



**Executive Board of the
United Nations Development
Programme and of the
United Nations Population Fund**

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Country programme document for Tajikistan

Proposed UNFPA assistance: \$2.6 million: \$2.1 million from regular resources and \$0.5 million from co-financing modalities and/or other, including regular, resources

Programme period: 5 years (2005-2009)

Cycle of assistance: Second

Category per decision 2000/19: Country with economy in transition

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

	Regular resources	Other	Total
Reproductive health	1.5	0.5	2.0
Population and development strategies	0.4	-	0.4
Programme coordination and assistance	0.2	-	0.2
Total	2.1	0.5	2.6

I. Situation analysis

1. Tajikistan has a population of 6.25 million and is one of the 20 poorest countries in the world. More than 83 per cent of the population lives below the poverty line. Following independence in 1991, there was a dramatic decline in the quality of and access to basic social services. The devastating civil war protracted an already complex economic transition.

2. Due largely to the loss of funding from the former Soviet Union and an exodus of qualified personnel, services for health, education, social welfare and transport deteriorated. The poverty reduction strategy paper (PRSP) estimates current unemployment at 33 per cent. About 10 per cent of the population migrates to neighbouring countries in search of work.

3. The total fertility rate is high at 3.9, and is considered to be one of the main causes of poverty, along with socio-economic decline, dependence on a handful of commodity exports and inadequate infrastructure. The Government recognizes that current population dynamics are not conducive to economic development and poverty reduction goals. The proportion of the rural population increased from 67 per cent in 1989 to 73 per cent in 2000. Life expectancy at birth declined slightly (from 65.5 years to 64.3 years for men and from 71.1 years to 69.7 years for women) from 1991 to 1998. However, the actual level of decline may be much greater.

4. The reliability and relevance of official demographic and health statistics are a cause of concern for both the Government and the international community. The Government recognizes that official indicators are unreliable due to outdated definitions and methods, underreporting and incomplete registration of vital statistics.

5. Official data underestimate the maternal mortality ratio at 50.6 deaths per 100,000 live births and the infant mortality rate at 17.1

deaths per 1,000 live births. Studies by UNFPA and UNICEF in 2000-2001 revealed that the maternal mortality ratio ranged from 469 to 1,117 and that the infant mortality rate was 87. High levels of maternal mortality are linked to the poor quality of reproductive health services, including family planning. According to the 2002 demographic survey, the contraceptive prevalence rate is low, at 16.8 per cent.

6. The health system is still curative and highly vertical. The resources available to support the social sector are limited; the health sector, for example, receives only one per cent of national income. Services available through the private sector are unregulated and not affordable for the majority of the population. There are also geographical, rural and urban disparities in access to basic health and social services.

7. Youth are one of three target groups of the national strategic plan for the prevention of HIV/AIDS, since 70 per cent of registered HIV cases are among 15-24 year olds. The HIV-positive man to woman ratio is 3.6 to 1. Injecting drug users account for 70 per cent of HIV-positive persons. Youth in Tajikistan are at great risk because of a tendency towards early marriage and a lack of knowledge about sexually transmitted diseases, family planning and HIV/AIDS. Research data indicates that youth have a limited understanding of reproductive health issues and reproductive rights. Gender-based violence and trafficking are of increasing concern.

8. Legislation and social sector programmes are attempting to address some of these problems. The national demographic policy for 2002-2015 stresses the benefits of family planning for youth. The national law on reproductive health and reproductive rights outlines the commitment of the Government to creating a supportive environment and adequate conditions for better access to reproductive health education, information and services. The national programme for youth for 2001-2003

emphasizes the rights of youth and their development needs. However, the dearth of comprehensive, gender-disaggregated data; weak institutional capacity and expertise; and a poorly maintained infrastructure have delayed programme and policy implementation.

9. Recognizing poverty as one of its most critical issues, the Government devoted major efforts to introducing its PRSP in 2002, which addresses the underlying causes of poverty and is designed to achieve a fair distribution of the benefits of growth.

II. Past cooperation and lessons learned

10. UNFPA support was initiated under a subregional programme from 1995 to 1999 for the six countries of Central Asia (Azerbaijan, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan). Total assistance to Tajikistan amounted to \$2.5 million. The programme aimed to improve access to reproductive health information and services and to strengthen policy formulation. Reproductive health centres were upgraded in Khatlon province and in the capital, Dushanbe. At the national level, the programme conducted information, education and communication campaigns. The programme also provided support to the national commission on population and development. In addition, UNFPA helped to establish a population studies centre, which later became a demographic institute.

11. The first country programme (2000-2004) was approved in the amount of \$6 million: \$4 million from regular resources and \$2 million from other resources. However, only \$3.05 million from regular UNFPA resources became available, and only \$0.6 million from other resources were mobilized for the programme.

12. The focus of the first country programme was to increase the utilization of integrated, gender-sensitive and high-quality reproductive health services, especially among rural and

underserved populations. UNFPA helped to upgrade the capacity of training institutions in the capital and in the provinces. UNFPA support also improved reproductive health skills and services through training, technical support and the provision of reproductive health commodities.

13. During the first country programme cycle, UNFPA established important partnerships with the Government and with non-governmental organizations (NGOs). An effective monitoring and evaluation strategy provided information on programme implementation.

14. UNFPA provided support to data collection through two surveys: one on demographic and health parameters, the other on adolescents' knowledge, attitudes and practices on reproductive health. The programme strengthened the national commission on population and development. A national programme to ensure equal rights and opportunities for women and men in Tajikistan for the period 2001-2010 was also developed with UNFPA support and provides mechanisms to empower women.

15. Lessons learned include the need for: (a) better quality social services; (b) innovative strategies for information dissemination, especially for adolescents and youth; (c) the involvement of NGOs to ensure sustainability; (d) strengthened institutional capacity in primary health-care centres; (e) skilled demographers; and (f) better coordination of programme interventions.

III. Proposed programme

16. UNFPA and the Government of Tajikistan developed the proposed programme through an intensive consultative process with development partners, United Nations agencies and NGOs, within the context of United Nations Development Assistance Framework (UNDAF).

17. The UNFPA programme will contribute to poverty reduction by focusing on reproductive health and family planning, population and development strategies, and women's empowerment. It will also contribute to achieving the UNDAF and the UNFPA multi-year funding framework goals and outcomes. It will draw on the Millennium Development Goals, national plans and programmes.

18. UNFPA will promote, strengthen and coordinate strategic partnerships by consolidating its collaboration with government institutions, civil society organizations, including NGOs, United Nations agencies and other development partners.

19. The programme will have two components: reproductive health, and population and development strategies. Gender and human rights perspectives are included in both programme components. Advocacy will be a crosscutting strategy in both components.

20. The country programme responds to two UNDAF priority areas of cooperation: reversing economic decline and redistributing responsibilities. Programme interventions will focus on geographical areas such as Sogd *oblast* (administrative region) in the northern part of the country, selected districts of Khatlon *oblast* in the south, and other administrative districts with the greatest reproductive health needs. Some programme interventions, including the distribution of contraceptives and behaviour change communication interventions, will be implemented nationally. Men and women, especially adolescents, will be the beneficiaries of the programme.

Reproductive health component

21. The outcome of the reproductive health component is to increase the use of primary level reproductive health services, with a focus on family planning, preventing complications from unsafe abortions, safe delivery and

HIV/AIDS prevention, particularly by the population in greatest need.

22. In order to ensure both sustainability and effective implementation of the reproductive health component, UNFPA will cooperate closely with the Ministry of Health. UNFPA will also provide support to strengthen the participation of civil society in providing high-quality reproductive health information, counselling and services. There will be two outputs in the reproductive health component.

23. Output 1: Improved availability of high-quality, gender-sensitive reproductive health information, counselling and services, including family planning and HIV/AIDS prevention, through enhanced institutional and technical capacities of the Government and NGOs. This output will be achieved by: (a) building capacity among health sector managers; (b) improving the technical competence of service providers in the delivery of modern reproductive health and family planning services, including counselling; (c) integrating HIV prevention services into reproductive health facilities; (d) providing equipment and supplies for primary health-care facilities; (e) ensuring reproductive health commodity security; (f) integrating quality assurance mechanisms into reproductive health settings; and (g) establishing youth-friendly services and a referral system for adolescents to access reproductive health-care facilities.

24. Output 2: Enhanced awareness and understanding by adolescents of their sexual and reproductive health needs and rights. Recognizing the challenges adolescents face, UNFPA will support effective civil society partnerships as a key mechanism in addressing the sexual and reproductive health issues of adolescents and in promoting their reproductive rights. UNFPA will focus on behaviour change communication through outreach techniques, peer education, youth-friendly services and education that promotes healthy life styles. UNFPA will seek to strengthen the peer

education approach in HIV prevention. It will also enhance the capacity of youth-friendly centres to lead advocacy efforts for HIV prevention as well as school-based and out-of-school life skills education. This output is expected to increase the demand for reproductive health services among adolescents.

Population and development strategies component

25. The outcome of the population and development strategies component is the improved utilization of population data, disaggregated by age and sex. This outcome addresses the need for accurate and timely age- and sex-disaggregated data on population for planning, monitoring and evaluating development policies and programmes, including those to reduce poverty. There are two outputs under this component.

26. Output 1: Increased availability of reliable, sex- and age-disaggregated reproductive health data. To attain this output, UNFPA will focus on: (a) strengthening the capacity of national demographic and statistical institutions for better data collection, analysis and dissemination; and (b) developing human resources in demography.

27. Output 2. Establishment of a monitoring and evaluation system to ensure more effective reproductive health care for all persons, particularly the poor. This output will focus on: (a) strengthening the capacity of decision makers in managing monitoring and evaluation systems; (b) establishing a database system for effective data access, dissemination and utilization to monitor the progress of the poverty reduction strategy and other development frameworks; (c) integrating population and development dimensions into social planning; and (d) upgrading the capacity of national institutions to coordinate the health information system.

IV. Programme management, monitoring and evaluation

28. Programme implementation will be decentralized and will involve government authorities, civil society and communities at the regional and grass-roots levels. The Government of Tajikistan and UNFPA will manage the programme using a results-based approach, in close cooperation with various bilateral and multilateral partners and NGOs involved in population, reproductive health and gender.

29. Annual programme reviews will be organized in accordance with the UNDAF work plan. Periodic evaluations of programme activities will furnish information on operations and will be used to improve programme implementation. A final evaluation of the programme will be conducted in 2009 to gauge its impact, provide directions for future interventions and document best practices.

30. The UNFPA country office in Tajikistan consists of a non-resident UNFPA Country Director based in Tashkent, Uzbekistan; an Assistant Representative; a finance and administrative associate; and a secretary. Programme funds will be earmarked for one national programme post and two administrative support posts, within the framework of the approved country office typology. National project personnel may also be recruited to strengthen project implementation. The UNFPA Country Technical Services Team in Bratislava, Slovakia, will provide technical backstopping for the programme.

RESULTS AND RESOURCES FRAMEWORK FOR TAJIKISTAN

National priorities: (a) reduce the maternal mortality ratio to 35 by 2010; and (b) stabilize the HIV/AIDS situation by 2025 UNDAF outcome: improved health and nutritional status of women and children UNDAF outcome: strengthened capacity to reduce infectious diseases, especially HIV/AIDS and tuberculosis				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Role of partners	Indicative resources by programme component
Reproductive health	<p><u>Outcome:</u> Increase the use of primary level reproductive health services, with a focus on family planning, preventing complications from unsafe abortions, safe delivery and HIV/AIDS prevention, particularly by the population in greatest need</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> • Contraceptive prevalence rate increased from 16 per cent to 32 per cent • Increase in the proportion of births with an interval of more than two years • Percentage of primary health-care facilities meeting minimum set of standards in the provision of family planning services <p><u>Baseline:</u> 2002 demographic survey; Ministry of Health statistics; vital records</p>	<p><u>Output 1:</u> Improved availability of high-quality, gender-sensitive reproductive health information, counselling and services, including family planning and HIV/AIDS prevention, through enhanced institutional and technical capacities of the Government and NGOs</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Number of primary health-care facilities providing relevant information and counselling on reproductive health issues, especially for adolescents • Number of primary health care facilities providing at least three types of contraceptives <p><u>Output 2:</u> Enhanced awareness and understanding by adolescents of their sexual and reproductive health needs and rights</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Percentage of adolescents demonstrating an accurate and comprehensive knowledge of at least three reproductive health issues • Percentage of adolescents who can cite the location of clinics where they may obtain reproductive health counselling and condoms <p><u>Baseline:</u> 2002 demographic survey; multiple indicator cluster survey - 2; Ministry of Health statistics</p>	<ul style="list-style-type: none"> • Ministry of Health and provincial health departments • Ministry of Education • NGOs <p>(for capacity-building, to ensure involvement of local personnel and NGO representatives in the family planning needs assessment; ensure adherence to the principles of reproductive health commodity security and quality assurance mechanisms for reproductive health and family planning)</p> <ul style="list-style-type: none"> • NGOs and the government youth committee <p>(for the behaviour change communication campaign and for planning, distributing and monitoring the use of contraceptives, especially condoms)</p>	Regular resources: \$1.5 million Other resources: \$0.5 million

National priority: (c) efficient governance and improvement in security UNDAF outcome: increased responsiveness and accountability of decision-making structures				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Role of partners	Indicative resources by programme component
Population and development strategies	<p><u>Outcome:</u> Improved utilization of population data, disaggregated by age and sex</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> Number of development and management plans that include up-to-date reproductive health information <p><u>Baseline:</u> census data; national development plans; national health information system; vital statistics</p>	<p><u>Output 1:</u> Increased availability of reliable, sex- and age-disaggregated reproductive health data</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> Number of research studies undertaken on population and development issues Number of institutions integrating population and development research in their programmes <p><u>Output 2:</u> Establishment of a monitoring and evaluation system to ensure more effective reproductive health care for all persons, particularly the poor</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> Monitoring and evaluation system, including population database, in place and operational Number of sectors integrating population and reproductive health into social policy planning National health information system produces adequate data on reproductive health <p><u>Baseline:</u> census data; national development plans; national health information system; vital statistics</p>	<ul style="list-style-type: none"> Ministry of Health and provincial health departments (for capacity-building) Tajik State University (to train demographers) 	<p>Regular resources: \$0.4 million</p> <p>Programme coordination and assistance: \$0.2 million from regular resources</p>