



**Executive Board of the  
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Programme and of the  
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**UNITED NATIONS POPULATION FUND**

**Final country programme document for Tajikistan**

Proposed indicative UNFPA assistance: \$8.9 million: \$5.5 million from regular resources and \$3.4 million through co-financing modalities and/or other, including regular, resources.

Programme period: Six years (2010-2015)

Cycle of assistance: Third

Category per decision 2007/42: B

Proposed indicative assistance by core programme area (in millions of \$):

|                                       | Regular resources | Other | Total |
|---------------------------------------|-------------------|-------|-------|
| Reproductive health and rights        | 3.9               | 2.5   | 6.4   |
| Population and development            | 0.9               | 0.4   | 1.3   |
| Gender equality                       | 0.4               | 0.5   | 0.9   |
| Programme coordination and assistance | 0.3               | -     | 0.3   |
| Total                                 | 5.5               | 3.4   | 8.9   |

## I. Situation analysis

1. Tajikistan has an estimated population of 7.2 million. Seventy per cent of the population lives in rural areas. Tajikistan is the poorest among the countries that make up the Commonwealth of Independent States. It has poor infrastructure, fragmented administration, and human and financial capacity constraints. Frequent crises, including natural disasters, food security problems and chronic electricity shortages, negatively affect economic growth and human development. The recent global financial crisis has had a severe effect on socio-economic development in Tajikistan, with large numbers of unemployed, returning labour migrants.

2. Tajikistan has experienced rapid population growth. Although the total fertility rate declined from 5.7 births per woman in 1980 to 4.0 births per woman in 2000, the fertility rate remains well above replacement level. Fertility is higher in rural areas (4.1 children per woman) than in urban areas (3.6 children per woman). Early marriage is common; nearly 15 per cent of women are married before the age of 18. Pregnancy, delivery and the post-partum period are hazardous for most women. The maternal mortality ratio is estimated to be at least 120 deaths per 100,000 live births. The most common cause of maternal mortality is bleeding (37 per cent), followed by eclampsia (19 per cent) and infection (16 per cent).

3. The use of modern contraception is low (33 per cent) and unmet need is high, largely due to limited access to family planning services. The most popular contraceptive method is the intrauterine device, which is used by 25 per cent of married women. Condoms are used by only 1 per cent of women. Adolescents are far less likely than older women to use contraception.

4. The incidence of sexually transmitted infections has increased markedly over the past 15 years. HIV prevalence remains low, but the number of cases has increased in recent years. Moreover, risk factors for the further spread of HIV are high. Young people account for 84 per cent of reported

HIV cases, and over 80 per cent are infected through drug use.

5. Adolescents and young people make up nearly a third of the population. Their knowledge of reproductive health issues, including HIV transmission and the importance of condom use, is low, and their access to youth-friendly services is limited.

6. The quality of health care is poor. Contributing factors include the lack of up-to-date skills among health workers, as well as inadequate infrastructure, laboratories, equipment, supplies and drugs. Compounding the situation is a lack of awareness, including among decision makers, about issues related to reproductive health and rights. Women have poor access to health care, including reproductive health care.

7. Gender issues affect all aspects of the national social and economic situation. Despite legal foundations protecting the rights of women, the country lacks a strong system to safeguard those rights. Gender-based discrimination and violence persist within the context of a traditional patriarchal society. In addition, women suffer disproportionately from poverty.

8. The reliability of official demographic and health statistics is a cause for concern. The Government will carry out a national population and housing census in 2010; this will provide an opportunity to obtain accurate population statistics. However, *Goskomstat*, the national statistics agency in charge of the census, requires technical and financial support to carry out the census and to analyse and disseminate results.

## II. Past cooperation and lessons learned

9. UNFPA assistance to Tajikistan began in 1995. Until 2000, the assistance was provided under a subregional programme for Central Asia. Assistance focused on improving access to reproductive health information and services and on strengthening policy formulation. The first country programme (2000-2004) provided assistance in the area of reproductive health and helped to improve the understanding of population

and development issues.

10. The second country programme (2005-2009) helped to reduce poverty by focusing on reproductive health and family planning, population and development, and women's empowerment. The programme helped to ensure that the agenda of the International Conference on Population and Development was understood and accepted. Programme interventions focused on geographical areas with the worst reproductive health indicators, covering about one third of the population.

11. Major achievements of the previous programme included: (a) the integration of reproductive health issues into national development strategies and plans; (b) the establishment of a contraceptive logistics management system; (c) improved access to family planning services through campaigns to promote contraceptive use; (d) increased commitment of local health authorities to promote reproductive health and rights; (e) the introduction of evidence-based, lifesaving perinatal interventions; (f) the integration of adolescent reproductive health issues into the national development strategy; (g) the establishment of a strategic partnership with the Committee on Youth Affairs and the launching of a youth-peer network; (h) the increased availability of reliable reproductive health information; (i) technical assistance provided to *Goskomstat* for planning the 2010 national population and housing census; and (j) an effective response to the humanitarian crisis resulting from the severe winter of 2007-2008.

12. Lessons learned from past UNFPA support include: (a) the primary role of UNFPA is to contribute to poverty reduction by improving the reproductive health of the population; (b) strengthening capacity is crucial to achieving better reproductive health; (c) without reliable supplies of reproductive health commodities, high-quality reproductive health services are not possible; (d) there is a need to focus support on priority groups such as young people and on issues such as gender-based violence; (e) attention should be given to the humanitarian aspects of emergency situations; and (f) reliable demographic information is critical in planning and monitoring programme interventions. The country programme action plan will incorporate these lessons.

### III. Proposed programme

13. The proposed programme is the third UNFPA country programme. It will contribute to national stability and to poverty reduction. UNFPA and the Government will implement the programme within the context of water, energy and food security crises, by mainstreaming these concerns into the programme. The programme is aligned with the priorities of the national development strategy for the period up to 2015; the Millennium Development Goals; the UNFPA strategic plan, 2008-2011; and the common country assessment.

14. The programme will seek to strengthen institutional and human capacity to make policy decisions and deliver services; improve the availability and accessibility of high-quality reproductive health services, including in emergencies; and prevent violence against women and protect their rights to gender equality. The programme contributes to two of the four outcomes of the United Nations Development Assistance Framework (UNDAF): (a) poverty reduction and governance; and (b) improved access to high-quality basic services. The country programme outcomes and outputs derive from the UNDAF. The outputs have been modified slightly to make them specific to UNFPA.

#### *Reproductive health and rights component*

15. This component has two outcomes: (a) the health system is strengthened; and (b) among the most vulnerable persons, there is greater access to and use of high-quality reproductive health services, including services to prevent sexually transmitted infections and HIV and AIDS. This component supports the national reproductive health strategic plan, 2005-2014. This plan identifies several priority areas, including family planning, safe motherhood, reproductive health commodity security, adolescent sexual and reproductive health, the prevention of sexually transmitted infections and HIV and AIDS, and improved health information. The programme also supports Ministry of Health efforts to move towards a health sector-wide approach and participates with other agencies, including the World Health Organization, the World Bank and the European Commission, in efforts to develop a comprehensive national health strategy. The outputs below

contribute to reproductive health and rights outcomes 2, 1 and 4, respectively, of the UNFPA strategic plan, 2008-2011 (DP/FPA/2007/17).

16. Output 1: The capacity of reproductive health workers is strengthened to provide high-quality reproductive health care by revising guidelines and standards and by providing training in 25 districts.

This will be achieved by: (a) expanding evidence-based standards and protocols for maternal and perinatal care, family planning, youth-friendly sexual and reproductive health care, and the prevention and treatment of sexually transmitted infections, including HIV and AIDS; (b) strengthening the capacity of reproductive health workers, through continuing education and support, in order to provide effective maternal and perinatal care, family planning, services to prevent and treat sexually transmitted infections, including HIV and AIDS, and reproductive health information; and (c) strengthening the capacity of all reproductive health workers to provide high-quality, gender-sensitive family planning information, counselling and services.

17. Output 2: Health-care facilities are supplied with essential reproductive health commodities, including those used in natural disasters and other emergency situations.

Key activities include: (a) assessing essential reproductive health commodity needs, including the provision of equipment and supplies to hospitals to address obstetric emergencies and to reproductive health centres and laboratories; (b) maintaining and expanding the contraceptive logistics system and condom programming to prevent pregnancies and sexually transmitted infections, including HIV; (c) procuring contraceptives, essential obstetric drugs and equipment for basic and emergency obstetric care; (d) strengthening reproductive health diagnostic services, especially for sexually transmitted infections; and (e) establishing a stockpile of essential reproductive health equipment, supplies and drugs for use in humanitarian situations.

18. Output 3: Adolescents have enhanced awareness and understanding of their sexual and reproductive health needs and rights and effective behaviour to prevent HIV and AIDS and other sexually transmitted infections.

Key activities include: (a) advocacy to reduce legal and other

barriers affecting communities and young people, and providing them with information and education on reproductive health and rights; (b) developing a behaviour change communication strategy for adolescent sexual and reproductive health issues; (c) peer education; (d) technical assistance on healthy lifestyles; (e) strengthening youth-friendly services and referral systems for adolescents in reproductive health care facilities; (f) improved condom promotion and distribution; and (g) participatory planning and implementation of these activities.

#### *Population and development component*

19. This component has one outcome: (a) national and local levels of government have the capacity, including accurate information, to implement democratic governance practices grounded in international standards and law, and to effectively and strategically plan, finance and implement development initiatives in an inclusive and participatory manner. The output below contributes to population and development outcome 3 of the UNFPA strategic plan, 2008-2011 (DP/FPA/2007/17).

20. Output 1: Strengthened capacity of Goskomstat (the national statistics agency) to conduct the 2010 population census.

Key activities include: (a) strengthening national capacity in demography through support to Goskomstat and other institutions involved in carrying out the 2010 population census; (b) sensitizing government policymakers on the importance of reliable census data and its use in policymaking and programming; (c) providing technical assistance, in coordination with assistance provided by other donors, including the World Bank, the European Commission, the Swedish International Development Cooperation Agency and the Department for International Development of the United Kingdom, on census methodology, data analysis and publication and the dissemination of the census results; (d) providing census-related information technology and equipment; and (e) training provincial managers in using census data.

#### *Gender equality component*

21. The gender component has one outcome: (a) improved coverage of high-quality social services

and assistance among vulnerable groups, particularly women and refugees. The outputs below contribute to gender equality outcomes 2 and 3, respectively, of the UNFPA strategic plan, 2008-2011 (DP/FPA/2007/17).

22. Output 1: Information is available for advocacy with policymakers and decision makers on gender inequality, gender-based violence and strategies to prevent gender-based violence. Activities include: (a) improving information on gender inequality, gender-based violence and ways to reduce such violence, particularly aimed at policymakers and decision makers; (b) advocacy campaigns related to gender inequality; and (c) developing a textbook on women's human rights, including reproductive rights, and developing resource materials on gender statistics for students at Tajik State National University.

23. Output 2: Preventive measures and service delivery for victims of gender-based violence are improved, with an emphasis on women and refugees. This will be achieved by establishing and operating shelters at reproductive health centres for victims of gender-based violence and by providing assistance for the victims.

#### **IV. Programme management, monitoring and evaluation**

24. The Ministry of Health will coordinate the country programme, using the national execution modality. UNFPA will collaborate with several government entities in implementing the programme, including the Ministries of Health and of Education; *Goskomstat*; Tajik State National University; and the Centre of Medical Statistics and Information. The involvement of media, civil society organizations, in particular those concerned with youth, and beneficiaries, will be crucial to implementing the programme.

25. UNFPA will collaborate with bilateral and multilateral partners, including the European Union; the Global Fund to Fight AIDS, Tuberculosis and Malaria; the Joint United Nations Programme on HIV/AIDS; the United Nations Children's Fund (UNICEF); UNDP; the United Nations Development Fund for Women (UNIFEM); WHO and other development partners. The

programme will seek additional resources from international and bilateral agencies, and will undertake joint programming with other United Nations organizations. This may include participation in the joint initiative of the European Commission, the United Nations Development Group and the World Bank to harmonize and coordinate post-crisis response frameworks.

26. UNFPA and the Government will develop a monitoring and evaluation plan, aligned with the UNFPA strategic plan, the UNDAF, the national development strategy for the period to 2015, and national plans to achieve the Millennium Development Goals. The Government and partner organizations will conduct joint monitoring, reviews and evaluations, using participatory methods that involve local partners. UNFPA will track programme indicators and contribute to monitoring and evaluating UNDAF outcomes.

27. UNFPA will provide technical assistance and will be responsible for procurement, recruitment, training and resource mobilization. UNFPA will support common services, the implementation of the UNDAF, and joint projects with WHO and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

28. The UNFPA country office consists of a non-resident country director, based in Uzbekistan, an assistant representative and several support staff. UNFPA will use programme funds to recruit a national programme officer and two support staff. The UNFPA country office will obtain technical assistance from consultants and from the UNFPA regional office in Bratislava, Slovakia, and from the subregional office in Almaty, Kazakhstan.

## RESULTS AND RESOURCES FRAMEWORK FOR TAJIKISTAN

| <p><b>National priority:</b> (a) reduce by three quarters the maternal mortality ratio; (b) achieve, by 2015, universal access to reproductive health; and (c) halt and begin to reverse the spread of HIV and AIDS (Millennium Development Goals)</p> <p><b>UNDAF outcome:</b> improved access for vulnerable groups to high-quality basic services in health, education and social protection</p> <p><b>Note:</b> Key results and indicators are summarized below. UNFPA and the Government will establish remaining indicators, baselines and targets in the first year of programme.</p> |  |   |   |  |
|--|--|---|---|--|
| Programme component  | Country programme outcomes, indicators, baselines and targets  | Country programme outputs, indicators, baselines and targets  | Partners  | Indicative resources by programme component  |
| Reproductive health and rights   | <p><b>Outcome:</b><br/>The health system is strengthened</p> <p><b>Outcome indicator:</b></p> <ul style="list-style-type: none"> <li>Percentage of rural population using primary health care services</li> </ul> <p>Baseline: 20 per cent<br/>Target: 80 per cent</p> <p><b>Outcome:</b><br/>Among the most vulnerable persons, there is greater access to and use of high-quality reproductive health services, including services to prevent sexually transmitted infections and HIV and AIDS</p> <p><b>Outcome indicators:</b></p> <ul style="list-style-type: none"> <li>Percentage of women aged 15-49 receiving antenatal care during their last pregnancy</li> </ul> <p>Baseline: 77 per cent<br/>Target: 85 per cent or higher</p> <ul style="list-style-type: none"> <li>Percentage of births attended by skilled personnel</li> </ul> <p>Baseline: 72 per cent<br/>Target: 99 per cent</p> <ul style="list-style-type: none"> <li>Percentage of births delivered by Caesarean section</li> </ul> <p>Baseline: 4 per cent<br/>Target: at least 7 per cent</p> <ul style="list-style-type: none"> <li>Contraceptive prevalence rate increased</li> </ul> <p>Baseline: 33 per cent<br/>Target: 43 per cent</p> | <p><b>Output 1:</b> The capacity of reproductive health workers is strengthened to provide high-quality reproductive health care by revising guidelines and standards and by providing training in 25 districts</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>Number of reproductive health standards and guidelines adapted and available in the workplace</li> <li>Number of reproductive health workers trained in perinatal care</li> </ul> <p>Baseline: 2; Target: 10<br/>Baseline: 100; Target: 1,000</p> <p><b>Output 2:</b> Health-care facilities are supplied with essential reproductive health commodities, including those used in natural disasters and other emergency situations</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>Percentage of reproductive health and primary health care facilities with no stock-outs of at least three contraceptives</li> <li>Stockpile of essential reproductive health equipment, supplies and drugs to respond to reproductive health concerns in humanitarian situations established</li> </ul> <p>Target: central stockpile established</p> <p><b>Output 3:</b> Adolescents have enhanced awareness and understanding of their sexual and reproductive health needs and rights and effective behaviour to prevent HIV and AIDS and other sexually transmitted infections</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>Percentage of young people aged 15-24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission</li> <li>Percentage of adolescents who can identify locations (clinics, pharmacies and other outlets) where they can obtain counselling and condoms</li> </ul> <p>Baseline: 11 per cent; Target: more than 40 per cent<br/>Target: 60 per cent</p> | <p>Committee on Youth Affairs;<br/>Ministry of Health;<br/>provincial health departments</p> <p>University basic and postgraduate medical departments</p> <p>Global Fund to Fight AIDS, Tuberculosis and Malaria;<br/>Joint United Nations Programme on HIV/AIDS;<br/>UNICEF;<br/>UNIFEM;<br/>WHO</p> <p>International Planned Parenthood Foundation;<br/>religious leaders</p> | <p>\$6.4 million (\$3.9 million from regular resources and \$2.5 million from other resources)</p> |

| <b>National priority:</b> reform of public administration in order to create a national development system, the principal features of which are transparency, accountability and combating corruption   |  |   |   |   |
|---|--|---|---|---|
| <b>UNDAF outcomes:</b> (a) good governance and economic and social growth are enhanced to reduce poverty, unlock human potential, protect rights and improve core public functions; and (b) the health system is strengthened   |  |   |   |   |
| Programme component   | Country programme outcomes, indicators, baselines and targets  | Country programme outputs, indicators, baselines and targets  | Partners  | Indicative resources by programme component   |
| Population and development  | <p><b>Outcome:</b> National and local levels of government have the capacity, including accurate information, to implement democratic governance practices grounded in international standards and law, and to effectively and strategically plan, finance and implement development initiatives in an inclusive and participatory manner</p> <p><b>Outcome indicator:</b><br/>Number of government development plans based on up-to-date population and reproductive health information<br/>Target: at least five</p> | <p><b>Output 1:</b> Strengthened capacity of <i>Goskomstat</i> (the national statistics agency) to conduct the 2010 population census</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>Number of statistical reports based on the population census completed</li> </ul> <p>Target: at least 10</p> <ul style="list-style-type: none"> <li>2010 housing and population census completed and preliminary tabulations available to planners by mid-2011</li> </ul> <p>Target: 2010 preliminary tabulations available by mid-2011</p>   | <p>Centre of Medical Statistics and Information and other institutes; <i>Goskomstat</i>; Tajik State National University</p> <p>UNICEF; WHO; World Bank</p>                 | \$1.3 million (\$0.9 million from regular resources and \$0.4 million from other resources)   |
| <b>National priority:</b> (a) ensure effective and efficient delivery of educational services and access to high-quality education for all; (b) improve targeted social assistance and services; and (c) manage social assistance to vulnerable and poor individuals and families |  |   |   |   |
| <b>UNDAF outcomes:</b> improved access for vulnerable groups to high-quality, basic services in health, education and social protection   |  |   |   |   |
| Gender equality   | <p><b>Outcome:</b> Improved coverage of high-quality social services and assistance among vulnerable groups, particularly women and refugees</p> <p><b>Outcome indicator:</b></p> <ul style="list-style-type: none"> <li>Percentage of victims who were referred using recovery, reintegration and psychological support services</li> </ul>   | <p><b>Output 1:</b> Information is available for advocacy with policymakers and decision makers on gender inequality, gender-based violence and strategies to prevent gender-based violence</p> <p><b>Output indicator:</b></p> <ul style="list-style-type: none"> <li>Printed and media materials available</li> </ul> <p>Target: materials available</p> <ul style="list-style-type: none"> <li>Advocacy plan addressing gender-based violence prepared</li> </ul> <p>Target: plan becomes available</p> <p><b>Output 2:</b> Preventive measures and service delivery for victims of gender-based violence are improved, with an emphasis on women and refugees</p> <p><b>Output indicator:</b></p> <ul style="list-style-type: none"> <li>Percentage of referred victims using recovery, reintegration and psychological support services</li> </ul> | <p>Committee on Women's Affairs; Ministry of Justice; Ministry of Health; provincial health departments</p> <p>UNICEF; UNIFEM; WHO</p> <p>Community-based organizations</p> | <p>\$0.9 million (\$0.4 million from regular resources and \$0.5 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$0.3 million from regular resources</p> |