternal and child health by vaccinations (100% of children are vaccinated) and by encouraging family planning. Issues relating to water quality are also being addressed. It is evident that such policy aspirations are to be praised.

### *Children with disabilities*

Medical-social examinations are carried out in territorial divisions for CWDs aged 0-18 and adults. They establish the type of disability or category, its cause, its time of onset and its degree. In addition, a rehabilitation programme should be established.

The MOH runs the following institutions covering child out-patient and in-patient facilities providing patient care and recreational facilities:

12. According to data from the United Nations, Kazakhstan's infant (birth to 1 year old) mortality rate in 2006 was estimated at 26 per 1 000 live births, and under-five mortality at 29 per 1 000 live births. These figures are a significant improvement since 1990, when they were roughly double the 2006 levels (51 and 60 per 1 000 live births respectively).

- Peri-natal centres
- Diagnostic centres
- Children's polyclinics
- Children's hospitals
- Medical rehabilitation centres (see Box 2.4)
- Medical aid and midwifery stations
- Family medicine outpatient facilities
- Recreational institutions and health resorts
- Orphanages. There are 27 orphanages in Kazakhstan for children aged 0-4 provided by MOH. There is one orphanage supported by the MOES and children are transferred to boarding schools or to the Ministry of Social Protection if they are disabled. Seventeen are specialised for central nervous system disorders (for 2 000 children) and all are funded by the government. Health treatment for CWDs is free.

### Box 2.4. **Astana Rehabilitation Centre**

A visit was made to the Medical Rehabilitation Centre in Astana (there is another in Almaty). The facility is extremely modern and spacious containing all of the latest equipment. Children attend with their parents and the family may board there during the period of treatment of one month. The facility can treat 300 children per year. It cost KZT 7 billion (about USD 46.72 million) to build and costs KZT 341 000 (about USD 2 276) per patient per month.

This range of provision offers the possibility of advanced treatment and surgery, (*e.g.* paediatric heart surgery, or bone marrow transplants, for CWDs), although some serious conditions are still out-sourced to other countries, *e.g.* cochlear implants. Nevertheless, according to the national report there is still a lack of co-ordination between prevention and rehabilitation. For instance, cochlear implant surgery is not followed up with the necessary re-training, and this severely limits the value of the implants. Also lacking is an adequate network of rehabilitation facilities; this is in need of considerable expansion. Full evidence-based evaluation of health care provision remains to be developed.

Following Kazakhstan policy that health facilities always provide education (children with chronic conditions in hospitals also get access to education),

there are also schools within these premises so that children who are there for treatment can keep up with their studies. However, the country report notes that in the country as a whole the provision is inadequate, since the teachers are not trained in special pedagogy, and the students return home with big gaps in their knowledge.

However, from the reports provided to the OECD team it appears that the current level of provision falls well short of the demand, and growing inequalities in access to health services, predominantly affecting children from poor families and in rural areas, represents a serious concern. Access to public health care is even more important for the poor because wealthier citizens now have the means to use privately provided medical services (UN MDG report Kazakhstan, 2005).

In addition, there are not enough specialised paediatricians and other specialists in the poly-clinics. In this context, families of CWDs have to pay for the services of those available, which they cannot afford to do, and hence many CWDs are deprived of the specialised help they need.

Medicines supplied do not meet demand and are often not the correct ones, *e.g.* drugs for epilepsy. Preventive measures are also under-funded in terms of both examination and diagnosis and education on prevention for parents.

Funding for sanatorium-resort therapy is inadequate, which means that children needing long-term treatment are deprived after six months when funds run out.

It is not possible to assess the extent of the shortfall since the needed data do not exist. Nevertheless, as already indicated, for CWDs a shortage of specialists, drugs, and finance for accessing sanatorium resort therapy were pointed out. Such conclusions are not surprising, given the relatively low level of GDP spent on health in Kazakhstan.

## Ministry of Labour and Social Protection

According to the relevant regulations, the Ministry of Labour and Social Protection (MOLSP, 2004) is a central and executive body of the Republic of Kazakhstan. Its main tasks are the formation of State policy, and inter-sector co-ordination in the field of labour, safety and protection of labour, occupation, social partnership, social protection of the population, pension, social insurance and regulation of migration processes within its competence and within the limits stipulated by legislation. The Ministry is funded from the Republican budget.

### *Children with disabilities*

The Department of Social Norms and Rehabilitation within the MOLSP covers disability issues, integration into society, monitoring of local norms and their implementation (from 2005), social protection and integration of those with disabilities into community life.

The MOLSP finances the medical-social-paediatric centres. There are eight in the regions but this will expand to 14, *i.e.* one per region. There are two in Astana and in Almaty. According to the Law "On Social services" and the Law "On State Services", NGOs with appropriate licences could provide social services for CWDs in the frame of governmental order.

Since 2006, social workers for CWDs are paid for by the Republican budget. Those CWDs needing education at home receive funds determined by local executive committees. Ten thousand families receive social allowances, amounting to KZT 207.8 million (USD 1.76 million). This works out to approximately KZT 2 500 (USD 21) per family per month. But it can be up to KZT 7 000 (USD 59) per family per month according to need. The MOES transfers funds to the regions for this purpose. The MOH funds health services and drugs for CWDs. There are 117 social units of home support covering 13 000 children supported by social workers.

CWDs get KZT 1 200 (USD 10) per month plus a pension from the Republican budget and a lump sum if needed. In higher education, the student allowance is KZT 5 600 (USD 47) per month but CWDs in higher education receive a supplement of 75% from the MOES.[13]

The MOLSP also runs boarding schools. There are 17 in Kazakhstan, three of them specialising in motor problems. In these schools, the MOES only provides in-service education of teachers.[14]

Kazakhstan law provides for home-based support for CWDs under a section *On Social and Medical-Pedagogical Correctional Support to Disabled Children.* Starting in 2003, a new network of facilities is being established (within the system of social protection) to provide social support to CWDs at home. These "Divisions of Social Support to Handicapped Children at Home" (DSSHCs) work under state determined standards. The specialists employed in this service work to improve the quality of the lives of the CWDs under their care and to ensure that their rights are met.

13. It should be noted that the poverty line for Kazakhstan in 2008 was KZT 10 555 (USD 89) per month. The Ministry of Economy balances out regional disparities in wealth. Each region must submit a plan annually.

14. The MOH runs boarding schools for those children under four years of age.

### *Identification of CWDs*

Assessments are made by mixed teams of experts which include physicians, psychiatrists, social workers, psychologists, special needs pedagogues; an action plan is then drawn up to support the child, *e.g.* supply of diapers, eye-glasses or hearing aids. DSSHCs should support the child and the family by providing care and training, and encourage social inclusion in the community. They prepare an individual rehabilitation programme for the first six months and revise it regularly as the child grows older. Progress is documented, and the programme must be suitable for the child's age and ensure continuity.

A DSSHC can be established if there are 80 home-based children aged 0-18 in a *rayon*. The staffing of a Division includes a head of Division, an advisor and social work specialists based on a ratio of one social worker to six to eight children being cared for at home. These children generally have complex disabilities and thus their needs must be met by different specialists, giving the DSSHCs an important co-ordinating role.

Currently 214 Divisions have been established. They employ some 1 300 specialists serving about 10 000 CWDs. However, the establishment of Divisions has been hampered by a lack of data and records, guidelines for evaluation and planning, and implementation. In addition, many of the Division employees lack specialist knowledge. This is an important issue, because these services are intended to support the estimated 55 000 CWDs with the most serious problems in Kazakhstan who are at home permanently, and who now receive little support from education services.[15]

However, the introduction of DSSHCs provides a golden opportunity to develop methods that are in line with current international standards, such as those set out in the International Classification of Functioning, Disability and Health – Children and Youth version (ICF-CY; WHO, 2007). This classification system requires that disability should be understood in a *social* rather than a medical context; in turn, this puts emphasis on removing environmental barriers so that CWDs can have access to facilities enjoyed by other citizens. The ICF also provides a common "language" that can be used across Ministries; this should help `when discussing disability issues in a multi-service (multi-ministry) framework. In addition, the ICF-CY stresses the importance of close collaboration among various agencies and professionals, alongside comprehensive and co-ordinated record-keeping. Overall, the approach should be as broad as possible, covering all spheres of life with an emphasis on social integration.

15. The procedure for conferring "handicap status" on a child is the responsibility of the relevant PMPCR.

## Employment

In 2006, there were 21 000 potential job seekers with disabilities, but only 1 300 (6%) employed because of a lack of competitiveness in the labour market. There is a "welfare state" mentality inherited from the Soviet days whereby people expect to be supported by the State, but there is no intention of changing the law to require that people with disabilities seek to become more self-reliant and independent. Currently the MOLSP is thinking of measures to develop systems of rehabilitation and, in the future, professional orientation. The OECD team was told that if a person with a disability finds a job, he/she also keeps any previously granted state benefits related to the disability.

Kazakhstan law mandates that 3% of the work force of local enterprises must be hired from among disabled applicants, based on quotas. Not meeting quotas leads to fines, but this does not work to create job opportunities. There is a World Bank-funded project on employment; there are also Societies of the blind and deaf that apparently support sheltered workshops, but the OECD team was not able to obtain information about these.

## Audiology services

At present, children are not sufficiently screened for hearing impairment. Given the prevalence of hearing impairment and its known impact on cognitive growth, education and social inclusion, it is unclear why such services have not been developed in Kazakhstan. Although audiology services were widely developed pre-1991, since that time they have declined and currently work with out-of-date equipment and guidelines. The services were transferred from MOH to MOLSP in 1999, but there are still some services in health facilities. According to the country report, there is little communication between these and the MOLSP providers, or the specialists who work in them. The lack of interaction between these services has led to inadequacies in data collection, record keeping and treatment.

A project funded by UNDP provides money for persons with hearing impairment to hire specialists. However, the specialists did not exist; and as a result appropriate personnel had to be trained.

The supply of hearing aids, especially for children, has serious weaknesses, which means that hearing impaired persons must use whatever they are given, whether or not the devices are suitable for them. Recently the MOH has been paying for cochlear implant surgery in foreign clinics. However, the necessary follow-up rehabilitation is not provided, thereby seriously weakening the potential gains made from having such implants. There are concerns about the cost-effectiveness of the programme, especially because selection of patients

for cochlear implant surgery was described to the OECD team as "a free-for-all" with neither regulations nor trained specialists for patient selection.

## Environmental policies

It may seem strange to include a section on environmental policies in such a report. However, in Kazakhstan this is an important issue, since many children are believed to develop disabilities as a result of environmental pollution created in earlier days, as well as the continued existence of toxic waste. Policies about the environment are therefore clearly relevant to the prevention of damage to children, especially during the early stages of their development.

At present, the costs of cleaning the environment amount to 0.6% of the entire State budget. According to the State Programme "Environmental Protection in Republic of Kazakhstan for 2008-2010" KZT 35 816 million (USD 304 million) will be allocated from the Republican budget as well as from other sources such as international grants.

## Co-ordination of ministries

Ministerial responsibility for CWDs is spread across three ministries – MOES, MOH and MOLSP. This is inevitable for CWDs but may well lead to duplication of effort and unnecessary complexity. Given that, in many countries, CWDs receive free education from birth, it might be suggested that the MOES should be given the administrative responsibility for *all* education provision for CWDs. This should cover all children wherever they are located – at home, in schools or institutions. If for the moment this proves impossible, at the very least there must be a system that ensures that young CWDs receive appropriate, systematic stimulation and training by appropriately trained staff. Such an arrangement would leave the provision of social and health services to the responsible Ministries, with the understanding that the provision of services is adequately co-ordinated.

In theory, the current system of social and medical-pedagogical support in Kazakhstan does provide an integrated approach to provision for CWDs in terms of social, medical and educational services. By law, policies must be co-ordinated. Integrated support is expected to include health care, social protection and education, as offered by the relevant authorities at national and local levels.

But the OECD team was frequently informed that there is little or no connection between the MOH and MOES on early identification and screening, although the issues have been discussed on several occasions at various levels of government.

Similarly, there is often no connection between various key stages or levels of provision. For example, children receiving home schooling have no access to vocational education; and students with disabilities who complete vocational training have virtually no access to employment. Even within ministries, problems arise. For example, blind students can have national exams read to them, but the people reading the exams do not always understand the symbols in the exams. The students are also not given any additional time to complete the exams.

Comprehensive support for disabled children is currently provided through the following services:

- Treatment and prevention;
- Detection of disabled children and diagnosis of psycho-physical impairments;
- Early development of children;
- Pre-school education and training;
- School education;
- Vocational and labour market training;
- Social support;
- Human resource provision;
- Research and methodological provision.

## Private sector

Given the recent history of Kazakhstan, it is perhaps not surprising that there is little private sector involvement although there are some suggestions that there should be more involvement of business. Several interviewees mentioned the importance of corporate social responsibility. There seems to be some *ad hoc* involvement; for example companies may sponsor buses and holidays, and some provide funds for clothing, computer equipment, as well as drugs, equipment and devices in the health sector.

## Data on children with disabilities

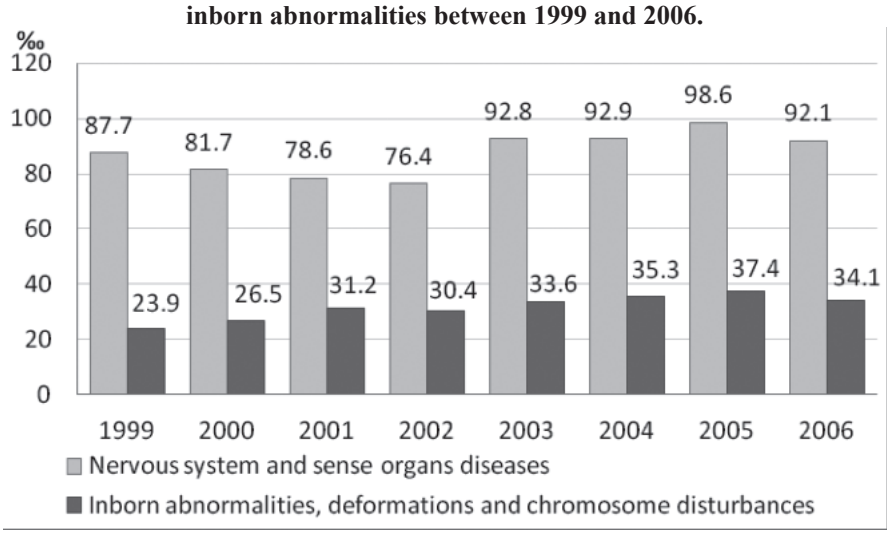
There are a number of data sources on CWDs (*e.g.* from the MOH and the PMPCs) that ought to be mutually compatible, but in practice they show inconsistent estimates of the numbers of CWDs. This of itself is perhaps not surprising, but the differences are very large and require explanation in order to evaluate whether or not services provided are adequate. From the data that are available, it would appear that services are generally unable to meet the needs.

### *Data from the Ministry of Health*

Data from the MOH are based on medical diagnostic categories of potentially disabling conditions. For infants, two categories are used: (a) nervous system and sensory organ disease and (b) inborn anomaly, deformation and chromosome disturbances. Table 2.4 shows that infant morbidity has increased from 11.16% in 1999 to 12.62% in 2006. For the period 2000-2005, infant mortality averaged 61/1 000 using the WHO criteria (UNESCO, 2007). According to the latest figures available, in 2006 Kazakhstan's infant mortality rate was estimated at 26 per 1 000 live births, and under-five mortality at 29 per 1 000 live births. These figures are a significant improvement since 1990, when they were roughly double the 2006 levels (51 and 60 per 1 000 live births repectively) (UN MDG Indicators, UN Statistics Division, 2008).

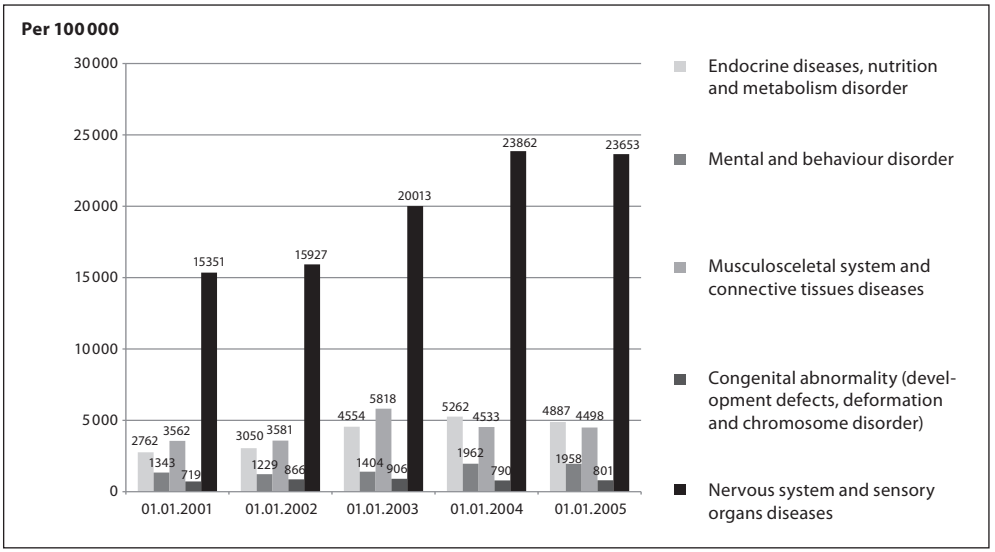
For children and adolescents, five categories are used: endocrine disease – nutrition and metabolism disorder; mental and behaviour disorder; musculo-skeletal system and connective tissue disease; congenital abnormality – development defects, deformation and chromosome disorder; and nervous system and sensory organ disease. Table 2.5 reveals that in 2005, 35.8% of the child and adolescent population of Kazakhstan had a pathology determining social mal-adaptation and that this proportion had increased from 23.7% in 2001. The biggest increases were in the endocrine disorders (times 1.8) and nervous system and sensory organs (times 1.5).

Table 2.4. **Chart showing the number of infants per thousand with diseases of the nervous system and sense organs and with inborn abnormalities between 1999 and 2006.**




*Source:* Sulemenova, R.A., Zhalmukhamedova, A.K., et al. (2007).

Table 2.5. **Child and adolescent population with a pathology determining social mal-adaptation per 100 000**




*Source:* Sulemenova, R.A., Zhalmukhamedova, A.K., et al. (2007).

The underlying causes of these illnesses are ascribed to three factors: biological, medico-organisational and socio-environmental. Biological factors identified are environmental pollution especially due to radioactive waste and lack of clean drinking water; at the medico-organisational level there have been cutbacks to health services since independence (see Annex 2) which have led to inadequate facilities and services, at the socio-environmental level, poverty, unemployment and environmental degradation.

### *Data from Psychological-Medical-Pedagogical-Consultation*

Data from *oblasts* based on the numbers of students presenting to the PMPCs reveal a very different picture (see Table 2.6). First, the categorisation system is completely different. Eighteen categories are used to describe the conditions identified; and second, the numbers are much smaller. Thus, these data reveal that in 2006 there were a total of 154 923 persons aged 0-18 with disabilities registered in the PMPCs; this represents 3.1% of the 0-18 population.[16] Between 2003 and 2007, the number of CWDs increased by 15.5% (20 829).

16. Based on an estimated population of 5 million persons aged 0-18 in Kazakhstan.

These data, therefore, contrast significantly with the approximately 36% of children and adolescents with a pathology determining social mal-adaptation identified by the MOH.

Table 2.6. **Category of disabled children and adolescents (according to regional PMPC in 2006)**

| CATEGORY OF DISABILITY | Number | % of total number |
|---|---|---|
| Mental retardation | 36 131 | 23 |
| Mild and moderate mental retardation | 21 674 | 14 |
| Profound mental retardation | 6 198 | 4 |
| Deaf | 2 221 | 1.4 |
| Partly deaf | 8 217 | 5.3 |
| Blind | 301 | 0.2 |
| Partly blind | 23 079 | 15 |
| Blindness with deafness | 47 | 0.03 |
| Locomotor disturbance | 19 833 | 13 |
| Speech disturbance | 25 793 | 16.6 |
| Infantile autism | 255 | 0.16 |
| Schizophrenia | 407 | 0.3 |
| Psychopathy | 450 | 0.4 |
| Pathologic character personality development | 1 373 | 0.9 |
| Neurotic state | 5 104 | 3.3 |
| Behaviour disorder | 2 009 | 1.3 |
| Early alcoholism | 1 056 | 0.7 |
| Drug abuse and toxicomania | 775 | 0.5 |
| TOTAL | 154 923 | |

*Source:* Ministry of Health, and author's calculation, 2006.

Table 2.7. **Indices of detection of disabled children and adolescents in different** *oblasts* **(according to** *oblast* **PMPCs)**

| Area | Children's population 0-18 years as of 01.01.06 (in thousands) | Registered children | | | | | |
|---|---|---|---|---|---|---|---|
| | | 01.01.2004 | | 01.01.2006 | | 01.01.2007 | |
| | | Number | % | Number | % | Number | % |
| Kazakhstan | 4616.5 | 134094 | 2.8 | 151168 | 3.3 | 154923 | 3.1 |
| Akmola | 213.9 | 4596 | 2 | 4753 | 2.2 | 4954 | 2.3 |
| Aktubink | 217.7 | 3659 | 1.6 | 5094 | 2.3 | 3781 | 1.7 |
| Almaty | 508.3 | 13157 | 2.5 | 14983 | 2.9 | 11326 | 2.2 |
| Atyrau | 167.8 | 2817 | 1.7 | 3576 | 2.1 | 380 | 2.3 |
| Eastern-Kazakhstan | 366.9 | 17365 | 4.3 | 17723 | 4.8 | 14322 | 3.9 |
| Zhambyl | 346.5 | 3969 | 1.1 | 3608 | 1 | 8681 | 2.5 |
| Western-Kazakhstan | 178.1 | 4652 | 2.5 | 5250 | 2.9 | 6766 | 3.8 |
| Karaganda | 354.3 | 16680 | 4.5 | 17761 | 5 | 17874 | 5 |
| Kzylorda | 237 | 9242 | 3.8 | 1926 | 0 | 2557 | 1.1 |
| Kostanai | 230.1 | 11028 | 4.4 | 10447 | 4.5 | 10192 | 4.4 |
| Mangystau | 137.3 | 816 | 0.6 | 2695 | 2 | 7098 | 5.2 |
| Pavlodar | 190.2 | 6050 | 2.9 | 6589 | 3.5 | 5225 | 2.7 |
| Northen-Kazakhstan | 171.6 | 3850 | 2.1 | 3453 | 2 | 5731 | 3.3 |
| Southern-Kazakhstan | 888.8 | 28155 | 3.2 | 43418 | 4.9 | 41227 | 4.6 |
| Astana city | 118.3 | 2055 | 1.8 | 2487 | 2.1 | 2818 | 2.4 |
| Almaty city | 289.7 | 6003 | 2.1 | 7405 | 2.6 | 8591 | 3 |

*Source: Oblast* PMPCs, 2008.

Furthermore, the data received from PMPCs in individual *oblasts* also present difficulties (see Table 2.7). According to the country report, in 2006, 32642 children were identified for the first time. As the Table also shows, there is substantial variation between *oblasts*, apparently due to variations in the age groups and categories of CWDs included. Thus in Kzylorda in 2006 only 1.1% are registered while in Mangystau the percentage is 5.2%. These figures show a major change compared with the figures provided for 2003, which were 3.8% and 0.6% respectively. Thus, in three years Mangystau has moved for the lowest proportion of CWDs registered to the highest, and Kzylorda has moved from fourth position to last. There is also a counter-incentive operating, since *oblasts* receive funds for coverage. With a shortage of available funds there is an incentive *not* to identify children, who would

subsequently not be covered by the available services since the target would not be met.

Unless there is some clear explanation for these differences, confidence in data quality has to be low. Individual schools also reported shifts in the number of children with disabilities, although these changes seem hardly adequate to account for the changes reported by certain *oblasts*. For example, one boarding school reported that from year to year, the number of mentally retarded children is decreasing. This school covers five rural districts and they accept all children with referrals. Three years ago the school had 220 students; now they have 198. They also report lower enrolment in first grade.

Some of the variation between between *oblast* figures may be accounted for by the nature of the identification procedures. In Kazakhstan, all children are seen at birth by a doctor and if a problem is suspected they are referred to poly-clinics which are based in cities. This procedure is less reliable in rural areas because of lack of access to appropriate clinics. Records are sent by the doctor to the PMPC and the doctor must make a referral. Problems that appear later may not be recognised, and parents have to press strongly for their child to be registered at the PMPC. Clearly this process opens the possibility for substantial differences in the types of children received, as well as varying estimates by the PMPCs. The PMPCs themselves use a multi-disciplinary assessment approach which is led by an educator. This procedure is appropriate and rigorous and commensurate with methods used in OECD countries. Thus the PMPC data are probably reliable with regard to the children they actually *see*; but of course they do not see all possible cases. This process of registration therefore needs to be strengthened.

### *Estimates of the numbers of CWDs in education facilities*

Data from the Ministry of Statistics reports that 17 600 CWDs are in education facilities in grades 1-11 (ages 7-18). However, the country report notes that there are 24 246 CWDs in special schools, 7 582 in special boarding facilities and special classes. In addition there are, 3 925 CWDs in regular schools receiving support, and a further 26 623 CWDs not receiving support. In total there would then be 62 376 in schools supported by the MOES.

This number increases further if schools supported by MOLSP are included (2 729 children) and those in pre-school (9 535). There are also facilities for children aged 0-4 run by the MOH, but the OECD team could not ascertain a figure for the numbers of children in these establishments. In addition, there are an estimated 55 000 youngsters with severe mental retardation who stay at home.

Two points may be noted. First, the data from the Ministry of Statistics (17 600) are substantially lower – by more than two-thirds – than those provided

in the country report (62 376). Second, if the figures given above are added together (62 376 + 2 729 + 9 535 + 55 000 = 129 640), the total is close to the numbers registered in the PMPCs. This figure would be even closer if an estimated figure could be added for pre-school age children who are not in schools.

These estimates agree with the conclusion in the country report that of those students identified as CWDs, presumably on the basis of data available from the PMPCs,[17] just over 50% are receiving education in a recognised facility.[18]

In addition, it is unclear how many CWDs remain at home. The country report indicates that there are 7 701 being educated at home, and another 4 723 do not receive any schooling. These figures are not in line with the 55 000 quoted to MOLSP. Some CWDs are also educated in facilities run by NGOs, but no numbers were available to the OECD team.

The country report also notes that between 2003 and 2006 the numbers of children registered for pre-school increased by 4.7% and that this figure should be contrasted with virtually no increase in students registered with the PMPC. The reasons behind this result require further investigation.

Anecdotally, it was also stated that head–teachers claim that 30% of students have educational problems in school. This figure was supported by the study carried out in Almaty by NARC CP (Project "Early Intervention as a Way of Inclusion of Children with Special Needs in Education", UNICEF, 2001-2002). It is interesting to speculate that it is also close to the estimate of the number of children and adolescents with "social mal-adaptation" (or special educational needs?) identified by the MOH. This may just be a coincidence, but clearly more research is needed to clarify this issue.

Finally, presumably for the purposes of the calculation of benefits, the MOLSP estimates that 3% of the total population of Kazakhstan has a disability. This figure is close to that reported for children by the *oblast* PMPCs.

### *Conclusion*

The data given above raise three main issues:

1. There are serious inconsistencies in the data provided by different Ministries and between *oblasts*, thus raising doubts about their validity and reliability.

17. But note that according to the research carried out in Almaty, many CWDs were not examined by the PMPCs (at least in Almaty).

18. 62 376 + 2 729 + 9 535 = 74 640 which is 48% of 154 923, the number registered in the PMPCs.

2. Data are restricted to children with disabilities/"mal-adaptations", but there are some data that suggest that a very substantial proportion of children are having learning difficulties in schools.
3. Many children are receiving either little or no education at all, *e.g.* those at home.

### *Comment*

This is an unsatisfactory state of affairs, not only given the legal frameworks that have been established but also for the working of the systems intended to support these children and their families. It is clear that the present extent of provision needs substantial improvement.

Overall, the available data present an incomplete and probably erroneous picture. At the very least it seems safe to affirm that educational provision for CWDs is inadequate. It is clear that a detailed study should be carried out to gather *reliable* statistics on which to base future planning of educational, health and social service provision, including benefits. In this regard it may be useful to adopt the ICF (WHO, 2007) to develop a common framework for data collection across Ministries.

## Analysis of the concept of disability in Kazakhstan in the light of OECD experience

The following analysis is based on work carried out by OECD which identifies key issues in the inclusive education of CWDs.

### *Medical/social model*

It is clear that the concept of disability in Kazakhstan has a strongly medical approach, and the close link between disabilities and health is evidently true and very important. However, it is now generally accepted that the link between the medical diagnosis of disability and the education programme that should be followed by any particular child is less compelling (Florian and McLaughlin, 2008). For example, while it is true that children with *e.g.* visual impairments have to learn certain skills relevant only to them to give them freedom to move about in the environment and access to the national culture, there are also many individual differences between these children in terms of personal interests and motivations and what they can and do achieve. These differences can be multiplied to all other children with various forms of disability, learning difficulty and disadvantage in school and for this reason the current view is that the schooling environment in which these children are educated is of paramount importance. For instance it can be "disabling" if

the school environment prevents children from accessing the curriculum or interacting with non-disabled children; and it can be enabling if it allows these processes to take place. This conceptualisation is recognised by both the notion of "special education" and the WHO's new "International Classification of Functioning, Disability and Health" (ICF, WHO, 2007) which replaces the ICD10. There is then a strong argument for adopting a more *social* model for CWDs. Some of the implications are discussed in the following paragraphs.

### *Different classification systems*

In Kazakhstan there are different classification systems for CWDs in use by the MOH, MOES and MOLSP. In this Kazakhstan is no different from many other countries. Each ministry needs a system for its own purposes. The problem arises when ministries wish to communicate with each other, when the question will arise "which is the most appropriate classification model, and for whom?" As noted in previous paragraphs, in many countries educators now prefer a terminology which specifically takes into account the educational environment. The concept of "special educational need" is now widely used. This notion emphasises the importance of the learning environment (broad and narrow) which, after all, is the only thing that educators have control over and can modify in order to improve education through curriculum, pedagogy and classroom and school organisation.

Since there are many children who have problems in the normal school environment, this idea rapidly expands the numbers of children covered by this concept and in many countries there can be up to 20 to 30% of children who receive special educational support of one sort or another (OECD, 2007c). There is some evidence that there might be a similar proportion of children experiencing learning difficulties in Kazakhstan.

This idea of "special needs education" is also accepted by UNESCO and is contained in ISCED 97 (UNESCO, 1997), which provides a basic framework for the gathering of internationally comparable statistical data. While there is overlap with the ICF system (WHO, 2007) the notion of special educational need is rather broader.

OECD countries have found it useful to divide up this large group of children into three sub-groups: (1) those with disabilities where there are clear organic reasons for their difficulties in accessing the curriculum; (2) those with learning difficulties where the problem lies more in an interaction between the child and the school; and (3) those with disadvantages where the education adaptation aims to compensate for different types of disadvantage *e.g.* ethnic minority status (OECD, 2007c).

### *A broader perspective*

Given the apparent numbers of children identified in Kazakhstan schools who are experiencing learning difficulties, it would prove useful to adopt a broader more socially based concept in Kazakhstan. Doing this would also address a number of other issues. At a technical level, the PMPCs identify many children with "disabilities" aged 7-18, that is when they have entered school. This is a similar pattern to that which exists in OECD countries and reflects an implementation of the social model of disability.

These children only begin to reveal their learning difficulties when they enter formal education. So how are these data to be interpreted? Is it a failure of the screening system? Or is it a developmental difficulty that may disappear with more experience of school? If these children are identified earlier will this help them, or stigmatise them? What should the school be doing to help them adjust and develop good learning skills?

The ideas of both special education and inclusive education stress emphatically the importance of modifying schooling to meet the child's needs. The intention of Kazakhstan to move to an outcomes based approach is fully compatible with this interpretation and the education of CWDs should be included in the general reform discussions so that a flexible system can be created which will meet the needs of all children including those with CWDs.

This discussion brings on the last point. As it stands at present, many children with disabilities in Kazakhstan either receive no or a very limited education, not always provided by the MOES. As noted earlier, this state of affairs is incompatible with inclusive education, and the MOES should take over the responsibility for the education of all children including those with disabilities.

# 2.3

# Challenges for the Future in the Light of the Inclusion Agenda

## Background

Kazakhstan is still in a state of transition from the Soviet system of special education – which was an example of an extremely segregated system of provision – towards a more inclusive form of education. For this to happen, there has to be political will for reform based on the core principle that *no child is uneducable*. This is a central tenet of various international agreements to which Kazakhstan has committed itself.

So the scene is set. The challenge that remains is how to create the necessary conditions to meet these commitments. First, it is very clear that Kazakhstan has an impressive array of provision already in place and plans already being realised to make substantial further improvements especially to the stock of schools and medical facilities.

What follows is a summary of the challenges that the reviewers have identified during their visits to Kazakhstan and following discussions with a wide variety of stakeholders. The points are organised around a number of headings that have been identified in previous OECD research (OECD, 1999) to be central to achieving high-quality inclusive education for all children, including those with disabilities and other special educational needs.

## Leadership, law, policy and rights

Leadership for any reform is important but over the past few years it appears to have been inconsistent with regard to the education of CWDs. For instance, the legal framework to provide Education For All, whether inclusive or otherwise, is not fully in place. Without leadership and a fully implemented framework, policy formulation will be hampered and this has sometimes led to a lack of clarity on the way forward. For example,

instructions from the MOES have sometimes been inconsistent with the law, leading to children being barred from school because of epilepsy, or indicating that certain children are "uneducable". Instructions such as these are essentially a denial of rights. Leadership in schools for reform is similarly fragile, with head teachers changing positions frequently and being unable to innovate without fear of losing their positions.

Currently the Committee for Children's Rights is located in the MOES. This may be appropriate if the MOES expanded their responsibilities for all students including those with disabilities. But given that rights issues cover more than education, is cross-ministerial, and that many children – especially those with disabilities – are not under the administrative aegis of the MOES, it is questionable whether any single ministry can have this responsibility in its legal remit. As a consequence, these offices may be better placed with the President or Prime Minister, whichever is more appropriate.

There also appears to be no clear concept of "special education" and no single voice to promote it. Special education implies adapted provision for all students who, for a wide range of reasons, at some time in their school careers have difficulties in learning. In one OECD country almost 30% of students receive such provision on either a full- or part-time basis in regular schools (OECD, 2007c). In Kazakhstan, little funding is set aside for these students in mainstream schools.

Legislation and policy regarding the education of CWDs is closely tied to legislation and policy for support services. Currently, much of the education of children with disabilities is provided in residential schools or orphanages. While admissions to these facilities appear to be decreasing, there has been no significant move to enable CWDs to grow up in their family homes, or with an alternative family. The OECD team was told that 45 CWDs have been adopted since 2000, mostly by foreigners. National adoptions are limited, and are mostly of younger children. It appears that many of the children in orphanages are in fact not orphans, but are either abandoned or taken away from their mothers at birth because of fears that the mothers may have addiction or other problems that would make it difficult for them to raise their children. More attention needs to be paid to reducing the number of young women with addiction and other such problems, and to providing support to families rather than removing children.

## Funding

Kazakhstan is in the fortunate position of having a rapidly expanding economy, but (as has been pointed out) the budget for education and health in terms of GDP is substantially below that in OECD countries. It would be expected to see the level of expenditure increase over the years to come in

order to meet the needs on the ground. 80% of the relevant Republican budget is transferred to *oblasts*, and there is a need to make sure that budget codes appropriately cover CWDs.

The method of distribution of these funds should be closely monitored. The OECD team heard that currently disbursement of funds is too rigid and that further decentralisation of the budget process would help to ensure that local expenditure was more relevant to need, *e.g.* access to hearing aids and the most beneficial medications. In addition, to increase the efficiency of expenditure, consideration should be given to providing vouchers to parents for a range of educational goods and services. This would help parents obtain the best and most relevant health and educational support for their children.

Special boarding schools have an additional budget for CWDs that is not equally available for CWDs in regular schools. This clearly biases placement decisions against inclusion in regular schools, even when such a placement might be appropriate.

The quality of provision across the country as a whole is variable; means should be found to correct this so that CWDs born in relatively poor *oblasts* are not further disadvantaged by a lack of quality provision.

Family poverty is itself an issue, since it may encourage poor parents to place their children in special provision so that they can benefit from free services that are made available. This is ultimately a costly practice both in the short and long term, since children so placed will cost the state more than necessary for the provision and will likely prejudice the child's prospects on the labour market because of a poor education and weakened social capital development.

The substantial rebuilding programme that is already underway needs to be accelerated to make facilities fit for purpose. It was observed that even new schools have not been designed taking universal design requirements fully into account, with the result that, for example, newly installed wheelchair ramps were not usable.

## Teachers

The team was told that the supply of teachers is in crisis in Kazakhstan because of low salaries. The pay supplement for teachers of CWDs was cut after the Soviet period, so that many teachers do not want to take up the profession. However, it was also stated that these problems had been resolved. Whatever the case, an appropriate career structure for teachers of CWDs needs to be confirmed, possibly linking increases in pay to qualifications in special needs education.

## Curriculum

The regular curriculum and the special education curriculum are not compatible. This should be corrected, bringing the curriculum for CWDs fully in line with the regular school curriculum. Standards should be agreed. Without this, inclusion is impossible and CWDs will face inequity in labour market opportunities and social inclusion in general. Apparently, there is no formal pre-school curriculum; this situation should be corrected as soon as possible. Recent developments like adjusting the curriculum to make it more child-centred and adding a social component, are to be welcomed.

## Resources

Generally, schools lack appropriate resources. For instance, Braille texts are very out of date, going back to 1972 and presumably only available in Russian. There is a severe shortage of texts in the Kazakh language, and even Russian texts need to be adapted to reflect the Kazakh reality. Resources seen in the health sector were of a very high quality in the new facilities, but these currently exist only in a few urban areas and are not widely available.

There were mixed messages coming from different Ministries about the role of sign language for children with hearing impairment. Further effort is needed to develop materials for these students in both Kazakh and Russian languages.[19]

Accessibility is also still an issue, even in new-build schools where ramps were essentially unusable. Furthermore, there is limited access to other public services, such as housing and transportation, which often makes it difficult for CWDs to travel to school on a daily basis or even at all.

19. The role of sign language is not yet agreed since the traditional method of teaching children with hearing disturbances denies its application in teaching. Sign language is used by deaf people with their own subculture. In the national television some TV programmes are provided with sign language (mostly, news). The State does not organise targeted teaching of sign language to those with hearing impairments, although the Ministry of Social Justice does fund some programmes offered by organisations of deaf people. As a result, many children with hearing impairments, after studying in special schools, have not fully mastered either manual or oral communication skills. Over the past few years there were two publications on the subject: a dictionary for sign language, in Kazakh, Russian and English (within one project). The sign alphabet of the Kazakh language was also developed during this time.

## Pedagogy

The concepts and methods based on defectology play an important part of education thinking and practice in Kazakhstan. The challenge now is to find a means to build on this base. At present there seems to be a lack of confidence that the available pedagogies are as useful as they could be for planning individual educational programmes. This is fundamental to all provision for these students, and particularly critical in pre-school programmes, for home schooling, and at the vocational level.

In one school, an "outcome-based" approach was used; this had led to improved performance on the part of students and teachers alike. This methodology is highly effective and is readily transferable to inclusive approaches. It would be very helpful if more teachers were trained in this method, and if research programmes were developed to link the method to defectology.

There is also inadequate preparation for employment, with thinking tied to traditional work *e.g.* sewing for girls and shoe-making for boys.

For students who are home schooled, their education does not seem to have a systematic framework. The teachers are not qualified and do not have guidelines for setting educational goals or monitoring progress of students.

## Assessment

At present, assessments are designed only for regular students. Those with special needs are not monitored, and students are not allowed special accommodations – such as oral exams for blind students – for the national assessments. This practice is not in line with that in many countries, and should be reviewed. In terms of the development of formative assessment, which has proven to be important in the effective teaching of CWDs, the outcome-based model referred to above is fully compatible with this requirement. The method provides the vehicle for providing an evaluation of a child's progress that emphasises what he can do and what skills he has.

However, the move to results-based learning is still incomplete, and the focus remains on national testing which has the effect of excluding special needs students, causing them to drop out because they are unable to cope with the type of work required for these national tests.

## Training of professionals

In general, there is a shortage of new professionals in all services to work with CWDs. Currently teachers are trained in defectology with a specialty

in particular "defects". In-service education is not valued by the authorities, and teachers must take unpaid leave to obtain it. Teaching CWDs is also not valued socially. In other countries the skills that these teachers learn can be highly prized since they are usable for all children, not just CWDs. Recently there have been a number of developments in this area which allow for more flexibility in the provision of in-service professional development, provided that the professionals have adequate levels of training. There is also the possibility to train abroad, which is highly valued by teachers. However, this training appears to be mostly in Russia; therefore it may not be consistent with a move to inclusion, since the Russian education system is still based on the traditional defectology model.

The training of all related professionals needs to be reviewed. Teachers should be given the skills for curriculum differentiation[20] in order to implement outcomes-based learning in all settings while teaching the agreed educational programmes. Other professionals need to gain experience in mainstream schools and learn to spend some time supporting teachers rather than children. In this way, teachers become skilled in supporting the children's needs as and when required; and the valuable and rare skills of medical and para-medical professionals can be more efficiently employed. Other professionals also need experience in working in multi-disciplinary teams, and working in schools in inclusive settings.

There are not enough trained educational administrators at the local, *oblast* and national levels, and as a result the infrastructure to meet formal responsibilities is weak.

Although specialised approaches for children with autism or cerebral palsy have been developed, there are still few competent specialists, and access to corrective support is limited.

## External services

The OECD team heard that external services are not always well co-ordinated. A well co-ordinated set of external services is essential for effective support of schools, teachers, children and families. Sometimes co-ordination is inhibited by laws on data protection, which prohibit the transfer of personal data between services. If this is the case, ways need to be found to allow for the necessary co-ordination without infringing personal rights. Certainly, a unified classification and data collection system would be a key development to facilitate service co-ordination.

20. Curriculum differentiation involves the modification of the curriculum and pedagogy in the classroom to meet individual learning needs. It is essential for high quality inclusive education.

## Parents

The OECD team was informed that in the traditional model of education in Kazakhstan parents were excluded, and that educators saw them as part of the problem. However, it was also stated that in special education the application of Vygotskian holistic principles led to parents being included, since they are the first line of support for their children. Clearly these views are incompatible and would need to be resolved if inclusive education is planned for. A review of how parents can support the education system in Kazakhstan would provide useful information for reform.

It is important for schools to develop positive attitudes to parents of CWDs and to learn how they can become constructively involved in the school. Parents also complained that schools too often saw their children as uneducable, and had low academic expectations for them. Parents were not respected and their views were frequently ignored leaving them no option but to beg to be included in decision-making about their children. Parents of children without disabilities also thought that if CWDs were included in regular schools teachers would spend too much time with them.

Clearly these attitudes are unhelpful and need to be addressed perhaps through public awareness campaigns and in-service training. It is interesting to note that attitudes of educators changed when parents became more involved. For example, in boarding schools attitudes to the children changed because they had become calmer when they started spending the night at home and used the school only as a day service. At the same time it was also noted that staff took more care over the children's cleanliness and were less likely to punish them physically.

## Community and private sector

There is limited engagement of community resources, which could be strengthened. NGOs felt that they could be given a much more effective role in supporting CWDs generally. Research on the factors which encourage or discourage NGO engagement would be useful. More involvement of the private sector could also be sought especially around vocational training and employment opportunities.

## Data

As already discussed, there is an urgent need to improve the database in order to develop indicators for planning and monitoring purposes.

## The concept of disability

Currently disability is understood in terms of the WHO ICD-10 classification that provides a very medical orientation. This framework has been replaced by the ICF-Children and Youth version in international practice. The ICF strengthens the social dimensions of disability and is compatible with the broader educational concept of "special education".

# 2.4

# Recommendations

The sections above have pointed to a number of issues that could help Kazakhstan to achieve its Education for All objectives. These recommendations are summarised below, using the headings in the above section that have been identified in previous OECD research (OECD, 1999) to be central to achieving high-quality inclusive education for all children including those with disabilities and other special educational needs.

## Leadership, law, policy and rights

Given the changes currently taking place in education philosophy and planned increase in expenditure in education, there is a real opportunity to develop a fully inclusive education system.

- Kazakhstan should show commitment to the education of CWDs, by acting on the commitment made by signing and ratifying the UN Convention on the Rights of Persons with Disabilities (11 December 2008).
- Given its growing economic strength, Kazakhstan could take a leadership role in the region to improve the general conditions for CWDs and their families, including showing active support for inclusive education.
- Steps need to be taken to ensure that all children are considered to be educable and provided with an education supplied through the MOES as guaranteed in the Constitution.

This should apply to every child, no matter where he or she is located. If this proves an impossible policy goal in the near future, at the very least a system which ensures that young CWDs receive appropriate systematic stimulation and training by appropriately trained staff should be provided.

Such an arrangement would leave the provision of social and health services to the responsible ministries, with the challenge of ensuring that the provision of services is adequately co-ordinated.

- The application of Rules 5 (Accessibility), 10 (Culture) and 11 (Recreation and Sports) of the UN Standard Rules on the Equalisation of Opportunities for Persons with Disabilities (UN, 1993) could be used to promote improvements in these areas, leading to the elimination of barriers.
- Full consideration should be given to promoting the rights of CWDs – perhaps by basing a rights office with the President or Prime Minister. The Committee on Children's Rights within the Ministry of Education should be reorganised as an advising agency within the Presidential Administration, as was done with the Committee on Human Rights.

## Funding

- The pre-school system needs to be expanded to cover many more children, including CWDs.
- Families who raise CWDs face greater expenses than those who do not, and this should be borne in mind when calculating benefits.
- The proposal to provide funds to families so that they can purchase supports or services of their choice should be considered.
- Attempts should be made to increase spending on education in order to carry out these recommendations.

## Teachers

- The pay scales of teachers of CWDs should be reviewed with the intent to increase their pay. At the same time introducing changes to conditions of work should be introduced providing greater opportunities to work in regular schools to support staff there with children with learning difficulties.

## Curriculum

- Investment is needed to provide an increase in appropriate teaching resources to support the curriculum.
- Priority should be given to developing guidelines for pre-school and vocational training of CWDs.

## Resources

- Immediate investment is needed to bring school buildings and other facilities for CWDs into a good state of repair, applying principles of universal design; modifications are needed to provide sanitary environments.
- Thought must be given to how to bring those children who are currently not in school, and who remain at home, physically into the schools, including by ensuring physical access to schools.
- There is a need to provide substantial financial input into the creation of educational resources for CWDs. In addition, the special issues relating to the use of the Kazakh language in the education of CWDs need to be given close consideration especially with respect to the adequate provision of resources. In particular, serious attention should be paid to the development and publication of textbooks for CWDs.

## Pedagogy

- The education of CWDs should be included in all general reform discussions, so that a flexible system can be created that will meet the needs of all children, including CWDs. Reform discussions should be open to all stakeholders, including specialists in the field of special education.
- The intention of Kazakhstan to move to an outcomes-based approach should be applied in the education of all children, including CWDs.
- The education provided CWDs in health facilities should be reviewed to ensure that it fully meets the needs of the children, both in content and teaching methods.

## Assessment

- A means to ensure quality control in the education of CWDs should be introduced immediately. This should include a flexible approach to the assessment of CWDs in order to accommodate their special needs.

## Training of professionals

- The training of all related professionals needs to be reviewed. Teachers should be given the skills for curriculum differentiation in order to implement outcomes based learning in all settings while teaching the agreed educational programmes.

- Improving the training of teachers will require a multi-fold solution, one element of which will be the need to train teachers abroad, as was suggested in Astana. Care will need to be taken to ensure that training abroad is consistent with the new framework promoting inclusive education.
- The reforms to higher education should include plans to give all trainee teachers information about CWDs, and to train more teachers in special needs education.
- Other professionals also need experience in working in multi-disciplinary teams and in schools that have inclusive settings.

## External services

- The way in which external services support schools, teachers and children needs to be carefully reviewed. Special attention needs to be given to meeting the educational needs of CWDs currently in facilities of the Ministry of Health or Ministry of Social Protection and Labour, and to children receiving home schooling.
- The provision of speech and other necessary occupational/educational therapy needs to be expanded along with a review of the goals and structure of the service and the client base.
- The structure and functioning of the audiology service is in need of urgent review and provision needs to be made for universal screening of children for hearing impairment.

## Parents

- Given concerns about the number of mothers who have problems with addiction, prevention and treatment programmes need to be developed.
- Steps need to be taken to reduce the number of CWDs being raised in orphanages to a minimum, and to introduce funded foster parents and promote adoption.
- Parents should become more involved and welcomed in the schools.

## Community and private sector

- The norms regulating NGOs, and the programmes that they offer for CWDs and their families, need to be reviewed and clarified. A system of licensing or accreditation would create a link with the formal education

sector, and allow successful programmes to be scaled up. This might also protect children from programmes that are poorly implemented

- The engagement of community resources needs to be strengthened and NGOs should be given a much more effective role in supporting CWDs generally. Research on the factors that encourage or discourage NGO engagement would be useful.
- The private sector and the community in general should be encouraged to become involved with the education of CWDs.
- More involvement of the private sector should also be sought, especially around vocational training and employment opportunities.

## Data

- There is an urgent need to improve the database, in order to develop indicators for planning and monitoring. There is a serious lack of reliable data on CWDs and others with special needs, which should be rectified as soon as possible. A detailed study should be carried out to gather reliable statistics on which to base future planning of educational, health and social service provision including benefits.
- In this regard it may be useful to adopt the OECD model (OECD, 2007c) for the provision of resources for students who have difficulty in learning.

## The concept of disability

- Consideration should be given to adopting the WHO's new classification scheme, the ICF, which replaces the ICIDH 10 model currently in use (WHO, 2007). This introduces the social context as an important part of understanding disability, and in this way uses a similar conceptual framework to that developed in education through the notion of special educational needs.

# Annex 1

## *Support and services to children with disabilities in Kazakhstan*

| Ministry of Education | Ministry of Health | Ministry of Labour and Social Protection | Non-Government Organisations |
|---|---|---|---|
| Boarding schools<br>Children's homes(orphanages) for children with disabilities<br>Children's homes (orphanages) for children with and without disabilities<br>Non-specialised pre-school<br>Specialised pre-school<br>Kindergarten (35)<br>Combined kindergarten<br>Specialised kindergartens<br>Special classes in regular schools (547)<br>Regular classes<br>Home schooling<br>Psychological-Medical-Pedagogical Consulting Rooms (1 per 60 000 children) (complex: education, health, diagnostic, parent consultation (56).<br>Psychological-Pedagogical Correction Rooms (114)<br>Speech therapy rooms in schools with 20 primary classes (223)<br>Special classes (groups) in vocational schools<br>Special (correctional) schools // Boarding (correctional) schools (101)<br>Rehabilitation centres (total 14); (9 in MOES, and 5 in MOLSP) | Perinatal centres<br>Diagnostic centres<br>Children's polyclinics<br>Children's hospitals<br>Medical rehabilitation centres<br>*Medical aid and midwifery stations*<br>Family medicine<br>outpatient facilities<br>Recreational institutions and health resorts<br>27 Baby homes<br>(Orphanages for 0-3)<br>Drugs<br>(Audiology services)<br>Medical-social examination | **Day centres (Astana)**<br>Rehabilitation centres (5)<br>**Social home assistance centres**<br>Division of social support to handicapped children at home (DSSHCs) (212) | Day centres<br>Centres of social adaptation and labour rehabilitation<br>Association of parents of children with disabilities<br>Centres of rendering correction help |

# Annex 2

Table A2.1 (opposite) shows that during 1995-2000 there was an abrupt decrease in the number of hospital establishments (38.2%), female consultations and children's polyclinics (12.7%), and out-patient-polyclinic establishments (10.2%). This has led to a decrease in the number of beds for children of 50.8%, and also in maternity units of 44.2%.

Table A2.1. **Basic index of development of health protection Republic of Kazakhstan (end of year)**

| Index | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 |
|---|---|---|---|---|---|---|---|---|---|---|
| Numbers of doctors (all specialties), thousands | 60.1 | 57.9 | 54.5 | 53.2 | 50.6 | 49.0 | 51.3 | 53.7 | 54.6 | 54.8 |
| Average number of medical personnel, per thousand persons | 168.4 | 150.1 | 129.5 | 120.4 | 110.4 | 106.6 | 109.4 | 113.4 | 115 | 117 |
| Number of hospital establishments, units | 1 518 | 1 244 | 1 006 | 991 | 917 | 938 | 981 | 1 005 | 1 029 | 1 042 |
| Number of bed complement, thousand | 192.6 | 164.4 | 136.4 | 123.5 | 108.2 | 106.9 | 110.2 | 111.9 | 114.8 | 116.6 |
| Number of medical establishments rendering ambulatory care to the population | 3 405 | 3 155 | 2 976 | 3 034 | 3 057 | 3 247 | 3 288 | 3 352 | 3 463 | 3 462 |
| Number of female consultations, children's polyclinics | 2 145 | 2 030 | 1 792 | 1 803 | 1 738 | 1 872 | 2 066 | 2 113 | 2 065 | 2 070 |
| Number of bed complement for pregnant women and woman in childbirth, in thousand units | 16.5 | 13.8 | 11.5 | 10.6 | 9.2 | 9.3 | 9.2 | 9.6 | 9.7 | 9.9 |
| Number of bed complement, for sick children, on thousand units | 37.4 | 31.4 | 25 | 22.7 | 18.9 | 18.6 | 18.4 | 19.7 | 20.3 | 19.4 |

*Source:* Kazakhstan Today. Information-analytical collection. Prepared by Statistical Agency Republic of Kazakhstan. Edited K.S.Abdieva. Almaty: LTD "Intel service", 2005, p. 257.

Table A2.2 shows that during 1996-2004 the rate of sickness in the population of RK increased, both in absolute and relative terms.

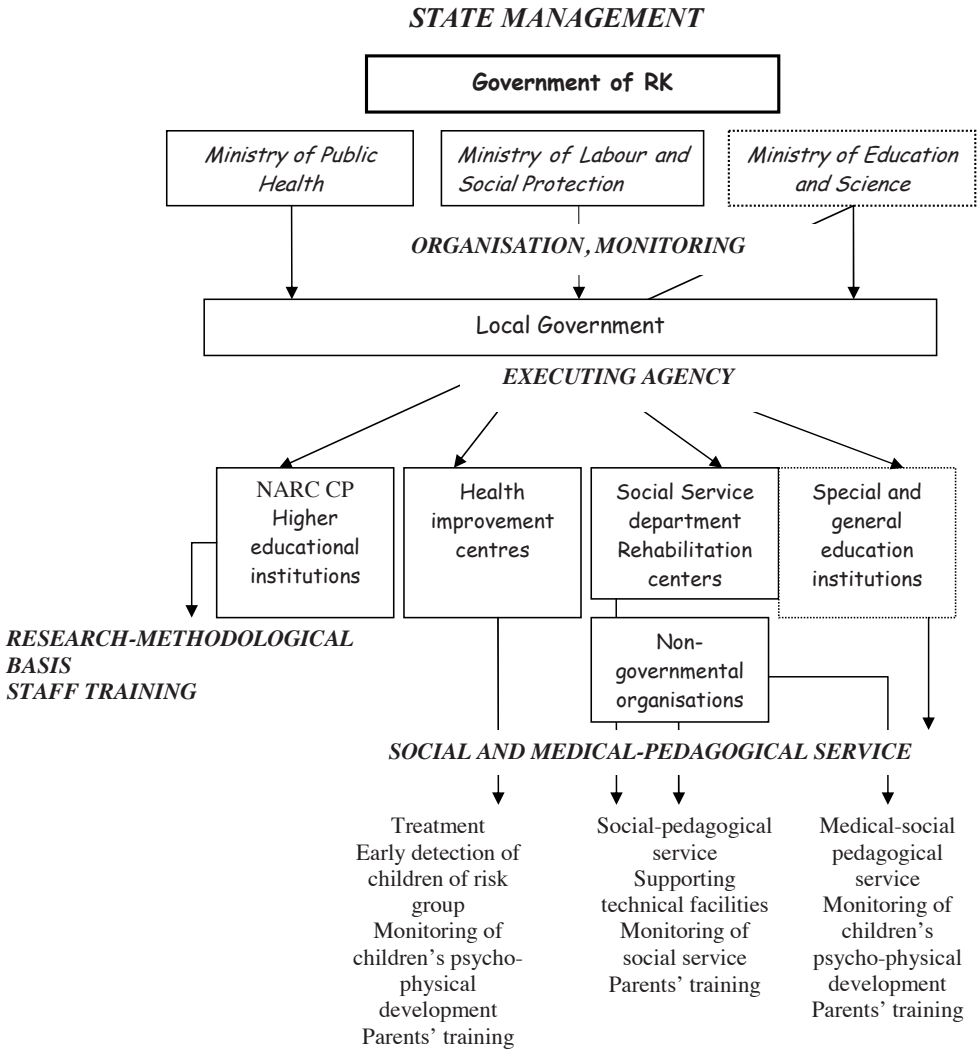
**Table A2.2. Sickness rate in Kazakhstan for group of illness, in thousands**

| Number and types of diseases | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 |
|---|---|---|---|---|---|---|---|---|---|---|
| Number of persons with registered diseases with for the first time established diagnosis – total, thousands | 8 529.2 | 7 707.6 | 7 013.5 | 7 386.4 | 7 160.9 | 7 509.7 | 7 720.3 | 8 543.9 | 8 410.6 | 8 607.5 |
| *From them:* | | | | | | | | | | |
| Infectious and parasitic illnesses | 474.4 | 457.8 | 462.4 | 442.0 | 364.1 | 363.4 | 390.7 | 389.7 | 370.0 | 350.8 |
| New growths (Новообразования) | 62.2 | 62.4 | 61.4 | 60.4 | 61.2 | 67.3 | 72.0 | 77.7 | 77.4 | 73.3 |
| Illnesses of endocrine systems, frustration of a feed, infringement of a metabolism and immunity | 66.0 | 78.2 | 74.5 | 89.5 | 91.1 | 108.2 | 115.5 | 160.2 | 144.0 | 153.2 |
| Illnesses of blood and hem(at)opoietic bodies | 115.9 | 121.0 | 130.2 | 143.2 | 161.3 | 181.3 | 209.0 | 302.1 | 267.2 | 273.1 |
| Mental frustration | 67.1 | 64.5 | 79.4 | 80.5 | 76.8 | 77.6 | 78.7 | 89.6 | 92.0 | 87.0 |
| Illnesses of nervous system and sense organs | 804.6 | 802.0 | 757.9 | 825.9 | 841.3 | 880 | 912.9 | 1 061.7 | 984.7 | 1 002.7 |
| Illnesses of system of blood circulation | 176.7 | 170.6 | 154.4 | 171.5 | 199.0 | 191.6 | 207.1 | 294.8 | 261.5 | 277.0 |
| Illnesses of organs of breath | 3 643.1 | 2 924.5 | 2 702.4 | 2 938.8 | 2 792.6 | 3 055.5 | 3 035.3 | 3 141.2 | 3 303.9 | 3 365.7 |
| Illnesses of organs of digestion | 574.3 | 529.6 | 419.3 | 447.6 | 510.9 | 492.1 | 487.2 | 591.1 | 549.9 | 563.6 |
| Illnesses of urinogenital system | 450.1 | 467.9 | 451.5 | 469.1 | 509.2 | 495.9 | 537.4 | 629.5 | 588.7 | 608.0 |
| Illnesses of skin and hypodermic cellular tissue | 768.3 | 728.1 | 636.2 | 630.9 | 563.5 | 558.1 | 597.1 | 621.2 | 573.5 | 590.9 |
| Illnesses bone-muscular systems and a connective tissue | 291.5 | 280.7 | 214.6 | 230.3 | 216.6 | 229.9 | 231.6 | 300.7 | 268.3 | 280.9 |
| Congenital anomalies (developmental anomalies) | 15.2 | 18.4 | 19.2 | 21.2 | 21.2 | 22.8 | 24.2 | 27.9 | 26.3 | 27.3 |

*Source:* Kazakhstan Today. Informational-analytical collection, prepared by Statistical Agency Republic of Kazakhstan. Edited by K.S.Abdieva. Almaty: LTD "Intel service", 2005. p. 261

# Annex 3

## *National framework of social and medical pedagogical correctional support for children with disabilities in the Republic of Kazakhstan*




*Source:* Sulemenova, R.A., Zhalmukhamedova, A.K., et al. (2007)

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# *Chapter 3*

# Kyrgyzstan

## Background

The Kyrgyz Republic has an area of about 200 000 km$^2$ and just over 5 million inhabitants, of whom 67.9% are Kyrgyz, 14.3% Uzbeks and 9.9% Russians. There are also very small Dungan (ethnic Chinese Muslim), Tatar, Uyghur, and Ukrainian minorities (around 1% each according to the 1999 national census). The Uzbek minority is concentrated around the southwestern city of Osh, and the Russian population is concentrated in Bishkek and the adjacent Chui *Oblast*. About 80% of the territory is mountainous and an average of 65% of Kyrgyzstan's population lives in rural areas, especially in Naryn and Chui *Oblast* where more than 80% of the population is rural. The official state language is Kyrgyz; Russian is the second language. Substantial numbers of Tajik refugees entered the country in the 1990s. In the early 2000s, about 15 000 Russians were leaving the country annually.

With the dissolution of the Soviet Union, the Kyrgyz Republic suffered a severe economic recession. However, the Kyrgyz economy stabilised and has grown by about 5% a year since then (although this may change as a result of the 2008 global financial crisis), with the traditionally strong sectors of agriculture and mining being the leading ones. In recent years however these two sectors were lagging behind other rapidly growing branches such as construction, power, and service sub-sectors such as transportation, communication, and trade. The average inflation rate remained low at 4.4% and 5.1% in 2005-2006, but went up to 10.3% in 2007, reflecting the increase in price of food worldwide.

The Kyrgyz population is young: 30.5% of the population is under the age of 15 (National Statistics Committee, 2008). About half of the population works in agriculture which is the largest sector of the economy contributing 35.2% of GDP in 2003. The Kyrgyz Republic has few readily exploitable natural resources, except gold mining and water, the latter allowing for the production of electrical energy.

In 2005 Kyrgyzstan ranked 116th out of 177 countries in the United Nations Development Program (UNDP) Human Development Index, and 110th in 2002 (UN, 2008). With a per capita GDP of USD 692 in 2008 and an average monthly per capita income of KRS 955.90 (USD 24.16), it is the second-poorest country in Central Asia. However, the share of population below the poverty line declined from 63% in 2000 to 43% in 2005, and income inequality decreased from 44.1% in 2001 to 33.5% in 2004 (Banaskova, 2007).[1]

According to UNICEF, the Kyrgyz Republic may meet the over-arching poverty target[2] by 2015 but is unlikely to reach at least two of the Millennium Development Goals (MDGs): maternal mortality and HIV/AIDS as well as tuberculosis (TB) incidence. Child and maternal mortality rates decreased from 99 per 1 000 live births in 1987-1992 to 59.1 per 1 000 in 2006 but more progress is needed to meet the 2015 target (UNICEF, 2007a). The Kyrgyz Republic is experiencing a rapid growth in numbers of HIV/AIDS infected persons, particularly among young males and drug users. Death rates from tuberculosis have more than doubled from 8 per 100 000 in 1990 to around 18 per 100 000 in the most recent years. In their joint monitoring programme (JMP) UNICEF and the World Health Organisation report that in 2004 77% of the population had access to improved water supplies, and 59% to improved sanitation, which marks a slight decline since 1990. In 2007, the Kyrgyz Republic had an 18% unemployment rate, which is highest among women (National Statistics Committee data for 2007). The latter have lower wages than men and hold few managerial and no parliamentary positions (UN MDG data).

Within the Education for All (EFA) programme, the Kyrgyz Republic promotes an inclusive education system that fosters high levels of initial enrolment at the prescribed age, regular attendance, learners' progress from one grade to the next at the appropriate time, low levels of repetition and drop-out. Thus, the concept of inclusive education is not limited to a particular group of persons, like children with disabilities. It means that *no child* should be excluded from education, and that *each child* should be able to participate actively in all domains of society. The concept requires education systems that are receptive to diversity, and are physically, pedagogically and socially accessible to all children. It focuses on the ability of the school system to respond to learners by meeting the full range of their learning needs, thus enabling them to be successful at school and to be included in society.

1. Measured with the Gini coefficient.
2. "To halve, between 1990 and 2015, the proportion of people whose income is less than $1 a day."

## The Report: Structure and Methodology

This report provides an overview of the current education system and support services for children and youngsters with disabilities in Kyrgyzstan and makes recommendations for changes that could help the Kyrgyz Republic to improve the situation of this population and reach the goals outlined in its policy.

The analysis and recommendations are based on a country background report and on documents and information provided by the Ministry of Education and the Open Society Institute. Field visits and interviews with a wide variety of stakeholders were carried out in December 2007 and April 2008. The authors would like to thank all of the representatives of the ministries, experts, teachers, professionals, non-government organizations (NGOs) and students who provided invaluable information for the preparation of this report.

The report is divided into four sections. The first provides a brief description of the education system, while the second describes the legal framework and existing provision for children with disabilities. The third section concentrates on their schooling situation as well as on factors relevant to the creation of an equitable and inclusive educational system. The fourth section contains recommendations.

## Brief description of the education system in the Kyrgyz Republic

### *Administrative organisation*

Administratively, the Kyrgyz Republic encompasses seven provinces (*oblasts*): Issyk-Kul, Naryn, Osh, Jalal-Abad, Batken, Talas, and Chui. These provinces consist of 40 administrative districts (*rayon*), 22 cities, 472 *ayils* (local self-government units) and small towns (*kenesh*), and four city districts in the capital Bishkek.

The *rayons* are the responsibility of local governments. *Keneshs* are administered by city councils (*shaar bashkarmasy*) and *aiyl*s by an executive-administrative body called *ayil okmotu*. The *aiyl okmotu* reports to the head of the city council in its *rayon*, and – in matters related to the delegated national powers – to the head of the *rayon* state administration.

The implementation of decentralisation policies in the past 10 years entrusted bodies on the various administrative levels with responsibilities for policy making and financing, including in education. In 2001, a Decree of the President of the Kyrgyz Republic gave the cities of Osh, Jalal-Abad, Talas, Balykchy, Suliukta, Kara-Kol, Kyzyl-Kiya, Mailuu-Suu and Tash-Kumyr the power to administer their local affairs. According to the Kyrgyz Constitution, local *keneshes* approve and supervise programmes for local social and

economic development and for the social protection of the population. They also draw up their local budgets, decide on the use of extra-budgetary funds and operate independently of the local state administration. Within their powers they can also make decisions, which are binding for the territory of the city.

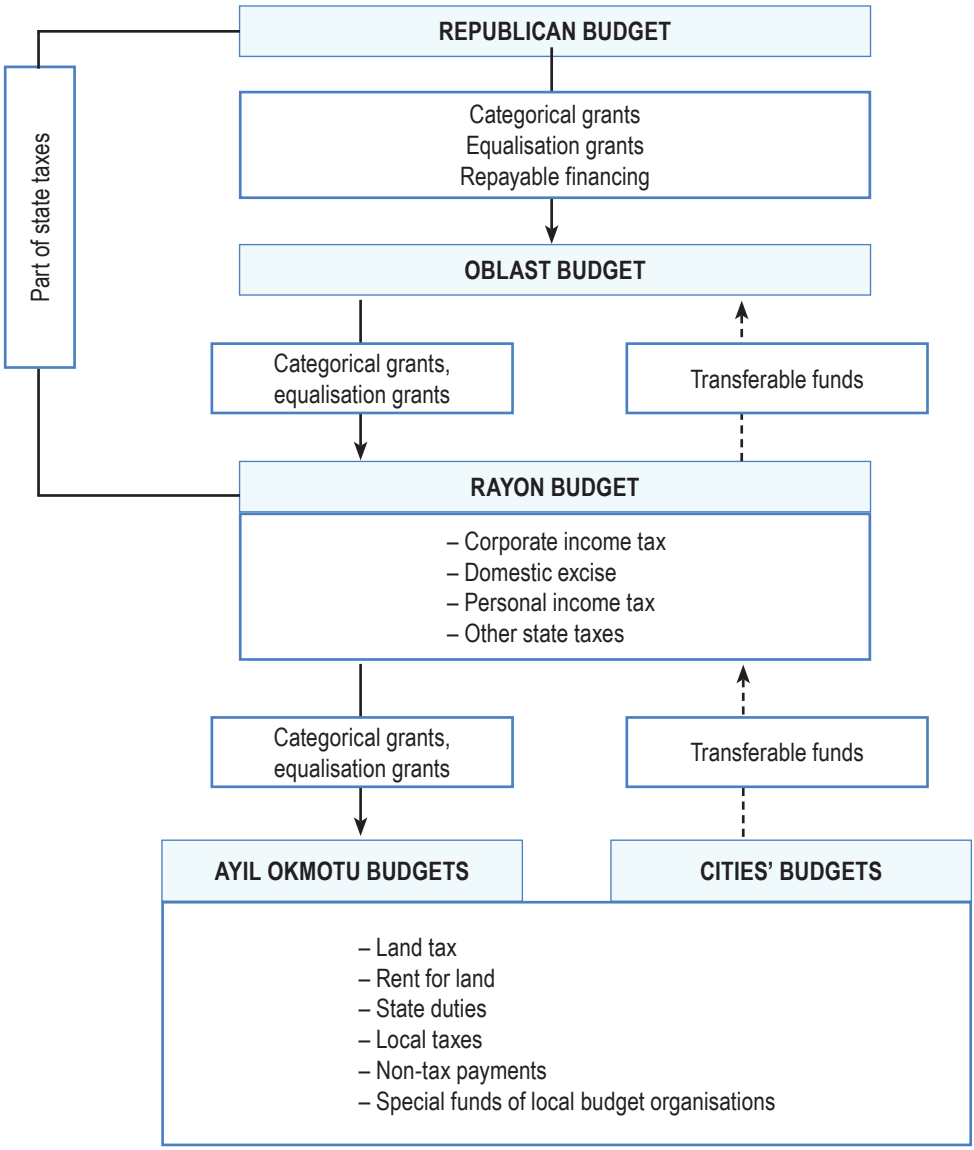
Local governments were entrusted with partial financial responsibility for schools, and in the law On Education these were also granted some autonomy, on the assumption that decentralisation would increase the participation and accountability of key school stakeholders, attract local resources, and improve the quality of education. Schools formally gained the right to adapt their curricula in response to local needs, develop individualised educational programmes, introduce new learning forms and technologies, and to use alternative sources of income (*i.e.* from educational services or parental associations). Furthermore private schools and schools such as lyceums and gymnasiums emerged and new types of schools such as grammar schools, mathematics and science oriented schools, and schools with an independent curriculum (approved by the Minstry of Education) were set up. In reality though, autonomy is very limited because of lack of financial resources and capacity.

Despite the efforts made thus far, there is still progress to be made. At present, the local administrations do not have the financial means to fulfill their tasks. For example, the income of local budgets decreased in relation to the income of the Republican budget from 21.02% in 2002 to 17.58% in 2006, in spite of their absolute growth (UNDP and Government of the Kyrgyz Republic, 2007).

Schools still lack real autonomy and financial means for implementing quality education. Principals and teachers are appointed by the education departments of *rayons* in partnership with local governments, and funding of schools is still regulated through national norms set by the Ministry of Education. These norms, as shown later on for special schools, also specify the permitted class size, teaching hours and type of school for each level and course. The lack of autonomy is also evident in that schools are not allowed to seek additional financial means to overcome shortages in state funding (MOES, 2006, and Kyrgyz Republic, 2007a).

Further implementation of decentralization policies will require intensive information and capacity building campaigns. Indeed, due to a lack of means and capacities to deal with the requirements that go along with the decentralisation process in the education system, the regions cannot implement reforms, develop appropriate modes of funding for an efficient and equitable school system, or define and put in place reliable quality assurance mechanisms. Regions may therefore face difficulties in developing appropriate funding schemes as well as methodologies for in-service teacher training. According to the 2007-2010 country development report, the existing forms

Figure 3.1. **Finance flows among various levels of the system**



of control do not provide quality assurance, and the diplomas of certain schools and higher education institutions may therefore be devalued.

Effectiveness of policies may be hampered by insufficient co-ordination among various decision-making levels, as well as among the stakeholders involved. For example, in the education of children with disabilities the lack of co-operation between the Ministry of Health (MOH) and the Ministry of Education and Science (MOES) deprives those children enrolled in settings depending on the MOH from any type of education, and lack of co-operation between stakeholders involved in educational issues and those involved in employment issues impedes transition from school to work. Such compartmentalisation could have been overcome by giving the Council on Issues of Disabled People (which was created in 1999 under the auspices of the President of the Kyrgyz Republic to coordinate national policies) the opportunity to meet.

### *Legal framework*

Under Article 32 of the Constitution, every citizen of the Kyrgyz Republic has the right to education. General basic education is mandatory and free. Everyone has the right to obtain education, both on a free and a paid basis. The State creates the conditions necessary for each citizen to learn the national and two foreign languages, starting with pre-school education.

According to the Constitution of the Kyrgyz Republic, the 2003 Education Law, as well as the national education programmes adopted by the Kyrgyz Republic, the education system should ensure equitable access to education, revise regularly the learning programmes as well as adapt to new learning techniques, improve constantly the quality of education and use the educational resources in a cost-effective way.

### *The Education system*

Education is compulsory for nine years (age 7-15), but children from age 1 to 6 are entitled to access pre-school education. The education system offers four years of primary school education (grades 1 to 4), five years basic secondary education (grades 5-9) and two years of complete secondary school (grades 10-11). In addition it offers three levels of professional education: primary, secondary and higher education. The duration of secondary education will be expanded to 12 years by 2010 to be in line with the practice in most of the OECD countries.

The State budget expenditure on education increased from 4.4% of GDP in 2002 to 5.6% of GDP in 2006, but is below the 2005 OECD average (6.1%). Out of the KRS 6 315.7 million spent on education in 2006, 59.9% were spent

### Box 3.1. **Milestones**

1996 – Launch of child-centered education and adoption of the National Education Programme "Bilim"

2000 – Adoption of the State Education Doctrine of the Kyrgyz Republic which outlines the strategy of education development in the country until 2025

2000 – Adoption of the drafts of State Educational Professional Standards in higher education

2001 – Endorsement of the National Programme "Comprehensive Development Framework of the Kyrgyz Republic until 2010"

2001 – Adoption of the State Programme for Realization of Children's Rights in Kyrgyzstan "New Generation" during 2001-2010.

2001 – Adoption of the National Programme for Youth Development until 2010 "Jashtyk"

2002 – Adoption of the National Poverty Reduction Strategy for 2003-2005

2002 – Endorsement of the Kyrgyz National Education for All Action Plan until 2015

2002 – Endorsement of the Education Conceptual Framework of the Kyrgyz Republic. Equality, accessibility and quality of basic education are among the main priorities

2003 – Adoption of amendments to the Education Law and enforcement of the principles of quality and accessible basic education

2003 – Revision of the Constitution of the Kyrgyz Republic and adoption of article 32 stating that the State would ensure the fulfillment of the right of all citizens of the country to free basic education

2003 – Endorsement of the Comprehensive Programme "Rural School"

2005 – Revision and endorsement of the state education standards for school education

2006 – Approval of a Medium-Term Strategy for education financing

2007 – Draft of the Education Strategy until 2010

2007 – Draft of the technical proposal for EFA FTI Catalytic Fund to request funds under Education for All Fast Track Initiative

2007 – Endorsement of the 2007-2010 Country Development Strategy

2008 – Development of the Pre-school Education Law

2008 – Draft amendment of the Education Law

on secondary education, 18.8% on higher professional education, 6% on pre-school education and 0.6% on primary education.

Table 3.1. **State budget expenditure on education in 2002 and 2006**[3]

| | 2002 | | 2006 | |
|---|---|---|---|---|
| | Numbers (in million KGS) | % | Numbers (in million KGS) | % |
| State budget expenditure in pre-school | 219.5 | 6.5 | 381.6 | 6.0 |
| State budget expenditure in primary education grades 1-4 | 14.2 | 0.42 | 36.1 | 0.57 |
| State budget expenditure in secondary education | 2 020.1 | 60.3 | 3 786.2 | 59.9 |
| State budget expenditure in higher professional education | 657.3 | 19.6 | 1 135.2 | 18.0 |
| Other | 439.3 | 13.1 | 976.6 | 15.5 |
| **Total** | **3 350.4** | **100** | **6 315.7** | **100** |

*Source:* National Statistics Committee of the Kyrgyz Republic (2008). Education and Science in the Kyrgyz Republic, Ministry of Education and Science of the Kyrgyz Republic, Bishkek.

Education policies improved access to school. According to the Ministry of Education, the number of children aged 7 to 17 who never attended schools decreased from 1 717 in school year 2002/2003 to 1 542 in school year 2007/2008 which represents 0.12% of this school-age population. But school absenteeism is still an acute problem, especially for those who live in rural areas, for boys (64.3%), or for poor and low income families. A random independent inspection of five schools in various parts of the country conducted with the support of UNICEF revealed that the number of children dropping out is much higher than stated in the official records and in the Multiple Indicator Cluster Survey. In some cases children did not go to school for several years (UNICEF, 2007a). The informal payments parents may be required to make certainly also have a negative impact on school attendance and on the quality of education, especially for poor and low income families.

3. According to the MOES, the State budget combines Republican and local budgets, and corresponds to expenditures of Government agencies and local authorities. The OECD Secretariat was not provided with information on the disparity between sums spent for pre-school education and those spent for primary grades 1-4.

### *Pre-school*

The pre-school education system shrank drastically since the independence of the Kyrgyz Republic, in particular in the rural areas. While 1 400 pre-schools enrolled approximately 140 000 children in 1992, in 2006 there were 465 pre-schools enrolling 59 156 children. Out of these 465 pre-schools, 267 (57.8%) were day nursery kindergartens, 195 (41.9%) kindergartens and one was a kindergarten within a school.

They employed 3 745 teachers and teaching staff, out of which 12.3% were directors, 3.3% specialists in teaching methods and techniques, 65.7% pre-school teachers, 10.5% music teachers, 0.8% specialists in mental defects and physical handicaps, 1.9% speech therapists or psychologists. Only 52.2% of the staff had completed higher professional education, 33.1% had secondary professional education and 6.2% a secondary general education. Pre-schools enrolled in 2006 48 109 children between three and six years of age (81.3%), 8 632 (14.6%) under the age of three and 2 415 (4.1%) over the age of six.

However, access to preschool is a real concern since most children of pre-school age are deprived of early childhood education. In 2006, official figures indicate that 14% of the total numbers of children of pre-school age attended a pre-school, but according to interviewees actual attendance may be lower. According to UNICEF, children not attending pre-school in 2003 were hampered by their hard material situation (38.2%), as well as by lack of places (26.5%) or pre-schools (22.1%) (UNICEF 2007b). The *Education Development Strategy of the Kyrgyz Republic* indicates that children not attending pre-school lived too far away from the pre-schools or had parents who did not want their children to attend (MOES, 2006).

### *Primary education and secondary education*

In school year 2007-2008, the Kyrgyz Republic counted 2 168 daytime general schools, of which 170 were primary schools grades 1-4, 169 basic schools (up to grade 9), 1 739 secondary schools, 20 secondary schools for children with limited capacities and 45 boarding schools. These daytime general schools enrolled 1 080 100 students of whom 16 600 in primary schools, 35 400 in basic schools, 1 004 700 in secondary schools. The Kyrgyz Republic has a net enrolment rate of 89.9% (90.5% girls and 89.3% boys); and 98.6% of the intake makes it to grade 5.

Most schools (80.9%) operate in two or three shifts. In 2007-2008, there were 72 097 teachers (of whom 81.1% were women) teaching in these schools, having on average 15 students in class. About 23% of them were teaching in 1-4 grade classes, and 56.7% in grades 5 to 12.

### *Vocational education*

The provision of vocational education is divided into primary vocational education (PVE) and secondary vocational education (SVE). Primary vocational education aims at being linked to the needs of industry and is administered by the State Agency for Vocational Education (previously Department of Vocational Training and Education) under the Ministry of Labour and Social Protection. Of the students attending these schools, 2.1% were following short-term skills courses mainly sponsored by the employment services, and 25.5% were following a 10-month course strictly targeting vocational schools. In addition, 15.1% were enrolled in two-year programmes providing vocational education with some general education to students from grade 9, and 57.2% were admitted to a three-year programme combining a vocational specialty with general education and entitling graduates to access to higher education (ADB, 2007).

Secondary vocational education (SVE) is provided by various ministries and agencies including private training providers offering programmes at post-school level, but below higher education. Currently, 79 institutions offer SVE programmes of which 22 are under the jurisdiction of the MOES, ten are under the Ministry of Health, eight are under the Ministry of Culture and Information, three are under the State Agency on Vocational Training and Education, and one is under the Ministry of Transport, one under the Ministry of Industry, Energy and Fuel resources, two under the jurisdiction of local governments (Osh and Karakol). In addition, 23 secondary vocational institutions are part of the higher education system and nine are private secondary institutions.

### *Higher professional education*

In 2007, Kyrgyzstan had 49 higher education professional institutions (HPEI), of which 33 were public. They enrolled 250 460 day students (52.7%) as well as a small proportion (0.5% of evening students, and 46.7% following distance learning courses. About 75% of students were paying tuition fees, varying from USD 200 to USD 2 000. In 2007, 26 395 (10.5%) students graduated from HPEI out of which 1 755 (6.6%) with a bachelor's degree and 870 (3.3%) with a master's degree.

### *Main issue: empowering the education system to meet diversity of needs*

However, the current education system fails – especially in rural areas – to implement children's educational rights and to meet the diversity of their educational needs and rhythms. The increasing workload of students,

as well as the worsening of human resources in schools, contributed to a rise in school failure and drop out (Kyrgyz Republic, 2007). For example, at the age of 10, Kyrgyz learners in school year 2005-2006 had a work load of 1 088 hours in school, while Russian pupils had 738 hours and German ones 774. At the age of 14, Kyrgyz learners had 1 190 hours of school, while Russians had 998 hours and Germans 918 hours (MOES, 2006).

Outdated textbooks and learning materials present an additional problem. Funds are lacking for the publication of textbooks (especially on some subjects, such as arts and literature), and education authorities do not follow a systematic approach in tracking the needs for textbooks when preparing orders (Vogel & Ulmanu 2006). As a result, only 24.6% of the textbooks published in Kyrgyz language and 11.3% in Russian have been recommended for reprinting (Asian Development Bank, 2007). In addition, 70.7% of rural schools and 65.7% of urban schools that received textbooks and learning materials in 2006 had not renewed them for more than five years. Of the new texts and materials supplied, 40.7% received an unsatisfactory rating; moreover, 25% of available computers did not function. As a result, many teachers do not use the textbooks and learning materials available, and many students do not have access to appropriate learning materials or textbooks (National Statistics Committee, 2008).

## Teacher training for special education

*Pre-service* training for special education and medical facilities is provided by the Ishenaly Arabaev State University in training programmes of five to six years duration, about which no precise information was given. This university has been training school and pre-school teachers for more than 50 years and currently trains specialists – teachers for persons with oligophrenia,[4] hearing impairments, as well as speech therapists and clinical psychologists.

Social workers are trained at the Faculty of Social Work and the Institute of Continuous Education of the Bishkek Humanities University (BHU), at the Teacher In-Service Training Institute at Arabaev State University, at the Jalalabad State University, at the Osh State University, and at the Batken State University. They may also enrol in training courses at the Institute of Social Development and Entrepreneurship under the MOLSP. Of the institutions listed, only BHU provides a degree programme in social work. The others

4. In Soviet psychiatric practice, the term "oligophrenia" (Greek: small brain) was widely used although it is hardly ever used by psychiatrists elsewhere in the world. It refers to mental retardation, or various degrees of learning disability.

offer separate courses related to other degree programmes that can be taken as professional development courses for social workers.

*In-service* training of teachers is the responsibility of the Regions. It can be provided at *oblast* level by the Kyrgyz Academy of Education and by the Teacher In-Service Training Institutes located in Osh and Issyk-kul. It is also offered at University level by the Ishenaly Arabaev State University, the Kyrgyz-Russian Slavonic University, and the Jalalabad, Talas and Naryn Universities. In-service training may also be provided by international organizations, foundations and NGOs, especially on inclusive education. For example, more than 2 500 teachers in primary and secondary schools received in-service training through the USAID PEAKS (Participation, Education Knowledge Strengthening) project.

At *oblast* level, in-service training is mainly provided by the Kyrgyz Academy of Education which employs 50 teachers, of which only 45% have academic degrees and titles as well as professional experience at different educational institutions. By law, each year 20% of working teachers are entitled to receive in-service training, focusing on:

- Psychological and pedagogical issues, theory and methodology of a subject;
- Thematic courses for teachers of a specific subject in theory and methodology of that subject, new programmes, instructional and methodological modules;
- Specific psychological and pedagogical problems for educationalists of a certain specialty or school education level (primary, basic, secondary school) on relevant problems;
- Psychological and pedagogical problems of an educational facility for a group of school teachers or all teachers.

Teachers are also entitled to follow between 12 to 20 day courses, focusing on methodological aspects of teaching practice (six and 14 hours respectively), on pedagogical and psychological issues (16 and 32 hours respectively), on ICT issues (four and six hours) and on issues related to theory and teaching methodology of a particular subject (46 and 70 hours). Courses related to management issues as well as to "Psychological and Pedagogical Fundamentals of School Administration" for school administrators and their deputies are also planned.

### *Main issue: increasing the number of qualified teachers*

However, despite legal entitlements, initiatives taken and efforts made, the education system of the Kyrgyz Republic does not have enough qualified teachers. Only 78.7% of the teachers in primary and secondary education

have completed their professional education, and just half of the graduates of the pedagogical faculties choose to work as teachers (National Statistics Committee, 2008).

Consequently, there is a shortage of 3 000 to 3 600 teachers. At pre-school level, the 3% increase in teachers between 2002 and 2006 is insufficient to satisfy needs generated by a 30% increase in numbers of children during the same period, especially since only 25% of teachers followed courses on pedagogy during their secondary professional education. The number of teachers employed in daytime general education dropped by nearly 3% between 2002 and 2007, and 56.7% of schools face a shortage of teachers, especially in Talas *Oblast*, Chui *Oblast* and in Bishkek City (National Statistics Committee, 2008). Shortages are particularly serious in mathematics (12.8%), Russian language and literature (11.9%), foreign languages (13.3%) and physics (8.9%).

Lack of professional teaching skill is also rooted in the weakness of the teacher training courses provided. Pre-service training neither prepares teachers in regular schools to implement inclusive education, nor prepares teachers in special schools to act as resource persons in preparing students for transition from special schools to regular schools, in supporting teachers from regular schools in their daily tasks, and in involving parents to be part of the education process of their child. Pre- and in-service training courses do not empower teachers sufficiently to implement the new education objectives introduced by the various reforms of recent years, or to cope with a greater diversity of learners in the classroom.

As a result, most teachers not only lack appropriate learning material but also the up-to-date teaching skills and knowledge that would allow them to focus on competences and skills to be acquired, instead of on the content of the curriculum. Thus they are unprepared to deal with a wider range of educational needs in their classrooms, to differentiate their pedagogy, and to meet the requirements of inclusive education for all.

## Disability policy in the Kyrgyz Republic

Weaknesses in the data collection system inhibit accurate and consistent data on numbers of children and youngsters with special educational needs or those with disabilities. However, according to the statistics of the Ministry of Labour and Social Protection, on 1 January 2007 there were 60 200 persons registered as disabled, of which 19 931 were children, which is approximately 1% of the total child population under 18 years of age. Such under-representation of children with disabilities (compared to the 2.5% international standard) reflects the challenges the Kyrgyz Republic faces with regard to meeting the needs of CWD/SEN children. Clearly, many of them are not, at present, being served or even identified by the education system.

### *Legal framework*

The Kyrgyz Republic distanced itself from the model that prevailed in Soviet Union times, and promulgated several laws to improve the rights of persons with disabilities and their families. The Constitution of the Kyrgyz Republic forbids any form of discrimination or restriction of freedoms and rights on the basis of origin, race, ethnicity, language, religion, political and religious views or other circumstances of a private or social nature. (However, the Constitution does not mention disability in this non-discrimination list.)

The Law *On Social Protection of Disabled People in the Kyrgyz Republic* acknowledges the need for special protection and care for adults and children with disabilities. It recognises that all citizens regardless of their physical or mental condition have the right to education, and guarantees SEN children "the right to get free education in the state educational organizations and primary vocational education, adequate to their physical condition and capacities." Public buildings, as well as infrastructure and transportation, must be accessible for people with disabilities. Moreover, ratified international treaties have precedence over national legislative provisions, and the United Nations 1991 Convention on the Rights of the Child plays an important role in Kyrgyz education policies.[5]

The 1998 law on *State Benefits in the Kyrgyz Republic* allocates benefits for persons with special needs and their families to compensate for their disability. The *Labor Code of the Kyrgyz Republic* states that employers must allow parents of SEN children to work part-time if they so wish. Parents are also entitled to an additional 14 days off-work without pay, as well as to making use of annual leave without restrictions and at any time of the year.

In 1999, the Kyrgyz Republic approved the *"Jetkinchek" National Programme* in order to preserve access to education, to improve the legislative base, to preserve the teaching skill of teachers, to introduce new technology in the sphere of education, and to move closer to international standards on education. It approved also a national basic programme and an Action Plan on Integration and Rehabilitation of Disabled People for 2004-2007, as well as a National Programme on State Support for People with Special Needs. This programme aims at fostering equal rights and opportunities, creating a network of social services adapted to international standards, providing appropriated services to persons with disabilities and focusing on their inclusion.

The Children's Code adopted in 2006 emphasises children's rights and protection. The code guarantees every child the right to participate in

5. The Kyrgyz Republic signed the UN Convention on the Rights of the Child in 2004. However, it has not (as of March 2009) signed the UN Convention on the Rights of Persons with Disabilities.

mainstream education as well as the right to freedom of expression regardless of their physical or mental condition. It makes health care and rehabilitation free of charge irrespective of disability, protects children from exploitation and gives every child the right to a family. Nonetheless, it does not explicitly forbid discrimination on the basis of disability, while forbidding discrimination on the basis of gender or race.

In 2008, the Kyrgyz Republic adopted Law No. 38 on the *Rights and Guarantees of Persons with Disabilities*. This law aims at offering persons with disabilities the same opportunities as non-disabled persons, and favours their economic, cultural and political participation in society as defined in the UN Convention on the Rights of Persons with Disabilities. It forbids discrimination based on disability, guarantees the social protection of persons with special needs, ensures equal opportunities in receiving social privileges and services appropriate to the severity of the disability, and in offering rehabilitation and social protection services based on the needs of the individual.

Article 33 of this Law guarantees access to information, education and vocational training. It states that educational institutions, jointly with the agencies of social protection and health care, must ensure pre-school education as well as home teaching and provide education at all levels in accordance with an individual rehabilitation programme. Education and training must be free of charge in State comprehensive education institutions, and remain free of charge without age limitations for the children of persons with disabilities, as well as for children who themselves have disabilities. Families with a disabled child wishing to educate him/her in private schools are entitled to discounted tuition.

### *Main issue: improving the legal framework's ability to foster inclusive education*

However, the implementation of these legal provisions remains a challenge. Policy requirements for education and/or inclusion of persons with disabilities are not adequately linked to performance management. Schools, for example, are not held accountable for being inclusive. In addition, any analysis of the enabling effect of policies and practices is impeded by the inaccuracy of data on the actual numbers on SEN learners in education, on the extent to which they participate in education, and on their rates of completion.

The persistence of the "defectological" approach to disability perpetuates a poor conceptual understanding of inclusive education. The new law (April 2008) on the *Rights and Guarantees of Persons with Disabilities* defines disability as a "disorder of human health with a steady impairment of the functions of organism leading to a full or considerable loss of ability to work or substantial limitations of life activity". Such a definition retains a medical

approach to disability, focusing on the individual's loss and inability. This is detrimental to any needs-based educational approach; and to focusing on the adaptation of schools and on strategies teachers could develop.

The defectological approach is also reflected in the Law on Education. Even though parents have the right to choose the form and type of education (article 27), this law emphasises developing *special* settings for those who are unable to cope with mainstream schools, rather than improving these schools' pedagogical, physical and social accessibility. Article 31 asserts that children requiring long-term treatment may receive education and treatment in sanatoria as well as in hospitals and homes. Article 33 indicates that those with intellectual and physical impairments should be provided with special conditions, including the establishment of special groups, classes and institutions providing treatment, education, vocational training and allowing for social adaptation and integration into society.

Both laws assume that children with disabilities may not be educable, and promote a divided education system separating schooling of "uneducable" children from mainstream schooling. As a result, they stand in the way of a public (and governmental) understanding of the principles and the added value of inclusive education, and of supporting inclusion of disabled children. They encourage an administrative approach to disability, leading each administration to work with its own definitions at the risk of fostering compartmentalisation instead of a holistic approach that focuses on the needs of the individual and involvement of all stakeholders.

Because data collection and evaluation systems are weak, it is difficult to plan or monitor the implementation of the requirements set out in law or policy. The MOLSP and the MOES use different definitions of children and adolescents they consider "disabled", so that any attempt to calculate the population concerned is problematic. Thus it is not clear whether the growing numbers of children with disabilities (mentioned in the background report) reflects an increasing number of children with disabilities, or an increasing numbers of children *assessed by* the Medical-Social Commission of Experts (MSCE).

In addition, existing data clearly underestimate the number of SEN students. Data provided by the MOLSP on the number of children assessed by the MSCE do not include children and adolescents who are not assessed and/or registered as disabled. Equally, data provided by the MOES reflect the number of students being enrolled in schools, but not the numbers of children with disabilities who are excluded from education, or those who may have a special need without being formally identified as having it. In both cases, there is no accurate information about the number of people who may have a disability or a special educational need. As a result, ensuring that the rights of individuals are being met – or developing policies to protect these rights – becomes impossible.

Poor data also hamper any analysis of the impact of policies and practices on children and their families. While data from the MOES provide information on the number of learners graduating from general education schools, there is no information about the achievement of disabled students or about the opportunities they may have after leaving school. In addition, there are no reliable data about the numbers of families receiving benefits; therefore the effectiveness of social policies cannot be monitored over time. The data that do exist are primarily quantitative, unsystematic, or even anecdotal (e.g., the experiences of teachers or support staff working with disabled children), and therefore of limited use in monitoring the implementation of law and policy.

### *Modes of funding*

According to the Kyrgyz Law on Education, the funding of state educational institutions (special schools as well as regular schools) is ruled by norms per student, class-set and group. The *rayons* and from there the *ayil okmotus* receive *categorical* grants from the Republican budget to pay for socially protected expenditures like salaries to staff member, teachers and for food, and *equalisation* grants to fix disparities. The *ayil okmotus* are furthermore supposed to fund current expenditures and maintain school buildings in a proper state. Money comes from corporate income tax, domestic excise, personal income tax at local level, and from land tax, rent for land, state duties, local taxes, non-tax payments and special means (see Figure 3.1). Often though, *ayil okmotus* do not have sufficient budget means to meet their responsibilities, and apply for funding from the Republican budget (though stimulating or equalisation grants).

While in 2001, 48.6% of local budget expenditure on education came from categorical grants, equalisation grants or special means, this share rose to 53.8% in 2004. It should be noted that the share of special means (which includes fees parents are "invited" to pay) doubled between 2001 and 2004 (from 5.2% to 10.5%) (UNICEF, 2007c), and that, according to UNICEF, parents' payments are the main source of additional funding in rural areas, because (in spite of the official abolition of school fees) most schools require parents to pay.[6]

6. Although the abolition of school fees is clearly in line with the Kyrgyz Constitution and the UN Convention on the Rights of the Child's requirement that compulsory education must be free, no compensatory (government or local-authority) funding has reached schools. As a result, most schools continue to charge fees and ask for parental contributions, which disadvantages poor families and contributes to non-attendance and drop-out.

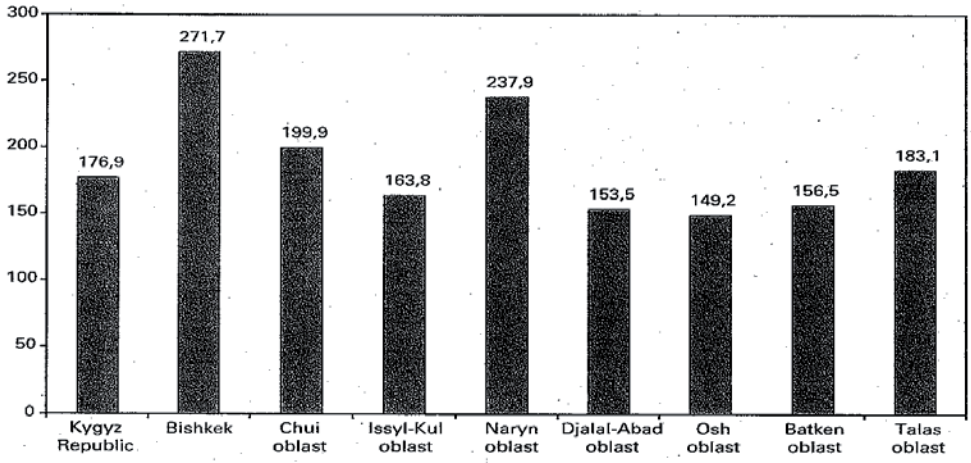
Table 3.2. **Structure of education sector expenditures, by economic classification from the Republican and local budget, in %**

| | 2001 | 2004 |
|---|---|---|
| Republican budget | 32.5 | 37.5 |
| Including special funds | 14.5 | 17.9 |
| Local budget | 67.5 | 62.5 |
| Including: | | |
| Categorical grants | 34.3 | 33.6 |
| Equalisation grants | 9.1 | 9.7 |
| Special means, including parental contributions | 5.2 | 10.5 |

*Source:* UNICEF, (2007c). Public expenditure review on social sector in the Kyrgyz Republic, UNICEF, Bishkek.

As shown below, in 2004 the average monthly per-student expenditure from local budgets amounted to KRS 176.9. Expenditures are above the national average in Bishkek (KRS 271.7) and Naryn *Oblast* (KRS 237.9), Chui *Oblast* (KRS 199.9) and Talas *Oblast* (KRS 183.1) while they are below the national average in Osh *Oblast* (KRS 149.2), Jalalabad *Oblast* (KRS 153.5), Batken *Oblast* (156.5) and Issyk-Kul *Oblast* (KRS 163.8) (UNICEF, 2007c).

Figure 3.2. **Regional allocation of education expenditures per pupil per month in 2004, KRS**




*Source:* UNICEF, (2007). Public expenditure review on social sector in the Kyrgyz Republic, UNICEF, Bishkek.

The 2006 budget allocated more than 85% of the total amount to staff and administration. The financial resources for general secondary education are centralised, and 65% of the funds in this sector come from the national public budget revenues. Only 35% of the overall public funds for general secondary education come from the local budget revenues. In some *oblasts*, this amounts to no more than 4-7% of total education funding.

Special schools are mainly financed by the Ministry of Education which, according to the background report, allocated KRS 104 833 million for 18 special schools. Out of this, KRS 84 630 million (80.7%) was allocated for current expenditure, especially for wages (41%) and logistic services (22.9%). By comparison, in 2004 81% of the Republican budget (of which 35.2% was allocated to wages) and 97.9% of the local budget (62.3% allocated to wages) were spent on current expenditure.

As of 1 June 2006, the 15 special boarding schools for which information is available were allocated on average KRS 33 922 million a year – in other words, KRS 2 261 a month per student (background report).

Table 3.3. **Structure of Government allocation to special schools, by economic classification, in 2006 (in million KRS)**

| Type of expenditure | Amount | % |
|---|---|---|
| Total | 104 833 | 100.0 |
| Wages | 42 992.1 | 41.0 |
| Contribution to social fund | 8 888.3 | 8.7 |
| Transportation costs | 191.4 | 0.2 |
| Communal services | 2 622 | 2.5 |
| Transportation services | 198 | 0.2 |
| Purchase of goods for logistic services | 23 799.1 | 22.9 |
| Buildings | 5 939 | 7.7 |
| Other expenses | 20 203.1 | 19.3 |

*Source:* National Report on mid-term review of attainment of EFA goals, Bishkek, Kyrgyzstan, 2007.

In 2004, special schools represented 0.2% of the education sector expenditures of the Republican budget, children's boarding schools with a special regime 5.2%, and orphanages 1.2%. Orphanages were funded by the local budgets and represented 0.2% of the local expenditure on education in 2004. However, funding for these institutions was shifted back to the national

government after local governments began closing orphanages due to lack of funds without making proper provision for the children they housed.

*Main issue: developing modes of funding which allow stakeholders to be efficient and innovative*

Modes of funding are a major barrier to an inclusive education system. Lack of funding is indeed frequently mentioned by interviewees as preventing schools from becoming accessible and hire trained teachers who are motivated enough to develop learner-centred teaching strategies, and local authorities to develop pre and in-service training. In addition, funding rules but also lack of funds, authority and real autonomy prevent regular schools as well as special schools from being innovative, providing effective teaching, and developing quality assurance policies. Funding of mainstream education may also be too fragmented to favour medium- or long-term sustainable policies for inclusive education that would allow stakeholders to cope with change and take on new tasks.

## *Disability Support*

As in most OECD countries, policy on children with disabilities in the Kyrgyz Republic addresses issues of education, health, and welfare. It involves the Ministry of Health (MOH) and its *rayon* departments, the Ministry of Labour and Social Protection (MOLSP) and its *oblast* departments, the Ministry of Education and Science (MOES) and its *oblast* departments. In addition, it involves non-governmental special institutions for social services, other non-government organizations, and citizens in the voluntary social services as well as the Department of Internal Affairs, the Office of the Public Prosecutor, and the Court system under current Kyrgyz legislation.

The MOH is responsible for the registration and rehabilitation of children. Health care institutions are responsible for the quality of medical tests, for delivering complete and true information when referring a child to socio-medical assessment, and for ensuring that referrals to the Medical-Social Commission are well founded, timely and in accordance with legal procedures. The Ministry of Health also provides free medical support in hospitals, medical support with discounts in centres for family medicine, for children under the age of five and, when available, distributes medications as humanitarian assistance. In addition, the MOH is responsible for a number of rehabilitation centres such as those in Axu and in Maksat.

The Ministry of Labour and Social Protection is responsible for registering children eligible for benefits and privileges, as well as for managing rehabilitation centres and special schools for severely disabled children. The

Ministry of Education and Science is responsible for most of the 19 special schools[7] currently in existence, as well as for the nine kindergartens enrolling children with special needs.

Among the 40 NGOs involved in inclusion of disabled children in the country, the Ministry of Labour and Social Protection sponsored 24 projects in 2007, seven of which targeted children at risk. These projects aimed at improving health conditions (Issyk-Kul), teacher training (Obereg Rehabilitation Centre, Bishkek), occupational therapy for adolescents (Yuventis Rehabilitation Centre, Bishkek), rehabilitation and integration of disabled children (Infantil public fund, Bishkek; Beknur, Talas; Triumfator, Osh; Maksat Rehabilitation Centre, Chuy). In Batken and Jalalabad *oblasts*, the MOLSP supported the creation of rehabilitation centres that provide occupational therapy, training, and support social integration. In Isfana, Batken *oblast*, through the "Tonus" public fund, the MOLSP created a room for therapeutic physical training. More than 300 disabled children received therapeutic treatment for improving their health. The Bishkek city rehabilitation centre for people with limited possibilities (which was created in 1999 jointly by the Mayor's office, the MOLSP, the Association of Social Workers, the Russian-European Fund, the British Know-How charitable foundation, and the National Red Crescent Committee) provided services beyond rehabilitation, such as training, methodological support to social workers on social rehabilitation and occupational therapy. It also provides practical work experience for students studying to become social workers.

Many initiatives taken by the Kyrgyz Republic on special needs issues are supported by international donors. The development strategy for 2007-2010 of the MOES plans to implement the Asian Development Bank (ADB) project on access to basic education for children with disabilities (USD 1 million) as well as on "Early Child Development" (2003-2009, USD 10.5 million). It is also implementing a World Bank project on "Rural Education" (2007-2010, USD 15 million) and an UNDP project "Improvement of Quality and Access to Education" (2007-2010, USD 2 million) (Kyrgyz Republic, 2007b).

In addition, international donors provide children with disabilities with food or clothing (e.g., Naryn Public Association for Children), create provisions allowing disabled children to access education, leisure and recreational activities at their own pace, or improve the accessibility of equipment and schools. For example, the Republican foundation "Step by Step" (developed by OSI and funded by TACIS LIEN) supported (*inter alia*) the installation of ramps improving access, and the project "Every Child" (launched in 1999) created day care centres for children with disabilities as well as a boarding school.

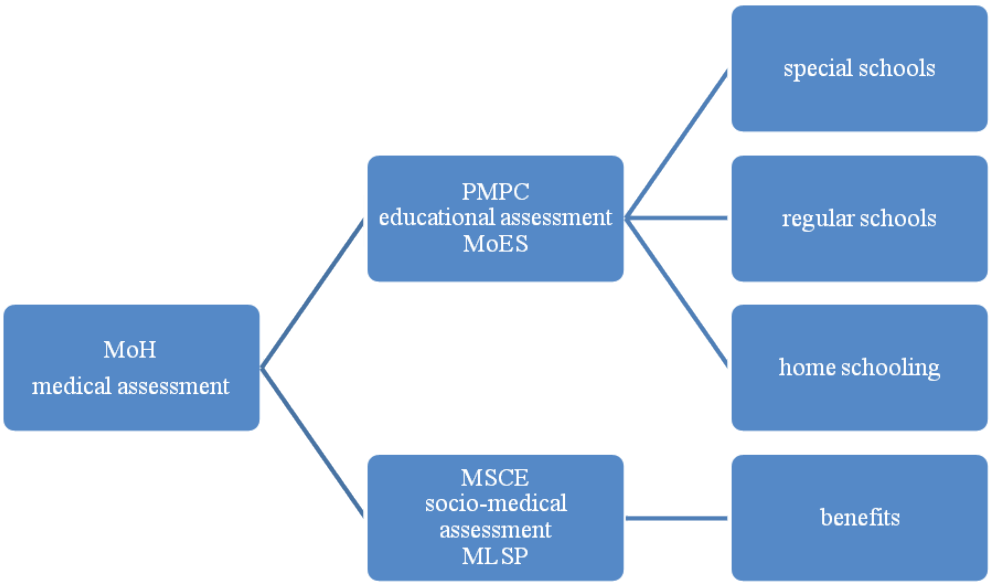
7. Both the Belodovski children's psycho-neurological boarding school and Jalalabad children's psycho-neurological school are under the jurisdiction of the Ministry of Labour and Social Protection.

Donors aim also to improve children's inclusion in society by working with local communities on the rights of children with disabilities ("Every Child"), by providing training to community members, or by mobilizing communities on special needs issues (Save the Children Denmark). Some projects, supported by the MOES, fostered access to education of out-of-school children by strengthening the professional capacity of stakeholders and members of the Republican Psycho-Medical Pedagogical Commission (PMPC).

### *Identification of SEN students*

However, access to the various initiatives requires that children are eligible, which in turn depends on the assessment and registration carried out by the Medical-Social Commission of Experts (MSCE) which is under the jurisdiction of the MOLSP, and the Psycho-Medical Pedagogical Commission (PMPC) which is the responsibility of the MoES.

Figure 3.3. **Identification process of children with Special Educational Needs**




To be given a medical-social assessment, children must first be diagnosed as having a disability. Ideally, health care institutions carry out a full medical examination in a hospital to determine the rehabilitation or treatment needed. Once a clear diagnosis has been made, referrals to the Medical-Social Commission of

Experts (MSCE) may follow, with the approval of the MOH in collaboration with the MOLSP. A referral to the MSCE includes information on the health of the child, indicating the degree of dysfunction, the compensatory abilities of the body, as well as the results of any rehabilitation or treatment given so far.

The level of disability is determined in accordance with the following criteria:

- *Dysfunction of the state of health* which includes the loss of or an abnormality in psychological, physiological and anatomical structure and function.
- *Limited life activities* that refers to any limit or absence (as a result of a dysfunction) of the ability to do things in the way or in the framework considered normal for a child of a given age.
- *Degree of limited life function* that identifies a light, moderate or severe level of limitation and difficulties in performing a function;
- *Evaluation of the prognosis* that reflects the possible development of the limitation of function and indicates if there is a possible recovery, a possible improvement, a stable condition, an adverse prognosis or an indeterminate prognosis.
- *Social inadequacy* that looks at the level of performance of the child according to normal roles in life, and indicates whether the child has limited physical dependency, limited mobility, a limitation in doing ordinary work, limited access to education, limited abilities for future professional tasks and functions, limited ability to integrate into society.

In order to be assessed by the MSCE, children and families must have a birth certificate confirming that the child is under the age of 18, and a referral delivered no more than three months before the assessment is made. An outpatient card and medical documents confirming the disease have to be provided as well.

### *Identification of benefit recipients by the MOLSP*

The procedure for formally identifying a child as disabled is carried out in accordance with Law No. 421-XII on the Social Protection of Invalids, published in 1991. The MSCE is responsible for implementing this Law. The Commission is located in Bishkek within the MOLSP's Department of Medical/Social Examination and Rehabilitation of Disabled People. The Commission is chaired by a neurologist and includes a surgeon, a therapist, and a pediatrician.

Its main function is to diagnose a child's illness, categorise the disability, and provide documentation on the impairment for which benefit should be given. The MSCE also refers children to service providers (rehabilitation

centres, special schools, home services for children with severe needs) and ensures that registered children receive appropriate medication, education and support by home services providers, who also evaluate the child's progress.

The decisions are recorded in a "passport" which the individuals have to carry with them in order to have access to support or privileges they may be entitled to (*e.g.* free travel opportunities within a city and a territorial district, free medical care, as well as discounts on rehabilitation services and support for obtaining wheelchairs, crutches, and other equipment).

Children with disabilities are referred to the MSCE via a warrant from their family doctor. MOLSP may also refer to the MSCE, for example when a request is made for a wheelchair. Children with severe disabilities who cannot attend a Commission meeting for health reasons may be examined at home or in hospital, and in exceptional circumstances the Commission may go to remote areas. Families may attend the Commission without appointment, but need the appropriate documentation from local doctors or from teachers having observed school difficulties or cognitive problems. In Talas City, for example, assessments are provided three times per week during regular hours. Treatment for children with disabilities is free, except in Bishkek where families may have to pay for special medical services if their child needs to be hospitalised for a certain period for observation. Social workers regularly refer children to the Commission, help with documentation, or attend meetings with parents.

The MSCE's categorization system is ruled by State Order No. 915 and defines the type of category the individuals belong to as well as the amount and duration of benefits. The categorisation system distinguishes children under the age of 18 from adults. To be entitled to rights and benefits, children under 18 may have an impairment or a chronic disease.

- Children having an impairment (*e.g.* motor, psychological, speech impediments after head and brain damage and /or neuro-infections, a condition requiring long recovery and rehabilitation therapy) or a chronic illness (*e.g.* HIV/Aids under the age of 2, pathological condition caused by strong medication) are granted a disability status for 6 months to two years.
- Those having damage of the nervous system and psychological disorders, a loss of vision or hearing, or damage to the internal organs and systems, can be granted disability status for a period of two years.
- Those having (*e.g.*) a congenital inherited disease of the metabolism requiring special diet, acute leucosis, cancer, hydrocephaly, surgery for tuberculosis, orthopedic and surgical disease, or dysfunction of the respiratory system are categorised as disabled for a period of five years.

- Those diagnosed with mental retardation or imbecility,[8] chronic leukemia, irreversible dysfunction of the liver, HIV/Aids, systemic damage to the skeleton leading to total inability to move independently or look after oneself, are registered until the age of 18.

For adults, the severity of the impairment is related to individuals' ability to work, and qualification for disability status is temporary, depending on the severity of the impairment or whether the illness is chronic or recurrent.

- Those having a moderate chronic disease have a right to a disability qualification for six months to two years.
- Those having a more severe chronic illness may be given a disability qualification up to five years.
- Impairments and illnesses like mental retardation, hydrocephalia, cancer, dysfunction of breathing systems, or spine deformation are considered severe disabilities, while epilepsy, light mental retardation, deafness, skin diseases etc.) are considered to be moderate.

As shown in Table 3.4, the MOLSP assessed 7 743 children under 18 in 2006, which is 0.3% of the total population. In 2005 the number was 8 121. Most (95.6%) of the assessed children were registered as disabled. The number of children with disabilities registered for the first time increased by 157% between 1995 and 2006, and reached 41.3% of all students registered as disabled (3 055). As shown in Figure 4, this increase is particularly strong in Talas *Oblast* (+285%), Osh *Oblast* (+251%), Batken *Oblast* (+167%) and Osh city (+165%).

Table 3.4. **Assessment and registration of children under the age of 18 in 2005 and 2006**

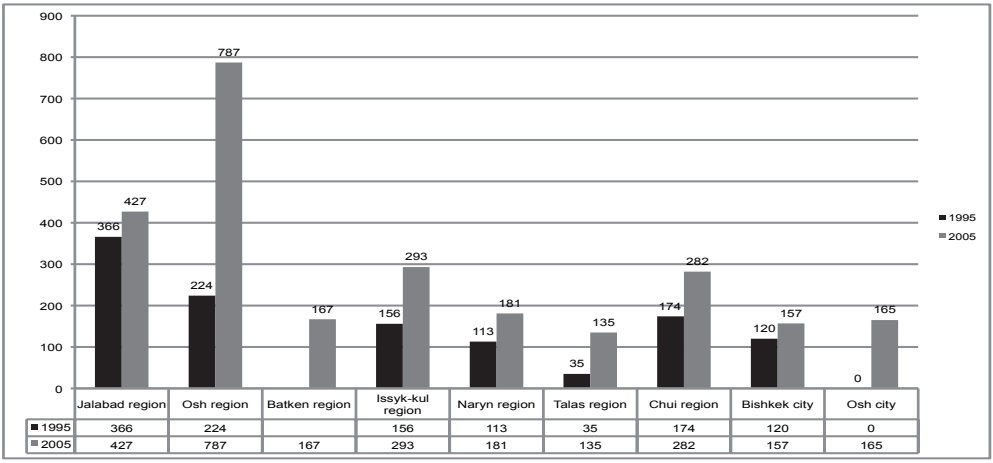
| | 2005 | 2006 |
|---|---|---|
| No. of children assessed | 8 121 | 7 743 |
| No. of children registered as disabled | 7 766 | 7 402 |
| Of which first registration | 3 117 | 3 055 |
| Repeated Registration | 4 649 | 4 347 |

*Source:* Report on social registration of poorest families, MOLSP, Bishkek, 2006

8. An outdated term now considered offensive. In former classifications, this referred to persons with an IQ of between 25 and 50 and a mental age of between three and seven years.

Registration opportunities vary however among *oblasts*, as shown in Figure 4: Osh *Oblast* (30.3%), Jalalabad *Oblast* (16.5%) and Yssyk-Kul *Oblast* (14.3%) are more likely to have new registrations than Talas *Oblast* (5.2%), Bishkek city (6.0%), Osh city (6.3%) and Batken *Oblast* (6.4%).

Figure 3.4. **First registration of disabled children in the Kyrgyz Republic 1995-2005 by region**




| | Jalabad region | Osh region | Batken region | Issyk-kul region | Naryn region | Talas region | Chui region | Bishkek city | Osh city |
|---|---|---|---|---|---|---|---|---|---|
| 1995 | 366 | 224 | | 156 | 113 | 35 | 174 | 120 | 0 |
| 2005 | 427 | 787 | 167 | 293 | 181 | 135 | 282 | 157 | 165 |

*Source:* UNICEF (2007d.) Assessment of the situation of children with special needs in Kyrgyzstan, Bishkek.

Those children registered as disabled in 2006 were mainly males (56.4%) and lived in rural areas (73.4%). Most of them (71%) were registered for up to two years, while 1.5% were registered for up to five years and 17.1% until the age of 18.

Table 3.5. **Breakdown of newly assessed children by gender, in 2003 and 2006**

| | 2003 | 2006 |
|---|---|---|
| Female | 795<br>43.8% | 1 333<br>43.6% |
| Male | 1 022<br>56.2% | 1 722<br>56.4% |
| Total | 1 817<br>100.0% | 3 055<br>100.0% |

*Source:* UNICEF, (2007d), Assessment of children with disabilities in Kyrgyzstan, UNICEF, Bishkek.

The number of children registered in 2006 is more than twice (3 069) the number of children registered in 2003 (1 817), and reflects mainly an increase in numbers of children receiving benefits up to the age of two. Their number grew from 56.3% of the total number of registered children in 2003 to 71% in 2006, whereas the number of children diagnosed with irreversible disorders decreased from to 28.3% to 17.1%.

According to Table 3.6, 28.5% of children registered as disabled in 2006 had a congenital developmental disease, whereas 22.8% had a psychological disorder, 19.2% a sensory impairment, 12.9% an intellectual impairment and 8% a trauma. Only 4.9% of them were diagnosed with an osteo-muscular impairment and 8.2% with a chronic illness. The percentage of children with congenital developmental diseases increased to 2.3% between 2003 and 2006 and the percentage of children having nervous system diseases increased to 3.4% during the same period. According to the report on the national assessment of the situation of disabled children, such increase may be due to infection in the womb, intoxication, anemia during pregnancy, iodine deficiency, traumas, inherited diseases, domestic violence and ecological crisis (UNICEF, 2007b).

Table 3.6. **Breakdown of disability among newly registered children under 18 (2003-2006)**

| | 2003 | | 2004 | | 2005 | | 2006 | |
|---|---|---|---|---|---|---|---|---|
| | | % | | % | | % | | % |
| Congenital dev. diseases | 476 | 26.2 | 801 | 29.4 | 837 | 26.9 | 871 | 28.5 |
| Diseases of the nervous system | 357 | 19.6 | 627 | 23 | 718 | 23 | 696 | 22.8 |
| Mental disorders | 255 | 14.0 | 365 | 13.4 | 423 | 13.6 | 394 | 12.9 |
| Trauma | 161 | 8.9 | 216 | 7.9 | 253 | 8.1 | 246 | 8.0 |
| Diseases of sensory organs | 149 | 8.2 | 183 | 6.7 | 229 | 7.3 | 229 | 7.3 |
| *Of which:* Eyes | 64 | 3.5 | 79 | 2.9 | 118 | 3.8 | 118 | 3.9 |
| Ears | 85 | 4.7 | 104 | 3.8 | 110 | 3.5 | 111 | 3.6 |
| Osteo-muscular | 87 | 4.8 | 124 | 4.6 | 173 | 5.6 | 150 | 4.9 |
| Blood diseases | 28 | 1.5 | 43 | 1.6 | 43 | 1.4 | 40 | 1.3 |
| Endocrinal | 41 | 2.2 | 52 | 1.9 | 63 | 2 | 61 | 2 |
| Tuberculosis | 34 | 1.9 | 32 | 1.2 | 25 | 0.8 | 34 | 1.1 |
| Cancer | 51 | 2.8 | 45 | 1.6 | 67 | 2.1 | 64 | 2.0 |
| Perinatal diseases | 39 | 2.1 | 65 | 2.4 | 60 | 1.9 | 49 | 1.6 |
| Echinoccosis | 7 | 0.4 | 9 | 0.3 | 15 | 0.5 | 6 | 0.2 |
| **Total** | **1 834** | **100.0** | **2 745** | **100.0** | **3 134** | **100.0** | **3 055** | **100.0** |

*Source:* Report on social registration of poorest families, MoLSP, Bishkek, 2006.

### Main issues: reduce barriers to registration for improving access to rights

These figures underestimate the real numbers of children with special needs. The background report indicates that the MSCE estimates that between 5% and 10% of the children with disabilities are not identified or known to the services. Such an underestimation reveals challenges the MSCE has to face.

Access to appropriate assessment, and thus to services and provision, is indeed hampered by MSCE's poor infrastructure, lack of financial means, outdated assessment tools, and other means required for appropriate assessment and registration. Quality of assessment is also diminished by lack of skilled pediatricians or doctors (especially in rural areas), and by late or incorrect diagnoses as well as incorrect or incomplete documentation (*background report*). The MSCE therefore fails to foster early intervention, and thereby also fails to prevent further deterioration of impairments. By the time a child reaches school age, this may result in a serious obstacle for his or her education as well as for full participation in society.

Barriers to registration also arise due to parents' lack of information about their rights and about the registration procedures. Shortage of pediatricians and specialists, in particular at local level, inhibits the appropriate access of parents to the screening process and to their claiming of benefits they may be entitled to.

Parents may also lack the skills and financial means required to draw up documents needed for a benefit, since they may have to pay doctors for access to medical tests that would allow their child to be registered as disabled (background report). Access to registration may also be hindered by difficulties MSCEs have to meet on a regular basis in order to identify children's needs, as well as by a lack of updated assessment tools that would allow them to make accurate identifications. All these factors may lead parents to conclude that registering their disabled child is too costly, too complicated, and/or too stigmatizing; but as a result children are deprived from the benefits and support to which they are entitled.

## *Identification of SEN children by the Ministry of Education*

While social welfare issues are dealt with by the MSCE, educational issues are looked at by the Psycho-Medical-Pedagogical Commissions (PMPC). Resolution #554 passed in 1994 replaced the Medical-Pedagogical-Commissions (MPCs) (used in Soviet times to assess special needs children) by PMPCs.

The PMPCs are administered by the State Child Department of the MoES. The PMPCs include: the inter-*oblast* PMPC at national level, under the supervision of the MOES; the Bishkek PMPC on municipality level, supervised

by the Bishkek local Education Department; as well as all other PMPCs at *oblast*, municipality and rayon levels throughout the Republic which are under the supervision of the respective local Education Departments. The Republican level and inter-*oblast* PMPCs are supervised directly by the MoES, while the *oblast*, Bishkek municipality, rayon and other municipal PMPCs report to their local educational authorities. At the time of the OECD visit, there was one commission at Republican level, six at *oblast* level (out of seven *oblasts*) and about nine at rayon and city level (out of 59 rayons and cities).

All PMPCs have to assess children's learning difficulties, orient them to "special pre-schools and special boarding schools", consult with parents, and refer children to the public health system and social welfare services as needed. PMPCs also must identify those disabled children that may require additional support based on referrals from the public health system, register them. and "record the development and degree of social adaptation of all graduates of special education establishments". In addition, they are expected to work in close collaboration with authorities of the departments of education, public health, social welfare and other relevant public organizations.

However, variations among the PMPCs do exist. The Republican level PMPC has, for example, an additional co-ordinating and oversight role which includes review of complex diagnoses and dispute cases on the basis of documents presented by the relevant *oblast*/*rayon*/municipal PMPC. As part of this co-ordination role, it has to:

- Provide pedagogical, methodological and organizational assistance to other PMPC levels,
- Set curricula for training in special boarding schools, pre -schools, classes and special groups of pedagogical training institutions,
- Develop institutional and methodological guidelines for the network of special educational institutions, speech therapy and medical services for children with psycho-physical disabilities and
- Foster interdepartmental dialogue with the Ministries of Health, Social Protection, and with NGOs.

The oversight role means that the Republican PMPC is expected to conduct prophylactic examinations of orphans and other deprived or marginalised children educated in orphanages, to develop a national register of children with disabilities, and foster early diagnosis jointly with educational and public health authorities.

At *oblast* level and at Bishkek-municipal level, PMPCs have to conduct examinations of children for prophylactic purposes and for diagnosis, to assign children to appropriate special establishments, and to arrange consultations with children, teachers and parents in all *oblasts*. They are also expected to

provide organizational, pedagogical and methodological assistance to special schools, supervise the work done at rayon or at municipal levels, and monitor the implementation of decisions and recommendations made.

In practice, PMPCs are mainly assessing children and defining a type of orientation, although this may vary among the PMPCs. The Republican PMPC has hardly the means to fulfill its co-ordinating and oversight roles, and the OECD team was told that most of its time is spent in assessing the children and in prescribing a type of schooling. The co-ordination task is the more difficult to implement because not all PMPCs work continuously. While the Republican PMPC meets on a daily basis, interviewees indicated that the PMPC of Osh meets twice a year for only three or four mornings to fulfill the same task, and no co-ordination takes place between the two meetings. District and city PMPCs, with the exception of the PMPC in Bishkek, do not have the budget to provide salaries or financial compensation for staff.

The assessment is supposed to be done by a multi disciplinary team of seven experts who are nominated both through the MOES and the MOH. The experts are by profession "defectologists" (*e.g.* speech therapists, specialists in mental impairment, social pedagogues) and doctors (*e.g.* psychiatrists, ophthalmologists, neuro-pathologists, pediatricians). According to interviewees, the Republican PMPC includes a speech and language specialist, a pedagogue specializing in mental retardation, a psychologist, a hearing pedagogue, a social pedagogue, a psychiatrist, an ophthalmologist and a neuro-pathologist, while the Osh PMPC includes three pedagogues, an ophthalmologist, a psychiatrist and four other defectologists.

To have the educational needs of their child assessed, parents must provide a birth certificate, a warrant and ambulatory (outpatient) cards or medical documents confirming the illness or the impairment. Assessment may be based on the medical diagnosis, formal instructions from the ministries (assessment base), information given in a document given to parents by the school (*e.g.* notebooks, drawings) or/and doctors, and if necessary on tests made by the Commission itself. The assessment procedure may vary depending on the Commission, the provider and the type of information available. When the child is sent by a school or when the diagnosis does not exist or is unclear, the Republican Commission sends the child to a clinic for diagnosis in order to have the medical dimension of the child's difficulty clarified, or to clarify the type and level of impairment. In addition, at the request of the child's parents or guardian, the PMPC may recommend that the child be sent to a special education institution for a trial period of six months to one academic year. After this trial period, the PMPC makes a final recommendation about the child's placement.

*Main issues: improving assessment for better identification of needs to be met*

The educational proposal of the Commission has to be agreed by the MOES, and by the MOLSP if the child is being referred to a residential setting that is under its jurisdiction. Parents who disagree with the proposal of the Commission have the right to complain to the MoES. The latter will refer them to the Republican Kyrgyz clinic for a 10-day observation period, in order to confirm or reject the Commission's proposal. According to interviewees, parents who decide to ignore the final decision and send their child to a regular school have to find the school themselves. Schools may then argue that that they do not have the appropriate skills or setting to cater for the child's needs, or for delivering appropriate schooling. Parents may therefore face difficulties in finding a school for their child, which might mean that the child will miss out on education altogether.[9]

But PMPCs, as well as the MSCE, seem to find it difficult to fulfill their tasks. This may be due to a range of problems, such as lack of funding, lack of qualified staff, and the inability of parents to pay for tests or registration.[10] For example, the team was told that many parents do not have a precise or appropriate diagnosis of their child's disability when they appear before the Commission. The Commission then has to send the child to the Republican clinic run by the MoH for a diagnosis. The child's entry into education may therefore be substantially delayed, since parents will first have to make an appointment with the relevant professionals and then restart the whole procedure for their child to be assessed by the PMPC.

In addition, PMPCs may be hampered by weak assessment procedures. Lack of time may drastically reduce the quality of the assessment, and decisions may be made without taking into consideration all factors affecting the child's abilities in relation to those of other children of the same age (UNICEF, 2007d). For example, while the Republican PMPC spends on average 30 minutes per child and assesses about five or six children in a morning, the PMPC of Osh assesses 10 to 12 children in half a day, and spends on average 15 minutes on each child. Proper assessment may also be hampered if a child is frightened or intimidated by the procedures and attitude of the members of the Commission, especially if parents are not present or involved, or if the impact of the child's social and economical background is not taken into account (UNICEF, 2007d).

9. The law allows home schooling, but few parents of special-needs children are in a position to provide education of suitable quality at home.

10. By law, tests and registration are free, but lack of funding may lead the PMPCs to ask parents for informal contributions.

More seriously, proper assessment may also be hindered by certain assumptions about the nature of disability. While the PMPC is expected to evaluate educational needs and to define the means allowing for appropriate education, the procedure is still based on a *medical* model, although experts in the field believe that some PMPCs are now adopting a less medical approach to assessment. But according to the background report, the evaluation procedure still aims at selecting children with disabilities in mental and physical development for entry into *special* pre-schools and schools. Children are also frequently assigned to boarding schools or medical-prophylactic departments of the public health system and social welfare services, including those children who have been exempted from learning in schools, special pre – schools and mainstream schools because of their disability. The Commission may therefore base its decision on an evaluation of children's inability to get educated due to medical reasons, and distinguish (as in former times) "educable" children from "non-educable" ones, instead of focusing on the child's specific situation and its enabling or disabling effect.

This medical approach neither supports schools in being receptive to diversity, nor parents in ensuring the best solution for their child or the community in becoming inclusive. It may also result in a shift from segregated education to "non-accessible" education since, as we will see, it appears that most children with SEN or disabilities have very limited access to education.

### *Welfare provision*

According to Law no. 38 on the *Rights and Guarantees of Persons with Disabilities*, every child has a right to health protection (art. 21). Disabled children have therefore the right to receive medical help, rehabilitation, medicines, orthopedic materials, and wheelchairs. The government is responsible for the development of a system of medical, professional and social rehabilitation of disabled people, and state bodies have to provide "accessible and qualified free medical assistance as well rehabilitation to persons with disabilities. They have also to inform parents about children's health and nutrition issues, including the advantages of breastfeeding, hygiene and environmental sanitation."

The social protection system aims at poverty reduction and at increasing the incomes of the poorest families with under-age children to the guaranteed minimum consumption level (GMCL). These programmes include earmarked cash benefits that may be a unified monthly benefit (UMB), a lump sum benefit upon birth, or a benefit to non-working mothers with a child under 18 months of age. They include also benefits for fuel, electricity and other public utilities, housing subsidies, public transport privileges and socially protected prices.

In addition to social programmes specifically designed to compensate for disabilities, families having a disabled child are also entitled to the social

programmes developed by the MLSP within the State protection system of the Kyrgyz Republic. Indeed, the background report states that they belong to the most vulnerable groups in the country, since most students with disabilities educated in special boarding schools are reported to be from poor families who cannot afford the costs of home-based maintenance and care; and most SEN children educated at home come from poor families that cannot afford the costs home education may require. According to the background report, the number of disabled children under 18 receiving benefits from the MOLSP rose from 18 519 in 2005 to 20 800 in 2007 (1.0% of the total number of youngsters under 18), to a total amount of KRS 23.6 million.

### *Unified Monthly Benefit (UMB)*

This benefit aims to increase the income of families to a monthly income corresponding to the guaranteed minimum consumption level (GMCL), currently KRS 175). Access to UMB requires a monthly income per family member that does not exceed GMCL, and recipients must for the most part be children. The UMB is allocated for one year, and its amount corresponds to the difference between the GMCL and the level of income of the family multiplied by the number of family members entitled to receive a regular UMB.

In 2004, 9.4% (471 900) of the Kyrgyz population was granted access to this benefit, as follows:

Table 3.7. **Unified Monthly Benefit recipients in 2001 and 2004**

| | **2001** | **2004** |
|---|---|---|
| Children under the age of 16 | 460 000<br>96.9% | 455 400<br>96.5% |
| Pupils and students up to the age of 21 | 13 400<br>2.8% | 14 100<br>3.0% |
| Disabled adults | 1 000<br>0.2% | 1 500<br>0.3% |
| Non-working pensioners | 500<br>0.1% | 900<br>0.2% |
| **Total** | **474 900**<br>**100%** | **471 900**<br>**100%** |

*Source:* Report on social registration of poorest families, MOLSP, Bishkek, 2006.

As shown in Table 3.7, the number of recipients decreased by 3 000 (about 0.6%) between 2001 and 2004, although the distribution among recipients remained more or less the same.

### *Monthly social service benefits*

In addition to the UMB, the benefit system includes a monthly social service benefit for those children disabled from birth who are not entitled to a pension, for elderly people, as well as for mothers taking care of large families. The amount of this benefit is calculated on the basis of an assessment described in Table 3.8.

Table 3.8. **Assessment basis for calculating the amount of social benefits**

| | Assessment basis |
|---|---|
| Children with cerebral palsy | 300% of the GMCL |
| Disabled children | 225% of the GMCL |
| HIV children | 225% of the GMCL |
| Mothers with many children | 225% of the GMCL |
| Children who lost a breadwinner | 150% of the GMCL |
| Children who lost both parents | 225% of the GMCL |

*Source:* Report on social registration of poorest families, MoLSP, Bishkek, 2006.

The amount of the monthly allowance increased fourfold between 2001 and 2006. It varies on average between KRS 450 and 650 (USD 10 to USD 15) per month. In 2004, there were 52 000 recipients, out of whom 72.1% were children and disabled people from birth, 4.2% people being disabled by a common disease, 18.1% were children having lost a parent, 5.2% were elderly people who had no pension rights, 0.4% were mothers of many children without pension rights. As is the case with UMB, this benefit accounts for 25% of all income of recipients.

The number of recipients increased about 29% from 40 300 in 2001 to 52 000 in 2004, especially among those being disabled by a common disease (from 3.0% to 4.2%) and orphans (from 12.1% to 18.1%) whereas the share of children with disabilities decreased (from 76.2% to 72.1%). This suggests that while the increasing number of disabled children from birth may reflect an improvement of identification methods, the growing number of orphans and disabled people as a result of a common disease may reflect an *impoverishing effect* of illness or death within families.

Table 3.9. **Number of social service recipients in 2001 and 2004**

| | 2001 | 2004 |
|---|---|---|
| Children and people handicapped from birth | 30 700<br>76.2% | 37 500<br>72.1% |
| People disabled as a result of a common disease | 1 200<br>3.0% | 2 200<br>4.2% |
| Children in case of a bread winner's death | 4 900<br>12.1% | 9 400<br>18.1% |
| Elderly people having no right to a pension | 3 300<br>8.2% | 2 700<br>5.2% |
| Mothers with many children having no right to a pension | 200<br>0.5% | 200<br>0.4% |
| **Total** | **40 300**<br>**100%** | **52 000**<br>**100%** |

*Source:* Report on social registration of poorest families, MOLSP, Bishkek, 2006.

## *Privileges*

Vulnerable households may be granted benefits to mitigate the negative impact of inflation on the prices of medicines, electricity and transportation. These benefits are income-dependent, and were granted nearly three times less in 2004 (264 100 individuals) than in 2001 (733 800). At national level, families with an income below KRS 350 who are not living in Bishkek may receive discounts as well as monthly compensation of KRS 25 to pay for electricity. Families with a disabled child up to the age of 16 may claim a 25% discount for electricity, heating and hot water as well as up to 40% discount for natural gas. At local level, local budgets should enable the granting of 50% discount on medicine as well as on travel in the suburban and metropolitan areas. Deaf and blind persons may in addition have 50% discount on electricity, gas, heating, hot water, coal and travel free of charge within the city and the district. Disabled adults may have 25% discount on the price of electricity, heating and hot water. These discounts are much lower than those that may be granted to invalid adults, especially veterans.

According to the MOLSP, the corresponding laws allow for a compensation for heating, hot water and natural gas only for inhabitants of Osh, Jalalabad and a number of cities in Chui *Oblast*. Needy inhabitants of Bishkek may claim housing subsidies for the payment of public utilities that may not exceed 27% of the aggregate family income. The amount of the subsidy is related to the area of living space: 35m$^2$ for a family of one or two people plus 14m$^2$ for each additional person up to a maximum of 70m$^2$.

Table 3.10. **Vulnerable groups receiving privileges (2001-2004) in thousands of people and %**

| | 2001 | | 2004 | |
|---|---|---|---|---|
| | Numbers | % | Numbers | % |
| Veterans of the great patriotic war | 6.9 | 8.3% | 8.9 | 3.3% |
| International soldiers | 6.7 | 0.9% | 1.7 | 1.6% |
| Persons awarded for special services | 2.5 | 0.3% | 2.2 | 0.8% |
| Victims of the Chernobyl disaster | 2.3 | 0.3% | 0.6 | 0.2% |
| Families living in high mountain areas | 116.3 | 15.8% | 11.2 | 4.2% |
| Pensioners | 23.4 | 3.2% | 7.5 | 2.8% |
| Disabled people | 50.4 | 6.9% | 31.9 | 12% |
| Mothers with numerous children | 18.8 | 2.6% | 15.8 | 6% |
| Needy families | 413 | 56.3% | 155.2 | 58.8% |
| Officers and pensioners of law enforcement bodies | 23.3 | 3.2% | 8.5 | 3.2% |
| Families whose breadwinner died | 16.2 | 2.2% | 20.6 | 7.8% |
| **Total** | **733.8** | **100%** | **268.7** | **100%** |

*Source:* UNICEF (2007c), Public Expenditure Review on Social Sector in the Kyrgyz Republic.

In 2004, 15 351 persons (5 117 families) received housing subsidies from the local budget of Bishkek, amounting to a total of KRS 11 million. Most of the recipients were single pensioners with an average income below the poverty line (KRS 804), who received an average monthly subsidy of KRS 140. In addition, all children have access to free meals since 2006, especially if they are in boarding schools. The city of Osh spent KRS 20 million in 2007 for 19 000 students for meals and allocated each child KRS 5 a day.

### *Main issues: Developing a benefit system, fostering access to education and serving families' needs*

However, the existing benefit system seems to be inappropriate in serving the needs of families. It does not allow parents to meet the extra costs they may have, especially since the GMCL is calculated on state's ability to allocate budget resources or other resources to an unchanging number of recipients. Visits, reports and interviewees indicate that benefit recipients with a disabled child are still unable to bear the costs of medication or health care, or to cope with the requirements related to their child's education. Free access to medicines is available only if these are on a list defined by the MOH, and parents whose children require other types of drugs may have to pay for them, which

many cannot afford. Parents told the team that while they receive around KRS 700 in benefits a month, their expenditure for drugs may be as high as KRS 2 000 a month. In addition, the medicines provided under humanitarian aid to the most vulnerable may arrive after the expiration date.

The benefit system does not foster access to education and to efficient rehabilitation, and does not empower individuals to claim their rights. The amount of benefits is determined on the basis of the income of the individual, the severity of the disability, or its origin, but it does not take into account the cost of a "social" activity like education. Thus, the costs of educating a disabled child (such as additional resources that may be required for accessibility purposes, and many hidden costs) are therefore not included in the calculation of benefits.

Parents furthermore face difficulties in obtaining support from social workers, and do not have the power to demand help in meeting their child's right to education. For example, data show that as a child gets older, his or her chances to complete schooling decrease. This may be due to the increasing burden on families of education-related costs, *e.g.* for textbooks, clothes, footwear, and food. Visits and interviews revealed that parents often had to use their own money to obtain orthopedic supports, prostheses or any other technical resource for their child.

Poor relationship between the MOLSP and the MOES is another factor weakening the benefit system since it may inhibit the continuity and effectiveness of support. Visits and interviews revealed that parents wait one year on average between the PMPC assessment and MSCE's decision about benefits, and during this time they are without any financial support. Many parents have to leave their job to look after their disabled child. Lack of support may also force single mothers to abandon their disabled child at birth.

The existing disability policies fail to provide disabled students and their families with the support they need to be included and participate actively in society. Many children with disabilities have no access to timely, accurate medical assessment that would permit early intervention and/or rehabilitation; nor are their educational needs properly identified, so that an Individual Education Plan can be drawn up and additional resources provided. Moreover, the current benefit system does not promote education, prevent families from living in extreme poverty, or recognise disability as a key factor in poverty and social exclusion.

### *Schooling of SEN children*

By law, children with disabilities have access to a wide range of educational opportunities. According to article 36 of Law no. 38 *On the Rights and Guarantees for Persons wth Disabilities*, the education of children and

youngsters with disabilities can take place in "educational institutions of general type and in the special educational institutions if needed". According to article 39 of the same Law, those children who cannot attend general education institutions or special schools may be educated at home, if the parents so wish. At present, education of children with disabilities can take place in mainstream schools (in regular classes or special classes), in special schools, and at home.

Depending on the severity of a child's condition and his/her ability to adapt to an independent adult life, children with disabilities stay in MOLSP-financed institutions or in educational institutions run by the MOES. Children under three years of age without parental care stay in orphanages or homes under the jurisdiction of the MOH. According to the background report, the "hopeless children" from 3 to 17 years old are enrolled in special psycho-neurological boarding houses, while "promising" children may be entitled to attend mainstream schools.

Before a child can be educated at home, the MSPC has to write a letter to the director of a given school, and a teacher is supposed to be sent to visit the child at home. According to representatives of the PMPC of Bishkek, home

Table 3.11. **Number of children with limited abilities in pre-school educational institutions**

| | **2002** | **2003** | **2004** | **2005** | **2006** |
|---|---|---|---|---|---|
| Hearing disabilities | 1<br>0.06% | 43<br>2.6% | 20<br>1.2% | 186<br>11.3% | 37<br>2.2% |
| Deaf and mute | 151<br>9.9% | 150<br>9.1% | 140<br>8.2% | 111<br>6.7% | 111<br>6.6% |
| Severe speech disability | 1 022<br>66.7% | 1 151<br>70.1% | 1 224<br>71.6% | 992<br>60.1% | 1 127<br>66.9% |
| Vision difficulties | 118<br>7.7% | 94<br>5.7% | 96<br>5.6% | 103<br>6.2% | 114<br>6.8% |
| Delayed mental development | 151<br>9.9% | 114<br>6.9% | 124<br>7.3% | 167<br>10.1% | 152<br>9.0% |
| Skeleto-muscular disability | 89<br>5.8% | 88<br>5.4% | 98<br>5.7% | 92<br>5.6% | 86<br>5.1% |
| Other | | 1<br>0.06% | 7<br>0.4% | | 57<br>3.4% |
| **Total** | **1 532**<br>**100%** | **1 641**<br>**100%** | **1 709**<br>**100%** | **1 651**<br>**100%** | **1 684**<br>**100%** |

*Source:* National Statistics Committee of the Kyrgyz Republic, (2008). Education and Science in the Kyrgyz Republic, MoES, Bishkek.

education is nearly exclusively offered in Bishkek, and provided by a teacher for 1-3 hours a day, focusing on three subjects (UNICEF, 2005; UNICEF 2007d).

### *Pre-school*

Pre-school education is governed by the regulation on *Special Pre-Schools for Children with Physical and Mental Disabilities of 16 September 1997 No. 376/1,* and can take place in regular pre-schools that may include classes for children with disabilities, or in eight special pre-schools. The special pre-schools are the responsibility of the MOES, and aim to educate pre-school children with disabilities, prepare them for school learning, and remediate their developmental problems.

Between 2002 and 2006, the number of children enrolled in special pre-school educational settings rose by about 10%, from 1 532 in 2002 to 1 684 in 2006. As shown in Table 3.11, most (66.9%) of the children enrolled in 2006 had a severe speech disability whereas 6.6% were deaf and mute, 6.8% had vision problems, 9% were delayed in their mental development and 5.1% had a skeleto-muscular impairment. At the time of the OECD visits, Bishkek had eight kindergartens for children with special needs, of which six were designed for children with speech impediments, two for children with mental disabilities, and one for children with cerebral palsy and motor difficulties.

Children can attend special pre-schools until the age of eight, except those with orthopaedic problems who must leave pre-school at the age of seven. Those having no parental care stay in orphanages of the MOH, and are then moved to boarding schools (UNICEF, 2007c). However, education at preschool level is strongly constrained by national norms with precise instructions on how schools have to differentiate their practices.

### Groupings

Children enrolled in special pre-schools are divided into groups which vary depending on the type of disability (MOES, 2005). In special pre-schools for children with hearing impairments, deaf children from the age of three (and children with poor hearing who are younger than three) are divided into groups with a maximum of six children, while three-year-old children are placed in groups with a maximum of eight. The groups may be smaller, if funding allows.

In special pre-schools for children with language impairment, groups are constituted according to the age of the children as well as their level of language development. Children with severe language impairment are placed in groups of no more than 10 children when they are younger than three years

of age, and in groups of 15 children from the age of three. Those children with an under-developed phonetic side of language ("tongue tie") are enrolled in special groups from the age of five, and stuttering children are enrolled in groups from the age of two or three. Children can stay in these special schools for a period of six months to a year, and those who overcome their impairment before reaching the age of seven are reoriented to regular schools.

In special pre-schools for children with impaired eyesight, groups are formed according to the age of the children and the severity of the impairment. There are groups for blind children, children with poor eyesight, children with strabismus and amblyopia, and children with slight visual impairments. Blind children and children with poor eyesight, amblyopia and strabismus are in groups of maximum six children, while children with poor eyesight who are older than three years are in groups with a maximum of 10. Depending on their age and progress, children are assembled in a group called the youngest group (children between the age of 2 to 4), the middle group (children between the age of 3 to 5), the oldest group (children between the age of 4 to 6), and in a preparatory group (children aged 6 to 7).

In special pre-schools for children with an intellectual impairment, children in "the youngest group" are between the ages of three and five, those in "the middle group" are between the ages of four and six, those in "the oldest group" are between the ages of five and six, and those in "the preparatory group" are between the ages of six and eight. Groups of children under the age of three cannot exceed six children, while the groups of children older than three cannot exceed 10 children. Children with severe mental retardation older than three are placed in groups with no more than eight children.

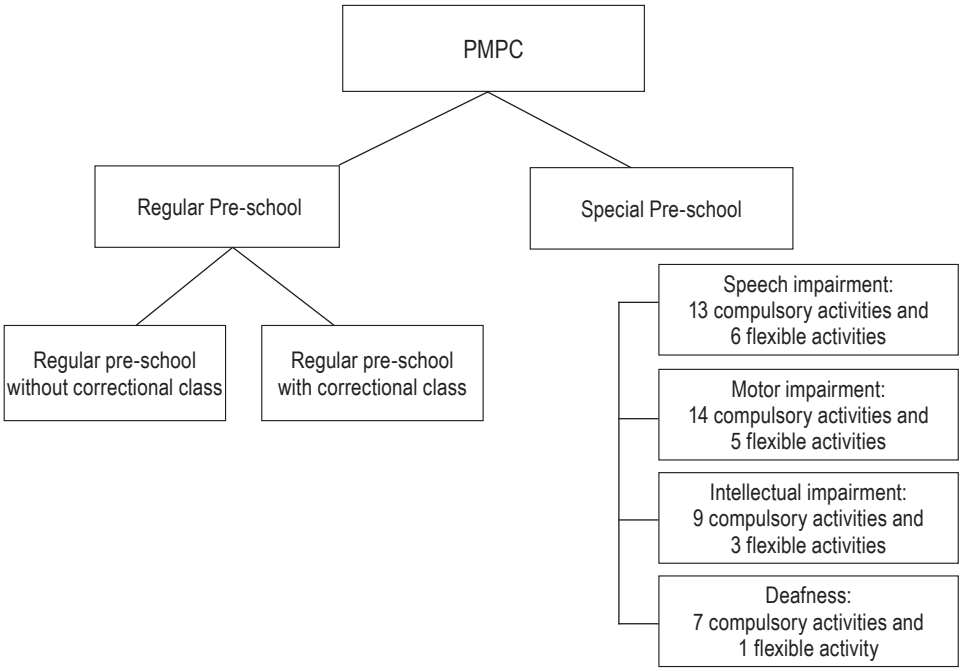
In special pre-schools for children with motor impairment, groups are formed according the age of the children and the severity of the impairment. These special pre-schools have a nursery group (children under the age of three), a youngest group (children between three and four years of age), a middle group (children between four and five years), an oldest group (children between five and six years) and a preparatory group (children between six and seven years). Pre-schools should also divide their groups into year groups depending on progress made by children. They are supposed to have a 1st-year group for children between two and four years of age, a 2nd-year group for children between three and five years who finished the 1st year, a 3rd-year group for children between four and six years who finished the 2st year, a 4th-year group for children between five and seven years who finished the 3rd year, and a 5th-year group for children between six and seven years who finished the 4th year. The groups cannot exceed six children if these are under the age of three and eight children if they are older.

## Organisation of the pre-school curriculum

The basic curriculum for specialised pre-school serves as a basis for the development of a learning plan. It contains a "core" part that is mandatory, and a flexible part that is not, and that allows teachers and specialists to take into account the educational needs of their disabled students. The duration of each session or each activity of the core (basic) curriculum is defined by the MOES depending on the group to which the children belong, as well as the type of disability for which the pre-school is designed.

The compulsory core curriculum of special pre-schools enrolling children who have a speech impairment contains 13 basic activities and six flexible (optional) activities per week. The basic activities are familiarization with the

Figure 3.5. **Options for pre-school programmes for disabled children**[1]




*Source:* MOES (2005): State Standard of Pre-School Education and Childcare of the Kyrgyz Republic, Bishkek.

1. No information was received about curricula that may be in use in other types of special pre-schools.

surrounding world, language development, reading and writing, mathematics, design, speech and language, music, sports, applied work, drawing, didactic games for sensory education, Kyrgyz language, correctional activities implemented by the teacher on the advice of a speech therapist. The optional part of the curriculum might include physical education, and more specialised speech-related lessons. Younger children have shorter lessons (10-12 minutes each) while the oldest (preparatory) group may have lessons lasting 30 minutes.

Special pre-schools enrolling children with motor impairments have a core (basic) curriculum containing 14 activities and five optional (flexible) activities per week. The basic curriculum differs slightly in its flexible part from the one for children with speech impairment. It contains 23 sessions of activities of 15 minutes each per week for children belonging to the youngest group; older children's lessons are longer, up to 30 minutes for the preparatory group.

Special pre-schools enrolling children with an intellectual impairment have a core (basic) curriculum containing nine compulsory activities and three optional activities per week. The basic curriculum contains sports, applied work, play, drawing, design, familiarization with the surrounding world, language development, special education, music. In addition, children may have curative sport, massage and sensory development. Again, younger children's lessons are shorter (15 minutes) than those for older children, up to 20-25 minutes each for the oldest group.

Special pre-schools for deaf children have a basic curriculum of seven activities and distant education as an optional activity. The basic activities are language development, development of hearing, mathematics, drawing, sports, applied work. The nursery (youngest) group has lessons lasting 10 minutes each, while the preparatory group's lessons are 25-30 minutes long.

The OECD team did not find precise data on children with disabilities under the age of seven. However, according to documentation and interviewees, their access to pre-school education is more difficult than for their non-disabled peers. Most of them stay at home, especially if the preparatory classes or pre-school groups created in special boarding schools are unaffordable for the poorest families. Such a barrier to pre-school inhibits any early identification of children's needs, especially those of children with mild intellectual or cognitive difficulties; therefore they may not benefit from early rehabilitation, support and assistance that would help these children as early as possible. It deprives therefore children with disabilities from equal opportunities in accessing primary education as compared to their non-disabled peers.

### *Special schools*

While in 1992 there were 29 special schools and special boarding schools enrolling 4 785 children, in 2005 there were 14 special schools for children with mental retardation, two schools for children with vision difficulties, two special schools for deaf and blind students, three special schools for children with hearing impairments and one special school for children with severe speech disabilities.

Table 3.12. **Number of children with SEN enrolled in special schools by school year**

| | 2002/2003 | 2004/2005 | 2006/2007 |
|---|---|---|---|
| Mentally disabled (support schools) | 1 765<br>58.3% | 1 726 | 1 781<br>57.7% |
| Blind children and those with vision difficulties | 214<br>7.1% | 279 | 252<br>8.2% |
| Deaf and dumb | 517<br>17.3% | 519 | 528<br>17.1% |
| Hearing disabilities | 221<br>7.4% | 240 | 239<br>7.7% |
| Severe speech disabilities | 276<br>9.2% | 286 | 288<br>9.3% |
| **Total** | **2 993** | **3 050** | **3 088** |

*Source:* National Statistics Committee of the Kyrgyz Republic, (2008): Education and Science in the Kyrgyz Republic.

Those two boarding schools under the jurisdiction of the MOLSP are expected to provide welfare support to all those who have a chronic disease, *e.g* elderly people and adults with mental retardation as well as children between the ages of four and 18 with mental retardation. They also aim to create a living environment similar to that of a family, and to offer stimulating therapy, socio-medical rehabilitation activities, and learning opportunities depending upon the physical abilities of those involved.

The boarding schools under the jurisdiction of the MOES provide education programmes in line with the educational plans approved by this Ministry. Within the limits set for duration and number of lessons, these schools are allowed to adapt the contents of programme materials to suit their profile. Most of them offer nine years of compulsory education, divided into primary level (grades 1-4) and basic level (grades 5-9). At primary level, learners are taught 27 hours a week from grade 1 to 4, and 34 hours at grade 5. From grade 6 to 8 they have 42 hours a week in winter and 39 hours a week in summer.

By law, boarding schools are permitted to set out their own norms and rules (for staff and administration), according to their specific circumstances and plans for development. Special boarding schools have a School Methodological Council, which is a collegial body that is ruled by the *Provision on General Education Schools of the Kyrgyz Republic*; the Council includes, among others, professionals from the health sector. This body aims to develop and improve the learning process of special-needs children, and at enhancing the professional level and creative growth of teachers and educators. The Council is also entitled to set up youth organizations and associations.

Special boarding schools are expected to co-operate with other types of educational, health and welfare provision as well as with parents (caregivers) and with the community. They are managed by a director having university degree in defectology and at least five years' experience in this field. The director is appointed by the respective State education administration body. He/she is responsible for the outcomes of the school, and appoints, in consultation with the respective education administration body, a deputy director having similar profile (university degree in defectology and at least five years' experience). Teachers are expected to have a university degree in defectology.

Special schools enrolling learners with mental retardation offer eight years of education (grades 1-8). Those enrolling deaf children offer primary education as well as basic secondary education. By law, classes or groups should have a maximum of 10-12 students. Special boarding schools for children with poor hearing and those with later-onset deafness are divided in two departments: one for children with slight speaking delays caused by hearing disorders, in which classes or groups should not exceed 12-14 students, and one for children with severe speaking delays caused by hearing impairments, in which classes or groups should not exceed 10-12 students.

Special boarding schools enrolling blind children are expected to have classes or groups not exceeding eight to 10 students and to be different from boarding schools for children with poor eyesight, which comprise 12-14 students in each class or group. At the time of the OECD visit, the Bishkek special school enrolled 117 blind learners, as well as 37 learners with speech problems who were schooled in six primary classes, 16 secondary classes and six 12th-grade schools.[11] The school employed 28 teachers, two speech therapists, a psychologist, an ophthalmologist, as well as a masseur offering massage courses as part of the curriculum to improve access of learners to employment. This school is, amongst others, supported by the government

11. It should be noted that the Bishkek special school enrolls nearly half of all blind learners enrolled in special schools.

of Japan which has funded printing books in Braille as well as computer software. In school year 2006-2007, 12 students passed the final exam and two failed.

Special boarding schools for children with poliomyelitis and cerebral palsy should not exceed class or group sizes of eight to 10 students. By contrast, children with severe speaking disorders are divided in a department for children with general speaking delays (classes or groups of no more than 14-16 students) and a department for children with severe stammering and other forms of speech pathology (classes or groups of no more than 12-14 students). Classes suitable for each child's speech development level and differentiated learning methods are to be set up if there are enough students with similar speech disorders. The OECD team visited a private rehabilitation center that offered three pre-school courses and grades 1-9 education as well as a special workshop for 62 disabled children above the age of 16. One-third of these learners had a very severe disability but followed the same curriculum as children from regular schools; they had access to additional support if required. Teachers were leading classes of 10-12 children and developed an Individual Education Plan (IEP) for each child at the beginning of the school year. They worked in collaboration with a psychiatrist (once a month), a neurologist (once a month), and an unskilled nurse who is trained by a part-time colleague. The school develops in-service training courses for the teachers, thanks to funding provided by international donors.

Special boarding school for children with "intellectual underdevelopment" aims at "correcting" children at primary level and may distinguish provision for children who did not go to regular school before (grades 1, 2, 3, supplementary 3, 4) and provision for children who did. The latter provision is designed for children with "intellectual underdevelopment", who may have severe deficiencies or chronic somatic diseases. No more than 14-15 students should be in each class or group. By contrast, boarding schools for children with mental retardation provide education from grade 1 to grade 8, and should not have more than 16-20 students in each class or group. Whereas for other types of schools education is compulsory for nine years, only eight years are compulsory for these learners. If learners and parents wish, learners are entitled to a ninth year of education. Graduating students with intellectual underdevelopment may continue their education in special groups in technical training colleges, or begin to work. According to the background report, in 2006/2007 the boarding school for children with mental retardation enrolled 1781 children. It offered a simplified curriculum prescribed by the MoES which can be covered over a longer period of time, as well as vocational training courses including sewing, carpentry, cooking and baking.

According to the background report, special boarding schools for children with serious speech pathology had, in school year 2007-2008, individual

speech therapy (60 hours of 407). In school year 2005-2006, auxiliary classes of comprehensive boarding schools for deaf children provided individual work, for example on development of hearing and articulation, sign language in Kyrgyz and Russian, for a total of 145 out of 409 hours. In the same school year, the comprehensive boarding school for deaf children provided 181 hours (out of 498) of courses on individualised work. In 2007-2008, the comprehensive special school for mentally retarded children offered 95 hours of individualised work.

The OECD team visited a boarding school for children with severe speech problems, run by the MOES. This school uses updated assessment tools, and at the time of the visit enrolled 280 children aged six to 16 from all over the country. Every class had a timetable with information on the learners' speech profile, and on the teaching staff. Speech therapists shared a special notebook. The school had 12 primary-level classes with 16 to 18 children, and seven secondary classes with 12-14 children per class. After the age of 16 most students go to regular schools. In school year 2006-2007, 14 learners graduated from this school, three of whom went on to regular schools, eight to professional lyceums, and three entered the labour market.

## Main issues: improving the ability of special schools to meet students' needs

However, many students may face difficulties in gaining access to special schools. The team was told that on average these schools have waiting lists of up to one year, and very often they are located far from rural areas. Parents often are reluctant to be separated from their child, especially if the impairment is not too severe, even if this means that the child receives no education.

Special schools also face difficulties in providing adequate education to the learners they already have. Since most of the funding they receive is spent on staff and administration, schools are dependent on parental fees, financial support from donors, or occasionally some extra government money to maintain infrastructure, develop adequate teaching materials, or hire additional teaching staff. Shortage of trained teachers, lack of updated technical and didactic tools and translated learning materials, lack of therapeutic or medical support all affect learning conditions in special schools.

Moreover, as shown by the above description, their possibilities to differentiate teaching methods are strongly constrained by norms and rules defined at national level. These relate differentiation to grouping procedures of children having similar needs instead of adapting teaching methods to students' needs. Some interviewees said for example that lengthy and complicated administrative procedures make it difficult for teachers to design their curriculum in line with the children's needs and/or profiles. Others

said that, while 1st-grade Russian books are translated into Kyrgyz, the textbooks for other grades are in Russian although most pupils neither read nor speak Russian. The team was also told that special schools find it hard to attract trained teachers as well as trained support staff, and may have to hire untrained or inappropriately trained staff.

Poor access to special schools may also mean that children with motor impairments like cerebral palsy or poliomyelitis are likely to be educated at home. Most interviewees thought that home-taught children are not well registered, and schools may not know of their existence and thus be unable to provide any form of support. In addition, teachers are not sufficiently trained to provide home teaching, and not adequately paid; they may also be reluctant to travel to remote areas to teach those children, after they have finished their regular classes in school (UNICEF, 2007d).[12] Furthermore, the team was told that parents of disabled children – especially the poorest – can barely afford the monthly informal "voluntary" contribution for home teaching (amounting to KRS 500 in 2003). The background report gave the example of a child who received 18 lessons a year, instead of the 108 lessons required by law. It is estimated that 90 to 100 disabled children (especially those with behavioural problems) were educated at home at the time of the OECD visit.

While some special schools try to prepare disabled learners for employment, many are unable to find jobs after they leave school. Interviewees said that negative attitudes toward disability, as well as lack of accessible public transport, are major factors. Also, because there is very little communication between the education system and the employment sector, special schools find it difficult to offer technical courses that are adequate to the requirements of the labour market and prepare learners for employment.

### *Mainstream schools*

Implementation of the rights stated by law, as well as access to inclusive education, is weak. Public funding of special needs education is low; for example, the MOES invested only KRS 15 000 to pay teachers and staff working four days a week in correctional classes that enroll six out-of-school children. Interviewees suggested that there are no incentives for *oblast* and *rayon* authorities or for mainstream schools to be receptive to students with disabilities.

However, according to available data, the number of disabled children enrolled in regular schools rose from 60 in 1990 to 2 900 in 2007; these children were enrolled in 600 out of 2 250 schools (*i.e.* 27% of daytime general

12. The law does allow for compensation of teachers providing instruction at home. But teachers are poorly paid, and the small supplement they may be given is not motivating teachers to make home visits.

schools and secondary vocational institutions). In addition, it is estimated that about 100 students with disabilities are enrolled in higher education.

### Box 3.2. **Access – Case 1**

X is seven years old and has cerebral palsy. He/she was enrolled in a correctional class, called "a class of alignment" in school No. Y. But this class was disbanded at the beginning of the third term, and he/she had to remain at home for the rest of the year.

Inclusive education is mainly supported by national and international donors (Save the Children UK, OSI's "Step by Step" programme, UNICEF, Every Child, UNESCO). They aim to foster children's right to education by promoting mainstream education settings for all, instead of segregated education. This is done mainly through pilot projects providing training in new methodologies and classroom management approaches (PEAKS, UNICEF). The "Step by Step" programme launched in 1997 favoured inclusive education at pre-school as well as at compulsory level, by developing – in collaboration with the Arabaeva University – training courses on inclusive education for 110 primary and secondary teachers. Within the PEAKS project (developed by Save the Children UK), 1 000 teachers from mainstream schools took part in a three-module training course covering the main principles of inclusive education, explaining how to respond to the needs of students with disabilities, and how to include out-of-school children, especially those coming from poor households, street children, or children obliged to work. International donors also supported special courses on inclusive education for students enrolled in education courses offered by Arabaeva University in Bishkek. This university plans to introduce inclusive education issues in all parts of teacher training. In addition, the Asian Development Bank developed (in collaboration with Arabaeva University) a manual for trainers who help teachers to individualise their teaching methods, assess learners' skills and abilities, and adapt their teaching strategies accordingly. The national standards for education created at governmental level also aim to foster inclusive education.

Inclusive education is also part of pilot projects that give disabled students access to VET schools, or allow severely disabled children to share the same education as non-disabled children in integrated kindergartens. The OECD team visited an inclusive education school which, in school year 2007/2008, enrolled 65 children between six and 17 years of age who were given additional support in relation to their specific learning difficulty. All teachers

of this school followed an inclusive education training course (and three of them are now training colleagues in other rayons). Practical problems were addressed in discussion groups involving teachers, parents and children, taking place at rayon level. Teachers are invited to work closely with parents, and children work in groups and are involved in a school parliament. Children with disabilities have an individual education plan (IEP) to meet their needs; for example, hearing-impaired students sit in the first row during lessons, students with motor impairments attend lessons on the ground floor, and students with learning difficulties are given easier tasks. In addition, they may be offered psychological help as well as extra lessons if necessary. Each class has a maximum of five children with disabilities, and students who may sometimes have problems in coping with the regular school programme (*e.g.* those with heart disease) may go to a quiet room for a rest. According to interviewees, admitting children with disabilities has made the school more aware of equity issues, and motivated teachers staff to work out new methods as well as develop a better understanding of the individual needs of each child.

Inclusive education may also be supported by special schools acting as resource centers for schools or teachers. Thanks to funding provided by international donors, these special schools may for example offer training courses informing teachers about specific disabilities (blindness, deafness) and empowering them to use appropriate teaching methods and strategies.

### Box 3.3. **Access – Case 2**

The teacher asks that a disabled child comes to take an exam. This child is in a wheelchair. However, the stairs are too narrow for two persons at the same time; an assistant carries the child to the first floor, then returns to take the wheelchair, and the child can take the exam.

## Main issues: improving the quality of the school system to open up to the diversity of students' needs

In spite of initiatives taken and progress made, inclusive education still faces numerous challenges. Some of these are specifically related to disability issues. Professionals of PMPCs as well as teachers lack accurate assessment procedures and tools allowing them to identify children who may have a non-obvious learning difficulty (for example a mild intellectual disability or dyslexia) and who may, therefore, require some additional support to be successful at school. They are unable to identify the particular causes of difficulties students may have; or to distinguish problems that are due to the education system itself, to the way the school is organised, or to classroom

teaching practices from those that are inherent in the characteristics and needs of the students. Implementing differentiated planning and programming becomes a complex, bureaucratic matter; introducing differentiated pedagogy into teacher training becomes difficult; individualised teaching and differentiated pace of learning in the classroom become problematic.

Most schools, therefore, remain physically and pedagogically inaccessible to students with disabilities. Lack of public transport or inappropriate transport services hinder travelling from and to the school, especially in rural areas, and many disabled children are therefore kept at home. Inadequate toilet facilities, lack of ramps for wheelchair users, lack of handrails supporting children in walking up the stairs or along the corridor, and other difficulties prevent children with motor impairment from having meaningful access to inclusive schooling. Lack of technical and pedagogical devices for enhancing pedagogy deprives disabled students of the opportunities for success that non-disabled children have, and makes "going to school" a constant struggle, not only for students but for their parents and the school itself. As a consequence, special-needs children may be discouraged from attending regular schools, schools may be reluctant to enroll special-needs children, and parents may consider that special schools are the best place for their disabled child. The team observed that, in some remote areas, non-disabled kin of disabled children may be enrolled in special schools in order for them to have access to education.

But beyond the aspects related to disability, barriers to inclusive education are rooted in weaknesses of the education system itself. As suggested earlier in this report, inclusive education depends very much on an education system being inclusive for *all* learners, regardless of their academic or physical ability, social background, gender or race, and allowing each learner to be successful at school and to be included in society. Thus, the implementation of inclusive education is closely linked with the ability of the educational *system* to reduce inequalities, and to foster equity by taking the unique needs and abilities of *every* learner into account. Equity in education for students with disabilities can only be reasonably expected and achieved if all learners have equal opportunities in education. Equity in employment can only work if all learners have the best opportunities to develop their skills and abilities for the labour market. Inclusion in society can only be expected if participation in employment and education is possible for all individuals, as guaranteed by law and human rights legislation.

Poverty is certainly a barrier to an inclusive education system since families having a disabled child are among the poorest in the country, and for them it is nearly impossible to find the money to buy or rent textbooks and other materials. This is particularly true in rural areas where households

are poorer, and some families lack the skills enabling them to support and stimulate their children appropriately.

Inequity in access, especially in rural areas, is another key barrier to an inclusive education system. The low level of coverage at pre-school level deprives very young children, especially among the poorest, of opportunities to enhance their cognitive development as well as their future educational performance. Only 72.6% of the children at the primary entrance *age* of seven actually attended primary school in 2006, and a high proportion of children – mostly coming from poor and less-educated families living in rural areas – therefore do not enter primary education, and thus are at risk of exclusion and poverty in later life (NSC, 2007; UNICEF, 2007b). Of the 1 542 school age children (seven to 17) who had never attended education in school year 2007-2008, 19.3% worked, 16.3% supported their families, 11.7% came from families refusing to send their children to school, and 10.3% from families who could not afford to pay the costs of education (NSC, 2008). In addition, the net primary enrolment rate declined from 91% in 1991 to 87% in 2005, whereas the country had an 80% secondary enrollment rate in 2005 (United Nations, 2008).

Inequity in learning outcomes is also a key barrier to an inclusive education system. While in 2005 the national primary completion rate reached 98% and the secondary completion rate reached 86%, the education system still does not seem to provide learners with appropriate skills. Nearly 17.1% of 11-year-olds are still in primary education when they should have progressed to secondary. According to PISA 2006, 15-year-old students in the Kyrgyz Republic had a proficiency level in science that is significantly lower than the OECD median scale. According to the MOES, the percentage of students passing their literacy test decreased from 59.1% in 2001 to 44.2% in 2005, while the percentage of students passing their numeracy test fell from 81.4% to 58.8% in the same period (MOES 2006). By contrast, the percentage of students passing their life skills test rose from 75% in 2001 to 77.9% in 2005.

Clearly, even when disabled students have access to any type of education, they do not receive education of acceptable quality. According to UNICEF, only 44.8% of parents of disabled children had their disabled child in school, and in Chui *Oblast* it was only 26.1%. In many cases, schools had no more than between one and five disabled students, and most of these attend only occasionally or they spend a lot of time in the hospital and miss several months of school. These children find it increasingly difficult to keep up with the rest of the class, and when it becomes too hard for them, they often drop out, especially after grade 4.

## Recommendations

The OECD team considers that developing an inclusive education system is essential for the Kyrgyz economy and society. Developing policies based on the needs of students with disabilities will encourage the school system to focus on the success of *all* students, and to develop assessment tools allowing for efficient and appropriate accommodation and differentiated teaching strategies. It will open up the education system to diversity, and foster its ability to be equitable and to cope with new challenges the Kyrgyz Republic is facing.

The OECD team considers therefore that the following recommendations could lead education policies to be more effective and equitable. These recommendations are based on issues that have been identified in previous OECD research (OECD, 1999) to be central to achieving high quality inclusive education for all children, including those with disabilities and other special educational needs. While some of them may be implemented in the short term, others may need medium- to long-term consideration.

### *Policy and rights issues*

- The Kyrgyz government should define a national strategy on disability, allowing for implementing the rights of disabled children, including those with severe disabilities. Compliance should be monitored by a follow-up group including State representatives as well as stakeholders (parents, NGOs) involved in the implementation of the national disability strategy. This group could report regularly on progress made to the appropriate authorities.
- The legal framework should commit all schools to developing quality assurance policies looking at issues of effectiveness, equity and management. These quality assurance policies should be in accordance with national education and pedagogical standards, include physical, pedagogical and social accessibility issues, and be correlated to funding.
- Health, education and welfare policies should be co-ordinated at both the national and local levels. At local level, this could be achieved through established cross-sectoral departments of support for families and children. This would allow welfare services to be an incentive for education and employment, and support schools in including transition and employment issues.
- For this purpose, disability could be a cross-ministerial issue, overseen by the cabinet of the President.
- Evidence-based policies should be developed by fostering research, and by developing precise and consistent data gathering systems and evaluation

mechanisms. This should allow for analyzing the school system's ability to improve each learner's skills, and to meet efficiency as well as equity requirements. The data gathering system and the policy evaluation framework should be guided by education standards, and include specific issues that affect SEN students and persons with disabilities.

- The norms and legislation, including financial and tax legislation, regulating NGOs should foster the engagement of the community in supporting children with disabilities in their education as well in their inclusion in society.
- Policies should effectively replace the "defectology" model inherited from the Soviet era by an environmental model looking at the enabling or disabling effect of policies and practices. This would introduce a shift allowing persons with disabilities to have access to appropriate support and empower them to participate actively in society in keeping with the spirit of the UN Convention on the Rights of Persons with Disabilities.

### *Funding*

- Strengthen financial incentives and support at all levels, leading stakeholders to focus on inclusion *for all* in their strategies, and empowering them to deliver high-quality provision.
- Funding mechanisms should make service providers accountable for quality of services. Per capita financing as well as outcomes-based funding could address this issue.
- Modes of funding, including those introduced by the government, donors or parents should give schools more autonomy and be linked with performance management. All schools should be held accountable for their access policies and strategies, and required to provide an annual report to the appropriate department in its district. This report should include data and stakeholder comments on physical as well as pedagogical and social accessibility.
- Funding mechanisms should encourage access to education and employment by making the benefit systems to be an incentive for parents to get their child educated, and for persons with disabilities to seek ways to participate actively in society. Parents should have access to the necessary means for purchasing the support and services of their choice.
- Funding mechanisms should empower parents to raise their children appropriately, and ensure that disabled students are educated in suitable education settings.

- Modes of funding should build upon the experience and results of pilot projects and foster initiatives promoting a sustainable inclusive education system.

### *Capacity building issues*

- Invest in attracting young professionals to medical, paramedical and teaching professions, and in increasing the numbers of skilled professionals and improving their skills. Better funding should also help prevent skilled personnel from leaving the country, or to leave the profession for more lucrative employment elsewhere.
- Invest in applying principles of good design in order to improve school buildings and other facilities and keep them in a good state of repair; also invest in updated pay scales for teachers and other professionals, and in efficient pre- and in-service training.
- Support special schools more effectively in acting as resource centers for mainstream schools and families. This would require improved facilities, as well as enabling teachers in special schools to provide high-quality teaching and social workers to provide appropriate services and guidance to students with disabilities and their parents.
- Set up training schemes that enable local policy makers and stakeholders to manage governance issues, to implement evidence-based policies as well as inter-sectoral policies based on co-operation between social services, education, health and employment should be developed.
- Renew training schemes delivered for teachers, paramedical personnel and social workers to include specific SEN-related issues at all levels and in all aspects of training. They should focus on problem solving, and be based on methods aiming at the development of each learner's strengths and competences rather than shortcomings. Teachers should be given the skills for curriculum differentiation and implementing outcomes-based learning in all settings while teaching the agreed educational programmes.
- Include parents in training schemes. In-service and pre-service training should bring together parents with professionals from educational, social and health departments. This would allow for sharing a professional culture and improving co-operation.
- Training schemes delivered by state institutions and NGOs to special school teachers and defectologists should prepare them to act as resource persons for mainstream schools stakeholders and families. They should especially reformulate the understanding of their work in a less medical framework.

### *Provision*

- Investment is needed to increase the number of medical, educational and social facilities, especially in remote areas.
- Financial means should be increased to develop pre-school education for all children, and to foster early intervention.
- Educational resources should be developed for students with disabilities, in order to reduce the numbers of out-of-school children, including children with severe disabilities. This could be achieved by developing, where possible, distance learning, and by improving the quality of home schooling.
- A single assessment system should be developed, involving stakeholders of PMPCs as well as from the MCEs, and focusing on individuals' needs and participation opportunities. This would facilitate the co-ordination of education, health and welfare policies.
- Connection/transition services should be created to empower schools, employment and health stakeholders to foster continuous and coherent pathways between different sectors as well as between different education levels. These connection/transition services could also contribute to co-ordinating the various aspects of home education, and could be located at municipal level.

### *School level*

- Require schools to assess regularly learners' skills and knowledge in order to identify those learners with educational needs, and train teachers/staff to do this. This could for example be done at the beginning of primary education as well as at the beginning of secondary education.
- Support general education and vocational schools in developing partnerships with special schools and/or support services, and thereby help them to develop a holistic approach that takes into account all needs of learners across sectors.
- Support schools in developing outcome-based curricula, promoting more adaptable curricula, organization and support.
- Support schools in implementing tools for evaluating students' needs and for individualizing educational approaches, diversifying educational options and identifying appropriate support and assistance.
- Support schools in being anchored in their environment in order to improve students' transition to employment as well as to their home communities.

- Foster services provided by NGOs and/or stakeholders from the private sector to schools as well as to teaching staff. This could have an important empowering effect at school level as well as classroom level.

### *Classroom level*

- Provide financial, technical and organizational support to schools in including, if required, a part-time or a full-time classroom assistant.
- Teachers should have the means and the skills to differentiate the curriculum to suit learners' needs, and develop appropriate teaching materials.
- Parents and community should be involved in the process to support school staff and disabled students, both in the classroom and at home.

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# *Chapter 4*

# Tajikistan

# 4.1
# Introduction and Overview

## Methodology

This report is based on a country report on the Republic of Tajikistan prepared by the Public Foundation *Panorama* (Dushanbe), a number of reports created by international and local consultants, and on visits and interviews with a wide variety of stakeholders in January 2008. The authors would like to thank all of the representatives of the Ministries, teachers, professionals, non-government organisations (NGOs) and students who provided invaluable information for the preparation of this paper.

After an introduction with background information, the report will provide an account of the education system, followed by an overview of the education system for children with disabilities and special education needs. The latter section will also include information about the legal framework and issues that disabled people face in Tajikistan, provide an analysis in terms of factors relevant to the creation of an equitable and inclusive educational system, and offer recommendations.

## Country background

Tajikistan (Jumhurii Tojikiston), a landlocked country with a territory of 143 100 square kilometres, is situated in the south-eastern part of Central Asia and borders Kyrgyzstan to the north, Afghanistan to the south, Uzbekistan to the west and China to the east. Tajikistan is separated from Pakistan by a narrow corridor in the Badakhstan province of Afghanistan (the Wakhan Corridor).

Ninety-three percent of Tajikistan's territory is mountainous, with altitudes ranging from 300 to 7 495 meters. The inhabited areas are for the most part in valley regions near water sources, which account for about one-third

of the country. The climate is continental, with temperatures ranging from -20 degrees Celsius in January to over 30 degrees Celsius in June.

Modern Tajik historiography traces the beginnings of the Tajik nation back to the Samanid Empire (819-999 AD). Since then the territory of Tajikistan has been under various rules, for the longest period of the Persian Empire. In 1929, after the October Revolution of 1917 in Russia, Tajikistan became a constituent republic of the Soviet Union.

Tajikistan declared independence in 1991 and almost immediately slipped into a civil war. A cease-fire was reached only in 1997, followed by the first peaceful elections in 1999.

## Demography

In 2006 Tajikistan had just over 7 million (7 076 600) inhabitants (State Statistical Committee, SSC, 2008), with an estimated median age of 21.6 years. According to the same source (SSC, 2008), the country is currently experiencing rapid population growth (2.1% per year in 2006). The vast majority of people (73.7%) live in rural areas.

Tajikistan has a minority of ethnic Uzbeks (15.3%), as well as a Kyrgyz (1.1%) and (diminishing) Russian (1.1%) minority. An estimated 90% of the population is Muslim (SSC, 2008). Tajiki (a variety of Persian) is the official State language, with Russian being used for inter-ethnic communication.

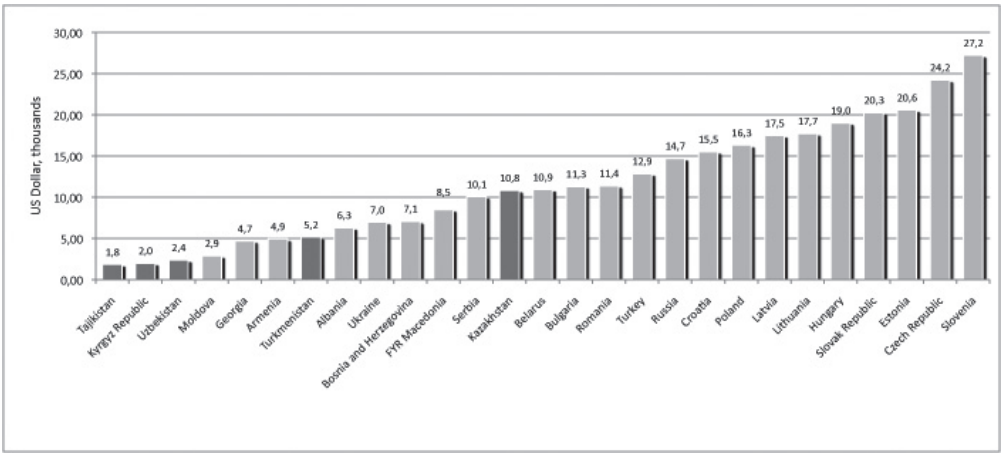
Official statistics estimate the literacy rate in Tajikistan at 99.5%, and according to UNESCO 99.85% of youth aged 15-24 are able to read and write (UNESCO, Ed Stats, 2008) These figures though seem to conflict with the high drop-out rate from general primary education, which is estimated at more than 7% (UNICEF, 2006a).

According to the Ministry of Labour and Social Protection (MOLSP), in 2004 there were 125 866 registered persons with disabilities of whom 17 693 were under the age of 16.

## Economy

In 2007 Tajikistan had the lowest GDP per capita (PPP) among the former Soviet republics, and with 19.85% (end of period consumer prices) the second highest level of inflation after Kyrgyzstan (IMF 2008).

Figure 4.1. **GDP based on PPP per capita in selected countries, 2007**




Source: IMF, World Economic Outlook Database, 2008.

Irrespective of its poor economic performance, Tajikistan has a variety of natural resources and the biggest hydrological resources in Central Asia. It ranks third in the world in terms of water resources per head (World Factbook, 2008); these deliver up to 95% of the total electricity produced in the country. Yet industry in Tajikistan in general suffers from poor infrastructure and high debts. The major source of foreign revenue, apart from remittances from migrant workers which in 2007 accounted for more than 36% of GDP (World Bank, 2007), is the production and export of aluminium and cotton. Yet, these production branches are directly exposed to the volatility of the world markets and are highly vulnerable.

### *Poverty*

The level of foreign direct investment in Tajikistan grew rapidly in recent years and reached 400 million USD in 2007 (UN World Investment Report, 2008). Poverty, defined by a low level of income and consumption, is nevertheless widespread. In 1999, more than 95% of the population was not able to afford the minimum consumption basket, with more than 20% being "extremely poor" and living on less than USD 1 PPP a day (Falkingham, 2000).

The Tajikistan Living Standards Survey (TLSS) conducted in 2003 indicates that since then poverty levels have been substantially reduced, down to 64% of the population. Still, with a GDP per capita of USD 1 842.65 Tajikistan remains the poorest country of all Central Asian republics as well as in the CIS-7 region. Economic growth reached 10.6% in 2004, but dropped to 8% in 2005, 7% in 2006, and 7.8% in 2007 (World Factbook, 2008).

The most impoverished families live in rural areas, in village communities that in Soviet times used to be organised as collective farms. The latest available regional breakdown of the poorest dates back to 2003[1] and shows that 40% of these reside in Khatlon region, 32% in Sughd region, 17% in the Regions of Republican Subordination, 4% in Gorno-Badakhstan, and 7% in Dushanbe.

Table 4.1. **Summarised data on poverty in 2003 (considering regional price levels)**

| Region | Population (in thousands) | General poverty level in 2003 in % | Percentage of the total number of poor |
|---|---|---|---|
| Gorno-Badakhstan | 197 | 84 | 4 |
| Sughd region | 2 123 | 64 | 32 |
| Khatlon region | 2 169 | 78 | 40 |
| Dushanbe | 630 | 49 | 7 |
| RRS | 1 553 | 45 | 17 |
| Total | 6 672 | 64 | 100 |

*Source:* State Statistical Committee, Dushanbe, 2008.

### *Employment*

The average monthly salary in Tajikistan in August 2008 was 228.11 somoni (TJS) or USD 67.05, an increase of over 62% from the average monthly wage in 2007. In the last 10 months of 2008, however, the inflation rate in Tajikistan amounted to 13.1%[2], with an increase of 15% in the prices of food, 5% for non-food products and over 21% for services by 21.2% (SSC 2008).

The minimum average cost of keeping a family of four is TJS 361.44 or USD 106.24 per month. Inevitably many households slide into debt, whereas the poorest of them spend 80% of their revenues on food. The most vulnerable people in Tajikistan are children, old people, and the disabled. Families who have children with disabilities are placed under greater strain because the care of the child often means the loss of a wage earner (Spencer, 2003).

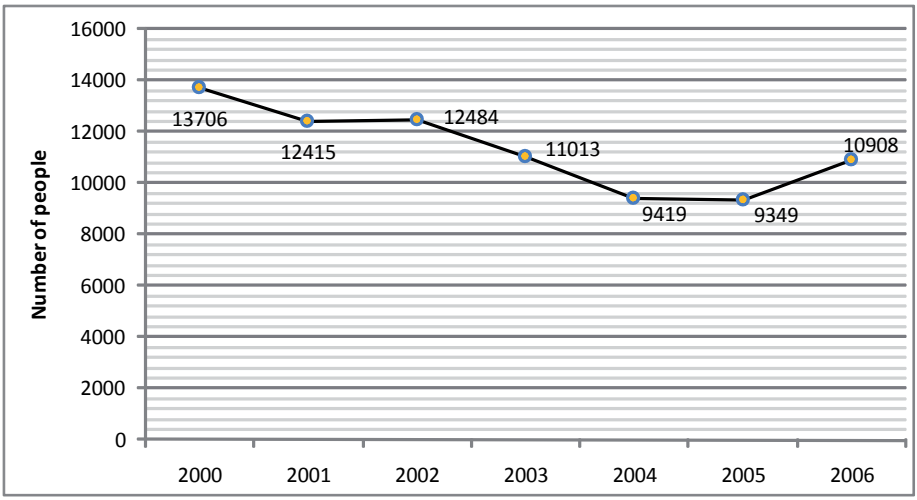
According to national statistics, in 2006 the average rate of registered unemployment was 2.2% (48 000 people), and increased to 2.4% in 2007. The annual unemployment rate as a percentage of the total labour force did

1. In 2007 the World Bank and the State Statistical Committee carried out a survey on poverty, but the results were not available at the time of completion of this review.
2. "Inflation Rate in Tajikistan Exceeds 13%", Central Asian News Service, retrieved on 18 November 2008.

not change much in recent years and was 32.9% in 2006. Unemployment is mostly concentrated in the Gorno-Badakhstan autonomous region, in the Sughd region and in the Regions of Republican Subordination.

According to official data (SSC, 2008), net out-migration remains significant. After a downward trend in the period 2000-2005, in 2006 there were 30 554 people who left to work abroad, compared to 19 646 who immigrated into Tajikistan.

Figure 4.2. **Net out-migration in Tajikistan, 2000-2006**




*Source:* OECD team calculations based on data from the State Statistical Committee, 2008, Tajikistan, 2008.

The extent of migration flow is presumably much larger. The majority of young men leave the country for jobs in Russia.

There are no comprehensive statistics on the unemployment rate of disability populations (SSC, 2008). Given the level of unemployment in the country and the lack of social programmes for promoting the employment of disabled persons, it can be assumed that employment rates of people with disabilities are very low.

## Governance

### *Republican level*

Tajikistan is a presidential republic with a multi-party system and three branches of government, the executive branch being the dominant one. Suffrage is universal from the age of 18.

The President of Tajikistan is both Head of Government (Council of Ministers) and Chairman of the Supreme Assembly *(Majlisi Oli)* and is directly elected. The President is, *inter alia,* responsible for the co-ordinated functioning and co-operation of all governmental bodies.

Subject to Parliamentary approval, the President appoints the Prime Minister and the Council of Ministers. The government submits (for the *Majlisi Oli'*s review) socio-economic programmes, issues regarding the extension and receipt of governmental credit, provision of economic assistance to other states, draft State budgets, potential budget deficits, and sources to cover these deficits.

The Supreme Assembly (*Majlisi Oli*) is the highest representative and legislative body of the Republic of Tajikistan. It consists of two *majlises* (chambers): the 63-seat *Majlisi namoyandagon* (Assembly of Representatives), which has sessions throughout the year, and the 33-seat *Majlisi milli* (National Assembly), which meets at least twice per year. The mandate of both chambers is five years.

The Constitution of Tajikistan also provides for an independent judiciary, with a Supreme Court, a Supreme Economic Court and a Constitutional Court. The judges of these courts are appointed by the President for a term of 10 years, subject to the approval of the Supreme Assembly. Tajikistan also has a Military Court.

### *Local power*

Tajikistan has four administrative divisions: the three *oblasts* (provinces, or *viloyatho*) of Sughd (in the North), Khatlon (in the South) and Gorno-Badakhstan (GBAO/Pamir) (in the East), and the Regions of Republican Subordination (in Russian transliteration RRP – *Raiony Respublikansogo Podchineniya*, formerly known as Karotegin Province, which is in the middle of the country). Dushanbe is both capital of Tajikistan and provincial capital of the RRP, but has a separate administration.

Each region is divided into districts (*rayony*), which in turn are subdivided into *jamoats* (self-governing units on the village-level). As of 2006, there were

58 districts and 367 *jamoats* in Tajikistan (as of January 2007; SSC, 2008). The districts are subordinate to the central government.

The local power consists of representative and legislative organs which, according to the Constitution, guarantee the execution of the laws, of the joint acts of the *Majlisi milli* and *Majlisi namoyandagon*, the decrees of the *Majlisi namoyandagon*, and acts of the President and the Government of Tajikistan.

The representative organs on local level (provinces, towns and districts) are the assemblies (*Majlises*) of deputies, who are elected locally for a term of five years. Among their duties are the local budget and its implementation, planning for local social and economic development, local taxes and payments.

The executive organ on local level is the head of local administration, appointed by the President with the approval of the local assemblies.

# 4.2
# Education System

## General legislative framework

The right to education is enshrined in the Constitution of Tajikistan in Chapter 41 on the rights, freedoms and main duties of the person and the citizen. The State guarantees free of charge provision of primary, vocational, secondary and higher education in State education institutions. Primary education is compulsory.

Some of the main elements of the national legislative framework are the Law *On Education* (2004 version), the "Standard Provisions on Educational Establishment of Higher Vocational Education" (1996), the Law *On Primary Vocational Education* (2003), the "State Educational Standard of Secondary and Higher Vocational Education" (2002), the Law *On Higher and Postgraduate Professional Education* (2003) and the draft "National Education Concept of the Republic of Tajikistan" (2002).

The Law *On Education* (adopted in 1993 and last revised in 2004) is the centre-piece of the legislation, and declares education a national priority on all levels of State governance. The Law regulates the structure of the education system and institutions, sets rules for opening, closing and running of schools, including provision of education for students with special educational needs (Chapter 2), and regulates the management of the education system, *inter alia* the distribution of responsibilities on institutional and administrative division levels (Chapter 3), the rights and duties of students, parents and teachers (Chapter 4), as well as the financing and financial management of education (Chapter 5). In view of the substantial role of international donors in the area of education in Tajikistan, Chapter 6 contains provisions on international relations in the education system.

The Law also contains articles on education for children with special needs, which will be dealt with in the second part of this report.

Several other laws, additional rules and regulations also relate to education for children with disabilities, and concern all levels of government: the *Poverty Reduction Strategy of the Republic of Tajikistan for 2007-2009* which envisages the development and implementation of measures for inclusive education, the Law *On Social Protection of Disabled Persons in the Republic of Tajikistan*, the "Standard Regulation for Educational Institutions of Boarding School Type in the Republic of Tajikistan" on admission, regulation, tasks, organisational arrangements, administration, financing and health services in these schools, as well as the "Explanation to the Curricula for Special Boarding Schools of General Education for Children with Physical and Mental Disabilities", all of which will be looked at more closely at a later stage in this report.

## Overall distribution of responsibilities in mainstream education

The steering of the education system in Tajikistan involves all levels of government. This leads to a complicated and not always clear distribution of responsibilities between the Republican (Government, Ministry of Education, other Ministries with educational institutions in their portfolio), and the local level (bodies of local administration [local government], institutions of self-government, local education bodies).

### *Republican level*

#### *Government*

The Government has both responsibility for the strategic planning of education development and its implementation, and executive-administrative powers. Some of these are exercised in following proposals from the Ministry of Education, *i.e.* the approval of State educational standards, the founding or closure of education institutions, and the appointment and release from duty of university rectors. Other responsibilities are the sole prerogative of the Government, such as setting a common system of statistical data gathering in education, outlining procedures for accreditation, defining the principal types of public and private education institutions as well as the norms and procedures for budgetary financing and accounting.

#### *Ministry of education*

The main competence of the Ministry of Education (MOE) is the setting, implementation and monitoring of State policies and standards in education. Based on the input from the Government, it is *inter alia* responsible for the development of the curricula at all levels of the general and professional

education cycle, and conducts regular (every five years) attestations of educational institutions to determine their compliance with the relevant standards. Attestation is a condition for accreditation (also carried out every five years).

Among the powers of the Ministry is to serve as the Tajik contractual counterpart for co-operation agreements in the area of education. The Ministry is also in charge of the co-ordination of activities of all State bodies with responsibilities for education in Tajikistan, Republican and local.

The contractual and co-ordination competence of the Ministry could be a very strong asset in implementing reforms in the area of policies for children with disabilities (CWD), which in Tajikistan involves several policy areas, and all levels of government.

### *Other ministries*

Upon governmental approval, any Ministry can found or close an education institution in any of the two cycles of education and on any level. The relevant Ministry is then responsible for appointing the staff and heads or rectors, and is in charge of developing the curricula and teaching material. These must then be approved by the MOE. The financing of the education institution remains the responsibility of the relevant Ministry.

One of the consequences of this legal provision is that a substantial number of schools for children with special educational needs are not under the responsibility of the MOE but under that of the Ministry of Labour and Social Protection (MOLSP) or the Ministry of Health (MOH) (in particular boarding schools), with their own sources of financing and with students "invisible" to the national statistics on education. This is also true for the students in schools and facilities under the responsibility of the Ministry of Education.

As a consequence, there is an unintentional lack of transparency in the use of available infrastructure for provision of education, which fact will most probably prove to be an obstacle for both the collection of data on the education of CWD and for the planning and implementation of inclusive education strategies. Furthermore, it is not clear to what extent the availability of places in the schools for CWD can be reliably taken into consideration by the Psychological –Medical – Pedagogical Councils (PMPCs) during the assessment process.

## ***Local level – power of the local educational authorities***

The layers of administration and system-steering at the local level are: the local bodies of state authority (the local government), the regional Office of Education at province level, the Education Department at district level, and

the city administration in the cities. Many aspects of the education system management in Tajikistan are decentralised.

The local government is in charge of implementing State policy in education, and of developing regional educational programmes. This includes the power to found, re-organise and close schools at any level, and the responsibility for the local budget for education. To this end the local bodies can also introduce taxes and fees.

The education offices and departments in the provinces, districts and cities represent the education institutions that are financed from local budgets, keep records of the children in pre-school and school institutions, and take care of the education provision for the complete cycle of general basic schooling.

The education offices and departments also provide statistical reports for all levels of education except higher education. (In theory, these statistical reports should also include CWD.) They have the power to exercise guardianship over orphans or children taken from their parents, and to assign them to boarding schools or children's houses.

The legislative framework is rather open as to where responsibilities at the different levels start and stop. The general outline of the sources of funding of schools is implemented quite differently across the provinces, districts and cities; often there is little clarity on the precise sources of funding.

The competence of the MOE to co-ordinate and steer the various levels of the system is therefore in reality very difficult to exercise, and is – in most cases – not being exercised on a regular basis. In the area of special needs education, the situation is even more complex and confusing – the legislative framework limits the possibilities of the MOE to intervene in other policy areas. Yet there is no other body to co-ordinate the activities of different government agencies meant to address the educational needs of adults and children with disabilities.

## The education system

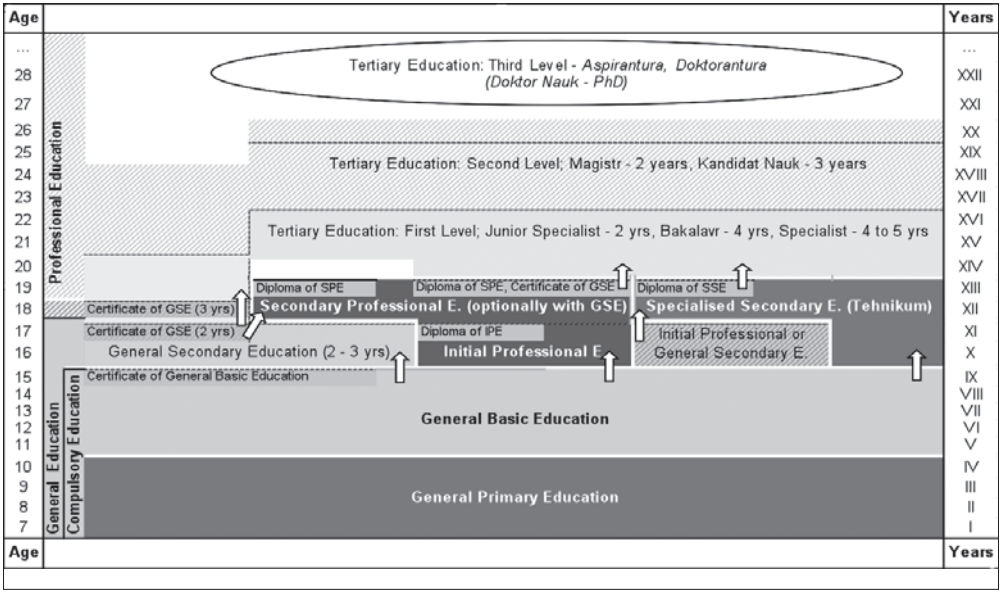
### *Pre-school education (non-compulsory)*

General pre-school education in Tajikistan is offered from the age of three. Until it ends at the age of six, pre-school education follows a "day care" philosophy rather than preparing the children for formal education. In 2006/2007 there were 51 234 children in 484 pre-school institutions (421 under the MOE and 64 under other Ministries).

## *School and further education*

The education system in Tajikistan has two cycles: general and professional. The general education cycle comprises three levels – primary education, basic education (also called incomplete secondary education) and secondary education. The legislation in Tajikistan puts tertiary education in the professional education cycle. Professional education therefore also comprises three elements – initial, secondary and specialised (these three include, but are not limited to, VET), and higher professional education.

Figure 4.3. **Overview of the formal education system in Tajikistan**




*Source:* OECD review team, based on relevant legislation

Children begin formal education at the age of 7. School attendance is compulsory. The initial four years of primary school are followed by five years of general basic education (as a rule until the age of 16), which is also compulsory, free and guaranteed by the State.

In 2007 the language of instruction in most schools is Tajik (58 580 classes), but there are also schools teaching in the minority languages of Uzbek (17 734 classes), Russian (1 676 classes), Kyrgyz (849 classes) and Turkmen (129 classes), as well as English (38 classes). Since learning materials

are often available only in Russian, Russian remains a firm part of the curriculum and is often students' first choice for learning a foreign language.

Reduced State expenditure on education and high inflation in consecutive years has, in most cases, directly affected State education institutions and stimulated the emergence of non-State alternatives, in many cases offering better quality education for those who can afford it. The traditional set of school types from Soviet times (primary and secondary schools, technical schools, gymnasiums) has therefore in recent years been complemented by a number of new educational institutions, including private (self-financed) and combined ones, *i.e.,* offering pre-school and school education, or school and university education. There are also a number of technical universities.

The secondary professional education cycle offers a range of possibilities, among them general secondary, vocational and technical education. Common to all types of secondary education is that progression to tertiary education is possible *only* after completion of general secondary education (GSE) or specialised (technical) secondary education (SSE). A diploma of completed secondary professional education (SPE, in the most cases vocational education) allows for further progression only if combined with a completed GSE curriculum.

Higher education is provided mainly by universities and institutes and comprises three stages. At the first stage, students can graduate as Junior Specialist (two years), *Bakalavr* (Bachelor-four years) or, depending on the subject and the institution of study, Specialist (four to five years). The title of *Magistr* (Master) or *Kandidat Nauk* (candidate of sciences) is awarded after two, or three, years of study respectively, beyond the Bachelor degree. Postgraduate studies (third stage) involve a three-year *aspirantura* beyond the second stage of studies and combines the writing of a dissertation, coursework and teaching, leading to the degree of *Doktor Nauk* (PhD).

### *General data on students and drop-out*

According to official statistics, in 2004-2005 99.2% of seven- to 10-year-olds were enrolled in primary education (grades 1-4), including 97.2% of girls of this age group. In the 2007/2008 school year 1 690 600 pupils attended 3 801 general education day schools. In the same year 147 900 young people completed general compulsory education (9$^{th}$ grade).

There are no official data on drop-out rates and school leavers, or adequate data on transition. The points of transition to higher levels of education seem to be the common drop-out points as well – between general secondary and tertiary education, between initial and secondary professional education, as well as between secondary professional education (if no GSE curriculum was included) and tertiary education.

In Tajikistan *93% or less of the primary school intake* makes it into the final primary grade (UNICEF, TransMONEE, 2006b). Teachers estimated that *30 to 50% of children do not continue after grade 9,* depending on location. In rural areas, children start doing farm work after quitting school. Gender is also a determinant – some families simply take girls out of school after grade 9 even if they have the means to pay for further education.

Table 4.2. **Data on education institutions in Tajikistan, 2003-2007**

| **General Education** | **2003-2004** | **2006-2007** |
|---|---|---|
| Number of institutions (primary. basic. secondary) | 3 745 | 3 830 |
| *of which schools for children with disabilities*[1] | *11* | *11* |
| Number of students. thousands | 1 660 | 1 688.4 |
| Total number of graduates – basic general education, thous. | 144 | 158.3 |
| Total number of graduates – complete secondary education, thous. | 63.3 | 79.2 |
| Number of teachers, thousands | 101.5 | 99.9 |
| **Professional Technical Education** | | |
| Number of educational institution, as of end of the year | 73 | 70 |
| Number of students | 23 911 | 23 284 |
| *of which girls in % of total number of students* | *28.4* | *27.1* |
| Number of acceptees | 15 538 | 14 542 |
| *of which girls in % of total number of acceptees* | *30.5* | *31.4* |
| Number of graduates | 15 651 | 14 125 |
| *of which girls in % of total number of graduates* | *34.3* | *35.5* |
| **Secondary professional schools** | | |
| Number of secondary professional schools | 56 | 52 |
| Number of students in thousands | 29 | 32.4 |
| *of which women in % of total number of students* | *53.5* | *57.4* |
| Number of matriculates, thousands | 9.6 | 10.8 |
| Number of graduates in thousands | 5 | 7.5 |
| **Higher Education** | | |
| Number of higher education institutions | 35 | 34 |
| Number of students, thousands | 107.6 | 146.2 |
| *of which women in % of total number of students* | *25* | *27* |
| Total number of matriculates, thousands | 28.1 | 32 |
| Number of graduates, thousands | 13.4 | 17.1 |

1. Schools under the responsibility of the Ministry of Education.

*Source:* State Statistical Committee Tajikistan, 2008.

Comparison of the official data available through the Statistical Committee from the past five school years (from 2003/2004) confirms this estimation. It shows that the ratio of school leavers with basic general education (incomplete secondary education) to graduates with complete secondary education is 2:1 or 48.72% on average. In other words, more than half of all students completing compulsory education do not reach the professional cycle, and drop out of school at the age of 16 with no qualification whatsoever.

While access to professional education (general or vocational) and thus to qualifications of any kind is free, it is in most cases offered on a competitive basis. However, this is unlikely to be the only reason for the low levels of secondary education completion. The overall economic situation of the population and the limited possibilities of many families to tolerate the long-term loss of a wage earner/field worker, are very likely to play a significant role as well. The same applies to the decrease in minimum national education standards to only 9 years of mandatory school attendance (compared to 11 years before).

Focus groups and interviews with parents, teachers and children in Tajikistan conducted by UNICEF confirmed that drop-out is indeed among the biggest problems. An excerpt from an interview with a teacher illustrates this:

> *By the time children reach grade 3 or 4, they already start disappearing from class. They are often orphans or from poor households. Boys work in the market and make about 10 somoni (USD 3.30) a day. Girls stay home to help with household chores. Children stop schooling because parents tell them to do so but sometimes children themselves decide not to go to school. Many of those children do not have fathers at home (the fathers are working in the Russian Federation). Many children who have dropped out said their parents did not have the money to send them to school.* (UNICEF, 2007)

### *Funding of the education system*

State funding for education in Tajikistan follows the distribution of responsibilities for the education system as outlined in the *Law on Education* and is divided into Republican and local budgets, which are separate but grouped in the State budget. These are built upon the stipulations of the *Law on the Main Foundations of Budgetary Legislation in the Tajik Republic*.

Data on public expenditure for education for disabled children is not an explicit part of the national statistical stream. This is a substantial deficit, given the fact that the Republican and in particular local bodies are obliged by law to provide regular statistical reports on the children in their schools, including the limited number of schools, boarding schools and orphanages for

disabled children of which they are in charge. The same applies to the budget spending for these schools.

The Republican budget for education is shared between the Ministry of Education and the other ministries and institutions with education responsibilities in their portfolio. Among the main sources of Republican funding (besides the MOE) are, in particular in the case of specialised schools for SEN children, the MOLSP, the Committee on Youth, and the MOH. The share of funding for each institution is based on norms defined for each type of institution.

The major part (more than two-thirds) (UNESCO IIEP, 2000)[3] of the state funding for education is contributed by the local budgets (provinces, districts, city administrations). This does apply to schools for CWD; these are for the most part boarding schools and orphanages under the competence of Republican institutions (MOE, MOLSP, and MOH).

During the decade after the civil war (1997-2007), poor economic performance and high inflation resulted in substantial budget deficits and drastic reduction of education expenditure in real terms, to an extent that prevents the proper functioning of funding mechanisms envisaged in the law, As a consequence, this encouraged the use of additional sources of funding, such as tuition fees and fees for services (also in State institutions) and the founding of private educational institutions.

The Government's recurrent costs of general education (grades 1-11) in 2000 increased almost threefold, and in 2005 reached 2.4% of GDP or 77% of all budget expenditures for education (Government of Tajikistan, 2005),

Table 4.3. **Spending per education category as % of GDP**

| | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 |
|---|---|---|---|---|---|---|
| Preschool | 0.13% | 0.12% | 0.12% | 0.10% | 0.11% | 0.13% |
| General Education (1-11) | 1.78% | 1.81% | 1.97% | 1.85% | 2.03% | 2.40% |
| Vocational Education | 0.08% | 0.08% | 0.09% | 0.08% | 0.09% | 0.10% |
| Secondary Special Education | 0.05% | 0.06% | 0.07% | 0.07% | 0.07% | 0.09% |
| Higher Education | 0.14% | 0.11% | 0.13% | 0.12% | 0.15% | 0.19% |
| Capital+Development/Reform Funds+Other | 0.15% | 0.19% | 0.19% | 0.13% | 0.38% | 0.54% |
| Total | 2.33% | 2.38% | 2.57% | 2.36% | 2.82% | 3.45% |

*Source:* National Strategy for Education Development 2006-2015, 2005, and Tajikistan: Education Finance Working Group estimates based on data from IMF/World Bank and the Ministry of Finance.

3. Also data available from the Ministry of Finance and the Education Finance Working Group Tajikistan.

followed by capital expenditures, reform costs and higher professional education.

In 2006 Tajikistan's public expenditure on education (as a percentage of GDP) was still significantly lower than the OECD average: 3.4% according to TransMONEE (UNICEF, 2008) and 2.2% according to national statistics (Statistical Yearbook Tajikistan, 2006). The education sector remained dependent on external funding. Over the past five years the education system has used more than USD 81 million in loans and grants (MOE, 200-8). This includes programmes from UNICEF, USAID, OSI, as well as loans from the Asian Development Bank (more than USD 10.8 million for 2003-2008) and the World Bank (combined more than USD 29.2 million for 2003-2008), grants from Germany (more than USD 4.2 million for 2003-2008), as well as contributions from the Aga Khan Development Network and Education Services, to name some of the major ones.

Distribution of international funding in percentages per education category follows the pattern of State spending for education, and is almost exclusively focused on general education, with a substantial share on development and reforms.

Despite the high level of external funding, a number of statements made by teachers, officials and children illustrate that insufficient or missing resources and poor infrastructure are still among the major problems of the education system in Tajikistan. Schools often do not have educational materials, globes, maps or laboratory equipment. A survey of the World Bank in 1 845 schools in Tajikistan revealed that 26% did not have heating systems, 24% had no water supply (50% in the Khatlon region) and 35% had no sewage system. In the Hissar district, 39 out of 40 schools did not have enough desks, chairs and blackboards (World Bank, 2004). It is therefore not unusual that on any given day many children are forced to stand during

Table 4.4. **Share of external assistance in % per education category**

| | 2006 | 2007 | 2008 | 2009 | 2010 |
|---|---|---|---|---|---|
| General Education | 19.73 | 18.20 | 14.49 | 17.79 | 17.79 |
| Recurrent | 4.46 | 5.41 | 5.41 | 5.41 | 5.41 |
| Capital/Reform/Development | 15.27 | 12.79 | 9.08 | 12.38 | 12.38 |
| Vocational/Special Education | 0 | 0 | 0 | 0 | 0 |
| Higher Education | 0.10 | 0.09 | 0.09 | 0.09 | 0.09 |
| Total | 19.83 | 18.29 | 14.57 | 17.88 | 17.88 |

*Source:* MOE Tajikistan, 2008. Note that the figures for 2008-2010 are estimates.

a typical class session. The lack of heating often leads to closure of schools in entire districts for longer periods of time. This was witnessed by the OECD review team during its visit to Tajikistan in January 2008, when the temperature dropped to minus 30° Celsius and the schools were left without heating and electricity.

Despite the many deficiencies in infrastructure, in general urban schools are often in much better condition than the schools in rural areas.

# 4.3

# Policies for Students with Disabilities and Special Educational Needs

Tajikistan has undertaken efforts and a number of reforms towards modernising the system of provision and schooling for children with disabilities (CWD) and special educational needs (SEN). Yet, much remains to be done.

The traditional "medical model" approach is, to a significant extent, still determining legislation and policies towards children with disabilities. This leaves a deep trace in daily life as well, reflecting a legacy of negative attitudes, inaccessible infrastructure, public attitude to disability as something to be ashamed about, and the isolation of disabled people, in particular children, in special institutions.

As in other transitional countries, in Tajikistan preference is given to institution-based special education over community-based inclusive education (Vogt, 2007). In an interview with the OECD review team, the MOE listed three educational options for CWD: home schooling, special classes within mainstream schools, and special schools (including residential institutions). The review team was informed that inclusive education is not yet a viable option, home schooling and special schools being the preferred solution in Tajikistan.

Consequently, professional help and provision are focused on the *disability* and on "fixing" or "correcting" it, *i.e.,* on making the child "normal", rather than on working with the child's functional disorder by helping him or her to adapt to the environment or (better) by adapting the environment so that it becomes accessible to a child with a disability.

The definition of disability which underlies this approach to policy and provision can be found in the *Law on Social Protection of the Disabled in the Republic of Tajikistan* (Law 459, 1991). This Law defines a "disabled person" as a person with physical, intellectual and mental abnormality, "whose daily activities are limited due to the presence of physical or mental flaws or deficiencies and therefore needs support and protection in the community".

One of the main concerns of the *Law on Social Protection* is to provide the basis for the participation of the disabled in the economic and political life of the country. Nevertheless, at this time Tajikistan has no specific law on special or inclusive education, which practically leaves the children with special educational needs out of policies aimed at integrating people with disabilities into society.

Although a number of university teachers, officials and NGOs understand and promote the concept of inclusive education, this number is still very small. The general public, including educational professionals, have little or no understanding of the concept of inclusive education or how to develop it.

## SEN-specific legislative framework and implementation

Tajikistan has a monist[4] legal system which means that international and national law are considered being elements of the same legal system. In this way international agreements and treaties automatically become binding upon ratification. This is highly important given the partial commitment of the Tajik Government – set out in the *National Strategy for Education Development 2006-2015* (MOE, 2005) – to inclusive education, and the Tajik ratification of all six human rights treaties of particular relevance for policies related to children with disabilities (The UN Convention on the Rights of the Child, the Convention on Economic, Social and Cultural Rights, the Convention on the Elimination of Discrimination against Women, and the International Covenant on Civil and Political Rights).[5] Tajikistan also adopted the UN Standard Rules on Equalisation of Opportunities and the "The Salamanca Statement on Principles, Policy and Practice in Special Needs Education" (UNESCO, 1994). Although these two documents are "soft" law and are not directly binding on Tajikistan, they flesh out the provisions of the UN Convention on the Rights of the Child, the Salamanca Statement being a key international document on the principles and practices of inclusive education.

Unfortunately the commitment of the government to these international conventions and policies did not appear in the drafts of national strategies as it could be expected (Vogt, 2007). The National Strategy for Education Development has only one reference to, but no outlook on, disability: "While there are a number of institutions still operating in Tajikistan to take care of children with special needs, such as orphanages and schools for children with disabilities, these institutions

4. "Monism" is a philosophical view that holds that there is unity in a given field (such as the law), especially where this is not to be expected.

5. At the time of preparing this report, Tajikistan had not ratified the UN Convention on the Rights of Persons with Disabilities, although Kazakhstan, Turkmenistan and Uzbekistan have recently done so.

are very near closure or run very weakly, primarily because of a lack of financial resources and human resources" (National Strategy 2006-2015, 2006).

The legislative framework related to children with disabilities (CWD) is fragmented among laws in the areas of health, social protection and education. Tajik legislation in most cases subsumes CWD in the general group of people with disabilities.

Child rights (as laid out in the United Nations Convention on the Rights of the Child) are recognised by the Ministry of Labour and Social Protection (MOLSP), and are guaranteed in accordance with the Constitution of Tajikistan, the family code, the labour code, the law on pensions, the law on social protection of disabled people and other legal regulations. The main piece of legislation in this respect is the Law on *Social Protection of People with Disabilities* in Tajikistan.

The Constitution of Tajikistan permits legal prosecution in cases of discrimination against people with disabilities. In addition it envisages the direct enforcement of human rights and freedoms, which are anchor points for defining the goals, content and application of laws and activities on all levels of the executive branch. Among these rights is the right of all citizens to work, to social protection, to education and to health care.

Article 22 in Chapter 3 of the *Law on Pensions* defines three groups of disability according to the degree of lost ability to work. Group I includes people with the highest level of invalidity, who as a rule require care and supervision from others, as well as special conditions for living. Disability group II encompasses persons with "significant loss of functional abilities" and "full loss of working ability". Persons with this level of disability are able to take care of themselves. Finally, group III includes people with only partial loss of ability to work, meaning that they can and must be participating in the labour market.

The law contains also categorisation of disabilities by cause, and refers to children up to 14 years of age in the category "congenital and post-natal" causes. Other categories refer to injuries and diseases at the work place, chronic diseases, military trauma, injuries during military service or armed conflicts, and diseases caused by the Chernobyl disaster.

### *Legislation on education for children with disabilities and special needs*

Article 23 of the Law *On Education* contains chapters on education for children in need of prolonged medical treatment and those with developmental deviations or behaviour that could be dangerous for the society.

Specialised public secondary recreational schools, sanatorium boarding schools and pre-school facilities shall be created for children in need of a long-term treatment. For those who, due to their physical or psychical deviations, cannot be educated in regular schools, the Law envisages the creation of special public secondary schools, boarding schools and classes with appropriate medical services.

Medico-pedagogical commissions nominated by the local authorities on rayon or *oblast* level are responsible for the diagnostics of such children. The State education authority (MOE) decides about the duration of special general education for students with special educational needs (SEN), in accordance with the type and level of disability.

Article 24 of the Law *On Social Protection of Disabled Persons in the Republic of Tajikistan* (adopted in 1991, latest revision in 2008) also contains provisions related to education and professional training for disabled persons. It confirms that people with disabilities in Tajikistan possess the same social, economic, political and personal rights and freedoms as guaranteed in the Constitution for all citizens of Tajikistan.

Among other provisions, this Law contains articles on education and vocational training, on access to employment and social support and the creation of a barrier-free community. It guarantees the necessary conditions for receiving education, whereas the provision of pre-school and all levels of formal education, as well as extra-curricular education for disabled children, are to be ensured by the educational institutions jointly with the bodies of public health and social protection.

The law allows for a positive discrimination of disabled persons with respect to admission to secondary special and higher education (entry quotas). At the level of general and special preschool education, if school attendance is not possible, home schooling should be provided. The corresponding educational institutions must thereby assist the parents in educating their disabled children at home.

A Situation Analysis Report by UNICEF (Spencer, 2003) confirms that in reality these laws have limited impact and fail to provide positive outcomes for children with disabilities. Although there are many examples of service provision in Tajikistan, there is no system to ensure the provision is implemented to promote positive attitudes towards people with disabilities, social inclusion and to ensure services are of the same quality as those received by able-bodied citizens. A survey of parents revealed the inadequacies of these laws, as the majority of children with disabilities living at home did not receive education, rehabilitation services, day care services or life-skills training.

An NGO of parents with disabled children has recently challenged the Government regarding the services and benefits that are guaranteed by the

*Law on Social Protection* but in reality are not being allocated in the budget. However, a few cases like this one have been won, which has helped some parents gain access to benefits, in particular education for their disabled child.

### *Legislation on benefits and support*

The Law *On Social Protection of Disabled Persons in the Republic of Tajikistan* entitles disabled persons or their families to support and benefits; these may vary depending on the age, economic and social situation, and the degree of disability of the person concerned, as well as on the State body delivering them.

#### *Pension benefits*

Parents who have a disabled child may be entitled to a social pension which is paid by the MOLSP depending on the situation of the family as well as on the residence [place] of the child. In case of loss of one or both parents, disabled children may obtain 50% or 100% respectively of the minimal retirement pension.[6]

Retired persons are also entitled to a pension supplement in case they have disabled dependents. In addition, years spent raising a disabled child (up to the age of 8) are allowable as years of service of women with disabled children, if their working record is not below 15 years.

The institution in charge of determining the pension benefit is the Department of Social Security of the executive authority in the place of residence of the child in question. The condition for obtaining a pension is in any case an application accompanied by, *inter alia,* a report from a medical consulting commission (MCC).

#### *Labour law benefits*

The *Labour Code of Tajikistan* regulates the access of women with disabled children to the labour market, as well as the conditions of work, the annual vacation and the termination of their work contracts. Single fathers or guardians enjoy the same high level of protection.

The Code envisages quotas and prohibits discrimination by the potential employer in the application process and in salary payments. In case of a refusal of a woman with a disabled child (if the child is under 16), the employer must justify his decision in writing. The justification can be appealed in court.

6. Item 18, point "b" of Republic of Tajikistan legislation "About pension provision of Tajikistan citizens".

The Code furthermore prohibits overtime work for women with disabled children, sending them on business trips without their consent and night shifts assignments. It also envisages extra unpaid annual leave.

Termination of the work contract of mothers with disabled children is only possible in cases of liquidation of the enterprise and under the condition that support for a renewed job placement is provided, either by the employer, or by the employment services of the State (*Labour Code* clauses 159, 162, 163, and 172).

### *Housing benefits*

After reaching the age of majority, children in stationary facilities who are orphans or without parental care enjoy preferential treatment in gaining access to housing managed by the respective authorities. As a rule, 50% of the housing available is reserved for preferential access (which is not limited only to disabled persons). The bodies in charge of the housing benefits are the local assemblies (*Majlis*).

The Law specifies that housing should allow for independent living and can be adapted and equipped in accordance with the individual programme of rehabilitation. Families with disabled children under 16 can in theory also obtain additional municipal support. However, local budgets can rarely cover the cost of the envisaged housing benefits.

### *Medical and transport service benefits*

There are estimations that disabled persons in Tajikistan spend 20% and more of their income on medicine (Japan International Co-operation Agency, JICA, 2001). For those with partial or full loss of ability to work, the *Law on Social Protection* guarantees free medical services at State-owned medical establishments. Children under 16 with disabilities obtain their prescribed medication free of charge.

The fulfilment of this guarantee is often hindered by insufficient funding for medical provision. In a survey carried out for JICA in 2002, the Department of Health of the city of Dushanbe stated a spending of 2.4 Tajik somoni for medicine per person with disability, and only about 0.11 somoni per child, while the actual cost of prophylactic treatment for a child with, for example, cerebral palsy, is 40 somoni per treatment (JICA, 2002).

There are similar shortcomings in the supply of supporting devices like wheelchairs. Although the *Law on Social Protection* envisages these to be provided free of charge or under favourable conditions, the high price per piece and the very limited domestic production make it impossible to meet

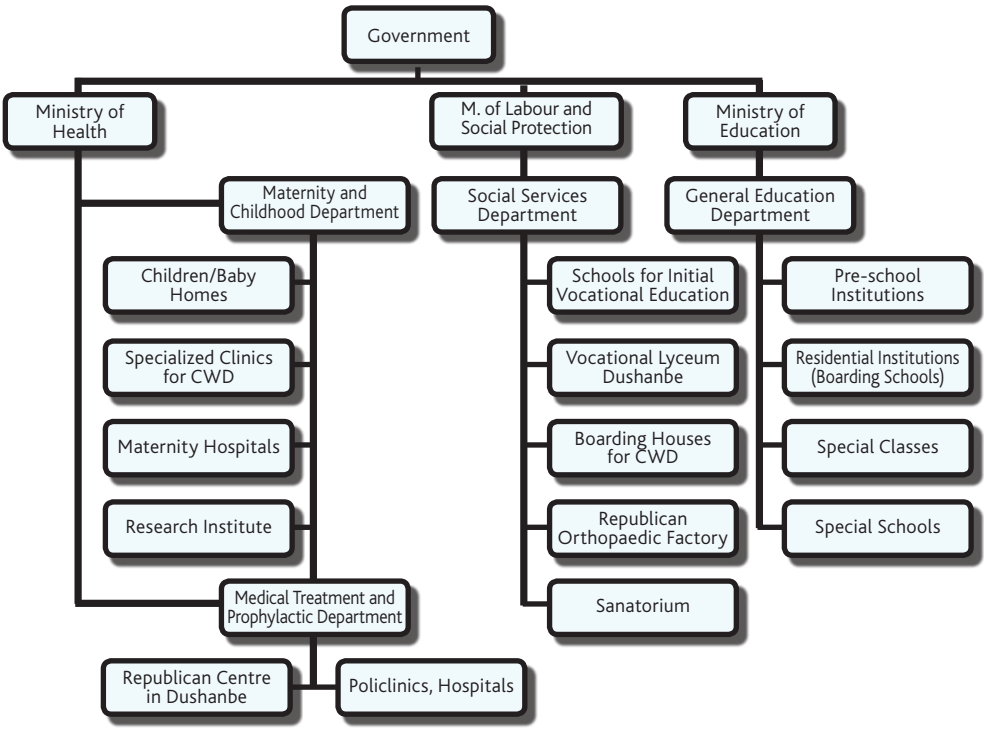
the needs of all disabled persons. In 2001 in Dushanbe alone there were 200 children in need of a wheelchair (out of 1 100 registered) (JICA, 2002). The deficits in medical provision are partly compensated by international NGOs.

Disabled persons in Tajikistan are furthermore entitled to free–of-charge use of public transportation within the borders of the administrative unit to which their place of residence belongs, and can use discounts on air-fares, railway transportation etc.

## Provision

At the Republican level, the provision for CWD is a competence shared between the Ministry of Health (MOH), the Ministry of Labour and Social Protection (MOLSP), and the Ministry of Education (MOE).

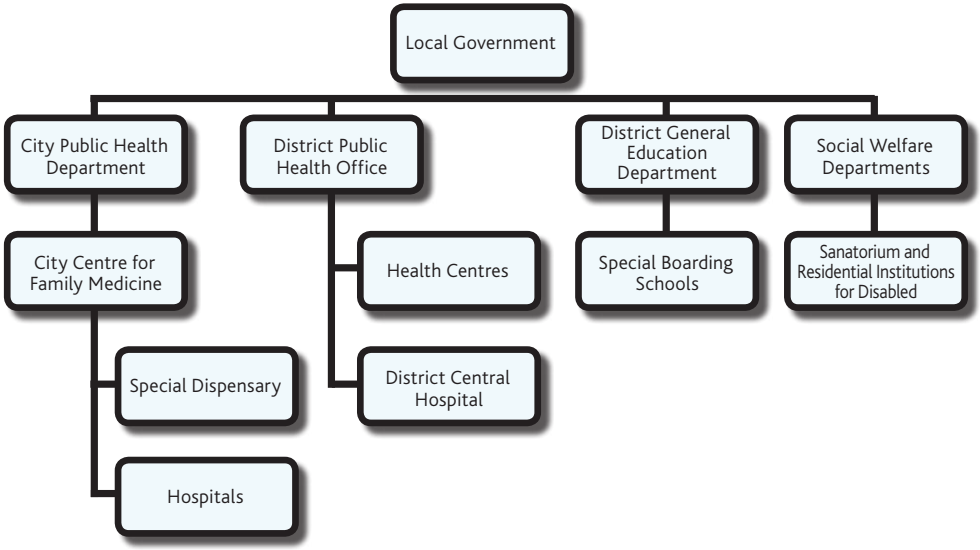
Figure 4.4. **Distribution of responsibilities for children with disabilities at republican level**




*Source:* OECD review team, based in part on JICA data (2002) and documents provided to the team.

At the local level, the system is complemented by institutional responsibilities in the provinces, districts and cities and by selective international donor support for assistance delivery. Each local government has a "Department of tutelage and trusteeship" with an inspector responsible for the protection of the rights of children. The inspector is responsible for all children under 16, including the disabled ones.

Figure 4.5. **Bodies in charge of children with disabilities at the level of local government**




*Source:* OECD review team, based in part on JICA data and documents provided to the team.

The joint responsibility of institutions on various levels of government is in reality a serious challenge, since there is not enough effective institutional co-ordination to ensure that policies for CWD are implemented. Consequently, *Tajikistan has no central register of children with disabilities, which also makes the collection of reliable data impossible.*

## Identification and assessment of children with disabilities and special educational needs

### *Identification*

The number of disabled persons and the level of their disability are among the indicators for the overall health level of the population in Tajikistan. Prevention is therefore one of the main elements of disability policies.

The Maternity and Child Protection Research Institute of the MOH in Dushanbe has the possibility of pre-natal screening. In 2000, 98% of the women in the 16th to 22nd week of pregnancy in Dushanbe were screened, whereas 3% of the embryos had a pathological problem (JICA, 2002). The genetic laboratory of the Institute focuses in particular on families at risk with marriages among relatives, families with a history of babies with anatomic deformations or stillborn babies, haemophilia etc. The capacity of the laboratory is limited due to a lack of funding and equipment, but still, women who have been examined there remain under observation until after delivery. The Institute is the only such institution in Tajikistan; so pre-natal identification is very far from being a regular element in the usual identification process of children with disabilities.

The MOH is also responsible for the identification and the repeated examination (the only possible way for de-categorisation) of CWD in pre-school and of compulsory school age. After that, their physical disability is evaluated by a Medical and Labour Expert Commission under the MOLSP.

Ideally, the identification process would commence with a pre-natal screening and subsequent diagnosis. In reality it starts at primary health care level. A child with (possible) disability would initially be identified by the local (family) doctors, who would refer the child to a Medical Consulting Commission (MCC) at the local Health Centre (polyclinic). The MCC determines the degree of disability on the basis of subsequent examination, and formally registers the child as disabled. The documentation and "certificate of disability" issued by the MCC is the basis for possible application for invalidity pension at the local social welfare department after the age of 16.

Depending on the age of the child and the type/degree of disability, the MCC may then direct the child to a psychological-medical-pedagogical commission (PMPC) for consultation, and for recommendations on rehabilitation measures and social support, and for determining type of schooling most suitable for the child in question. The PMPC is headed by the deputy-directors of the health centres, whereas particular specialists can be invited for expertise on a case-by-case basis.

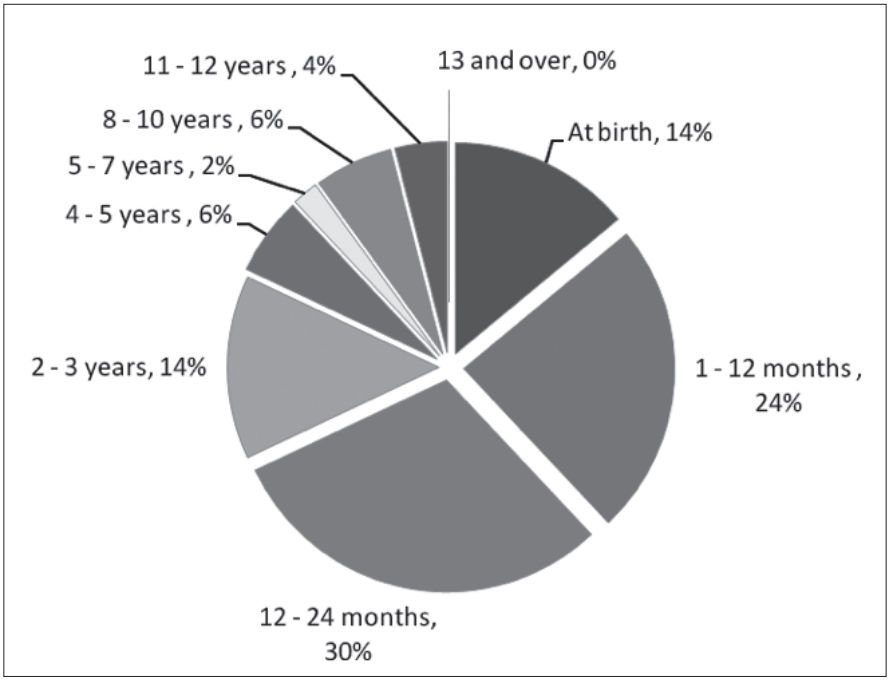
There are no comparable data on how effective the different school levels are in identifying problems. There are indications, however, that the greatest likelihood of spotting children with disabilities is at pre-school level. Since most data on children with disabilities start from the point of entry into (compulsory) formal education, institutionalisation seems to take place long after initial detection.

Identification in schools is done by teachers who annually take a census in every school micro-district. Identification also takes place through the parents, who may register their disabled child with the local authorities in order to gain access to social benefits (*e.g.,* pension, humanitarian aid).

Nonetheless only a small portion of the children with disabilities are identified through the school, the main reason being that only 25% of all children with disabilities aged 7-15 attend school (UNICEF, 2005). In addition, regular teachers for the most part lack the experience and know-how in working with SEN students, and have no interest in determining students with disabilities since the low salary levels would not compensate them for the additional effort.

Parents are often part of the problem. An overwhelming number of them are not aware of their and their children's basic rights, have prejudices regarding disabilities, and/or are ashamed to admit to having a child with a disability, often hiding the child away. This problem is further deepened by the relatively high incidence of home birthing (in particular in rural areas), combined with no obligation or incentive to register the newly born babies.

Figure 4.6. **Identification of children with disabilities according to age: Questionnaire responses of parents, 2003**




*Source:* A Situation Analysis Report on Children with Disabilities in Tajikistan, Yvonne Spencer, Expert Group on Children with Disabilities of the Tajik National Commission on Child Protection, 2003.

### *Assessment – the Psychological-Medical-Pedagogical Commission (PMPC)*

Once the child is identified and then diagnosed through the MCC, assessment is one of the conditions for access to schooling of any type. This is being done by a psychological-medical-pedagogical commission (PMPC) (formerly called medico-pedagogical commission). There are 67 PMPC's on district level under the responsibility of the local public health care department. Of these, 48 are still working but the other 19 no longer function.

A PMPC has traditionally consisted only of *medical* professionals, and even today they are medical professionals with an outdated profile and often also outdated credentials. A PMPC would normally meet once a week at the local clinic to receive parents of disabled children, who come with their child's medical certificate and the doctor's diagnosis that the child is disabled. The majority of PMPCs have six medical specialists including a psychiatrist, a neurologist, a speech therapist and an expert on hearing and vision impairments. The PMPC also runs a test to establish whether the child has any additional disabilities apart from those detailed by the physician or MCC. The main criterion for determining disability (and degree of disability) is the "psycho-physical and emotional-volitional condition" of the child. The PMPC can also decide to re-categorise children from one disability category to another.

At the end of a short assessment, the PMPC decides which institution to send the child to. Two further assessments are envisaged, at six months and again at one year after the initial assessment. After the first year, re-assessment can be carried out only if there is a particular need. Theoretically, PMPCs also decide about de-institutionalisation. For the majority of CWD, however, their local mainstream school is not an option.

It is not uncommon that children are referred to residential institutions not only by the PMPC and the local authorities, but also by public health and education departments and commissions on juvenile affairs. Often the decision on placing a child in a residential institution is taken by the management of the institution itself.

With the support of UNICEF, new regulations on the PMPC were passed in 2006. A new model for the PMPC has been set up in Dushanbe, the Sughd *Oblast* and Khatlon, with plans to reform the Commissions in other regions as well. For the time being, all others are still operating in the old way, according to the medical model.

The new regulations envisage that the PMPCs may include a broader selection of specialists – a social worker, hearing impairment teacher, a teacher/specialist on vision impairments and specialist in developmental disabilities. The main objective of the new-type Commission is to "examine

children from 0-18 in order to identify special needs related to their development and determine the content, methods and type of education necessary to correspond to their special needs".

The overall responsibility for the PMPC at the Republican level mirrors the responsibilities for the available infrastructure for CWD in Tajikistan, and is shared between the MOH and the MOE. The assessment process in Tajikistan is subject to the same "infrastructure" rationale, designed and used in a first place as a tool for directing and managing the workload on the infrastructure for provision for CWD. This is unfortunate, since a modest investment in a stronger, more inclusive focus in the assessment process on the needs of the child can rapidly generate positive results, which could easily be multiplied. The PMPC in Dushanbe is an example of good practice in this respect.

### *The PMPC Dushanbe*

In 2005, with financial support and training from UNICEF, OSI-Tajikistan and NSIFT (Tajik National Social Investment Fund), the PMPC in Dushanbe was reformed towards better serving the needs of children with disabilities and their families and to try to prevent their institutionalisation. In 2007 the PMPC Dushanbe assessed 1 500 children, significantly more than before its reform. Of the families that applied for support, 49.5% had learned about this service through an advertising campaign of the PMPC.

UNICEF organised training for the PMPC staff (the majority of whom were special educators trained in Soviet times) to help improve their qualifications, *e.g.,* for providing assessment and educational services for children with disabilities. At the time of the OECD visit (2008), the PMPC Dushanbe had a permanent staff of five (speech therapist, psychologist, hearing impairment specialist, neurologist and special education specialist on children with mental disabilities).

The PMPC Dushanbe now delivers multiple services, many of which directed to children of pre-school age. It examines children aged 0-14, provides them with educational services via an association of parents, has the competence to refer them to special schools, and gives recommendations on how to support them. The PMPC also follows up to make sure that its recommendations are carried out. The PMPC has also been able to expand its outreach by offering and making home visits. A comprehensive database is being established, based on household surveys conducted by social workers. Data are currently available for eight districts and there are plans to disseminate this model to 20 other cities and districts.

The Dushanbe PMPC also facilitates the inclusion of children with less significant disabilities into mainstream classrooms. Unfortunately, it has not been successful in doing the same with children with higher level of

disability, partly because, as the review team was told, "schools are not yet prepared to accept disabled children."

Finally, one of the most significant aspects of work of this PMPC centre was the active participation of parents of children with disabilities. The centre helped to set up a parents' group that is already becoming an active player in disability advocacy. In addition, the Parents' Educational Centres of the PMPC teaches parents and others (*e.g.* village health care workers) about rehabilitation and support measures for their children.

The site visits and interviews revealed that the PMPC helped to maintain children in their family environment. However, the term "uneducable" is still commonly used, and decisions are often made according to the medical approach.

### *Provision of medical services*

The Maternity and Childhood Department of the MOH is responsible for providing first-level medical care and for assigning children with disabilities to Children's Homes, in particular abandoned children from the maternity hospitals. In 2008 there were 192 children placed in four Children's Homes of the MOH. These homes are meant to offer temporary placement for the child from birth until the age of five if it is an orphan or if the family can not or will not take care of it. The only information at the disposal of the OECD review team on the number of children with disabilities in the Republican Children's Homes dates from 2004, when there were 165 children (out of 17 693 registered children with disabilities under 16). At the time of the visit of the review team, 83 of the 93 children staying in Children's Home No. 1 in Dushanbe (almost 90%) were diagnosed with some kind of pathology of the central nervous system or the musculo-skeletal system. Of the 78 children in Children's Home No. 2, 60% were diagnosed with pathology of the central nervous system, but without psychological abnormalities.

There are additional Children's Homes at district level, namely three in Khatlon *Oblast* with a total of 289 residents in 2008, and two in the Regions of Republican Subordination with 189 children in 2008.

Medical services are offered also at the few specialised clinics for CWD; all of these clinics are in Dushanbe and under the responsibility of the MOH: the Republican Endocrinology Clinic, where at the time of preparation of the background report 58 children were hospitalised, the Republican Centre for Hearing and Speech providing health services to 1 740 children under 14 (806 from Dushanbe and 605 from the districts of Republican subordination), as well as the Republican Centre for Child and Adolescent Mental Health with a capacity of 30 beds (Background Report, 2007). The latter should primarily provide medical rehabilitation, educational correction and counselling of disabled children and their families, but it is not clear whether the Centre is being used in line with its profile.

According to the background report, in 2002 there were 11 395 disabled children between the age of 0 and 14 registered at health facilities or in health bodies of the MOH.

The Ministry of Labour and Social Protection of Tajikistan also has some infrastructure for the residential provision of health services for disabled people, whereas three of the eight establishments now in place have a section for CWD aged five to 18, where according to UNICEF 127 children were treated in 2008. A number of other residential institutions are also under the responsibility of the MOLSP, as listed in Table 4.5.

Table 4.5. **Residential institutions of the Ministry of Labour and Social Protection housing children with disabilities**

| Location | Nosology |
|---|---|
| Dushanbe city, residential institution Chorbog | Oligophrenia/severe mental retardation |
| Yavan, children unit at the boarding school | Mental redardation |
| Penjikient, children department at the boarding school | Mental deficiency |
| Hissar | Psychoneurological |
| Vosse | Psychoneurological |

*Source:* OECD review team, based on documentation received

Children can be referred to these institutions primarily from the Children's Homes. In 2003 the number of children in MOLSP residential institutions was 298 (Background Report, 2008).

The MOLSP has its own departmental recreation facilities and sanatorium, where pensioners but also disabled children can be treated and rehabilitated. In addition, the prosthetic and orthopaedic workshops of the MOLSP provide various auxiliary means and facilities for rehabilitation. Through donor support, the service can be offered free of charge, but the production levels are far from sufficient to satisfy the demand.

### *Provision of social services*

Tajikistan almost completely lacks community-based social services. The State social services offer residential accommodation and operate six territorial centres. Basic social services are provided also by some of the local governments, and in most cases by a limited number of NGOs that are almost exclusively dependent on international funding.

All welfare activities of the cities, districts and other local authorities, as well as of the public organisations and associations of disabled people, are co-ordinated by the Social Services Department of the MOLSP. The department is also

in charge of joint management of cross-sectoral issues and problems tackling the areas of education, medical and social rehabilitation of children with disabilities.

Disabled children in Tajikistan do not have many alternatives to institutional care. A survey by UNICEF (UNICEF, 2005) revealed that while the majority of interviewed children had seen a doctor, most of them had not had access to education, rehabilitation, day care, professional and life skills or other services. Parents were asked to rank the quality of the services their children received. The majority considered that the provision of day care services was in fact non-existent.

Tajikistan faces a huge problem with regard to the provision of social services in all fields, largely because of a lack of staff and appropriate staff training for residential and non-residential institutions alike. Prior to independence, Tajikistan could benefit from access to resources available in the Soviet Union and would send professionals to training in different parts of the country, usually St. Petersburg, Tashkent or Kiev. This opportunity no longer exists.

NGOs have currently taken over a number of essential social services and developed training courses in collaboration with the MOLSP. A two-year training course carried out by the Stockholm Institute started in 2006 with 25 selected persons, 14 of whom obtained diplomas and five are now employed in their field; but social workers in the field are often without any professional preparation. Following a plan developed by the MOLSP, the Tajik State National University now offers training for social workers. Initial support was provided by UNICEF and the first 25 students are expected graduate in the 2008/2009 academic year. The OECD review team was however told that it may take at least several more years before the profession of "social worker" is established in Tajikistan.

## *Provision of educational services*

### *Infrastructure and general data*

In 2006 there were 19 101 persons with disabilities under the age of 16 who were registered with the bodies for social protection in Tajikistan.

Education for children with disabilities (CWD) is the responsibility of the Ministry of Education and of the local departments of education. The Law *On Social Protection of Disabled Persons in the Republic of Tajikistan* puts it in charge of providing pre-school education, as well as general basic and secondary, and secondary specialised education. Specialised institutions are a major (indeed paramount) element. Their focus is on education and correction of abnormalities in the development of the child, successful "correction" being a pre-requisite for possible access to regular school or even de-institutionalisation.

The data from the annual census of all children in school age are collected in the local education departments by an inspector of general education (*Vseobuch*). There is no special employee in charge of CWD. The census is conducted by the regular teachers in schools and is not reliable, in particular because it covers all children irrespective of their ability to participate in formal education. Consequently, there is no database on CWD in the departments of education, and the data on disabled children is not part of basic statistical reporting.

At the Republican level there is no particular differentiation of data either. Each academic year the MOE issues a "Collection of statistical data in the system of education of the Republic of Tajikistan", which contains only general information on the specialised schools in Tajikistan with the overall number of children in special education. This number is very far from reflecting the real number of CWD in Tajikistan. The available departmental statistics of the other ministries involved do not adequately reflect the data by age clusters, causes and types of disease leading to disability either.

The shared (but weakly co-ordinated) responsibilities of institutions and bodies for CWD make even purposeful attempts to collect data outside of the national statistical mainstream extremely difficult, if not impossible.

Table 4.6. **Number of registered disabled persons, 2000-2004**

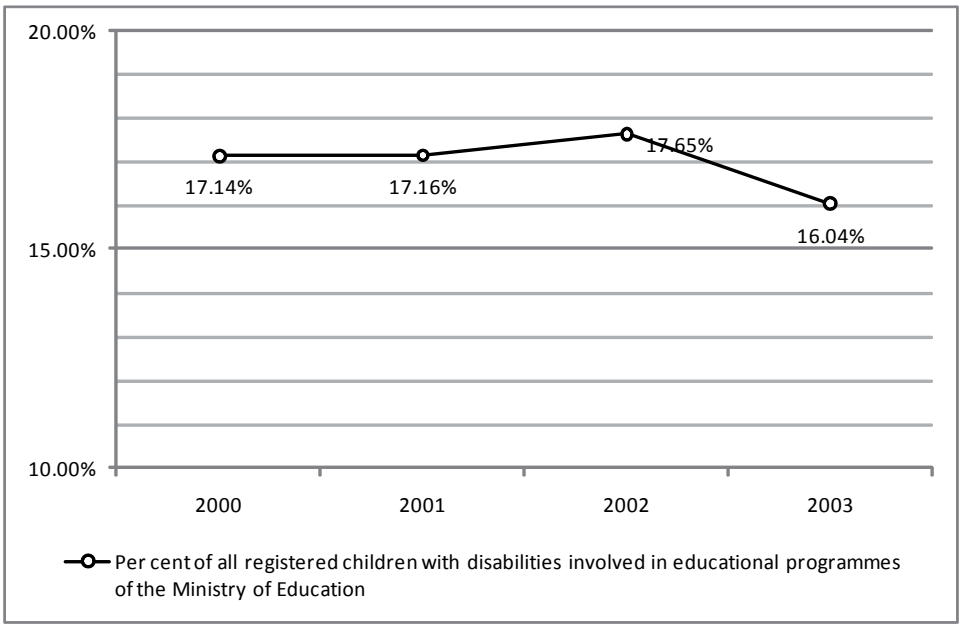
| | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 |
|---|---|---|---|---|---|---|---|
| **Number of disabled persons, registered with the bodies of social protection** | **106 407** | **114 385** | **116 161** | **129 424** | **125 866** | **…** | **…** |
| *of which* | | | | | | | |
| disabled persons since childhood | 31 736 | 34 880 | 35 409 | 36 432 | 37 732 | … | … |
| **including children under 16** | **17 444** | **19 243** | **19 471** | **19 754** | **17 693** | **…** | **19 101** |
| Total number of disabled children in educational programs of the Ministry of Education of RT | 2 990 | 3 302 | 3 436 | 3 168 | … | … | … |
| *of which* | | | | | | | |
| Children in specialised pre-school institutions | 1 238 | 1 298 | 1 308 | 1 306 | … | … | … |
| Boarding schools for children with mental retardation | 1 752 | 2 004 | 2 128 | 1 811 | … | … | … |
| Number of children in Children's Homes (MOH) | 372 | … | 365 | 340 | … | … | … |
| *of which* | | | | | | | |
| Children with disabilities | … | … | 215 | 165 | 165 | | … |

*Sources:* Background report (2008); UNICEF Tajikistan (2003); Statistical Yearbook Tajikistan (2006).

It is thus not surprising that there are no data on the success rates of the "corrective" approach to assessment and provision – neither in integrating CWD into mainstream education, nor in de-institutionalisation. Given the fact that in the period 2000-2003 an average of only 17% of registered CWD were involved in specialised education programmes of the Ministry of Education (see Table 4.7), it can be assumed that these rates would be rather low. It is unlikely that the overall level of involvement in education has substantially changed in the past few years. Furthermore the correctional approach focuses on the *impairment* of the child, and not on her or his education.

The low level of special education coverage is an indication for a very under-developed network of special education institutions. This deficit is further exacerbated by the infrastructural approach used by the bodies in charge of the education system, and in the assessment process which, as already mentioned, focuses on the logistical reference of parents and places emphasis only on school age and the formation of a quota of students for the specialised facilities based on the available seats and/or beds.

Figure 4.7. **Percentage of registered children with disabilities involved in educational programmes of the Ministry of Education, 2000-2003**




*Source:* Background report (2008) – Table 6.

In a survey supported by UNICEF in 2003 (Spencer, 2003), parents stated that their expectations of service provision in institutional care were frequently not met. Four out of nine institutions participating in the survey did not provide any educational services. An average of 14-16 hours per week of education activities were provided in five of the responding institutions, but only one of them claimed to employ a teacher. Education was mainly delivered by care staff with no formal teaching qualifications or knowledge of teaching children with special needs.

The MOLSP also has capacities for the provision of education, and maintains schools for primary professional education, including a special school-lyceum for disabled children in Dushanbe, with a branch in the town of Taboshary. The schools are attended by disabled persons of age 14 to 30.

## *Schooling*

### Early intervention

Apart from partial data available through the Maternity and Child Protection Institute in Dushanbe, the PMPC Dushanbe and the bodies of social protection, there is no reliable information on the number of children diagnosed with developmental or other disabilities in the first four years after birth.

It is also not known what happens to the majority of identified children of this age group until they undergo the PMPC assessment, usually before entering school, but there are indications that in most cases they are not receiving timely specialised care. There is no provision for children before kindergarten age.

For children who are abandoned or orphans, the State and the provinces provide places in Child and Baby Homes. According to information from the MOH and the Statistical Agency, at present there are eight Child and Baby Homes in Tajikistan (half of which are in Dushanbe and in the Sughd province). It is not known how many of these children have disabilities.

Despite the existence in Tajikistan of a legislative framework that stresses the importance of early intervention and of strategies that would in theory facilitate measures to prevent disability, the Government has no programmes for children under the age of three; neither do the NGOs.

The only measure recently undertaken was the modernisation of the PMPCs in Dushanbe, Khojand and Khatlon. Combined with an awareness-raising campaign, this led to a relative increase in the rates of early detection compared to previous years, and provided the parents of CWD with a primary contact point for consultation and continuing support.

Table 4.7. **Number of specialised pre-school education institutions and children attending**

| Pre-school education | 2001 | 2002 | 2003 | 2004 |
|---|---|---|---|---|
| Number of institutions | 12 | 13 | 11 | 11 |
| Total number of children | 1 238 | 1 298 | 1 308 | 1 308 |
| *of which* | | | | |
| Boys | 685 | 700 | 705 | 705 |
| Girls | 553 | 598 | 603 | 603 |

*Source:* Ministry of Education, Tajikistan, 2004; Background Report (2008).

## Pre – School provision

According to the data provided by the MOE, in 2003 in Tajikistan there were 11 operational pre-school correctional institutions, which enrolled 1 308 children in day-time and boarding care; less than half (46.1%) of them were girls.

Only a very small number of families are taking advantage of the pre-school service or are able to take advantage of it – the share of CWD in specialised pre-school institutions in 2003 was only 2.1% of the total number of children in pre-school care. Furthermore, over recent years the number of specialised pre-school institutions has decreased, while the number of registered CWD has increased.

During the 1980s and until the early 1990s, the concern of the State was to achieve a change of attitudes towards CWD and to encourage their integration in society. The creation of specialised groups in mainstream pre-school institutions was therefore very common and, although "correctional", this allowed CWD to integrate to a certain extent into the group of their normally developing peers. Many pre-school institutions also had their own Speech Therapy Points. The model was extended to the family, so that only relatively small numbers of children were placed in residential institutions.

This changed in the 1990s, when the network for specialised pre-school provision shrank considerably and led to sharp decline in numbers of children served. In the past 10 years, the need for new pre-school facilities could not be met, while the number of registered CWD increased. Rural areas have been particularly affected in their capacity to meet the special educational needs of CWD; this was confirmed (during an OECD site visit) by the Head of the Department of Education in Khojand, who named the shortage of teachers and resources as the most acute problem.

As provided in the "*Draft Regulations on Pre-school Educational Facilities of Republic of Tajikistan*" (31 August 2007), special pre-school

educational groups for children with speech impairments, hearing impairment, visual impairments, mobility impairments and intellectual disabilities have been established at mainstream kindergartens. Currently special groups are working in selected mainstream pre-school institutions in the provinces of Gorno-Badakhstan, Khatlon (kindergarten No. 7 in Kurgan-Tube city) and in several districts in the Region of Republican Subordination (Gissar, Vahdat, Leninsky, Shahrinavsky). There are also groups for children with tuberculosis or who have parents with tuberculosis, or children who are chronically ill. Unfortunately, data on these groups and the number of children attending are not available at the Departments of Education.

The most diversified and multi-profile pre-school establishment is the specialised Republican Pre-School Institution No. 42 in Dushanbe. It serves children with visual impairments, with problems of the loco-motor system and hearing-impaired children. In 2001 the staff of Institution No. 42 was permanently complemented by specialised groups from two kindergartens (No. 48 and No. 98) in Dushanbe, which were relocated because of lack of appropriate living conditions, medical equipment and medication at their former work places. Since 1982 the health services to the children in kindergarten No. 42 are provided by staff of the Republican Ophthalmologic Hospital.

The other specialised pre-school facilities in Tajikistan have serious shortages in resources, and above all in experienced and trained staff, and are therefore not functioning at their full capacity. In most of these schools, there are only speech therapists, none of whom have received any in-service training to improve their qualifications.

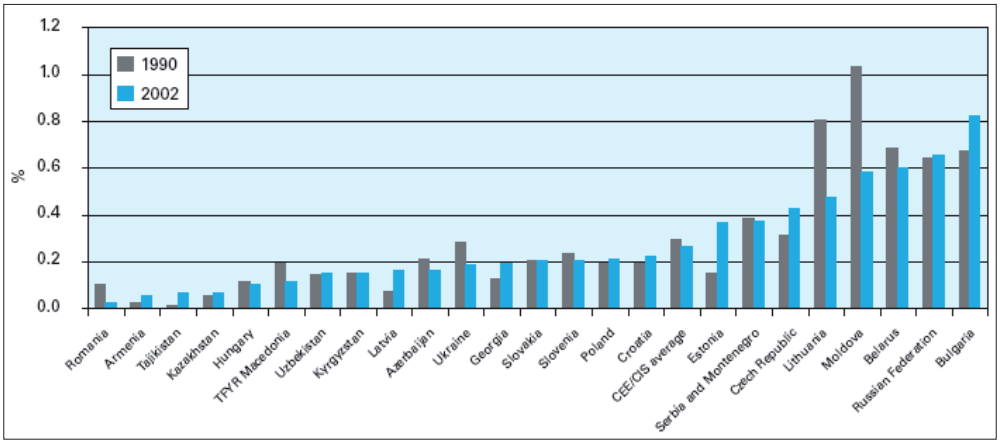
The OECD review team was not able to visit any pre-schools. There is also insufficient information in the supporting documents to draw any conclusions about the quality of specialised pre-school provision.

## General education (primary, basic, secondary) – non-residential schools

There are no data on the number of CWD in mainstream compulsory education – in special classes in mainstream schools or in regular classes. Interviews by the OECD review team with parents during the site visits indicate that, in most cases, the authorities preferred institutionalisation in residential schools.

In one case, home schooling was granted only after the initial rejection by the local Department of Education was challenged in court. In another case, the child was asked to come to school after hours, although an arrangement for home schooling was already in place.

Figure 4.8. **Number of children with disabilities in public institutional care as a percentage of the relevant population, 1990 and 2002**




Notes: 1. Figures given for 1990 are for 1995 for Kazakhstan, 1992 for Ukraine. Figures given for 2002 are for 2001 for Bulgaria, 2000 for Serbia and Montenegro.

2. "Children with disabilities in public institutional care" refers to children in institutions for the physically or mentally disabled.

*Source:* UNICEF (2007).

The Head of the Department of Education in Sughd Province noted that the main options for CWD who are "educable" are the three special boarding schools – for children with vision impairments (83 children) in the city of Isfora, for children with hearing impairments (207 children of whom 72 are girls) in the city of Gafurov, and for children with intellectual disabilities (274 children of whom 84 are girls) in Khojand.

Consequently, the majority of parents who seek educational services for their children and can not make use of home schooling programmes (which is mostly the case in rural regions where the infrastructure is poor), are referred to a residential institution.

Nevertheless, there are indications (Vogt, 2007) that a relatively small number of CWD live in institutions and receive education in residential schools (less than 20% of the estimated number). The low overall number of CWD involved in educational programmes (see Figure 4.7) and the lack of real alternatives to residential education leads to the conclusion that the children "missing" from the special schools receive no education at all.

There is now an increasing interest in home care and education, and as a result of pressure by parents, the MOE has created possibilities for day education of blind and deaf children and those with learning disabilities.

Three classes were introduced in 2003/2004, and now there are 16 classes for children with disabilities in Sughd Province. Some of these children did not have access to education before.

## Transition beyond compulsory education

There are no data on the transition of students with special educational needs to levels beyond compulsory education. Access to secondary specialised education and to higher education is possible only for people with 2nd and 3rd grades of disability. Education in any case takes place in general education institutions.

For the presumably very small number of disabled children who made it as far as secondary school, the system offers only three options: (1) remain at a residential institution and drop out after completion of general education; (2) continue to stay at home; or (3) go to a specialised professional school of the MOLSP. The last option is available in only a very limited number of cities.

The legislative framework envisages a quota for people with disabilities applying to State higher education institutions. Yet, no data could be found on the numbers of students with disabilities in tertiary education.

Given the dominance of the medical approach in preparing CWD for education, and the practice to institutionalise/isolate students with disabilities in residential institutions, it is unlikely that they are able to obtain the qualifications required to enrol in higher education and complete it. In addition, the universities are for the most part not accessible and offer no additional services to support disabled students. The numbers of students with disabilities are therefore presumably very low.

## Vocational training

Article 26 of the Law *On Education* states that "technical and vocational education should be available, and higher education shall be equally accessible to all on the basis of merit."

According to the background report for this review, the MOLSP supports a system of primary vocational education, including a special school-lyceum for disabled persons located in Dushanbe city with a branch in the town of Taboshary where disabled people aged 14-30 can receive a professional education. Data on these students would be available only in the particular schools, and are not part of the Republican statistics about education.

However, the professional training offered is often outdated and does not depend on the market demand, but on the availability of textbooks, resources and educators. There is no reliable information on graduation rates, transition

to the labour market or to higher levels of education of students with disabilities from the specialised colleges.

### Home education

According to the provisions of the Law *On Social Protection of Persons with Disabilities* (1991), if education in mainstream or special schools is not possible and upon the wish of the parents, children with disabilities can be provided with home schooling (16 hours a week and a maximum of 4 hours a day). If this is approved, a teacher is assigned to the child and obtains a supplement of USD 10-12 to his/her monthly salary. Teachers can be either from regular or from special schools.

In the majority of cases home schooling is not provided because parents are not aware of this possibility, and are not knowledgeable about home schooling arrangements.

## *Residential schools*

The organisation of residential schools for CWD is provided in the *Standard Regulation for Educational Institutions of Boarding School Type in the Republic of Tajikistan*. Of the seven categories of institutions envisaged in this regulation, two are referring to educational institutions of "boarding school type for disabled children" and to educational institutions "of special school type" respectively. The latter category includes residential facilities that provide not only education, but also rehabilitation and socio-medical care. Children "in conflict with the law" are also subject to referral to this type of institution.

According to information provided by the MOE (Navruzov, 2008), in 2008 13 of 68 residential (boarding) schools in Tajikistan were for children with disabilities, housing 1 269 children, which was 13.28% of all children in residential care in Tajikistan. According to information from UNICEF, in 2008 four of the specialised boarding schools, hosting 489 children with disabilities, were financed from the Republican budget; the others from the local budgets.

The children are referred to these facilities by classification of their "defects" – hearing, vision, speech, musculo-skeletal system disorders (the prevalent type of disability in Tajikistan). While there is no central register of the prevalence, grade of disabilities and age composition in the boarding schools, in reality the children attending are mostly having weak sight or are blind, are hard of hearing, deaf or deaf-and-mute, and/or have minor deviations in intellectual development that do not make them "uneducable".

Table 4.8. **Occupancy in specialised boarding schools in Tajikistan in 2007**

| Republican Boarding Schools (2007) | Capacity | No. of Residents | Disabled |
|---|---|---|---|
| The national special boarding school for polio children in Hissar district | 300 | 234 | 91 |
| The national boarding school for blind children in Hissar district | 200 | 120 | 120 |
| The national boarding school for deaf children in Rudaki district | 300 | 251 | 251 |
| The national boarding school for hard-of-hearing and late-deaf children in Rudaki district | 300 | 141 | 141 |
| Total | | | 603 |
| **Boarding Schools in the Sughd Province (2007)** | | | |
| Boarding school for mentally retarded children in Khujand city | | 229 | 224 |
| Special boarding school for disabled children (deaf and mute) in B. Gavurov district | 330 | 202 | 78 |
| Special boarding school for visually impaired children in Isfara city | 200 | 82 | 82 |
| Complex boarding school for blind children in city Khujand | | 40 | 40 |
| Special boarding school for blind and visually impaired children in city Khujand | | 60 | 60 |
| Total | | | 484 |

*Source:* Ministry of Education, Tajikistan (2007).

The curricula used in the boarding schools are in theory those developed and approved for the Tajik general secondary schools, in line with a regulation under the name *Explanation to the Curricula for Special Boarding General Education Schools for Children with Disabilities* in Tajikistan. This regulation further indicates that curricula in residential institutions of the MOE are supposed to take into consideration "special features which are characteristic to the particular residential schools". The textbooks should also correspond to those in the mainstream schools.

The appendices to the "*Explanation"* describe curricula for residential schools for deaf-and-mute students (from pre-school to grade 9), for hard-of-hearing students and those who have gone deaf late (first to grade 10), for blind and visually impaired students (first to grade 12), for children with locomotive system diseases and poliomyelitis/polio (grade 1-10), as well as curricula developed for auxiliary classes in special residential schools/ boarding schools.

The intended alignment with "mainstream" curricula is however not the reality for most special schools, mainly because of a shortage of resources for professional staff, equipment and teaching/learning materials. With very few exceptions, the residential institutions face the problems common to the regular schools in Tajikistan, but to an even greater extent: shortage of experts and teachers (Sughd: two specialists for 100 students), lack of (updated) school books and teaching materials in Tajik language, substantial deficits in school infrastructure (buildings, equipment and furniture), lack of technical aids and shortage of pharmaceuticals.

The specialised residential schools are for the most part far away from the place of residence of the families of children with disabilities. In addition to the cost of travel and often poor transport infrastructure, this causes many of the children to remain isolated from their parents or relatives for long periods of time.

### *Field visits to residential schools*

During the site visits, the OECD review team visited two special schools in Sughd Province: the *School for the Deaf* in the B. Gafurov district, and the *School for Children with Intellectual Disabilities* in Khojand.

At the time of the visit, the *School for the Deaf* housed 215 deaf children, 74 of them girls. The class size was small, with six to 10 children per class. Children had come from rather distant places – 180, 150 kilometres away – and were able to see their families only once per quarter, sometimes less often. Most children were from very poor families.

The curriculum used is the old Soviet curriculum from 1983, in Russian. The school director said they hadn't received new literature and textbooks for many years now. As part of a new project funded by the Open Society Institute, literature and computer programmes were purchased to help improve teacher qualifications and to provide better services to the children (for example, software that helps teach deaf children to communicate). Hence, the children learn Russian sign language and learn their other subjects in Russian, because there are no textbooks or supplementary literature books or materials in their own language. However, for the children in the school who have additional developmental disabilities there are no alternatives, so that these children are practically excluded from the education process.

The school has a budget of 1 somoni per day or USD 120 per year for each child, which means that the school administration is obliged to negotiate with local businesses for food, coal, repairs, and funds for renovations.

The *School for Children with Intellectual Disabilities* in Khojand (both residential and non-residential), was founded in 1982. It has 224 students (67

of whom are girls), and of those students, 72 receive home teaching and 150 stay at school. The majority of students are from Khojand. The textbooks used are in Tajik.

The school also provides vocational training in the following professions: plumber, carpenter, shoemaker and seamstress. The majority of their graduates obtain jobs, or work out of their homes. The director noted, however, that they only accept children with a "light form of retardation." Some of the students used to go to mainstream public schools, but could not cope with the school curriculum and dropped out to go to a special school.

The number of children attending the school has increased since 2004. The school's total capacity is 250 children; its dorm capacity is 150 beds. There are 55 teachers at the school and 20 assistant teachers. Teachers work 16 hours and the assistants 25 hours a week. The size of the classes is small, with seven to 10 children per class. All of the children go to their families during the weekends.

### *Monitoring of institutions*

By law, quarterly reports from all specialised institutions must be sent to the responsible ministry. The ministry is empowered to inspect the institutions at any time, and does so in particular if children or their parents report problems.

Even if no problems are reported, inspections are carried out regularly. Yet, the monitoring system focuses on the infrastructure and on the inspection of the physical aspects of the school, not on its curriculum or teaching methods. In the interview with the OECD review team, the Head of the Education Department of Sughd Province commented that inspections were carried out twice a year because it is important to "check the temperature at the schools."

## ***De-institutionalisation programmes***

De-institutionalisation of CWD can be approved on the basis of repeated examination of the child. This is possible because, at the time of the initial categorisation and assessment of disability grade, a time limit is specified for the period of the child's disability status is being set. After this period has expired, the child must again visit the PMPC, where he or she can be re-assessed and, if appropriate, transferred from one group of disability to another or (in theory) – de-institutionalised.

In 2003 the Government of the Republic of Tajikistan established a Commission on the Rights of the Child. This stimulated a process of

de-institutionalisation, which included country-wide measures to reduce the number of children in residential institutions and return the children to their families. This opportunity is not, however, suitable for all the children.

At the time of the OECD visit to the residential school in the Gafurov District, Sughd Province, only 2% of the children were full orphans, while more than 80% had biological parents. From the Urun Khojaev Residential School located in the Sughd region, 180 children have been returned to their homes and to general education (mainstream) schools, with assistance and support from the National Commission; the residential school has been transformed into a general education school.

Foster families have been organised as part of the process and as an alternative to residential care. This is not yet widespread in the country, and in most cases child trusteeship and guardianship agencies select guardians for children aged 0-14 years left without parents (UNICEF TransMONEE, 2006a).

Another systemic, yet rather theoretical path to de-institutionalisation is the adoption of children with disabilities. According to the results of a survey by the Expert Group on Children with Disabilities of the National Commission on Child Protection (Spencer, 2003), in the years 2001-2003 there two unsuccessful adoptions of children with disabilities, mediated by the MOE. There were 64 adoptions in Tursunzade and 13 in Rasht, but it is not known how many of the children, if at all, were disabled.

UNICEF and ORA International also have de-institutionalisation programmes that have yielded very positive results. Since 2002, ORA has helped more than 900 children from Dushanbe residential schools No. 1 and 4 to return to their homes, and has succeeded in integrating some of them in general education schools. Under its Social Worker Training Program, ORA trained more than 50 social workers across the country from among staff members of the residential schools, the local authorities, NGOs, and general education schools. These persons were then able to act as “multiplicators” by holding awareness-raising training sessions for other professionals, and support disabled people in establishing their own businesses.

Donors provide humanitarian assistance in the form of school supplies, food and clothes to practically all the children who are known to have been returned to their families. Mainstream schools that have accepted children from residential institutions receive infrastructural assistance (school furniture, supplies).

## Training of teachers for children with special education needs

Training of teachers, psychologists, and those specialising in mental and physical disabilities is offered by the Tajik State University and the Tajik Pedagogical University. The Pedagogical University has a Department of Defectology or Correctional Pedagogy for speech therapists and specialists who work with children with intellectual disabilities.

During its visit to the Pedagogical University the OECD review team was told that at that time there were eight students studying "oligophrenia" (the study of intellectual disabilities) and 12 students trained as pre-school teachers. The students serve as volunteers/interns at inclusive pre-schools No. 151 and No. 42 (which are now inclusive), or at residential institutions/special schools. At the time of team's visit, six students were serving as interns at pre-school No. 151. In 2007, the first group of educational psychologists graduated.

The technical and human resource base of the University is, however, badly outdated, and the training was described as incomplete. Most of the textbooks are still in Russian. In the meetings of the review team in schools, with officials and in universities, all respondents stressed the multiple problems in the area of teacher training, in particular:

- Universities are still using old textbooks on special education
- Teachers are not trained in new technologies and methodologies
- Resources are limited
- Special education or defectology is not a popular topic
- There is only one major – speech therapy.

The lack of specialists in urban and, above all, in rural areas seems to be a particular problem. The average salary for a teacher (one shift) is around 116 somoni or USD 34 (2007).

The visit of the OECD review team to the School for the Deaf in Sughd Province revealed that only five of the 60 teachers and 40 assistant teachers in the school have any training in special needs education, and any knowledge about how to work with CWD/SEN students. These five teachers were trained in Tashkent a long time ago and will soon reach retirement age. Apart from one week of teacher training for one specialist, carried out by SATR (Kazakhstan), there has been no in-service training since 1986 and the average age of the teaching staff was 45. Some of the teachers graduated from the local pedagogical university, and some do not have university education at all.

Before April 2007, the teachers at the school were receiving 25% supplement to their regular salaries for their work with CWD/SEN students. The

supplement was stopped without prior notice, although the number of working hours exceeds the regular teachers shift by more than 34% on average.

This is not an isolated case, and partly helps explain why Speech Pathology as a subject of study at the Pedagogical University has very low prestige. The Department was closed for two years because of lack of students. There is also a shortage of lecturers, due in part to the lack of funding to increase salaries.

The staff at the Department appeared nevertheless very committed to their work; they are also supportive of the concept of inclusive education. It would provide additional support in this respect if more resources and educators were made available to strengthen the trend.

The Pedagogical University collaborates with the *Step by Step* programme of the Open Society Institute. Department staff has participated in training on inclusive education presented by international experts. Together with UNICEF, the staff helped to carry out an interview survey of 6 000 families, during which it was discovered that one child in five (or 20%) has a disability.

Apart from training sessions by international organisations and NGOs, there is no in-service training and no other support for teachers working with children with disabilities or SEN; even the home schooling supplement is rarely available. The Pedagogical College in Dushanbe does not train teachers to work with disabled children, and the Pre-Service Training Centre located in the same city as well as the Republican Institute for Teachers' In-Service Training lack any refresher courses. There are also no courses on Inclusive Education.

The Ministry of Labour and Social Protection plans to train 25 certified social work specialists through financial support from UNICEF in 2008.

## The role of the private and non-governmental sector

### *Employers*

The involvement of employers and the private sector in the area of education in Tajikistan is still minimal.

Employment of graduates from the schools for CWD is the responsibility of the social welfare authorities, and of the employment commissions of local governments. Disabled adolescents may be employed taking into consideration their level of disability, as determined by the relevant Medical Commission.

Employers have no (legal) obligation to employ disabled people. The experience of many local NGOs and international organisations shows that disabled children and adolescents *can* work productively, if they have access

to an enabling environment. Still, if the Commission determines that the graduate is (still) disabled, his or her employment depends only on the good will of the potential employer.

No data could be found on the transition of people with disabilities into employment.

### *Non-governmental organisations*

At the beginning of their activities in the mid-1990s, NGOs in Tajikistan were mainly involved in humanitarian assistance programmes targeting families with disabled children to help them survive the difficult post-war conditions. As the political and economic environment improves, the NGOs are gradually shifting to the implementation of developmental education and other programmes for an array of target groups.

The MOLSP organises regular meetings with local NGOs, in order to provide an opportunity for dialogue between government agencies and civil society.

Three of the major national disability NGOs in Tajikistan are the National Society of Disabled People, the National Association of Blind People, and the League of Women with Disabilities

The contribution of international NGOs, donors and organisations to the planning and funding of the education system in Tajikistan is of paramount importance in the area of policies for CWD/SEN children as well. Almost all projects in this area are supported by international organisations, or local NGOs, or both.

Project partners usually are the national NGOs, which represent the interests of people with disabilities, institutions offering provision for CWD (Kindergartens, secondary schools, specialised schools, "centres of children's creativity" etc.), and/or stakeholders – which in most cases means the children and their parents.

According to the background report, there are more than 20 NGOs in Tajikistan that conduct activities aimed at supporting CWD and their families. These organisations have experienced staff, many of whom have received training and capacity building from international organisations.

During the visit of the OECD review team to Tajikistan, it met with three NGOs working to improve access to education for CWD: ORA International, Save the Children and the Parents' NGO *DOV*.

Below is a selection of exemplary activities with the potential for multiplication, or in other ways aimed at triggering reforms at system level.

### *NGO of parents in Dushanbe*

The parents' NGO *DOV* that co-operates with the PMPC in Dushanbe has been providing outreach, referral and legal advice to parents of disabled children for nearly two years. Fifteen parents belong to the association, and offer support to each other. Today, this core group is able to offer consultation to approximately 100 parents each month. The PMPC provides them with office space and professional support, and offers access to its rehabilitation equipment. The main aim of the members of the association is to gain access to mainstream schooling for their own children.

This parents' NGO has helped many other parents of disabled children to gain access to education, services and benefits. They also organise social events for them, like visits to the zoo or other public places, where they would feel uncomfortable going alone.

During the site visit of the OECD review team, representatives of *DOV* noted that parents still feel a great deal of shame with regard to their children; and parents are still embarrassed and afraid of the negative attitudes of others. By going to public places, *DOV* helps the parents and children feel more comfortable being in public, while also changing attitude of people in their community.

Table 4.9. **NGO activities for children with disabilities in Tajikistan, 2003**

| Name of NGO | Activity | Located in |
|---|---|---|
| NGO Health | Support for parents of children with psychological problems | Dushanbe |
| NGO Avrora | Education of girls with vision problems | Dushanbe |
| NGO Dilsuz | Humanitarian and social assistance | Dushanbe |
| NGO Neki | Day care centre for CWD | Dushanbe |
| NGO Special Olympics | Sporting activities for CWD | Dushanbe |
| NGO Munis | Day care centre for CWD | Dushanbe |
| NGO Nilufar | Education and professional life skills | Dushanbe |
| NGO Shafokat MERSI RT | Centre of innovation programmes for deaf children | Leninsky District |
| NGO Dilafruz | Day care centre for children | Vaksh District |
| NGO Dilshod | Equipment makers for CWD | Vaksh District |
| Save the Children, UK | Inclusive education | Vaksh, Bokhtar |
| Society of Deaf People | Education and professional life skills | RT, Dushanbe |
| Society of Blind People | Professional skills | Dushanbe |
| Society of Chernobyl Union | Humanitarian assistance | Dushanbe |
| NGO ORA International | Social worker training and social assistance | Dushanbe |

*Source:* A Situation Analysis Report on Children with Disabilities in Tajikistan, Yvonne Spencer, Expert Group on Children with Disabilities of the Tajik National Commission on Child Protection, 2003.

Table 4.10. **Parents' reasons for placing children with disabilities in a residential institution**

| Reason given by parent for placing CWD in an institution | Ranking of reasons: 1 = most frequent response, 6 = least frequent response |
|---|---|
| Special protection | 1 |
| Shame | 2 |
| Pressure from relatives | 3 |
| Transport | 4 |
| CWDs should stay together | 5 |
| Isolation | 6 |

*Source:* A Situation Analysis Report on Children with Disabilities in Tajikistan, Yvonne Spencer, Expert Group on Children with Disabilities of the Tajik National Commission on Child Protection, 2003.

The three parents the OECD review team interviewed admitted that they too had been very surprised when a young man with a disability, who uses a wheelchair, led disability awareness training for them. They have few if any role models of people with disabilities living active lives. Unfortunately, NGOs like *DOV* are still exceptional in Tajikistan.

### *Save the Children model programme: promoting inclusive education*

The Central Asian Office of the *Save the Children* in collaboration with children's organisations, Support Education Committees and school administrations, seeks to create the conditions allowing or enhancing access to schooling for all children. To-date, these activities have covered about 500 children with disabilities.

This NGO started work in Tajikistan in 1994. The work is mainly focused on families and on providing support. Since 2000, *Save the Children* is actively promoting inclusive education.

Although there is no public or legal recognition of inclusive education, *Save the Children* led a project aimed at establishing inclusive pre-schools in already existing day care institutions in two districts (Vakhsh and Bokhta) in Khatlon Province.

The local parents' association was actively involved in the project, and ultimately five disabled children were included in the day-care facility. Staff of the day-care and local education officials participated in the training. According to a *Save the Children* representative, the project was very challenging, because the provincial Education Department as well as parents were very resistant.

This programme, however, yielded very positive results in the education and socialisation of CWD, and owes its success to the use of public education, training for specialists, modern approaches to the challenges posed to the education system by CWD, and programmes based on international best practice.

The inclusive education project of *Save the Children* took place over a three-year period (2004-2007) and reached 102 schools in 18 districts of the Khatlon region: Baldzhuvon, Juma, Kolhozobad, Muminobad, Sarband, Temurmalik, Huroson, Hamadoni, Shurobod; Sughd region: Aini, Gafurov, Gonchi, Istravshan, Konibodom, Shahriston, Panjakent; Dushanbe: administrative districts, Shohmansur. Project activities were divided into four key components:

- Teacher training, which involved 102 schools and around 30 000 mainstream teachers;
- Establishment of community education committees to provide support for schools;
- Establishment of children's clubs (with disabled and non-disabled students), where ultimately a total of 1 020 children participated;
- Setting up a mobile PMPC team that travelled around the villages and provided information and referral to 1 045 children.

Key problems during project implementation were the lack of resources and capacity on all levels (family, government agencies, and schools), and the persistent negative attitudes toward people with disabilities.

As a result of this project, however, 522 disabled children are now going to mainstream schools, and 10 children were provided with technical aids to support them during their studies. *Save the Children* now has ready-made training modules that could be disseminated outside the pilot cities.

### *European Union: projects to develop community based services for families*

Many projects and activities have already been carried out under the Tacis programme of the EU. The main aim was the formulation of a strategy for social services development (2007-2010) with the MOLSP. Within this strategy, pilot projects were developed with regard to non-residential care in which social workers and other professionals will provide services at home or close to home in the community.

Three day-care centres for persons with disabilities and four territorial centres for social services will be established, operated by external providers

and funded from the governmental budget in 2009/2010. At the time of the OECD review visit to Tajikistan in January, 2008, funds had just been approved for projects to be implemented by four international organisations: (1) the consortium of ORA International and Mission East; (2) Hilfswerk, Austria and (3) Caritas, Germany.

Each of these NGOs will implement a project with a different approach in order to develop a range of services for people with disabilities in Tajikistan. EU funding for the follow-up of these pilot activities after 2010 will be secured as well. The main Tajik national project partner is the MOLSP.

The projects aim at developing quality community-based services, establishing day-care centres, retraining government health and social workers, educating and supporting parents, holding disability advocacy campaigns, making links between centres and schools, supporting disabled people in setting up their own businesses, and making services physically accessible.

### *ORA International*

ORA International (*Orphans, Refugees, Aid*) has been working in Tajikistan since 2002 and, apart from the de-institutionalisation project described before, it has organised income-generating projects and training for professionals to serve as social workers in their communities, public schools, local governments, NGOs and secondary schools.

More than 50 people (staff of public schools, local governments, NGOs and secondary schools) throughout Tajikistan were trained to be social workers.

ORA International frequently collaborates with other Tajik and international NGOs to implement projects; in this particular project, it engaged disabled trainers to lead the disability awareness trainings. This made a strong and positive impression on many professionals and parents of disabled children, since it demonstrated the potential of people with disabilities in a country where disabled people are still hidden away and deprived of the rights and opportunities of their non-disabled peers.

# 4.4

# Recommendations

There is a certain challenge in formulating recommendations on the Tajik policy context for children with disabilities and those with special educational needs. This OECD review shows that on the one hand there is a clear necessity for *immediate action* in a number of policy and system management areas related to the provision for children with disabilities (CWD) (such as data collection, identification, pre-school education and early intervention, school infrastructure, and training of staff to name just a few). On the other hand there is an urgent need for longer-term investment in *policy reform with sustainable results*. Apart from alignment with international agreements and standards in place, the key to the latter is in reaching a national consensus on a range of measures with long-term feasibility, which would be based on an inclusive education model, and a social (rather than merely medical) approach to disability.

Given the limited budgetary resources, the stated scepticism of officials regarding the implementation of an inclusive education model in Tajikistan at present, the social stigma on children with disabilities and their families, the almost complete lack of inclusive and needs-based elements in the current education system and the low priority of this problem area, the recommendations that follow here offer a mix of policy advice for short-term intervention and long-term oriented measures in support of a transition to more needs-based education, thus seeking to avoid the trap of "wishful thinking".

In many of the suggested steps it would be essential to take advantage of existing NGO and donor programmes and their lessons learned, and to promote and support capacity building measures in all sectors of relevance.

The present set of recommendations refrains from requiring simultaneous implementation and allows for a gradual approach. Even so, any step along these lines requires sufficient priority and funding.

## Policies and legal framework

### *Priority setting*

Tajikistan is a poor country. Budget resources are scarce and, given the economic performance of the country and its poor infrastructure in almost all sectors, their management leads inevitably to a drastic trade-off between policy areas. Yet, in making choices policy makers must be aware that, because of their cross-sectoral nature, any policies and strategy for CWD are doomed to fail if they are not given sufficient priority on the political agenda. Thus, the first recommendation is to:

*Develop a feasible national strategy for quality, needs-based education for all, and an action plan. This would involve the following:*

- Under the auspices of the President, the Ministry of Education should initiate and lead a process of developing a national strategy for reforming the education system towards needs-based education for all. This should be done in co-operation with the Ministry of Health, the Ministry of Labour and Social Protection, and the Ministry of Finance. The strategy should be based on regular consultations with all stakeholders, mobilise national and international expertise and take into consideration all relevant international agreements. The strategy should further relate to all levels of government (national and regional).
- The guiding principle in the elaboration of a strategy and an action plan should be that all children, no matter what the degree of their disability or special need, are considered educable.
- The strategy and its action plan should be designed as an inter-ministerial instrument for guiding the transition from a "correctional" approach to disabilities to needs-based education policies for CWD and those with special educational needs.
- The strategy and its action plan, once elaborated, should be the basis for steering the technical assistance of and defining co-operation objectives with the donor community in the area of provision for CWD/SEN, and an orientation point for the activities in the NGO sector. This is a core prerequisite for coherent policies for CWD/SEN and for a feasible transition to high-quality, needs-based education system in the long run.

### *Legal framework*

- The monist legal system of Tajikistan puts a number of UN Conventions on human rights at the immediate disposal of policy makers as national law.

These agreements should be used as sources of reference in the national legislative process. The laws and regulations concerning the rights of CWD should be fully compatible with the relevant treaties, in particular with the UN Convention on the Rights of Persons with Disabilities, which Tajikistan should ratify as soon as possible.

- The existing legal framework, in particular the legislation related to social protection, should be updated in line with the economic and social development of the country, taking into consideration the available international expertise and experience of stakeholders.
- The legislation on CWD in Tajikistan is limited to regulating institutionalisation, the general provision of education in residential institutions, and distribution of benefits. The existing legislative framework should be as soon as possible complemented with laws towards more needs-based education, in particular on the duties of institutions and bodies to facilitate de-institutionalisation, on empowerment of schools and teaching staff for integration of CWD in mainstream education, on increasing the coverage of pre-school education and care for CWD, and on providing education to CWD in residential care.
- Tajikistan should also build on international experience and develop a national standard for equity, efficiency and accessibility of mainstream republican and regional (local) schools, and ensure its implementation through the development of quality assurance mechanisms with a direct link to budgeting.
- Serious consideration should be given to the creation of a law on education for children with disabilities.

### *Co-ordination of health, education and welfare policies*

- The shared institutional responsibility for implementation of policies for CWD/SEN (health, education, welfare) should be subject to centralised co-ordination at all levels of governance. The overall responsibility of this cross-sectoral task should be on a supra-ministerial level, for example in the cabinet of the President. To this end, it is advisable to create an inter-institutional co-ordination council, under the co-ordination of the Ministry of Education.
- The co-ordination process must also regularly involve the NGOs and all international donors active in the field, which should ultimately lead to stronger and more concise NGO engagement in the support provided to CWD.

- The Ministry of Education must be able to monitor the provision of education, the compliance with national standards (once they are defined) and obtain data on students and funding from all schools for CWD in Tajikistan, irrespective of the Ministry or body in charge of a particular school.
- Given the dependence of the education sector on external financial aid, as well as the prerogative of the Ministry of Education to be a contractual counterpart in this respect, it is paramount to put the Ministry in charge also of ensuring coherence of national priorities in the field of CWD and SEN with those of the donor community.

## Data

- In the context of its national strategy, Tajikistan must undertake a national study to collect reliable statistics on CWD as soon as possible, using OECD and WHO classifications where appropriate. The ongoing work of the Ministry of Labour and Social Protection on a database of children with disabilities could be a good starting point in this respect.
- The study should be carried out in co-operation with the National Statistical Committee and draw on international expertise. One of the main outcomes should be the establishment of a regularly updated national database on CWD.
- The study should be a stepping stone in introducing a differentiated yet coherent collection of data on CWD as part of the national statistical mainstream. The collection of data must also cover CWD who are currently "invisible" for the national statistics on education because they are in schools/institutions which are not under the authority of the Ministry of Education, or who are only provided medical care or no care at all.
- The fulfilment of these recommendations is a core pre-requisite for evidence-based policies for CWD and those with special educational needs, and for a feasible national strategy for transition to needs-based education. There is no other path to efficiently planned educational, health and social policies related to CWD/SEN.

## Funding

### *Feasibility and efficiency*

- Given the economic situation of Tajikistan and the proportionately high levels of external aid, designing and implementing policies for CWD and those with special educational needs must be guided by considerations

of feasibility, and in excellent co-ordination with the international donor community.

- Funding for education institutions should be linked to the performance and compliance of schools with national standards on accessibility, both infrastructural and pedagogical. To make this possible, the focus and reliability of the reporting and monitoring mechanisms in place must be adapted, and the existing national standards reviewed and complemented.
- Since the level of funding for benefits for families with CWD is very low, the benefits system should be more strongly geared towards the provision not only of individual financial support, but also of service and counselling, possibly through a new generation of psychological-medical-pedagogical commissions (see below). This could be an additional incentive for parents to register their disabled children.
- Allocation of budget resources for education of CWD should be in line and support the reform agenda towards more inclusive education and be left to the Ministry of Education.

## System-level response to CWD and those with special educational needs

### *Identification*

- Outreach in the rural areas is essential in solving the problem of CWD who are not registered. The de-centralised administration of provision for CWD in Tajikistan through the local government can be a strong asset in facilitating the efficient expansion of provision to families from the rural areas, and in stimulating an increase in the rate of registration of newly born children and CWD.
- An outreach programme for early identification of children with disabilities should be developed urgently. It would include the modernisation of PMPCs, awareness raising campaigns, training of staff for home visits and surveying of families.
- Home births may often lead to birth traumas and contribute to the number of "invisible" CWD. Birth in hospitals and clinics rather than at home should be encouraged, and access to pre-natal screening for early diagnosis should be expanded to the main cities of all regions. Combined with measures allowing for continuing observation until delivery, this could help reduce the number of unregistered births and unidentified CWD.
- The implementation of the programme could be supported and co-ordinated by the PMPCs. Following the example of the PMPC in Dushanbe as laid out in this report, these should be gradually transformed into service centres.

This would make access to even minimal early intervention, special education or other advice much easier. Combined with an awareness raising campaign and a closer co-operation of parents, their NGOs and government agencies, it could create an additional incentive for registering CWD.

### *Assessment*

- The assessment process holds a very high potential for supporting a gradual change in policies for CWD, towards providing education for all and, wherever possible, for integration and inclusiveness, *inter alia* through pro-active monitoring of residential institutions. The PMPCs could play a key role, if this potential is mobilised as soon as possible. The Ministry of Education should thereby have a prominent role.
- Following the good practice example of the PMPC in Dushanbe, the establishment of a new generation of PMPCs with permanent staff in the major cities of all regions, and at a later stage districts, should be initiated immediately.
- Such PMPCs should be used as a main instrument for expanding the outreach of services provision for CWD (including coordination of home schooling), for empowerment of families of CWD, and for awareness raising.
- The PMPCs (both the existing and reformed ones) must also be charged with the regular assessment of CWD already in residential care and their education needs, with pro-active quality control of residential institutions and the provision of education, and should have a strong focus on de-institutionalisation and subsequent integration possibilities.
- Assessment should never be biased, either towards institutionalisation or against it, since none of the options is an aim in itself. The guiding question should constantly be: *what setting would best serve the needs of this child, in particular her or his educational needs?*
- In a long term perspective, the assessment process should therefore be geared towards assessing the needs and not only the limitations of the children. To this end, it would be advisable to apply a transparent and up-to-date system of categorisation (for example the International Classification of Functioning, Disability and Health of the World Health Organisation), and to develop needs-based tools for assessment.
- The present link to capacities for provision (infrastructural approach) should remain strong since it is a pre-requisite for a realistic allocation of resources, but it should not be the only guiding consideration in the assessment process.
- Assessment at school level must concentrate on the needs of the students and not (exclusively) on their ability to follow the curriculum.

## Residential institutions

CWD in residential care require immediate attention.

### *De-institutionalisation and integration*

De-institutionalisation is only an option if carefully planned, gradually implemented (*i.e.* through day care facilities), and sufficiently monitored. It should allow for re-training and use of existing resources, since implementation gaps might have dramatic consequences for the child. Having this in mind, the available policy priorities would be:

- Annual re-assessment of CWD in residential institutions in light of their (educational) needs and possible de-institutionalisation should be made an obligatory exercise.
- More effort should be put in facilitating de-institutionalisation of CWD and the provision of home education and integration in mainstream schools, where possible. De-institutionalisation should be done in accordance with transparent criteria under consideration of the respective capacities of the system of provision.
- To this end the process of de-institutionalisation which began in 2003 under the Commission on the Rights of the Child must be reviewed and if necessary re-started, with a particular attention to the possibilities for implementing a two-step approach of de-institutionalisation and subsequent integration.

### *Education in residential institutions*

- The educational needs of CWD in institutional care (also in facilities of the MOH and MOLSP) should be assessed, and the results of this assessment should be used in defining immediate action in co-operation with the donor community.
- Residential institutions should be provided with staff able to serve these needs, and in the cases where de-institutionalisation is not possible, co-ordination between the institutions providing social, health and educational services must be ensured and strengthened.
- The alignment of boarding schools with the mainstream curricula should be fully implemented and subject to the same regular monitoring as mainstream schools. Successful implementation will of course heavily depend on the number and availability of professional staff.

## Provision of education

### *School infrastructure and accessibility*

- Large parts of the school infrastructure are in need of repair in the medium to long term. Having in mind that accessibility of schools is often a major obstacle for access to education of CWD, it is essential to include physical accessibility in the set of national standards for school buildings, as soon as possible.
- Compliance with already existing legal accessibility requirements should be ensured. Donors involved in infrastructure projects should be made aware of these requirements and take them into account.
- In the long run, introducing a system of distance learning, combined with elements of home schooling, could help improve education coverage, in particular in rural areas.

### *Prompt and appropriate provision of education*

- The time span between initial identification and the provision of care and services must be drastically shortened. Early intervention and pre-school education should be expanded, in particular through development of programmes for children less than three years of age and expanding the Kindergarten infrastructure.
- Following activities already underway in the context of the "Draft Regulations on Preschool Educational Facilities of Tajikistan", the establishment of pre-school educational groups for children with impairments at mainstream kindergartens must be intensified.
- It is also important to monitor and analyse the progress of this activity in order to make good practices multipliable on national level, and allow for the systematic training of staff. Same must be applied to regular schools, where the establishment of special needs classes would also support de-institutionalisation.
- Regular assessment of students' performance should allow early identification of students who seem unable to cope with the curriculum and might have special educational needs. Standardised measures, such as individualised education, must be put in place in order to avoid drop-out or irreversible institutionalisation. Special schools can act as resource centres in this respect.
- It is essential to develop resources in Tajik language on inclusive education for professionals and family members. A resource centre or small library could be established at each school or at a central location, and made easily accessible for teachers and parents alike.

## Transition to employment

- Employers should be provided with financial incentives to employ people with disabilities (*i.e.* tax deductions) and should be more involved in their training and education.
- Access of people with disabilities to employment in the public sector, in particular of young graduates or drop-outs from compulsory education, should be encouraged and supported, for example through policies of positive discrimination and setting of quota for access.

## Staff and training

- To immediately start addressing the shortage of trained special education professionals, teachers at mainstream schools should receive in-service training in needs-based education practices and topics as universal design, interactive methods, child-centred learning and curriculum differentiation.
- In the short term this can be achieved through the use of (often readily) available external resources, such as peer support, assistant teachers, parents of CWD with a vast hands-on experience, as well as qualified staff from special schools.
- In a longer term perspective and once the corresponding capacities are in place, regular, interdisciplinary in-service training of all professionals in the field of provision for CWD should become obligatory.
- The pre-service training in all professions related to CWD, in particular teachers, needs to be reviewed and adapted in line with the reform priorities. The currently heavily under-developed capacities of universities and pedagogical institutes for in-service training deserve particular attention. It is also recommended to make SEN an obligatory element in the training for *all* pedagogical professions.

## The civil society

### *Awareness raising*

- Public education activities/campaigns are essential and leaders in the campaign must be the disabled persons themselves. The mass media must be involved as well, *e.g.* through targeted information sessions for journalists to be better informed about disability and special educational needs.

- These campaigns should use positive and diverse images of persons with disabilities participating actively in the community. The campaigns should demonstrate the potential of disabled persons to live a full and productive life, yet avoiding the use of "superhero" stereotypes. Target audience of the campaigns should be professionals, family members and other members of the community. Particularly important are awareness-raising campaigns for teachers in general education.
- These activities should be led by NGOs of disabled people and parents, but in close cooperation with educators and school administrators.

### *Empowerment*

- Leaders with disabilities and parents must be empowered and supported through public education campaigns to speak out for their rights, through educational training to understand the concept of needs-based education, and must be helped in their efforts to support the education process.
- This should lead to a stronger involvement of parents in the empowerment work and the monitoring of needs-based education services.
- Young disabled people should be trained as disability awareness trainers, who could also train other disabled youths, parents of disabled children, teachers, university students and in mainstream schools.
- It is essential to involve international NGOs in the capacity-building projects for disability leaders, parents and NGOs. Since training programmes that work through a network of disability NGOs tend to produce more sustainable results, in addition in rural areas efforts should be made to mobilise and support parents and disabled people to establish their own organisations.
- Training for parents and disabled activists could include topics like the social model of disability, key concepts and experiences on inclusive education, peer support and leadership of peer support groups, training of trainers, disability rights and Tajik legislation on the right to education. It should also give the possibility to disabled leaders to presenting their experiences and activities.
- Experiences of successful parents' NGOs such as DOV at the PMPC in Dushanbe should be used as a model for others. It is also important to create opportunities for learning and sharing between those who are promoting inclusive education. Ultimately this helps to build a reliable network of professionals and activists.

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## Reviews of National Policies for Education

# Kazakhstan, Kyrgyz Republic and Tajikistan 2009

## STUDENTS WITH SPECIAL NEEDS AND THOSE WITH DISABILITIES

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